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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN FRANCE

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Breastfeeding: key to child and maternal health

The 1'000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape the health and wellbeing of the child. The scientific evidence is unambiguous: ***exclusive breastfeeding for 6 months followed by timely, adequate, safe and appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond***, provides the key building block for child survival, growth and healthy development. This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)[1].

Breastfeeding is key during this critical period and it is the single most effective intervention for saving lives. It has been estimated that optimal breastfeeding of children under two years of age has the potential to prevent 800,000 deaths in children under five in the developing world annually[2]. Mother's breastmilk protects the baby against illness by either providing direct protection against specific diseases or by stimulating and strengthening the development of the baby's immature immune system. This protection results in better health, even years after breastfeeding has ended.

Breastfeeding is an ***essential part of women's reproductive cycle***: it is the third link after pregnancy and childbirth. It protects mothers' health, both in the short and long term, by, among others, aiding the mother's recovery after birth, offering the mother protection from iron deficiency anaemia and is a natural method of child spacing (the Lactational Amenorrhea Method, LAM) for millions of women that do not have access to modern form of contraception.

Infant and young child feeding and human rights

Several international instruments make a strong case for protecting, promoting and supporting breastfeeding, and stipulate the right of every human being, man, woman and child, to optimal health, to the elimination of hunger and malnutrition, and to proper nutrition. These include the **International Covenant on Economic, Social and Cultural Rights (CESCR)**, especially ***article 12 on the right to health***, including sexual and reproductive health, ***article 11 on the right to food*** and ***articles 6, 7 and 10 on the right to work***, the **Convention on the Rights of the Child (CRC)**, ***especially article 24 on the child's right to health***, the **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**, in particular ***articles 1 and 5 on gender discrimination on the basis of the reproduction status*** (pregnancy and lactation), ***article 12 on women's right to health*** and ***article 16 on marriage and family life***. Adequately interpreted, these treaties support the claim that 'breastfeeding is the right of every mother, and it is essential to fulfil every child's right to adequate food and the highest attainable standard of health.'

As duty-bearers, States have the obligation to create a protective and enabling environment for women to breastfeed, through protecting, promoting and supporting breastfeeding.

[1] WHO, Global Strategy on Infant and Young Child Feeding, 2002, available at: www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html

[2] WHO. 10 facts about breastfeeding, available at: http://www.who.int/features/factfiles/breastfeeding/en/

SUMMARY

The following obstacles/problems have been identified:

- Lack of overall data on breastfeeding and use of different definitions and indicators from the WHO recommended ones, except from the recent national Epifane 2012-2013 study;
- The breastfeeding rates in France are very low in comparison with other European countries;
- 38% of maternities in France do not have a reference person for breastfeeding support;
- At national governmental level there is virtually no promotion or support for breastfeeding;
- The International Code on Marketing of Breastmilk Substitutes is not fully implemented;
- There is no National Breastfeeding Committee; the CoFAM (Association pour la Coordination Française de l'Allaitement Maternel) organizes the World Breastfeeding Week and other public events, but on a purely voluntary basis and without governmental support;
- Only 37% of the total health facilities provide specific and systematic training on breastfeeding for new recruited personnel;
- According to the most recent data, only 3.5% of births in France take place in hospitals/maternities that have ever been certified as "baby-friendly";
- Maternity leave duration is only 16 weeks of which 6 weeks are to be taken before the birth and 10 weeks after the birth; women are entitled to breastfeeding breaks, however the legislation does not specify if the breaks are paid or not;
- Recent legislative changes related to parental leave make it difficult for mothers to stay home and breastfeed their child after 6 months, since the father is obliged to take parental leave when the child is aged 6 months;
- National guidelines recommend stopping breastfeeding for women tested HIV positive; the guidelines have not been revised following the new 2010 WHO recommendations on HIV and infant feeding;
- There are no emergency preparedness plans and guidelines with specific reference to infant and young child feeding;
- The "sustainability" and "adequacy" dimensions of the right to adequate food and nutrition are not met in French policies on agriculture and nutrition. The PNNS and derived programmes focus on the quantity rather than on the quality of foods and they neither advise nor support parents to prepare home-made complementary foods with local products grown using agro-ecological methods, which have proven to be safer and healthier;
- There is no legislation in place to ensure that French companies are held responsible for the violations of human rights perpetrated abroad by subcontractors or subsidiaries that they control and through which they draw the majority of the economic benefits.

<u>Our recommendations</u> include:

- Ensure **systematic collection of disaggregated data on breastfeeding** which correspond to the official core indicators and definitions**;**
- **Promote optimal breastfeeding practices to the population** through national, targeted campaigns;
- **Strengthen baseline training of health professionals**, including in particular doctors (GPs and paediatricians), but also midwives, nurses and dieticians; ensure training is independent and free from commercial influence and conflicts of interest;
- Provide **adequate coverage of skilled personnel on breastfeeding in all maternities**;
- Fully implement the International Code and subsequent relevant WHA recommendations in all its provisions;
- Create a National Breastfeeding Committee or **designate the CoFAM as the mandated National Breastfeeding Committee, reinforcing its role and funding**;
- Strengthen **the Baby-Friendly Hospital Initiative to ensure compliance with international BFHI criteria, and extend implementation of BFHI** throughout the country;
- Strengthen maternity protection legislation by ensuring paid breastfeeding breaks for all working women and extending the duration of maternity leave **for all working mothers;**
- **Collect data on HIV mother-to-child transmission** and train health professionals on infant feeding and HIV/AIDS issues, taking into account the new WHO 2010 and 2013 HIV and infant feeding recommendations; consider adding a clause to the national recommendations taking into account cases of HIV positive women who choose to breastfeed;
- Provide integrated response to ensure **protection and support of breastfeeding in emergencies** through the implementation of a **national plan** and designation of **persons to coordinate activities**;
- Amend the government's approach to nutrition by **including the criteria of food quality**, as well as by **advising and supporting parents to provide their infants and young children with healthy and sustainable diets**, i.e. home-made complementary foods prepared using local products grown using agro-ecological methods;
- Promote **agro-ecological methods of production and local sourcing** on both national and European levels, in particular for foods intended for infants and young children, and to ensure availability and access to safe, healthy and nutritious food for them;
- **Adopt and enforce the law proposal related to due diligence of parent companies and subcontracting companies** that is currently under consideration by the Senate.

