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



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### **Breastfeeding: key to child and maternal health**

The 1'000 days between a woman's pregnancy and her child's 2<sup>nd</sup> 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)<sup>1</sup>.

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<sup>2</sup>. 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.

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

<sup>2</sup> WHO. 10 facts about breastfeeding, available at: <http://www.who.int/features/factfiles/breastfeeding/en/>

## **SUMMARY**

### ***The following obstacles/problems have been identified:***

- There are no recent data on infant and young child feeding practices in Uruguay;
- The International Code of Marketing of Breastmilk Substitutes was integrated in the national legislation but no effective monitoring and sanctioning mechanism is in place;
- The National Breastfeeding Standard (NNLM) is not fully implemented in the sense that despite the provision on training of health professionals, many health care workers are not trained on its content, including on the International Code and the guidelines ‘Buenas Prácticas de Alimentación del lactante y del niño pequeño’ (BPA);
- The BFHI and BPA accreditations have not increased in the last years;
- The duration of the maternity leave does not allow mothers to breastfeed exclusively for 6 months, and mothers working in the informal sector are not covered;
- There are no training courses on HIV and infant feeding for health professionals;
- The emergency preparedness plans and guidelines do not include specific reference to the protection and support of breastfeeding.

### ***Our recommendations include:***

- Ensure **regular and systematic collection of disaggregated data on IYCF**;
- Create **monitoring mechanism** and **sanctions** to enforce the national law implementing the International Code;
- Implement the NNLM in all its provisions and ensure **adequate training of health professionals** on the International Code and the guidelines ‘Buenas Prácticas de Alimentación del lactante y del niño pequeño’, as well as on HIV and infant feeding;
- Improve the **educational materials** on adequate infant and young child feeding and use **digital technologies to promote optimal breastfeeding practices** to health workers and population;
- **Expand the implementation of the Baby-Friendly Hospital Initiative and BPA accreditation system** throughout the country; start the process of **re-assessment** for the accredited facilities and reward the health facilities that meet successfully the BPA criteria through major recognition from the MoH;
- Extend the duration of the **maternity leave to 6 months after childbirth** and include coverage for women **working in the informal sector**;
- Provide integrated response to ensure **protection and support of breastfeeding in emergencies** and include a **surveillance mechanism to monitor food donations** occurring in such emergencies.

## 1) General situation concerning breastfeeding in Uruguay

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.<sup>3</sup>

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

### **General data<sup>4</sup>**

	2012	2013	2014	2015
Annual number of births, crude (thousands)	48.0	48.6	48.3	48.9
Neonatal mortality rate (per 1,000 live births)	5.6	5.28	4.96	4.95
Infant mortality rate (per 1,000 live births)	9.3	8.8	7.8	7.5
Under-five mortality rate (per 1,000 live births) <sup>5</sup>	11.6	11.1	10.6	10.1
Maternal mortality ratio (per 100,000 live births) <sup>6</sup>	16	16	15	15
<i>Delivery care coverage:</i>				
Skilled attendant at birth <sup>7</sup>	98.2%	98.2%	-	-
Institutional delivery <sup>8</sup>	99.7%	99.7%	99.7%	99.7%
C-section <sup>9</sup>	40%	41%	44%	43%
Stunting	10.7% <sup>10</sup>	-	-	5.4% <sup>11</sup>
Overweight <sup>12</sup>	7.2%	-	-	-

### **Breastfeeding data**

The most recent survey on breastfeeding was carried out in Uruguay in 2011. RUANDI – la Red Uruguaya de Apoyo a la Nutrición y Desarrollo Infantil - insisted on the importance of a regular and systematic collection of data on breastfeeding, in order to design new policies and action plans. The MoH

<sup>3</sup> [www.who.int/topics/breastfeeding/en/](http://www.who.int/topics/breastfeeding/en/)

<sup>4</sup> Source: Ministry of Health.

