

**REPORT ON THE SITUATION OF
INFANT AND MATERNAL HEALTH AND WORK-RELATED
ISSUES IN LITHUANIA**



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Prepared by:

Initiative group of breastfeeding mothers and breastfeeding promoters of NGO "Pradžių pradžia", Lithuania

The right to health of women through the protection, promotion and support of breastfeeding

Working women who become mothers hold a double role that is not always easy to bear. Recognizing “the great contribution of women to the welfare of the family and to the development of society [...] [and] the social significance of maternity” (CEDAW Preamble) means acknowledging that it is a collective responsibility to create an **enabling environment for women to fulfil both roles of mother and worker**. Indeed, both maternity and work are means for women’s empowerment and emancipation.

Women should be given the correct information as well as the legislative and institutional support to act in their children’s best interest while they continue working and being active in public life. To this end, **maternity protection** at work, and **adequate paid maternity leave** in particular, are critical interventions that States have the obligation to implement in order to simultaneously realize the right of women to work and the right of women and their children to health, allowing new mothers to rest, bond with their child and establish a sound breastfeeding practice. Therefore, working mothers are also entitled to healthy surroundings at their workplace, and more specifically, to breastfeeding breaks and breastfeeding facilities.

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, reducing postpartum bleeding, aiding the mother’s recovery after birth (synchronization of sleep patterns, enhanced self-esteem, lower rates of post-partum depression, easier return to pre-pregnancy weight), offering the mother protection from iron deficiency anaemia, delaying the return of fertility thus providing a natural method of child spacing (the Lactational Amenorrhea Method - LAM) for millions of women who do not have access to modern form of contraception, and decreasing the incidence of osteoporosis and the risk of ovarian-, breast- and other reproductive cancers later in life. For these reasons, **promoting, protecting and supporting breastfeeding is part of the State obligation** to ensure women receive appropriate services in connection with the post-natal period. In addition, if a woman cannot choose to breastfeed because of external conditions beyond her control, she is stripped of bodily integrity and denied the opportunity to enjoy the full potential of her body for health, procreation and sexuality. The right to breastfeed does not disappear with the fact that some women may choose alternative methods of feeding their children.

Optimal breastfeeding practices as recommended by WHO Global Strategy for Infant and Young Child Feeding¹ (early initiation of breastfeeding within one hour after birth, 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) also provide the key building block for child survival, growth and healthy development². Enabling women to follow such recommendations means empowering them by giving them the opportunity and support to best care for their child.

Breastfeeding 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 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in particular art. 1 and 5 on gender discrimination on the basis of the reproduction status (pregnancy and lactation), art. 12 on women’s right to health and art. 16 on marriage and family life, the International Covenant on Economic, Social and Cultural Rights (CESCR), especially art. 12 on the right to health, including sexual and reproductive health, art. 11 on the right to food and art. 6, 7 and 10 on the right to work, the Convention on the Rights of the Child (CRC), especially art. 24 on the child’s right to health. Interpreted jointly, these treaties support the claim that **‘breastfeeding is the right of both the mother and her child, and 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 adoption of measures that protect, promote and support breastfeeding.

¹ WHO 2002, Global Strategy on Infant and Young Child Feeding, <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html>

² IBFAN, What Scientific Research Says?, <http://www.ibfan.org/issue-scientific-breastfeeding.html>

SUMMARY

Our recommendations include:

- **Maternity institutions and primary health care facilities** as well as **health professionals** should promote breastfeeding and provide mothers with **adequate information**. Breastfeeding-related curricula of paediatricians, neonatologists, family doctors and other health professionals involved in health care of infants, children and mothers should be upgraded to include **lactation management**. **Trainings on breastfeeding** should not be sponsored by breastmilk substitute producers and manufacturers.
- Government should **protect, promote and support breastfeeding** as an intelligent public health prevention strategy which will lower future personal health care costs and sickness benefits.
- **Free samples and other means to encourage breastfeeding should be banned**, in line with the national measure implementing the **International Code of Marketing of Breastmilk Substitutes**.
- Establish control mechanisms to **ensure implementation of the Item 10 of the Requirements of the Marketing Code** establishing the prohibition for health care professional and their family members to accept any material reward from producers or distributors of milk substitutes.
- Control mechanisms should be established to make sure that **patient (children's) rights to access high quality services and the rights of caregivers (mothers) to receive adequate and adequate information** while in hospital facilities are fulfilled. Such mechanisms should include monitoring of indicators on breastfeeding initiations and complications at maternity institutions, changes in numbers of breastfeeding mothers, distribution of exclusive breastfeeding and mixed feeding; identification of influencing factors; analysis and continuous development of improvement measures.
- Breastfeeding mothers should be provided with a possibility to be referred to a breastfeeding and **lactation management specialist**. According to evidence-based recommendations, one qualified breastfeeding and lactation specialist should be available per one thousand of post-labour women.
- **Newborn-friendly standards** established by the WHO and UNICEF would become accepted by **all maternity institutions** of Lithuania, to avoid discrimination on the grounds of geographical location.