1) General situation concerning breastfeeding in France

WHO recommends: 1) **early initiation of breastfeeding** (within an hour from birth); 2) **exclusive breastfeeding** for the first 6 months; 3) **continued breastfeeding** for 2 years or beyond, together with adequate and safe complementary foods.[3]

Despites these recommendations, globally more than half of the newborns are not breastfed within one hour from birth, less than 40% of infants under 6 months are exclusively breastfed and only a minority of women continue breastfeeding their children until the age of two.

Rates on infant and young child feeding:

- ***Early initiation:*** Proportion of children born in the last 24 months who were put to the breast within one hour of birth
- ***Exclusive breastfeeding:*** Proportion of infants 0–5 months of age who are fed exclusively with breast milk
- ***Continued breastfeeding at 2 years:*** Proportion of children 20–23 months of age who are fed breast milk

Complementary feeding: Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

General data

	1990	2010	2011	2012	2013
Annual number of births, crude (thousands)[4]	-	-	-	791.5	792
Birth rate, crude (per 1,000 people)[5]	13	13	13	13	-
Neonatal mortality rate (per 1,000 live births)[6]	4	2	2	2	2
Infant mortality rate (per 1,000 live births)[7]	7	4	4	4	4
Under-five mortality rate (per 1,000 live births)[8]	9	4	4	4	4
Maternal mortality ratio (per 100,000 live births)[9]	12	12	-	-	12
Delivery care coverage:					
Skilled attendant at birth[10]	-	97.5%	-	-	-
Institutional delivery	-	-	-	-	-
C-section[11]	-	20.8%	20.8%	20.8%	-

3 www.who.int/topics/breastfeeding/en/
4 UNICEF country statistics. Available at: http://www.unicef.org/infobycountry/france_statistics.html
5 World Bank data. Available at: http://data.worldbank.org/indicator/SP.DYN.CBRT.IN/countries
6 UN Inter-agency Group for Child Mortality Estimation (UN IGME), 2014. Available at: www.childmortality.org/;
7 UN IGME, 2014, *op. cit.*
8 UN IGME, 2014, *op. cit.*
9 World Bank data. Available at: http://data.worldbank.org/indicator/SH.STA.MMRT/countries
10 World Health Organization data. Available at: http://apps.who.int/gho/data/node.country.country-FRA?lang=en
11 UNICEF country statistics, *op. cit*. Data refer to the years 2008-2012.

Breastfeeding and nutrition data[12]

	1998	2003	2010	2012
Early initiation of breastfeeding (within one hour from birth)	-	-	-	-
Initiation of breastfeeding (within **two hours** from birth)[13]	-	55.4%	60.7%	-
Exclusive or predominant breastfeeding at 3 months	-	-	-	10%
Exclusive or predominant breastfeeding at 6 months	-	-	-	1.5%
Introduction of solid, semi-solid or soft foods (3 months)	-	-	-	79%
Introduction of solid, semi-solid or soft foods (6 months)	-	-	-	98%
Breastfeeding at age 1	-	-	-	9.6%
Median duration of any breastfeeding (in weeks)	2.5	-	-	15
Median duration of exclusive and predominant breastfeeding (in days)	-	-	-	24

General considerations

Until 2014, there was a serious lack of national data on breastfeeding. The Epifane study 201-2013, published in 2014, was indeed the first comprehensive study carried out at national level on breastfeeding. This study has enabled a more comprehensive analysis of the situation of infant and young child feeding in France However, **it did not distinguish between exclusive and predominant breastfeeding** and thus, provides no data for exclusive breastfeeding at 6 months (international WHO indicator).

The Epifane study shows that **breastfeeding rates in France are extremely low** compared to international recommendations and to other European countries statistics. Breastfeeding protection, promotion, and support need to be strengthened at all levels. Therefore, the study finally recommends **strengthening information to future and new mothers, as well as strengthening training of health professionals** in perinatal, paediatric as well as in mother and child care services.