<sup>5</sup> World Bank data, available at: <http://data.worldbank.org/indicator/SH.DYN.MORT/countries>; UN IGME, see above

<sup>6</sup> World Bank estimations, available at: <http://data.worldbank.org/indicator/SH.STA.MMRT?locations=UY>

7 UNICEF statistics: <https://data.unicef.org/> ; MICS 2012-2013

8 Source : Ministerio de Salud Pública (MoH)

9 Se above

10 This data refers to 2011. Source: UNICEF Statistics.

11 This data refers to children aged 0-24 months.

12 UNICEF Statistics: data referring to 2011.

Programme on Childhood is currently planning the 5<sup>th</sup> national breastfeeding survey. However, there is no official deadline for the release of the new data and no information on the body responsible for the survey. **The lack of recent data on infant and child nutrition in Uruguay, including data on the main breastfeeding indicators, remains an issue and needs to be promptly addressed.**

	2007	2011	2012-2013
Early initiation of breastfeeding (within one hour from birth)	59.3%	60.1%	76.5%
Children ever breastfed	-	98.4%	-
Children exclusively breastfed (0-5 months)	57.1%	65.2%	-
Introduction of solid, semi-solid or soft foods (6-8 months)	-	34.8%	-
Breastfeeding at age 2	28.3%	27%	-
Median duration of any breastfeeding (in months)	7.5	8	-
Median duration of exclusive breastfeeding (in months)	2.1	2.3	-

## 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, nongovernmental 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.
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 2009, the Ministry of Health (MoH), with the support of WHO and UNICEF, adopted the **National Breastfeeding Standard (Norma Nacional de Lactancia Materna, Ord. Min. N° 217/09 – NNLM)**<sup>3</sup>, under which women are entitled the right and need to be supported by their families, society, workplaces and by the State. The NNLM is the main institutional tool designed to protect, promote and support breastfeeding. The NNLM has to be applied in all the health facilities of the Sistema Nacional Integrado de Salud (SNIS), the Integrated National Health System, in all maternities and all centres that provide care for women during pregnancy and delivery, and care for the newborn. In January 2017, a new Ministerial order, *Ordenanza Ministerial N° 62*<sup>4</sup>, approved the **Norms for the implementation of actions to protect promote and support Breastfeeding throughout the whole territory**, as well as the **User Guide for feeding breastfed children under 12 months** and the **Guide for complementary foods for children aged 6-24 months**<sup>5</sup>.

In addition, the National Strategy for Infants and Adolescents 2010-2030 (**Estrategia Nacional de Niñez y Adolescencia - ENIA 2010-2030**<sup>16</sup>) was launched in 2008 with the aim of designing and implementing targeted policies for infants and adolescents. Under the ENIA 2010-2030, the **Comité de Coordinación**

<sup>3</sup> The Norma Nacional de Lactancia Materna (NNLM), 2009, is available at:

[www.msp.gub.uy/sites/default/files/archivos\\_adjuntos/lactanciamaterna.pdf-1.pdf](http://www.msp.gub.uy/sites/default/files/archivos_adjuntos/lactanciamaterna.pdf-1.pdf)

<sup>4</sup> The full text of the Ministerial order can be found at:

[www.msp.gub.uy/sites/default/files/archivos\\_adjuntos/Ord.%20Min.%2062%20y%20Anexos.pdf](http://www.msp.gub.uy/sites/default/files/archivos_adjuntos/Ord.%20Min.%2062%20y%20Anexos.pdf)

<sup>5</sup> Normas para la implementación y desarrollo de acciones que protegen, promueven y apoyan la Lactancia Materna en todo el territorio nacional; Guía de uso de preparado para los lactantes hasta 12 meses; Guía de alimentación complementaria del niño de 6 a 24 meses. <sup>16</sup>

The ENIA 2010-2030 document is available at: [www.inau.gub.uy/biblioteca/eniabases.pdf](http://www.inau.gub.uy/biblioteca/eniabases.pdf)

**Estratégica de Infancia y Adolescencia (CCE)**<sup>6</sup>, the Strategic Coordination Committee on Infancy and Adolescence, is given the role of coordinator among all the actors who contribute to the design and implementation of policies for infants and adolescents. With a similar role, the National Honorary Advisory Council on the Rights of the Child and Adolescent (**Consejo Nacional Consultivo Honorario de los Derechos del Niño y Adolescente**)<sup>18</sup> was created under the Childhood and Adolescence Code (2004, articles 211 et seq.)<sup>7</sup>, but mainly with promotion, coordination and advisory roles and without binding powers that could influence the institutions that are responsible for the relevant legislation.<sup>8</sup>

During the implementation process of the ENIA, and according to the results coming from a continuous monitoring and analysis, it has been decided to enforce specific programs dedicated to families with pregnant women and children under 4 years old. As part of such programs, the **National Program 'Uruguay Grows with You'**<sup>9</sup> was created in 2012 with the goal of providing an integrated system of protection for the early childhood: particularly, it is an attempt to ensure adequate childcare in all households so that health problems in early childhood can be reduced. However, the documents of the Program<sup>22</sup> do not mention specifically how breastfeeding is promoted.