1) General situation concerning breastfeeding in Lithuania

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

Despite 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

In Lithuania, executive health policy does not direct any attention towards an integral programme on protection, support and promotion of breastfeeding. Dissemination of evidence-unbiased information and misleading advertising is the key reason for refraining from breastfeeding or choosing a comparatively short period of breastfeeding. Such information results in erroneous and health-harming attitudes among mothers, health specialists and the entire society as well as creates conditions for violations of international and national legislation and preconditions other problems pertaining to protection, support and promotion of breastfeeding.

2) 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)***⁴ that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

All employed women can benefit from maternity leave. Labour laws and other regulatory acts shall be applied to labour relations in the territory of the Republic of Lithuania regardless of whether the person is employed in

³ <http://www.who.int/topics/breastfeeding/en/>

⁴ ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

Lithuania or has been posted by his employer abroad. The general duration of maternity leave is of 126 consecutive days.

Women who are insured under the Sickness and Maternity Social Insurance can receive maternity leave benefits, which represent 100% of their wage. Benefits are paid by the Social Insurance, which is financed inter alia with contributions of the employers and the insured.

In addition to the general break to rest and to eat, a breast-feeding woman shall be at least every three hours given at least 30-minute breaks to breast-feed. At the mother's request the breaks for breast-feeding may be joined or added to the break to rest and eat or given at the end of the working day, shortening the working day accordingly. Payment for these breaks to breast-feed shall be calculated according to the average daily pay of the employer.

Pregnant women, women who have recently given birth or breast-feeding women may be assigned to work at night (22:00-06:00) and work overtime with their consent. But it shall be prohibited to assign pregnant and breast-feeding women and women who have recently given birth to perform work that may be hazardous to the health of the woman or the child.

An employment contract may not be terminated with a pregnant woman from the day on which her employer receives a medical certificate confirming pregnancy, and for another month after maternity leave, except when a judicial decision prevents her from continuing her job or the employee is deprived of special rights to perform certain work in accordance with the procedure prescribed by laws. Employment contracts with employees raising a child (children) under three years of age may not be terminated without any fault on the part of the employee concerned.

What is more, during the period of the leave, the employee shall retain his job/position, with the exception of cases when the enterprise is dissolved.

3) The International Code of Marketing of Breastmilk Substitutes

Evidence clearly shows that a great majority of women 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 women with **incorrect, partial and biased information**.

The International Code of Marketing of Breastmilk Substitutes (the Code) was 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 Code in national legislation, the implementation and enforcement are suboptimal, and violations persist.

Free samples to encourage bottle-feeding are distributed. This violates the *International Code of Marketing of Breastmilk Substitutes* and Item 2 of the Order No V-612 of the Minister of Health on “Requirements of the International Code of Marketing of Breastmilk Substitutes in health care institutions” of 27 August 2004.

In case of health care professionals working with infants and children, the Ministry of Health of the Republic of Lithuania should establish the procedure and content of the mandatory breastfeeding and lactation management training that corresponds to contemporary research literature, recommendations of the WHO and the European Communities as well as the Requirements of the Marketing Code.

4) 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.

Maternity institutions and primary health care facilities of Lithuania provide parents with small children with no appropriate information regarding breastfeeding; and consulting physicians do not encourage mothers to breastfeed due to subjective beliefs or a lack of required knowledge. As the provision of the aforementioned international piece of legislation is inappropriately implemented while no mechanisms exist for control of its implementation, a comparatively large number of mothers continue refraining from or choose especially short periods of breastfeeding⁵. Consequently, the right of children to access the best health care, which is established in the Convention on the Rights of the Child are constantly violated.