The lack of support and counselling on breastfeeding within health facilities is certainly one of the main causes of such low rates. As shown in the 2010 Report on maternities in France[14],

[12] Salanave B., de Launay C., Boudet-Berquier J., Castetbon K. 2014. *Durée de l'allaitement maternel en France (Epifane 2012-2013)*. Bull Epidémiol Hebd. 2014;(27):450-7. Available at : http://www.invs.sante.fr/beh/2014/27/2014_27_2.html

[13] Blondel B., Kermarrec M. 2011. *Les naissance en 2010 et leur évolution depuis 2003. Enquête nationale périnatale 2010.* Ministère du Travail, de l'Emploi et de la Santé/Institut national de la santé et de la recherche médicale. Available at. www.sante.gouv.fr/IMG/pdf/Les_naissances_en_2010_et_leur_evolution_depuis_2003.pdf

38% of health facilities of the country (i.e. 247 out of 650) do not have a reference person for breastfeeding support in the maternity service.[15]

Initiation of breastfeeding

The 2011 'Report on births in 2010 and their evolution since 2003'[16] shows the evolution of the rate of **initiation of breastfeeding within 2 hours after birth** (40.5 % in 1995, 45% in 1998, 55.4% in 2003 and **60.7% in 2010**) based on data collected during mothers' hospital stay. However, **the rate of early initiation of breastfeeding within one hour after birth has not been monitored.**

The 2014 Epifane study reveals that **in 2012-2013, 74% of infants have been breastfed at birth, but only 59.7% exclusively.** Indeed, more than 40% of newborns have received breastmilk substitutes at birth.[17]

In addition, a study published in 2014 and based on face-to-face interviews to mothers during their hospital stay reveals that 70.5% of children were exclusively or partially breastfed and 59% were exclusively breastfed on the day of the interview (mothers were interviewed when their children had an average of 1.97 days of age).[18] The study also shows a **significant difference in the feeding choices depending on the mothers' place of birth**: 89.2% of the mothers born abroad breastfed their children versus only 66.3% of those who were born in France.[19]

Exclusive breastfeeding

In 2012-2013, only 39% of infants were still breastfed at 3 months, of which only 10% exclusively. **At 6 months, less than 2% of infants were exclusively or predominantly breastfed** and only 1 infant out of 4 was still receiving any breastfeeding**.**

Continued breastfeeding

In 2014, only 9.6% of infants aged 1 year were still breastfed. However, the rate of children who were still breastfed at 2 years of age has not been monitored.

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[14] Vilain A. 2011. *Les maternités en 2010 et leur évolution depuis 2003*. Available at: www.sante.gouv.fr/IMG/pdf/rapport_maternites2010.pdf
[15] In 2009/2010, there were 650 hospitals and maternities in France. See the section on the Baby-Friendly Hospital Initiative for more information.
[16] Les naissances en 2010 et leur évolution depuis 2003, *op. cit.* p. 3
[17] Epifane 2012-2013, *op. cit.* p. 453
[18] Kersuzan C., Gojard S., Tichit C., Thierry X., Wagner S., Nicklaus S. 2011. *Prévalence de l'allaitement à la maternité selon les caractéristiques des parents et les conditions de l'accouchement. Résultats de l'Enquête Elfe maternité, France métropolitaine*. Bull Epidémiol Hebd. 2014;(27):440-9. www.invs.sante.fr/beh/2014/27/2014_27_1.html
[19] *Idem*, p. 442

Bottle feeding

In 2010, **more than 4 children out of 10 have received infant formula in the maternity**, and about **8 children out of 10 were fed with formula at 3 months of age.** In 2014, these rates have been confirmed by the Epiphane study.

2) Government measures to protect and promote breastfeeding

Adopted in 2002, the ***Global Strategy for Infant and Young Child Feeding*** defines 9 operational targets:

1. Appoint a **national breastfeeding coordinator** with appropriate authority, and establish a multisectoral **national breastfeeding committee** composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.
2. Ensure that every facility providing maternity services fully practises all the **"Ten steps to successful breastfeeding"** set out in the WHO/UNICEF statement on breastfeeding and maternity services.
3. Give effect to the principles and aim of the **International Code of Marketing of Breastmilk Substitutes** and **subsequent relevant Health Assembly** resolutions in their entirety.
4. Enact imaginative **legislation protecting the breastfeeding rights of working women** and establish means for its enforcement.
5. Develop, implement, monitor and evaluate a com**prehensive policy on infant and young child feeding**, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction.
6. Ensure that the health and other relevant sectors **protect, promote and support** exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal.
7. Promote timely, adequate, safe and appropriate **complementary feeding with continued breastfeeding**.
8. Provide guidance on feeding infants and young **children in exceptionally difficult circumstances**, and on the related support required by mothers, families and other caregivers.
9. Consider what **new legislation or other suitable measures may be required**, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and to subsequent relevant World Health Assembly resolutions.

Evidence clearly shows that a great majority of mothers can breastfeed and will do so if they have the accurate and full information and support, as called for by the Convention on the Rights of the Child. However, **direct industry influence** through advertisements, information packs and contact with sales representatives, as well as indirect influence through the public health system, submerge mothers with **incorrect, partial and biased information**.

The International Code of Marketing of Breastmilk Substitutes (the International Code) has been adopted by the World Health Assembly in 1981. It is a **minimum global standard** aiming to protect appropriate infant and young child feeding by requiring States to regulate the marketing activities of enterprises producing and distributing breastmilk substitutes in order to avoid misinformation and undue pressure on parents to use such products when not strictly necessary. Even if many countries have adopted at least some provisions of the International Code in national legislation, the implementation and enforcement are suboptimal, and violations persist.

National policies

In 2002, several documents including a report, recommendations and guidelines on exclusive breastfeeding up to six months of age were issued by the French National Authority for Health (HAS).[20] Although there are recommendations in the report calling for a better data collection system on breastfeeding initiation and duration, **it does not refer to important breastfeeding indicators** such as early initiation of breastfeeding within one hour from birth and continued breastfeeding at 2 years of age. In addition, these documents and guidelines are largely dated and need revision and updates.

In 2006, the HAS published another document entitled '**Encouraging Breastfeeding; Process – Evaluation' ('Favoriser l'Allaitement Maternel: Processus – Evaluation' in French)**[21]. The document includes suggestions on how to promote breastfeeding and how to evaluate the implementation of the recommendations on breastfeeding.