Furthermore, a **Human Milk Bank Program** is implemented in Uruguay under the *Programa iberoamericano de bancos de leche humano* (IBERBLH)<sup>23</sup>. In 2014, more than 10 thousands women received assistance for breastfeeding. 1,550 of them became voluntary breastmilk donors and the 4,075 litres of breastmilk collected through these donations allowed feeding 1,525 newborns, while creating also a reserve. The most successful achievement obtained under such Program was the creation, in 2014, of a **Support Line for Breastfeeding**, active 24h/24, 365 days a year. This Support Line allows women and health care teams to receive immediate response when facing breastfeeding difficulties, regardless of their geographical location, while in the past such difficulties could cause the interruption of breastfeeding.

More recently, in 2016, the Ministry for Social Development and the National Department for Social Policies have launched the **National Care System (Sistema Nacional de Cuidados)**<sup>24</sup>, aimed at implementing a new social security system for the medium and long-term perspective, targeting specific vulnerable groups: children between 0 and 12 years old, with a focus on the age 0-3 years, elderly persons in a dependency situation, persons with disabilities in a dependency situation, paid or unpaid

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<sup>6</sup> The Committee was created in 2005, in the framework of the Consejo Nacional de Coordinación de Políticas Sociales, the National Council for Coordination of Social Policies. <sup>18</sup>

A description of the Committee's tasks and action strategies is available in the website of the Ministry of Education and Culture at: [http://mec.gub.uy/innovaportal/v/1776/6/mecweb/derechos\\_del\\_nino\\_a\\_y\\_el\\_adolescente?3colid=1577](http://mec.gub.uy/innovaportal/v/1776/6/mecweb/derechos_del_nino_a_y_el_adolescente?3colid=1577)

<sup>7</sup> Código de la Niñez y la Adolescencia, adopted with Law No. 17.823, available at: [www.parlamento.gub.uy/htmlstat/pl/codigos/codigonino/2004/cod\\_nino.htm](http://www.parlamento.gub.uy/htmlstat/pl/codigos/codigonino/2004/cod_nino.htm)

<sup>8</sup> *Este Consejo es de carácter consultivo, no tiene potestades vinculantes de incidir en las instituciones responsables de las políticas con referencia al tema y está integrado por organismos estatales y no estatales.* Source: Ministry of Education and Culture, see above

<sup>9</sup> 'Uruguay Crece Contigo'. All the information on this Program is available at: [www.crececontigo.opp.gub.uy/Inicio/](http://www.crececontigo.opp.gub.uy/Inicio/)

<sup>22</sup> The documents can be found at: [www.crececontigo.opp.gub.uy/Inicio/Documentos/](http://www.crececontigo.opp.gub.uy/Inicio/Documentos/) <sup>23</sup> The information on the Red de Bancos de Leche Humana program in Uruguay is available at:

[www.iberblh.org/index.php?option=com\\_content&view=article&id=54&Itemid=5](http://www.iberblh.org/index.php?option=com_content&view=article&id=54&Itemid=5)

<sup>8</sup> <sup>24</sup> [www.sistemadecuidados.gub.uy/](http://www.sistemadecuidados.gub.uy/) <sup>25</sup> 'Dar Teta es dar lo mejor de vos'.

family caregivers. Food security in the start of life is one major strategic area in the above-mentioned System.

### ***Promotion Campaigns and Publications***

The **promotion campaigns** that have been carried out in the last years have been supported by UNICEF. Among them, the **campaign ‘Give the breast is giving your best’<sup>25</sup>**, featuring a very popular Uruguayan actress and model, who breastfed her child for over two years and who participated in promotional videos and advertising banners, printed materials, leaflets in the health centres as well as posters in the streets and bus stops of the whole country. In 2014, the main slogan was related to the promotion of the Law on maternity and paternity. Activities were organized together with the Workers' Union and the Uruguayan Inter-union Workers' Plenary (PIT-CNT), which reunites all the trade unions of public and private workers. Such activities were supported by RUANDI.