Progressive countries are economically interested in promotion of breastfeeding as data of clinical researches conducted around the world have proven that bottle-feeding of newborns and infants has a negative impact on physical and mental health of children while mothers refraining from breastfeeding are more susceptible to various chronic diseases.

Thus, responsible state bodies that do not take action to encourage mothers to feed infants in a natural way, fail implementing public health strengthening actions based on disease prevention, which results in increased personal health care costs and sickness benefits, i.e. wasting of funds of the health system and the entire state.

⁵ Statistical data of research made at Health authority of Lithuania show that: just 30% of infant are breastfeed more than 0,5 year. For more see: <http://www.tavovaikas.lt/kudikis/mityba-ir-sveikata/isaiskejo-kiek-sutaupo-seima-per-metus-maitinant-kudiki-krutimi.d?id=62015889>

Health of newborns is entrusted to neonatologists and paediatricians, while health of infants— to paediatricians and family doctors. However, in need of breastfeeding-related help, breastfeeding mothers are forced to address yet another specialist. Management of lactation is neither the field of neonatology, nor paediatric care or general practice. A breastfeeding woman cannot address a mammology specialist either as breastfeeding is not a breast diseases. In Lithuania, maternity institutions do not consult women post labour or discharged breastfeeding mothers. This indicates that accessibility to personal health care services for breastfeeding women is not sufficiently communicated and organised (Part 10 of Article 2 or the Law on Health System of the Republic of Lithuania).

Breastfeeding mothers have to be provided with a possibility to be referred to a breastfeeding and lactation management specialist. According to evidence-based recommendations, one qualified breastfeeding and lactation specialist should be available per one thousand of post-labour women. However, such speciality of medical practice and/or nursing is not provided for in legal documents. Subsequent to approval by the Minister of Health of curricula and respective medical norm — that would be drafted and agreed with higher education institutions that would train such specialists and/or a respective professional association — the list of types of professional qualifications of medical practice or the list of specialised fields of nursing could be supplemented with an a new area of medical practice or nursing (Item 2.4 of the Order No V-469 of the Minister of Health on “Approval of the list of types of professional qualifications of medical practice” of 28 June 2004; and Item 3.2 of the Order No V-1037 of the Minister of Health on “Approval of the list of specialised fields of nursing” of 17 December 2009). Therefore, higher education institutions that train health care specialists should design new breastfeeding and lactation management curricula that would ensure an integrated and specialised evidence-based training. Draft curricula and medical norms should be submitted for approval of the Ministry of Health.

According to Item 3 of Part 2 of the Article 1 of the Law on the Rights of Patients and Compensation of Damages to their Health of the Republic of Lithuania, discrimination is prohibited on any grounds. The majority of health care institutions having newborn-friendly status (hereinafter — NFS) are located in Kaunas, which has three such health care institutions; Vilnius, Panevžys, Marijampol, Pasvalys and Vilkaviškis have only one each; meanwhile Klaipda and Šiauliai as well as other cities of Lithuanian have no such institutions. Consequently, in other health care institutions mothers and newborns are provided with lower quality services or receive no services that ensure successful breastfeeding. Limited by time and distance, a birth-giving mother cannot freely choose a health care institution. Mothers and newborns experience discrimination as they end up in a hospital without the NFS status.

Thus, the voluntary implementation of the NPL initiative established by the Order No V-613 of the Minister of Health on “Approval of temporary rules for assessment of personal health care institutions on the basis of Requirements for Newborn-Friendly Hospital ” of 27 August 2004 should be revisited to ensure that international NFS standards established by the WHO and UNICEF would become accepted by all maternity institutions of Lithuania.

On the basis of the above-state information, we have asked national authorities:

1. To initiate amendments of legislative acts, design and implementation of control mechanisms as well as undertake all action required to ensure resolution of aforementioned issues to ensure no provisions of legislative acts would remain in violation;

2. To inform the Public Institution “Pradžių pradžia” (Traidenio g. 34–5, LT-08116 Vilnius) about all measure planned to be taken in order to resolve the aforementioned issues as well as provide a possibility to delegate breastfeeding specialists to working groups and/or provide consultative assistance on related issues.