In 2009, the Institute for Prevention and Health Education (INPES) and the Ministry of Health and Sport published a **breastfeeding guide for mothers**.[22] This guide, developed in collaboration with key actors, provides useful information to mothers on where to find breastfeeding support, for example by contacting peer-to-peer support associations such as La Leche League France and Solidarilait.

The **National Nutrition and Health Program 2011-2015** (PNNS 2011-2015)[23] sets measures aimed at promoting breastfeeding. It also sets the objectives to increase by 15% the rate of children breastfed from birth, by 25% the proportion of children breastfed exclusively from birth, by 2 weeks the median duration of breastfeeding and by one month the median age for introduction of complementary foods. However, although the PNNS lists breastfeeding promotion as one of the public health goals, it does not mention the importance of creating an environment favourable to breastfeeding; neither does it mention the necessity to protect breastfeeding through strengthened maternity protection and full implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions. In addition, the PNNS does not call for strengthened breastfeeding support and better training of health professionals. Finally, the PNNS does not mention the need to promote

[20] The mentioned documents are available at: www.has-sante.fr/portail/jcms/c_272220/fr/allaitement-maternel-mise-en-oeuvre-et-poursuite-dans-les-6-premiers-mois-de-vie-de-lenfant

[21] Favoriser l'Allaitement: Processus-Evaluation. 2006. Available at: www.has-sante.fr/portail/upload/docs/application/pdf/2010-10/favoriser_lallaitement_maternel_processus_-_evaluation_guide_2006.pdf

[22] INPES et Ministère de la Santé et des Sports. 2009. *Le guide de l'allaitement maternel*. Available at : http://www.inpes.sante.fr/30000/pdf/0910_allaitement/Guide_allaitement_web.pdf

[23] French National Nutrition and Health Plan (PNNS) 2011-2015. Available at : www.sante.gouv.fr/IMG/pdf/PNNS_UK_INDD_V2.pdf

breastfeeding optimal practices as recommended by the WHO.[24] Given the very poor breastfeeding rates in France, these omissions are regrettable.

In 2010, the **Breastfeeding Action Plan of 2010 (Plan d'Action: Allaitement Maternel)**[25] was developed by a working group of health professionals in the framework of the PNNS 2011-2015. This Action Plan provides an analysis of the situation of breastfeeding 5 years ago and proposes several actions to improve the initiation of breastfeeding rate and the duration of breastfeeding. However, it does not stress **the need to monitor the official WHO definitions and indicators**. Furthermore, there is no monitoring information available about any of the proposed actions.

Promotion campaigns

The PNNS 2011-2015 states the importance of communication and awareness-raising of mothers on infant and young child feeding options.[26]*."* However, **to date, no national promotion campaigns has been designed**, even if there have been some sporadic campaigns launched at regional level by local constituencies (such as Conseils généraux) in collaboration with mother and child health care services.

The CoFAM (Coordination Française pour l'Allaitement Maternel) association[27] plays a fundamental role in organizing and coordinating activities during the celebrations of the **World Breastfeeding Week**. In this perspective, the CoFAM prepared a list of specific goals related to the promotion of breastfeeding which aims to provide guidance in preparing events and seminars during this special week.[28] The CoFAM has created posters and video sequences for raising breastfeeding awareness, but funding has been woefully insufficient for widespread distribution or any broadcasting on television, reducing the impact on the general public. The CoFAM is developing tools for awareness on breastfeeding and precarity, as well as breastfeeding and work.

The International Code of Marketing of Breastmilk Substitutes

According to IBFAN's 2014 *State of the Code by Country*, **only few provisions of the Code and subsequent WHA resolutions have been implemented in France.** Being part of the European Union, the French legislation is required to align to the 2006 EU Directive on Infant Formulae and

[24] See http://www.who.int/topics/breastfeeding/en/
[25] Breastfeeding Action Plan, 2010, see above
[26] The PNNS 2011-2015 recommends to *"communicate with mothers, inform them and raise their awareness regarding feeding methods for newborns, whilst including an objective view of breastfeeding (including the benefits and the necessary conditions) to allow mothers to make an informed decision"* and to *"ensure that maternity wards really do provide women with personalised and objective information for making their decision. Establishments that meet these conditions must state so in the certification process".*
[27] Coordination Française pour l'Allaitement Maternel. See http://coordination-allaitement.org/index.php
[28] The list of goals of the WBW 2014 is available at: http://coordination-allaitement.org/FR/S_informer/Actualites_allaitement.html/SMAM_2014_Semaine_Mondiale_de_l_Allaitement_Maternel-00202

Follow-on Formulae[29], with the possibility to adopt stronger measures. By July 2016, the 2006 EU Directive will be replaced by another Directive of the European Commission.[30]

In 2008, France adopted a new legislation[31] referring to infant and follow-on formulae. However, this legislation implements poorly the Code and is not sufficient to protect mothers and caregivers against the misleading messages delivered through advertisements for infant and follow-on formulae.

The Code remains unfamiliar to both the general public and many health professionals. It is common to find advertising flyers and leaflets for baby foods including infant formula and growth milks in mother-baby health centres (PMI). Free samples of formula continue to be distributed to mothers "in need", whether or not they are breastfeeding. Some centres even provide prescriptions or "milk coupons" – *bons de lait* – for free formula, obtainable in designated pharmacies and paid by the Conseil general, for months.

Monitoring

Although the 2010 expert plan of action listed among its strategies the creation of a **National Breastfeeding Committee and Coordinator**, to date there is no information on its existence and activities.