In 2007, the **Child Health National Program (Programa Nacional de la Salud de la Niñez)<sup>10</sup>** of the MoH, created in 2006, promoted a project proposed by RUANDI IBFAN and UNICEF, concerning the creation of a **guide on dietary practices for women in childbearing age, pregnant women and children under 24 months<sup>11</sup>**. This guide aims to reinforce a booklet addressed to the families, called *‘The first smells of my home cooking’<sup>12</sup>*, with counselling on child feeding practices from 0 to 24 months of age, in which the first section relates to breastfeeding and the second section relates to the introduction of complementary foods after six months. This project was extremely successful and it was also combined with training courses addressed to workers of primary health centres in all the regions of the country, aimed at coordinating and aligning the criteria and guidelines when counselling on dietary and feeding practices during family planning, pregnancy, breastfeeding and the first years of the child.

In 2016 RUANDI, together with La Leche League Uruguay and the Uruguayan Institute of Breastfeeding, and with the support of UNICEF, organized the celebration of the **World Breastfeeding Week**. Several activities were included in the celebrations, such as promotion campaign with audiovisual materials<sup>13</sup>, round tables for inter-disciplinary discussions on weaning and an open day of discussion on the International Code of Marketing of Breastmilk Substitutes, among others. The WBW organisers created then a dedicated web page on the event, a Facebook page, Twitter and YouTube channel.<sup>14</sup>

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<sup>10</sup> The document of the Child Health National Program is available at: [www2.msp.gub.uy/uc\\_6444\\_1.html](http://www2.msp.gub.uy/uc_6444_1.html)

<sup>11</sup> The guide ‘Los 33 meses en los que se define el partido: 33 ideas para jugarlo’ is available at: <http://infanciacapital.montevideo.gub.uy/materiales/>

<sup>12</sup> ‘Los primeros olores de la cocina de mi casa’. The booklet is available at: [http://issuu.com/uniceftacro/docs/los\\_primeros\\_olores\\_2da\\_ed](http://issuu.com/uniceftacro/docs/los_primeros_olores_2da_ed)

<sup>13</sup> Including a YouTube promotional video on breastfeeding : [https://www.youtube.com/watch?v=GugLqza\\_GTE&feature=youtu.be](https://www.youtube.com/watch?v=GugLqza_GTE&feature=youtu.be)

<sup>14</sup> [www.semanalactanciauy.org](http://www.semanalactanciauy.org) ; [www.facebook.com/SMLMenUy/](https://www.facebook.com/SMLMenUy/) ; <https://twitter.com/SMLMenUy> ; <https://www.youtube.com/channel/UCc92PDmCHX4rje9QnkZFiGQ>



### *The International Code of Marketing of Breastmilk Substitutes*

The NNLM provides for the implementation of the International Code<sup>15</sup> in its entirety, but **it does not include a control mechanism and related sanctions for the whole country**. For instance, in 2016 a law was drafted in order to further regulate the marketing of breastmilk substitutes. Such draft, however, does not include the WHA Resolutions adopted subsequent to the Code<sup>16</sup> and its sanctioning mechanism covers only the capital city of Uruguay, Montevideo. The Food Department of the MoH is in charge of calling upon infant formula manufacturers to respect the Code, but this practice has an informal character and does not bind companies to their engagements. In addition, after multiple interviews to the concerned parties, it was observed that the monitoring is not really carried out, and there are no real sanctions except the notifications sent to the companies whenever a violation of the Code is reported. A more efficient monitoring and sanctioning mechanism is thus necessary in Uruguay, throughout the whole country and not limited to the capital city.

### *Monitoring*

In 1971, the so-called **Programa Aduana de Visita Domiciliaria**<sup>17</sup> was developed with the aim of monitoring the conditions of newborns and breastfeeding children directly in the households through home visits. The Program became operational in 1974 and since then it has been empowered through specific resources and capacity-building of health professionals. To date, it is still operational.<sup>18</sup>

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

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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.

