

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 80 / January 2019

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**REPORT ON THE SITUATION OF  
INFANT AND YOUNG CHILD FEEDING  
IN ITALY**



**IBFAN**

defending breastfeeding

December 2018

**Data sourced from:**

WBTi assessment of 2018

Italian Health Ministry

UNICEF data

WHO

ILO

**Prepared by:**

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## SUMMARY

The following obstacles/problems have been identified :

- Lack of recent national data on IYCF practices, in line with WHO definitions and recommendations.
- The current national policy covers only breastfeeding, not IYCF more broadly, and recommends breastfeeding for “one year and beyond” instead of two years and beyond, as recommended by WHO.
- Some public community care facilities (*Consultori*) are not in line with the legislative mandate and are not properly financed.
- Italy applies the EU regulations on marketing of Breast-milk substitutes, which contain major gaps. Additionally, the national law (D.L. no 84 19/05/2011) establishes fines for violators, but these are never applied.
- Textbooks and curricula on IYCF for healthcare professionals are inadequate.
- Only 5% of the hospitals in the country are labelled as “Baby-Friendly.”
- There are important differences of treatment between the various categories of female workers when it comes to maternity protection. Additionally, there is no provision in the national legislation for the establishment of nursing facilities and/or day-care at the workplace.
- The Global guidelines on Infant Feeding in Emergencies have been translated into Italian but the crisis response body (Protezione Civile) has not turned those guidelines into operational instructions.

### Our recommendations include:

- **Systematically collect data on breastfeeding and IYCF practices, in line with WHO definitions and indicators;**
- **Align the national policy on the international recommendations on IYCF and establish a clear budget and operational plan for its implementation;**
- **Ensure that all Consultori receive adequate funding and are in line with the legislative mandate;**
- **Fully integrate into national law all provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. Set up an independent monitoring system of Code violations and sanctions for Code violators**
- **Revise university curricula for health practitioners to convey essential information about breastfeeding;**
- **Strengthen the BFHI and increase the number of Baby-Friendly Hospitals and Communities at national level.**
- **Ensure that maternity protection is guaranteed to all women (including self-employed women, university students and women working in the informal sector) and encourage the creation of lactation rooms in the workplace.**
- **Use the Operational Guidance on Infant Feeding in Emergency as a basis for developing an operational emergency response plan that ensures an adequate protection of Breastfeeding.**

## 1) General points concerning reporting to the CRC

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In 2018, the CRC Committee will review Italy’s combined 5<sup>th</sup> and 6<sup>th</sup> periodic report.

At the last review in 2011 (session 58), the CRC Committee referred specifically to breastfeeding in its [Concluding Observations](#), where the Committee expressed concerns over the low rate of exclusive breastfeeding for the first six months, and the practice of providing complementary foods to infants from the age of four months (§49). It therefore recommended that Italy **“take action to improve the practice of exclusive breastfeeding for the first six months, through awareness-raising measures including campaigns, information and training for relevant Government officials, particularly staff working in maternity units, and parents.”** (§50) Additionally, the Committee was concerned about the lack of regulations concerning food for infants, young children and adolescents and about inadequacies in the monitoring of the marketing of breast-milk substitutes (§49). The Committee therefore recommended that Italy **“strengthen the monitoring of existing marketing regulations relating to food for children and regulations relating to the marketing of breast-milk substitutes, including bottles and teats, and ensure that such regulations are monitored on a regular basis and action is taken against those who violate the code.”** (§50)

## 2) General situation concerning breastfeeding in Italy

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### General data

	2014	2015	2016
Annual number of births, crude (thousands)	503	486	473
Neonatal mortality rate (per 1,000 live births) <sup>1</sup>	2.2	2.1	2
Infant mortality rate (per 1,000 live births) <sup>2</sup>	3	2.9	2.8
Infant – under 5 – mortality rate (per 1,000 live <sup>3</sup> births)	3.6	3.4	3.3
Maternal mortality ratio (per 100,000 live births) <sup>4</sup>	-	4	-
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth <sup>5</sup>	99.9%	-	-