The CoFAM is the main association in charge of breastfeeding promotion and support at national level, through the coordination of events and awareness-raising initiatives in France. However, the **CoFAM functions mainly on a voluntary basis and suffers from insufficient funding and a lack of clear mandate from the government**.

Training of Health Professionals

According to the 2010 report on maternities in metropolitan France, **only 37% of the total health facilities provide specific and systematic training on breastfeeding for newly recruited personnel**, while only 18% of the facilities reported that all of their health personnel attended a course on breastfeeding in the 5 years preceding the survey.[32] The poor rate of training of the newly recruited personnel reveals a **lack of compliance with the WHO/UNICEF Ten Steps to Successful Breastfeeding**[33], in particular with Step 2, which states that every facility providing

[29] The full text of the EU 2006 Directive is available at: http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32006L0141

[30] Under the Regulation (EU) No. 609/2013, the European Commission is allowed to adopt delegated acts to regulate labeling, advertising and other commercial practices related to infant formulae and follow-up formulae. See http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:181:0035:0056:EN:PDF

[31] Arrêté du 11 avril 2008 relatif aux préparations pour nourrissons et aux préparations de suite et modifiant l'arrêté du 20 septembre 2000 relatif aux aliments diététiques destinés à des fins médicales spéciales. Available at : http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000018685743

[32] Idem

[33] The Ten Steps to Successful Breastfeeding are available at : www.tensteps.org

maternity services and care for newborn infants should train all health care staff on breastfeeding.

Moreover, **the Haute Autorité de Santé (HAS) portal provides some specific contents, including reports and recommendations**[34] **aimed at informing paediatricians** on their role in promoting effectively optimal breastfeeding practices. However, it is **unclear how such documents are distributed** among paediatricians and what commitment they have to implement the relevant recommendations.

Some independent training institutions provide specific training on breastfeeding for health professionals of several levels and categories, such as the institute Allaitement Maternel Formation Am-f[35], the associations Co-Naître[36], IPA[37] and ARPAL[38], the research and training centre CREFAM[39] and the lactation consultant association ACLP[40].

However, although the importance of training health professionals on breastfeeding was clearly stated in the 2010 Breastfeeding Action Plan[41], it needs **stronger and more effective measures to become effective and to provide significant results.**

Counselling

The status of lactation consultant (with IBCLC certification)[42] is somewhat recognized in France, although not officially as a medical or paramedical qualification. Unfortunately, the number of lactation consultants is limited and highly variable according to the region. What is more, **their services are not covered by the health insurances**.

There are some **strong mother-to-mother support associations** in France, such as La Leche League France and Solidarilait.[43] These associations provide free information and support to breastfeeding mothers, through websites, mother-to-mother support groups, telephone calls and meetings.

[34] Allaitement maternel suivi par le pédiatre, available at : www.has-sante.fr/portail/jcms/c_272473/fr/allaitement-maternel-suivi-par-le-pediatre?xtmc=&xtcr=26
[35] www.allaitement-maternel-formation.com
36 http://www.co-naitre.net/
37 IPA Information pour l'Allaitement http://www.info-allaitement.org/
38 http://programmerelaisallaitement.fr/actions/colloque.php
39 CREFAM Centre de Recherche, d'Evaluation et de Formation sur l'allaitement maternel http://www.crefam.com/
40 ACLP Association des consultants en lactation professionnels de santé http://formation-allaitement.fr/
[41] Breastfeeding Action Plan, 2010, see above, pp. 28-29
[42] More information available at: http://consultants-lactation.org/
[43] www.lllfrance.org and http://www.solidarilait.org/

3) Baby-Friendly Hospital Initiative (BFHI) and training of health workers

Lack of support to breastfeeding by the health care system and its health care professionals further increase difficulties in adopting optimal breastfeeding practices.

The Baby-Friendly Hospital Initiative (BFHI), which consists in the implementation by hospitals of the 'Ten steps for successful breastfeeding', is a key initiative to ensure breastfeeding support within the health care system. However, as UNICEF support to this initiative has diminished in many countries, the **implementation of BFHI has significantly slowed down**. Revitalization of BFHI and expanding the Initiative's application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children represents an appropriate action to address the challenge of adequate support.

At the end of 2014, **22 hospitals and maternities were certified as 'amis des bébés'** ('baby-friendly'), **covering 3.5% of births in France**.[44] In January 2013, 26 health facilities had engaged in the process of obtaining the certification and they became 40 in January 2015, of which 26 public facilities and 14 private facilities. Currently, 8.2% of births occur in maternities that are in the process of obtaining the 'amis des bébés' certification.[45]

The French 'Initiative Hôpitaux Amis des Bébés' (IHAB) is supported by the French Committee of UNICEF and uses its logo on their award.

However, the French IHAB does not fully meet the international Baby Friendly-Hospital Initiative criteria and therefore, the French IHAB association is not allowed to use the WHO logo when accrediting maternities.[46]

4) Maternity protection for working women

The main reason given by majority of working mothers for ceasing breastfeeding is their **return to work following maternity leave**.

It is therefore necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy to breastfeed; this should not be considered the mother's responsibility, but rather a **collective responsibility**. Therefore, States should adopt and monitor an adequate policy of maternity protection in line with ***ILO Convention 183 (2000)***[47] that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

The French legislation related to maternity protection includes various acts and regulations.[48]

[44] Source: http://amis-des-bebes.fr/etablissements-labelises-ihab.php
[45] Idem
[46] Personal communication and letters from IBFAN and LLL France to WHO and IHAB France (available on request).
[47] ILO, C183 - Maternity Protection Convention, 2000 (No. 183)
[48] Decree regarding the Protection of Workers in High Pressure Environments No. 90-277, 1990; Labour Code No. 73-4, 1973; Social Security Code; Public Health Code; Decree regarding the Fixing of the Period of Maternity Insurance No. 2004-1230, 2004.