Currently, **46 hospitals and maternities are certified as “baby-friendly”, but such accreditations date back to 2010-2011** and it is not clear whether they still meet all the BFHI criteria. In 2005, in the same spirit of the BFHI, the **Good Practices for Infant and Young Child Feeding (Buenas Prácticas de Alimentación del Lactante y del Niño Pequeño - BPA)**<sup>19</sup> were developed in parallel with the BFHI certification. All maternities and clinics in Uruguay are required to align to the BPA, through the formal

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<sup>15</sup> NNLM, 2009, see above, pp. 13-14

<sup>16</sup> The WHA Resolutions can be read at: [http://ibfan.org/art/WHA\\_resolutions-from-code-essentials.pdf](http://ibfan.org/art/WHA_resolutions-from-code-essentials.pdf)

<sup>17</sup> The information related to the Home Visits Program is available at: [www2.msp.gub.uy/uc\\_6732\\_1.html](http://www2.msp.gub.uy/uc_6732_1.html)

<sup>18</sup> More detailed information on the Aduana Program is available at: [www.suis.org.uy/pdf/programa\\_aduana.pdf](http://www.suis.org.uy/pdf/programa_aduana.pdf)

<sup>19</sup> The information on the BPA is available at: [www2.msp.gub.uy/uc\\_3464\\_1.html](http://www2.msp.gub.uy/uc_3464_1.html)

application for the BPA certification or re-certification to the National Program for Child Health<sup>20</sup>. In order to enforce the BPA diffusion, the National Breastfeeding Standard of 2009 (NNLM) included the provision that all health facilities of the SNIS<sup>21</sup> providing maternity care services apply such Standard, including its part related to the BPA.<sup>22</sup> Under the BPA certification system, a re-evaluation of the certified facilities is carried out every two years and in the case of no compliance with the requirements of the BPA, a deadline is given to the concerned health facility in order to adjust its services and align with the BPA. Reports on the main breastfeeding indicators and rates are also solicited to these facilities. As a general comment, **more efficient monitoring on the implementation of the BFHI is required in the country**, in order to ensure that the certified facilities maintain their compliance with the BFHI criteria.

### **Courses/Training of Health Professionals**

Specific training of health professionals is required under the NNLM<sup>23</sup> on the Good Practices for Infant and Young Child Feeding (BPA)<sup>40</sup> but also on the overall content of the NNLM itself. In Uruguay, **there are three annual courses intended for the health professionals working in perinatal and health sectors, related to breastfeeding**. Since 2015, the Uruguayan Breastfeeding Institute (IULAM) provides a course for lactation consultants; the Catholic University of Uruguay provides a specialized course on breastfeeding designed for university professionals involved in this field, with the aim to increase human resources protecting, promoting and supporting optimal breastfeeding practices at the community and

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<sup>20</sup> Programa Nacional de la Salud de la Niñez, discussed in the ‘National Policies’ paragraph.

<sup>21</sup> Sistema Nacional Integrado de Salud, already mentioned in the ‘National Policies’ paragraph.

<sup>22</sup> NNLM, 2009, see above, p. 12

<sup>23</sup> NNLM, 2009, see above, p. 12, point 2.2.

<sup>40</sup> See next paragraph.

health institutions level; furthermore, the University of the Republic has also introduced in 2016 a postgraduate course entitled *Breastfeeding in the 21<sup>st</sup> century: new facts and challenges*, with the participation of RUANDI, intended for health professionals. The course will be provided also online, starting this year, in order to reach a higher number of participants.

However, it is observed that **no training is available for health professionals on the International Code of Marketing of Breastmilk Substitutes**. Considering that the NNLM includes also provisions related to the International Code and the full text of the Code itself in the form of an Annex, this gap in the capacitybuilding for health workers should be dealt with as soon as possible. Yet, such specific training improvements would not change the fact that the violations of the Code call for the creation of an dedicated monitoring system.

#### 4) Maternity protection for working women

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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)*<sup>24</sup> that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

##### **Maternity leave**

The legislation that covers the maternity leave in Uruguay is the **Maternity, paternity and care leave Law** (No. 19.161)<sup>25</sup>, adopted in October 2013, regulating maternity, paternity and childcare leave.