<sup>1</sup> Data retrieved from UNICEF: <http://data.unicef.org/>

<sup>2</sup> See above

<sup>3</sup> See above

<sup>4</sup> See above

<sup>5</sup> See above

Institutional delivery <sup>6</sup>	-	-	-
C-section <sup>7</sup>	35%	34%	35%
Stunting (under 5 years)	No data	No data	No data
Wasting (under 5 years)	No data	No data	No data
Overweight (under 5 years)	No data	No data	No data

### **Breastfeeding data**

	2013	2016	2017
Early initiation of breastfeeding (within one hour from birth) <sup>8</sup>	36%	-	-
Exclusive breastfeeding under 6 months <sup>9</sup>	42.7%	-	-
Introduction of solid, semi-solid or soft foods (6-8 months) <sup>10</sup>	73%	-	-
Bottle-feeding	-	-	-
Continued breastfeeding at 2 years	-	-	-
Median duration of breastfeeding <sup>11</sup>	8.3	-	-

### **Main causes of death among infants and children**

In 2016, the main causes of infant deaths reported in Italy were: congenital diseases 26.6%; preterm birth 24.9%; and “other causes” represented the largest proportion with 31.1%.

### **Analysis of the situation<sup>12</sup>:**

<sup>6</sup> The latest data was collected in 2000, when 100% of the deliveries occurred in healthcare institutions. (UNICEF)

<sup>7</sup> Ministry of Health

<sup>8</sup> Istat. Gravidanza, parto e allattamento al seno. ISTAT, Rome, 2013

[www.istat.it/it/files/2014/12/gravidanza.pdf?title=Gravidanza%2C+parto+e+allattamento+al+seno+-+09%2Fdic%2F2014+-+Testo+integrale.pdf](http://www.istat.it/it/files/2014/12/gravidanza.pdf?title=Gravidanza%2C+parto+e+allattamento+al+seno+-+09%2Fdic%2F2014+-+Testo+integrale.pdf)

<sup>9</sup> See above.

<sup>10</sup> See above

<sup>11</sup> See above

<sup>12</sup>References WBTI: [www.epicentro.iss.it/ben/2017/gennaio/4.asp](http://www.epicentro.iss.it/ben/2017/gennaio/4.asp) ; [www.fnco.it/custom/fnco/dettaglio.aspx?ldNews=307](http://www.fnco.it/custom/fnco/dettaglio.aspx?ldNews=307) ; [www.epicentro.iss.it/temi/materno/pdf/RAPPORTO\\_FINALE\\_SORVEGLIANZA\\_BAMBINI\\_0\\_2\\_anni.pdf](http://www.epicentro.iss.it/temi/materno/pdf/RAPPORTO_FINALE_SORVEGLIANZA_BAMBINI_0_2_anni.pdf) ; [www.epicentro.iss.it/argomenti/allattamento/DocRegioni.asp](http://www.epicentro.iss.it/argomenti/allattamento/DocRegioni.asp) ; <http://www.santannapisa.it/it/soggetto/management-della-salute-laboratorio-management-esanit%C3%A0> ; <http://sip.it/wp-content/uploads/2015/10/Position-Statement-15-sett-2015.pdf> ; Allattamento al seno nelle strutture sanitarie in Italia - report sulla survey nazionale 2014 [www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_2256\\_allegato](http://www.salute.gov.it/imgs/C_17_pubblicazioni_2256_allegato) ; [www.unicef.it/doc/5987/corso-ostetricia-milano-bicocca-amico-allattamentomaterno.htm](http://www.unicef.it/doc/5987/corso-ostetricia-milano-bicocca-amico-allattamentomaterno.htm) ; [www.unicef.it/doc/7858/infermieristica-pediatria-statale-milano-diventa-corso-amicoallattamento.htm](http://www.unicef.it/doc/7858/infermieristica-pediatria-statale-milano-diventa-corso-amicoallattamento.htm) ; [www.policlinico.mi.it/news/2017-11-17/445/anche-ostetricia-diventa-un-corso-di-laureaamico-dellallattamento](http://www.policlinico.mi.it/news/2017-11-17/445/anche-ostetricia-diventa-un-corso-di-laureaamico-dellallattamento) ; Davanzo R. Allattamento al seno e personale sanitario: la formazione è efficace? [www.medicobambino.com/?id=0207\\_443.pdf](http://www.medicobambino.com/?id=0207_443.pdf) ; Allattamento al seno e uso del latte umano. Position statement 13/09/2015