Maternity leave

Scope: Maternity protection in the *Labour Code* covers all persons employed on the basis of a contract of employment in the private and public sectors, the liberal professions, trade unions and associations of all kinds, as well as domestic workers.
Duration: 16 weeks, of which, in general, 6 weeks before and **10 weeks after the expected date of birth**. At her request and if her state of health as certified by a medical practitioner allows it, the woman may reduce the pre-natal leave to 3 weeks with a corresponding increase of the post-natal leave (maximum post-natal leave: 13 weeks).
Compulsory leave: 8 weeks of the maternity leave are compulsory, of which at least **6 weeks must be taken after childbirth**.
Extension: Extension of the maternity leave is provided in case of birth of twins, multiple births, for the third and each subsequent child, when confinement occurs before the expected date and on medical grounds arising out of pregnancy.

Paternity leave

Fathers are entitled to **11 consecutive days of paternity leave** or to 18 consecutive days in case of multiple births. Moreover, all workers are also entitled to a **special leave of 3 days** for family reasons for the birth or adoption of a child. Paternity leave must be used during the 4 months following the birth. However, it can be postponed and used after these 4 months in the following cases: if the child is hospitalised (it has to be taken during the 4 months following the end of the hospitalisation), or if the mother dies (it has to be taken during the 4 months following the end of maternity leave which the father can take if the mother dies)
Benefits: For maternal and paternal leave, benefits are paid by the Social Security, Health Insurance Funds.

Parental leave

Scope: The mother and the father (or adoptive mother and father) are entitled to take parental leave or to work part-time.[49]
Duration: Parental leave or part-time work is granted for an initial period of 1 year, which may be extended twice (total 3 years). The duration of parental leave with paid indemnities was modified as of January 2015. For the first child, each parent in turn receives indemnities for 6 months. This may make breastfeeding past 6 months more difficult for the mother, if she returns to work.

[49] For more information on the parental leave, see http://www.editions-tissot.fr/actualite/droit-du-travail-article.aspx?secteur=PME&id_art=6029&titre=Le+cong%C3%A9+parental+d%E2%80%99%C3%A9ducation

Breastfeeding breaks

During 1 year after birth, breastfeeding mothers are entitled to 2 breastfeeding breaks of 30 minutes each per day. One should be taken in the morning and the other one in the afternoon and time should be determined agreement between the worker and the employer. In case no agreement is reached, breastfeeding breaks should be taken in the middle of each half day of work. However, **national legislation does not specify whether or not these breaks are paid.** In a recent case, a mother saw her salary reduced by 100 EUR /month because she was taking two breastfeeding breaks per day (personal communication).
Breastfeeding facilities: The mother may always breastfeed her baby in the enterprise. Employers employing more than 100 women above the age of 15 years can be requested to **install special breastfeeding rooms** in or close to the enterprise. **The nursing facilities must satisfy certain conditions**: they must be separated from the working premises, be provided with a sufficient quantity of water or be placed near a washbasin, be provided with chairs appropriate for breastfeeding, and be maintained at a suitable temperature under hygienic conditions. Pregnant women and breastfeeding mothers must have the possibility to lie down and rest under suitable conditions.

It is important to notice that, despite the above-mentioned legislation, **working women are not enabled to continue breastfeeding when they go back to work after their maternity leave**. As stated in the Breastfeeding Action Plan, obstacles to breastfeeding in the workplace include: lack of support from the employer and the colleagues; lack of a room where to express milk; lack of a fridge where to store the milk; lack of flexibility in the working hours in order to express milk during the working day.[50] This is due to a poor implementation of the existing legislation on this issue from certain companies.[51]

5) HIV and infant feeding

The HIV virus can be passed from mother to the infant though pregnancy, delivery and breastfeeding. The *2010 WHO Guidelines on HIV and infant feeding*[52] call on national authorities to recommend, based on the AFASS[53] assessment of their national situation, either breastfeeding while providing antiretroviral medicines (ARVs) or avoidance of all breastfeeding. The Guidelines explain that these new recommendations do not remove a mother's right to decide regarding infant feeding and are fully consistent with respecting individual human rights.

[50] Breastfeeding Action Plan, 2010, see above, p. 17
[51] Idem
[52] *WHO Guidelines on HIV and infant feeding, 2010. Available at*: http://whqlibdoc.who.int/publications/2010/978921599535_eng.pdf
[53] Affordable, feasible, acceptable, sustainable and safe (AFASS)

In 2009, HIV prevalence in the French population was of 0.4%[54] while UNICEF estimated that in 2013 the number of **pregnant women living with HIV in France** was comprised **a few hundreds and 2,300**.[55]

The government discourages breastfeeding for HIV positive mothers.[56] Unlike UK[57], France has not adapted their recommendations to the WHO 2010 and 2013 recommendations on HIV and infant feeding and on HIV treatment to take into account HIV positive mothers with a repeatedly undetectable viral load who choose to breastfeed.[58]

6) Infant feeding in emergencies (IFE)

In 2007, the IFE Core group developed an Operational Guidance on Infant and Young Child Feeding in Emergencies that aims to provides a "concise practical but mainly non technical guidance on how to ensure appropriate infant and young child feeding in emergencies".[59] In 2014, the NGO Action Contre la Faim issued guidelines on breastfeeding/infant and young child feeding in emergencies[60] and the Humanitarian Aid and Civil Protection Unit of the European Commission (DG ECHO) released a Guidance for programming on Infant and young children feeding in emergencies. [61]

Despite these recent guidelines, it appears that France has not adopted any plan and policy with specific reference to infant and young child feeding in emergencies. Therefore, **France should ensure integrated response to protect and support breastfeeding in case of emergencies through the implementation of a national plan and designation of persons to coordinate activities,** in line with international and European guidelines.