With the support of the Social Security Office, several activities have been organized and the **difficulty of maintaining a remunerated job while at the same time providing adequate childcare**, especially for working women, has been highlighted through real evidence. Women are the ones who have more interruptions in their work career and such interruptions coincide with the birth of their children. This implies that when, after two or three years from the child's birth, a woman tries to be reintegrated into the labour market, she generally gets a lower salary. In the last years, since the adoption of the Law on Maternity, paternity and care leave, there have been improvements, such as: **the increase in the duration of the maternity leave for women working in the private sector (from 12 to 14 weeks, of which 6 weeks before and 8 weeks after the childbirth); the provision for a paternity leave**, which reached 10 consecutive days of leave in 2017; **the opportunity to share part-time work between partners, until the**

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<sup>24</sup> ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

<sup>25</sup> The text of the Law No. 19.161 is available at: [www.parlamento.gub.uy/leyes/AccesoTextoLey.asp?Ley=19161&Anchor=](http://www.parlamento.gub.uy/leyes/AccesoTextoLey.asp?Ley=19161&Anchor=)

**child reaches 6 months of age.** As a proof of the impact of such improvements, between the November 2013 and mid-July 2014, 10,307 applications for maternity leave have been submitted in the private sector, 3,600 part-time work requests have been made, and 100 men requested to share this part-time work with their partner.

**Women who are employed under the informal sector are not included in the scope of the maternity, paternity and care leave law,** except for those who are under a system of contributions from the Social Security Office.

It is important to underline that in 2011 **the third reason for the early interruption of breastfeeding before six months was linked to the work of the mother.** In fact, according to the last data retrieved at national level, 11% of women said that they stopped breastfeeding “for work reasons”<sup>26</sup>. The percentage of women who stopped breastfeeding because of their work rose to 21.7% among the more educated ones (>12 years of education), compared to 7.1% among those who have received shorter education (≤ 6 years).<sup>27</sup> Hopefully, the new legislation related to maternity protection will contribute to further decrease these percentages.

### **Breastfeeding rooms in the workplace**

In October 2016, a draft law on the creation of breastfeeding rooms in the work or learning place was approved by the commission on Public Health and Social Security. The law stated that all public and private institutions where 20 or more women study/work shall provide breastfeeding rooms. The same rule applies to companies with 50 or more employees. The law describes how the rooms should be conceived and the criteria they should meet. The law gives also a deadline of 6 months for such companies and institutions to apply its provisions.

## **5) HIV and infant feeding**

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The HIV virus can be passed from mother to the infant through pregnancy, delivery and breastfeeding. The *2010 WHO Guidelines on HIV and infant feeding*<sup>28</sup> call on national authorities to recommend, based on the AFASS<sup>29</sup> 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.

According to UNICEF HIV database<sup>30</sup>, the estimated HIV prevalence in the adult population (aged 15-49) was 0.5% in 2015. The estimated number of pregnant women living with HIV was lower than 200 for the

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<sup>26</sup> Encuesta nacional sobre estado nutricional, prácticas de alimentación y anemia 2011, p. 34, available at:

[www.unicef.org/uruguay/spanish/encuesta\\_lactancia\\_uruguay2011\\_web.pdf](http://www.unicef.org/uruguay/spanish/encuesta_lactancia_uruguay2011_web.pdf)

<sup>27</sup> Idem, p. 28.

<sup>28</sup> *WHO Guidelines on HIV and infant feeding, 2010.* Available at:

[http://whqlibdoc.who.int/publications/2010/978921599535\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/978921599535_eng.pdf)

<sup>29</sup> Affordable, feasible, acceptable, sustainable and safe (AFASS)

<sup>30</sup> UNICEF HIV online database, available at : <http://data.unicef.org/hiv-aids/global-trends>

same year. Between 2011 and 2015, 17 new cases of HIV infections through vertical transmission were reported and, as of 2015, the mother-to-child transmission rate was 2%.<sup>31</sup>

**The NNLM includes in its Annex 9A<sup>32</sup> specific guidelines for pregnant women living with HIV**, where it is stated that breastfeeding must always be prohibited in the case of HIV-positive mothers and that specific counselling on infant feeding practices and HIV shall be provided to the mother and her family since pregnancy. In the current revision of the NNLM, in which RUANDI is taking part, there have been suggestions to not always exclude breastfeeding in the case of HIV-positive mothers, and to develop alternative counselling for the choices of feeding practices especially when there is use of antiretroviral treatment (ART). However, such suggestions found totally negative response from the experts of the revising committee. To date, **there are no specific training courses on HIV and infant feeding practices for health professionals.**