Early initiation of breastfeeding is associated with higher rates of *any breastfeeding*<sup>13</sup>, as well as a higher mean duration of exclusive breastfeeding. Italy however, scores very low on this matter with a mere 36% as rate of early initiation of breastfeeding: **almost 7 out of 10 newborns are not breastfed within one hour from birth**.<sup>14</sup> The rate is generally higher in the North, but reaches only 22.9% in the South of the country. Regional differences can be observed also about exclusive breastfeeding under 6 months, with a lower rate in the South (37.9%) and a higher rate in the North (45%), but rates remain low overall as **less than five out of ten babies are exclusively breastfed under six months**. The rate of exclusive breastfeeding decreases with the baby's age, but it remains low even for babies aged 0-1 month (48.7%), also due to the poor rate of early initiation of breastfeeding. The percentage of children who are breastfed (including those who are given mixed feeding) under 6 months of age is 77.3% and only around 30% at 12 months.<sup>15</sup> Despite the lack of national data for continued breastfeeding at 2 years, it is easy to imagine that the percentage remains very low. In general, the lack of data collection regarding breastfeeding and IYCF is still concerning.

Indeed, there is currently no national operational monitoring and evaluation system on IYCF in Italy. Some regions implemented a pilot project of surveillance for infants and children under two years of age, coordinated by the National Institute of Health and falling under a broader national project called ParentPlus. The pilot project includes data collection on breastfeeding at immunization visits, but does not include collection of data at discharge from maternity hospitals.

In 1996, one region (Friuli Venezia Giulia) established a routine monitoring system on breastfeeding at hospital discharge and at the visit for the second immunization. Unfortunately, the system suffers from inconsistency in data collection and a lack of accuracy control. Since then, other provinces and regions (Trento, Emilia Romagna, Toscana and Lombardia) have followed and established their own monitoring systems but lack standardized methods. Here as well there exists a gap between North and South, which seems difficult to fill.

It is necessary to deliver a “certificate of care during labor and delivery” for every baby born in a maternity hospital. However, these certificates are not used (except in Trento) to monitor breastfeeding rates at hospital discharge.

The interdisciplinary technical board (TAS), which main purpose are scientific consulting and breastfeeding advocacy, admits that Italy is currently lacking a validated monitoring and

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[www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_2415\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_pubblicazioni_2415_allegato.pdf) ; Promozione dell'uso di latte materno nelle UTIN ed accesso dei genitori ai reparti. [www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_2497\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_pubblicazioni_2497_allegato.pdf)

<sup>13</sup> “any breastfeeding” refers to those infants who have ever been put to the breast, even if just once. (WHO)

<sup>14</sup> UNICEF. *Capture the moment*, 2018 <https://data.unicef.org/resources/capture-the-moment/>

<sup>15</sup> See above

evaluation system to provide accurate data on the initiation and duration of breastfeeding. For this reason, in 2017, it set up a working group to develop a proposal for national monitoring and evaluation system on breastfeeding. Nevertheless, the draft proposal has not been approved by all concerned parties and there is no plan for its finalization and implementation.

### 3) Government efforts to encourage breastfeeding

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#### **National policies**<sup>16</sup>

Italy has set up a national policy on breastfeeding covering only breastfeeding and not extended more generally to infant and young child feeding. The policy recommends exclusive breastfeeding for six months and continued breastfeeding for one year and beyond, therefore **lacking consistency with the international recommendations on breastfeeding of the World Health Organization**, which recommends continued breastfeeding for two years and beyond. The policy has been approved in 2007, has not been revised or monitored since and does not include a detailed operational plan and budget for its implementation.

The National Prevention Plan 2014-2018, which was extended to 2019, promotes breastfeeding and was created with the intent to collect data on breastfeeding for planning and advocacy purposes. However, there is no data on how much funding is allocated to specific breastfeeding trainings and programmes.

Italy does not have a National Breastfeeding committee as requested by the Innocenti Declaration<sup>17</sup> (2005), but there is an interdisciplinary technical board (known as TAS) for the promotion of breastfeeding which also does breastfeeding advocacy. This board, however, has no or few links with regional and local health authorities. Additionally, UNICEF and NGOs are not represented in this board, with the exception of La Leche League, which is supposed to represent all the other NGOs.