54 http://www.indexmundi.com/g/g.aspx?c=fr&v=32
55 UNICEF data, 2013, available at: http://data.unicef.org/hiv-aids/global-trends
56 Modes de transmission du VIH et mesures de prévention contre le VIH, 21 octobre 2014, http://www.sante.gouv.fr/modes-de-transmission-du-vih-et-mesures-de-prevention-contre-le-vih.html
57 British HIV association and children's HIV association position statement on infant feeding in the UK, HIV Medicine 2011 ; 12 (7) : 389-393 http://onlinelibrary.wiley.com/doi/10.1111/j.1468-1293.2011.00918.x/full
58 Les directives 2010 recommandent que les autorités nationales de chaque pays décident quelle pratique d'alimentation du nourrisson privilégier et appuyer, par exemple l'allaitement avec une intervention ARV pour limiter la transmission ou la suppression de tout allaitement, en tant que politique de santé nationale unique recommandée par leurs services de santé maternelle et infantile. Cela diffère de l'approches précédente où le personnel médical devait conseiller individuellement toutes les mères infectées par le VIH sur les diverses options d'alimentation de leur nourrisson, et il appartenait alors aux mères de décider quelle option choisir. La recommandation nationale pourra par exemple varier en fonction des conditions locales de la prévalence du VIH, de la mortalité infantile, de la sous-nutrition, des services de santé, etc. http://www.unicef.org/french/nutrition/index_24827.html
59 http://www.ennonline.net/operationalguidanceiycfv2.1
60 *Baby friendly spaces, a holistic approach for pregnant, lactating women and their very young children in emergency, ACF international manual, 2014*. Available at: http://www.actioncontrelafaim.org/fr/node/100939
61 http://ec.europa.eu/echo/files/media/publications/2014/toolkit_nutrition_en.pdf

7) Complementary feeding and the right to adequate food and nutrition

Referring to the definition of the right to adequate food as laid out by the former Special Rapporteur on the right to food Olivier De Schutter,[62] it is to be noted that in France the normative content of this right has not yet been converted into legal entitlements and that **France's agricultural policies are far from ensuring production and consumption sustainability and diet adequacy**.

In regard to infant and young child feeding, different agencies (mostly placed under the authority of mainly the Ministries of Health, Environment and Agriculture) are given a mandate related to food safety, nutrition and/or health.[63] The PNNS is the result of the joint work of these agencies in consultation with non-state experts (paediatricians, nutritionists, etc.) and reflects the governmental approach to nutrition, i.e.: "*the balance between food intake and expenditures induced by physical activity*".[64] It is of concern that **the focus is placed on quantity rather than on quality**, a fact confirmed by the programmes set up under the PNNS, such as the "Guide for Parents: from birth until 3 years old"[65] which is meant to be an educational tool for parents. There is **no mention of the quality of the complementary food given to infants and young children**, of its origin or of the transformation and preparation processes it underwent.

Regulation exists as to the levels of pesticides used to grow products used for baby food, both at the national and the European level.[66] A series of controls is compulsory to guarantee the safety of food labelled and sold as baby food. However, **this system rests on the models of intensive agriculture and industrialisation of food**. Very little is done to provide adequate information to

[62] Final report of the former Special Rapporteur on the right to food Olivier De Schutter to the Human Rights Council, 24 January 2014, page 3 : *« The right to food is the right of every individual, alone or in community with others, to have **physical and economic access at all times to sufficient, adequate and culturally acceptable food that is produced and consumed sustainably, preserving access to food for future generations.** (…) each person should have access to a diet that "as a whole contains a mix of nutrients for physical and mental growth, development and maintenance, and physical activity that are **in compliance with human physiological needs at all stages throughout the life cycle** and according to gender and occupation".2 Thus, the normative content of the right to food can be summarized by reference to the requirements of availability, accessibility, adequacy and sustainability, all of which must be built into legal entitlements and secured through accountability mechanisms. »*

[63] To mention a few, one founds the French Agency for Food, Environment, Occupational Health and Safety (Anses), the French National Food Council (CNA) and the Haut Conseil de la Santé Publique (HCSP): https://www.anses.fr; http://www.cna-alimentation.fr/accueil-version-anglaise-471; http://www.hcsp.fr/Explore.cgi/Accueil. See the study on baby food available on the market measuring its contents' level of exposure to harmful substances, carried out since 2010 by the Anses. Results should be made available in 2016. https://www.anses.fr/fr/content/etude-de-l%E2%80%99alimentation-totale-infantile

[64] We translate. See the PNNS' website: www.mangerbouger.com.