5) Government measures to promote and support 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 **comprehensive 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.
 - 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 Health Assembly resolutions.

Part 1 of the Article 10 of the Law on the Medical Practice of the Republic of Lithuania as well as Part 3 of the Article 13 and Part 3 of the Article 14 of the *Law on Nursing and Obstetric Practices of the Republic of Lithuania* obligate medical doctors, general practice nurses and obstetricians to upgrade their professional qualifications as per procedure established by the Minister of Health. Currently, no substantial actions are taken to upgrade breastfeeding-related qualifications of paediatricians, neonatologists, family doctors and other medical professionals involved in health care of infants, children and mothers. Certain seminars on nutrition of infants and children for health care specialists are supported and organised by companies distributing breastmilk substitutes

(formulas). Subsequently, inaccurate information is provided as well as arguments based on interpretations of subjective researches.

Consultations of health care specialists provided to mothers on issues of breastfeeding and/or other types of feeding are to be regarded as personal health care services that aim to strengthen health of children and prevention of diseases (Part 2 of the Article 6.725 of the Civil Code of the Republic of Lithuania and Part 6 of Article 2 of the Law on Health System). As per Part 1 of Article 3 of the Law on the Rights of Patients and Compensation of Damages to their Health of the Republic of Lithuania, a patient has the right to high-quality health care services; and Part 3 of the Article 5 of the Law establishes that the patient (in this case — the representative of the patient, i.e. the mother) has the right to receive full information. The content of information provided to mothers regarding breastfeeding of children is established by Item 5 of the Requirements on the Marketing Code.

However, neither medical doctors nor other health specialists observe this provision in practice. As health care institutions provide incorrect or partial information regarding breastfeeding and alternative infant feeding methods, patient (children's) rights to access high quality services are violated and the rights of patient representatives (mothers) to receive information are breached. Control mechanisms should be established to avoid such violations, such as monitoring of indicators on breastfeeding initiations and complications at maternity institutions, changes in numbers of breastfeeding mothers, distribution of exclusive breastfeeding and mixed feeding; identification of influencing factors; analysis and continuous development of improvement measures. Furthermore, it is essential to ensure implementation of the Item 10 of the Requirements of the Marketing Code establishing the prohibition for health care professional and their family members to accept any material reward from producers or distributors of milk substitutes.

6) Recommendations on breastfeeding by the Committee on the Rights of the Child

The **Convention on the Rights of the Child** has placed breastfeeding high on the human rights agenda. Article 24⁶ mentions specifically the importance of breastfeeding as part of the child's right to the highest attainable standard of health. Better breastfeeding and complementary feeding practices, the right to information for mothers and parents, the protection of parents by aggressive marketing of breastmilk substitute products – through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes (WHO/UNICEF, 1981) - as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

The present document has previously been sent to the highest authorities such as Seimas, Ministry of Health and Ministry of Education of the Republic of Lithuania, all Universities and Medical colleges and faculties of the country during the World Breastfeeding Week in 2011. No answer has been received or measures taken so far

⁶ "States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: [...] (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents." Art 24.2 (e), CRC

after two year⁷. Afterwards, the present report has been to the Committee on the Rights of the Child hoping that it will be in a position to discuss some of these issues with the government and provide related recommendations.

At the last review in September 2013, the CRC Committee made the following recommendations in its Concluding Observations to Lithuania (CRC/C/LTU/CO/3-4⁸):

40. *The Committee draws the State party’s attention to its General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, and recommends that the State party take measures to **increase its budget allocations for maternal and child health programs**. The Committee also recommends that the State party ensure **maternal care for women who choose to deliver at home** by providing access to emergency obstetric care, **trained care at delivery, and post partum care.**”*

About the International Baby Food Action Network (IBFAN)

IBFAN is a 35-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 (International Code) and relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for 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”.

⁷ Our organization received an answer from local authority information about plans to consider the declaration at new committee of breastfeeding support at Lithuania. NGO "Pradžią pradžia" delegated a member to the committee. No real action has followed after that.

⁸ http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fLTU%2fCO%2f3-4&Lang=en