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<sup>16</sup> References WBTi : National guidelines on the protection, promotion and support of breastfeeding. Official Gazette N. 32 del 7 Febbraio 2008

<http://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=25229>; Ministry of Health. Institutional Decree of the Interdisciplinary Technical Working Table for the promotion of breastfeeding (TAS). Roma, 12 December 2012. TAS was renewed with ministerial decrees on 19 January 2015 and 18 May 2017.

[www.salute.gov.it/portale/temi/p2\\_6.jsp?id=3894&area=nutrizione&menu=allattamento](http://www.salute.gov.it/portale/temi/p2_6.jsp?id=3894&area=nutrizione&menu=allattamento) ; National Prevention Plan 2014 - 2018 (extended to 2019 with State-Regions Agreement of 21 December 2017); Breastfeeding in healthcare facilities in Italy. Report on the national survey 2014 [http://www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_2256\\_allegato](http://www.salute.gov.it/imgs/C_17_pubblicazioni_2256_allegato) ; CRC Supplementary Report The rights of children and adolescents in Italy. 3rd Supplementary Report to the United Nations on the monitoring of the Convention on the Rights of the Child in Italy, 2016-2017. 6 December 2017

<http://www.gruppocrc.net/IMG/pdf/rapportocrc-x2017.pdf> ; The rights of children and adolescents in Italy. 9th update report on the monitoring of the Convention on the Rights of the Child in Italy.

<sup>17</sup> [https://www.unicef.org/nutrition/files/innocenti2005m\\_FINAL\\_ARTWORK\\_3\\_MAR.pdf](https://www.unicef.org/nutrition/files/innocenti2005m_FINAL_ARTWORK_3_MAR.pdf)

### Promotion campaigns<sup>18</sup>

There are national efforts for the promotion of breastfeeding. The National Health Service identifies the family pediatrician as the provider of advice to parents on child feeding. Additionally, courses and services targeting parents organized by the National Health Service varies greatly by region. Pediatric care is guaranteed to all children, but pediatricians are not always trained according to the international IYCF recommendations, and therefore mothers often receive contradictory information on child feeding. **The promotion and communication material produced by the Ministry of Health should be widely disseminated to pediatricians and families.**

The risks of bottle feeding are only mentioned in the Position Statement of the Italian Society of Paediatrics and there are **no official guidelines about the preparation of powdered infant formula (PIF)**, although the recommendation that the water should not be less than 70°C is present in various documents. There is no requirement for standard instructions on the labels