[65] « Guide des parents : de la naissance à trois ans », available at http://www.mangerbouger.fr/pnns/outils-d-information/les-guides-nutrition.html

[66] See in particular Regulation (EU) 609/2013 of the European Parliament and of the Council of 12 June 2013, http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:181:0035:0056:EN:PDF. And in France, Arrêté du 11 avril 2008 relatif aux préparations pour nourrissons et aux preparations de suite, available at http://www.legifrance.gouv.fr/affichTexte.do;jsessionid=9971393AFFBE2A2196103EAF73BEE5CB.tpdjo17v_3?cidTexte=JORFTEXT000018685743&dateTexte=&oldAction=rechJO

parents on complementary feeding and to support[67] them in preparing home-made complementary foods with agricultural products that are sourced and sold locally in the perspective of achieving more sustainable diets.[68] **Though the recently adopted agriculture and food policy proclaims that sustainable and agro-ecological methods of production should be encouraged, it falls short of making human rights-based policies compulsory.** Instead, the government supports the development of a "factory-farm" where antibiotics are used in massive quantities on the animals in order to produce corresponding quantities of milk, provoking widespread criticism throughout the country.[69]

8) Extraterritorial obligations of States

After recognizing gaps in human rights protection that derived from the territorial limitation of State obligations, the Maastricht Principles were adopted by a group of renowned experts in order to clarify the extraterritorial State obligations to realize economic, social and cultural rights.[70] With regard to transnational corporations (TNCs), which are not territorially confined while they remain subjects to domestic laws only, the Maastricht Principle 25 reiterated that States have an obligation under international law to ensure that companies based in their territory do not infringe the economic, social and cultural rights of people in other countries.[71] This extraterritorial obligation of States was further emphasized in the CRC General Comment No 16 (§ 42).

According to the extraterritorial obligations of States, and in application of the article 24(e) of the Convention on the Rights of the Child and following authoritative interpretation given by the CRC Committee in its General Comment No 15 (§ 44 and 81), **States should be held accountable for adopting binding regulations and measures to ensure that companies domiciled in their territory comply with the International Code and subsequent relevant World Health Assembly resolutions in all context and wherever they operate**. However, IBFAN monitoring highlighted

67 Here, supporting measures are understood as measures that enable parents to prepare adequate complementary foods for their children, i.e. sufficient maternity leave and adequate wages and social protection floors.

[68] Report of the former Special Rapporteur on the right to food Olivier De Schutter to the Human Rights Council, 20 January 2014, p. 26. See also « Best feeding » from IBFAN Asia, in particular its introduction; available at http://ibfanasia.org/docs/Best-Feeding-CF-asia2014.pdf

[69] See for further analysis, FIAN France's joint submission to the CESCR with the French Platform for Economic, Social and Cultural Rights, on France's implementation of the ICESCR, IVth reporting cycle, 25th January 2015, paragraphs 100-106, available at :
http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCESCR%2fICO%2fFRA%2f19339&Lang=en

[70] Maastricht Principles on Extraterritorial Obligations of States in the Area of Economic, Social and Cultural Rights. Available at: www.etoconsortium.org/nc/en/library/maastricht-principles/?tx_drblob_pi1%5BdownloadUid%5D=23

[71] Maastricht Principle 25: *"**States must adopt and enforce measures to protect economic social and cultural rights through legal and other means**, including diplomatic means, in each of the following circumstances: [...] c) **as regards business enterprises**, where the corporation or its parent controlling company, has its centre of activity, is registered or domiciled, or has its main place of business or substantial business activity, in the State concerned"*

evidence of continuous and systematic violations of the International Code from French baby food companies, such as Danone, Lactalis and Novalac.[72]

In 2014, an orientation and programming law related to development policy and international solidarity has been adopted.[73] This law imposes an obligation on French companies to provide information on their activities and the ones of the companies they control as well as on their impact on the environment (e.g. on climate change) and the society (e.g. on health, education and working conditions). However, this law provides no sanction for companies that would violate human rights and only creates an obligation to inform: a company can state that it has done nothing in order to improve its activities' impacts on the environment or human rights, without facing any sanction. In March 2015, the French Parliament has adopted a law proposal related to due diligence of parent companies and subcontracting companies at first reading.[74] This new law would introduce an obligation for these companies to implement and enforce due diligence measures aimed at identifying and preventing risks of human rights violations, infringements of fundamental freedoms, substantive physical and environmental damages as well as health risks that can be caused by the activities of its subsidiaries and subcontractors in France and abroad. The absence of publication or implementation of these measures could be sanctioned by a civil fine of up to 10 millions of Euros and the parent company could be civilly prosecuted to repair the damages caused by the activities of its subsidiaries or subcontractors, if it has failed to dress or implement the preventive measures. In addition, the judicial decision could be published. However, **this law has not yet been adopted and business associations have already expressed their opposition to it.**

[72] IBFAN-ICDC, *Breaking the Rules, Stretching the Rules. Evidence of Violations of the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions compiled from January 2011 to December 2013*, 2014.

[73] LOI n° 2014-773 du 7 juillet 2014 d'orientation et de programmation relative à la politique de développement et de solidarité internationale. Available at : http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000029210384&categorieLien=id

[74] Proposition de loi relative au devoir de vigilance des sociétés mères et des entreprises donneuses d'ordre. Available at : http://www.assemblee-nationale.fr/14/propositions/pion2578.asp

About the International Baby Food Action Network (IBFAN)

IBFAN is a 36-year old coalition of more than 250 not-for-profit non-governmental organizations in more than 160 developing and industrialized nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes.

IBFAN is committed to the Global Strategy on Infant and Young Child Feeding (2002), and thus to assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes and its relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for International Code violations. In 1998, IBFAN received the Right Livelihood Award "*for its committed and effective campaigning for the rights of mothers to choose to breastfeed their babies, in the full knowledge of the health benefits of breastmilk, and free from commercial pressure and misinformation with which companies promote breastmilk substitutes*".