## 6) Infant feeding in emergencies (IFE)

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In 2007, the IFE Core group developed an Operational Guidance on Infant and Young Child Feeding in Emergencies that aims to provide a “concise practical but mainly non technical guidance on how to ensure appropriate infant and young child feeding in emergencies”.<sup>33</sup> In 2014, the NGO Action Contre la Faim issued guidelines on breastfeeding/infant and young child feeding in emergencies<sup>34</sup> 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.<sup>35</sup>

Since 2016, the National Emergency Programme provides for the distribution of ‘Emergency Cradles’ (*Cunas de Emergencia*) to families and mothers with children aged less than 6 months, in contexts of emergency. The cradle includes several products: clothes, toys, books, thermometers, hygiene products and the cradle itself. **The *Cunas de Emergencia* project does not include any specific measure to protect and support breastfeeding during emergencies** and for this reason RUANDI has been working actively in order to raise awareness on the need for a comprehensive Infant and Young Child Feeding policy, addressing also IFE. Some information materials on breastfeeding could be added to the products included in the Emergency Cradles, for example. Furthermore, there is need for local awareness-raising activities to inform and train local committees’ members on the importance of protecting and supporting breastfeeding during natural disasters and environmental crisis.

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<sup>31</sup> Source : UNICEF HIV online database, see above

<sup>32</sup> NNLM, 2009, see above, p.

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<sup>33</sup> [www.enonline.net/operationalguidanceiycfv2.1](http://www.enonline.net/operationalguidanceiycfv2.1)

<sup>34</sup> *Baby friendly spaces, a holistic approach for pregnant, lactating women and their very young children in emergency*, ACF international manual, 2014. Available at: [www.actioncontrelafaim.org/fr/node/100939](http://www.actioncontrelafaim.org/fr/node/100939)

<sup>35</sup> [http://ec.europa.eu/echo/files/media/publications/2014/toolkit\\_nutrition\\_en.pdf](http://ec.europa.eu/echo/files/media/publications/2014/toolkit_nutrition_en.pdf)

Companies producing breastmilk substitutes usually donate their products directly to families in the cases of natural disasters, mostly floods in Uruguay, and there is no monitoring mechanism for this. The health care teams working in emergency areas have worked on supporting breastfeeding in such cases but mostly on a voluntary basis and for personal convictions, thus not for the existence of a specific program.

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**Data sourced from:**

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Programa Uruguay Crece Contigo: [www.crececontigo.opp.gub.uy](http://www.crececontigo.opp.gub.uy)

UNICEF database: <https://data.unicef.org>

## ANNEX

- 1) Violation of the Code occurred during the 2014 National Breastfeeding Week, in occasion of an activity on nutrition in paediatrics, organized by the Paediatric Service of the Hospital Policial and the Faculty of Medicine of the Universidad de la República.

As it can be seen in the picture, Nestlé displayed several banners at the event, with the authorization of the paediatricians and most professionals who organized it. In addition to that, the folders of the assistants had the Nan logo in the front, as well as the pens.



The organization of the event was mainly taken in charge by professors of the Paediatric Clinics of the Faculty of Medicine of the Universidad de la República. As RUANDI, we informed the MoH about the facts and about our position. However, since there is no sanctioning mechanism, no measures were taken.

Even more serious than that, is the fact that this academic event was organized right during the 2014 National Breastfeeding Week, and there were no slogans displayed to promote it.

- 2) Symposium '*Nutrición en el Niño y Adolescente Sano. Buenas Prácticas de Alimentación*', organized by the paediatric clinic A. At first, the Nestlé Nutrition logo was displayed in the poster and after that some RUANDI members refused to participate to the symposium since they had not been informed of the presence of Nestlé, the organizers asked the company to withdraw from the participation to the event. Money was collected to buy coffee, neutral folders (without advertising of any baby-food company) were used and the event took place without sponsors. Subsequently, a visitor from Nestlé asked a meeting with RUANDI in order to know which provisions of the Code had been violated. RUANDI refused to attend this meeting. The Uruguayan Paediatric Society also creates alliances with baby-food companies. There are advertisements of baby-food products that appear to be recommended by the Uruguayan Paediatric Society. These products include yogurts, industrialised fruit juices, infant formula for children between 1 and 3 years.

Other violations of the Code were highlighted in the last monitoring carried out by RUANDI in 2008.

### **About the International Baby Food Action Network (IBFAN)**

IBFAN is a 37-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”*.