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<sup>18</sup>References WBTi : Agreement December 16, 2010, pursuant to Article 9 of Legislative Decree 28 August 1997, n. 281, between the Government, the regions and the autonomous provinces of Trento and Bolzano, the provinces, municipalities and mountain communities on the document concerning "Guidelines for the promotion and improvement of the quality, safety and appropriateness of the assistance interventions in the birth path and for the reduction of the caesarean section "(Rep. Acts No. 137 / CU) (11A00319) Official Gazette General Series, n. 13 of 18 January 2011. [http://www.trovanorme.salute.gov.it/norme/dettaglioAtto.spring%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg\\*%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg\\*\\*?id=36591](http://www.trovanorme.salute.gov.it/norme/dettaglioAtto.spring%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg*%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg**?id=36591) ; Implementation of the actions envisaged by the agreement of 16 December 2010 (monitoring 31 December 2014) [www.salute.gov.it/imgs/C\\_17\\_pagineAree\\_4483\\_listaFile\\_itemName\\_3\\_file.pdf](http://www.salute.gov.it/imgs/C_17_pagineAree_4483_listaFile_itemName_3_file.pdf) ; Azioni regionali su accordo percorso nascita [http://www.salute.gov.it/portale/temi/p2\\_6.jsp?lingua=italiano&id=4549&area=qualita&menu=nascita](http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=4549&area=qualita&menu=nascita) ; Linee di indirizzo per la promozione e il miglioramento della qualità, della sicurezza e dell'appropriatezza degli interventi assistenziali nel percorso nascita e per la riduzione del taglio cesareo [http://www.trovanorme.salute.gov.it/norme/dettaglioAtto.spring%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg\\*%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg\\*\\*?id=36591](http://www.trovanorme.salute.gov.it/norme/dettaglioAtto.spring%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg*%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg**?id=36591) ; Consultori Familiari [http://www.salute.gov.it/portale/temi/p2\\_6.jsp?id=1933&area=saluteBambino&menu=assistenza](http://www.salute.gov.it/portale/temi/p2_6.jsp?id=1933&area=saluteBambino&menu=assistenza) ; Save the Children. Mamme in arrivo [http://images.savethechildren.it/IT/f/img\\_pubblicazioni/img264\\_b.pdf?\\_ga=1.69884432.1499233422.1424420332](http://images.savethechildren.it/IT/f/img_pubblicazioni/img264_b.pdf?_ga=1.69884432.1499233422.1424420332) ; Save the Children. Percorso nascita. Elementi di analisi e proposta <https://www.savethechildren.it/sites/default/files/uploads/pubblicazioni/percorso-nascitelinee-di-indirizzo.pdf> ; Baby Friendly Communities UNICEF ITALY <http://www.unicef.it/doc/5821/comunitaamiche-dei-bambini-in-italia.htm> ; Bettinelli ME et al. Establishing the Baby-Friendly Community Initiative in Italy: Development, Strategy, and Implementation. JHuman Lact 2012;28(3):297-303 ; Macaluso A et al. A Controlled Study on Baby-Friendly Communities in Italy: Methods and Baseline Data. Breastfeed Med 2013;8(2):198-204 ; Cattaneo A et al. on behalf of the BFCI Study Group. Effectiveness of the Baby Friendly Community Initiative in Italy: a non-randomised controlled study BMJ Open 2016;6:e010232 ; Trickey H et al. A realist review of one-to-one breastfeeding peer support experiments conducted in developed country settings. Matern Child Nutr 2017:e12559 ; Health of migrant women and children: epidemiological aspects <http://www.epicentro.iss.it/argomenti/migranti/DonneBambiniEpidItalia.asp> ; Breastfeeding and use of human milk. Position statement 13/09/2015 [http://www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_2415\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_pubblicazioni_2415_allegato.pdf) ; [https://www.genitoripiu.it/sites/default/files/uploads/latte\\_artificiale\\_2016\\_0.pdf](https://www.genitoripiu.it/sites/default/files/uploads/latte_artificiale_2016_0.pdf) ; Powdered milk, instructions for use: the cat or the child is better. In: The Violate Code 2014 <http://www.ibfanitalia.org/wp-content/uploads/2012/11/ICV2014-.pdf> ; National guidelines on the protection, promotion and support of breastfeeding <http://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=25229> ; Ministry of Health. Brochure for mothers. Mamma che latte [http://www.salute.gov.it/imgs/C\\_17\\_opuscoliPoster\\_250\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_opuscoliPoster_250_allegato.pdf) ; Ministry of Health. Brochure for mothers. Breastfeeding: an investment for life. [http://www.salute.gov.it/imgs/C\\_17\\_opuscoliPoster\\_303\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_opuscoliPoster_303_allegato.pdf)

of PIF, in spite of the fact that an article of the D.M. 82/2009 decree requires that instructions be consistent with the WHO/FAO Guidelines on Safe preparation, storage and handling of powdered infant formula.<sup>19</sup> It would be necessary for recommendations to be disseminated and be made compulsory in labels, for mothers and families to be properly informed about the risks of artificial feeding and the safe preparation of powdered infant formula

Regarding community outreach activities, the public community care facilities are known as “family centre” (*consultori*), which were established in 1975 by a law on the protection of reproductive health and the wellbeing of women and couples. These establishments should, among other tasks, give breastfeeding support to mothers. Nevertheless, **their number decreased from 2097 in 2007 to about 1900 in 2018** and their concentration varies greatly among regions. Additionally, some are not in line with the legislative mandate and are not properly financed. Some centers also organize educational groups for mothers and parents on breastfeeding. However, it has to be noted that general practitioners and family pediatricians are rarely involved in the centre’s activities.

Numerous organizations and hospitals in Italy celebrate the World Breastfeeding Week (WBW). This year’s WBW was held from October 1<sup>st</sup> to October 7<sup>th</sup>. Nevertheless, the government did not use this opportunity to raise awareness on breastfeeding through public promotion campaigns.

### **The International Code of Marketing of Breastmilk Substitutes**<sup>20</sup>

Like most EU countries, Italy **applies the European Union Regulation 609/2013 on food intended for infant and young children through the legislative decree no. 84 of 19/05/2011.**<sup>21</sup> **These regulations contain major gaps.** For instance, the marketing on follow-on and toddler formula is not regulated. These products confuse parents and consumers, as they are labelled exactly like infant formula. Additionally, there are no regulations required for the marketing of baby foods, bottles and teats. Another weakness is represented by the problem of baby food

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<sup>19</sup> [http://www.who.int/foodsafety/publications/micro/pif\\_guidelines.pdf](http://www.who.int/foodsafety/publications/micro/pif_guidelines.pdf)

<sup>20</sup> References WBT: DM 9 April 2009, n. 82, issued by Ministry of Labour, Health and Social Policies in agreement with the Ministry of Economic Development, implementing Directive 2006/141/EC, published in the Official Gazette on 7 July 2009 <http://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=29174> ; D.lgs. 19 May 2011 n.84, Sanctions for violations of DM 9 April 2009, n. 82 [www.altalex.com/documents/leggi/2011/08/30/decreto-legislativo-19-05-2011-n-84](http://www.altalex.com/documents/leggi/2011/08/30/decreto-legislativo-19-05-2011-n-84) ; Ministry of Health. Marketing of infant foods: violations of D.M. 82/2009 [http://www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_2416\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_pubblicazioni_2416_allegato.pdf) ; WHO. Marketing of breast-milk substitutes: National Implementation of the International Code Status report 2016. World Health Organization, Geneva, 2016 [http://apps.who.int/iris/bitstream/10665/206008/1/9789241565325\\_eng.pdf?ua=1&ua=1](http://apps.who.int/iris/bitstream/10665/206008/1/9789241565325_eng.pdf?ua=1&ua=1) ; Directive 2006/141/CE <http://eur-lex.europa.eu/legalcontent/IT/TXT/?uri=URISERV%3A5a0011> ; Cattaneo A et al. Advertisements of follow-on formula and their perception by pregnant women and mothers in Italy. Arch Dis Child 2015;100:323–8 doi:10.1136/archdischild-2014-306996 ; Cattaneo A et al. What’s that 2? Medico e Bambino 2016;35:177-182 [https://www.medicoebambino.com/?id=1603\\_177.pdf](https://www.medicoebambino.com/?id=1603_177.pdf)

<sup>21</sup> <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32013R0609&from=FR>

industry's promotion to health professionals. In fact, according to the European regulation, manufacturers and distributors of products that fall under the scope of the Code are allowed to sponsor all types of medical education and other activities of health professional associations. On the contrary, the **2016 WHO Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children (A69/7 Add.1)** recognizes that any donations to the health care system (including health workers and professional associations) from companies selling food or infants and young children, represent a conflict of interest and should not be allowed.<sup>22</sup> It also recommends that sponsorship of meetings of health professionals and scientific meetings by companies selling foods for infants and young children should not be allowed in the health system.<sup>23</sup> Governments are allowed to go beyond EU directives and may fully integrate the International Code and relevant WHA resolutions into national laws, if there is a political will to do so. Unfortunately, despite being requested from NGOs, this has not been the case in Italy. The new EU regulations are expected to go into effect in 2020, but will still be weaker than the Code and Member States will have fewer opportunities to go beyond them. Instead, the Code and relevant subsequent WHA resolutions should be fully integrated into national laws.

Additionally, there is no national monitoring mechanism of Code violations, nor a structured sanctioning mechanism. Legislative Decree n.84 of 19 May 2011 established fines for violators, but there are no indications about where fines should be paid and no fines have been applied since the publication of the decree. **An independent monitoring system of Code violations should be set up in Italy, including sanctions for Code violators. As mentioned above, the provision for a mechanism does exist and it even includes the establishment of a fund on the basis of the fines paid by Code violating companies, to be used for national policies and programmes on IYCF. Unfortunately, information about the fund is very hard to obtain and, most important, no money has been transferred to it so far.**

### **Courses / Training of Health Professionals<sup>24</sup>**

Currently, only three pre-service courses in Italy are designed as “Breastfeeding Friendly” by UNICEF Italy. **Textbooks and curricula for future healthcare professionals are inadequate when it comes to infant and young child feeding.** This has direct consequences. As an example, if a child is admitted into the hospital, he should never be separated from his/her parents, but

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<sup>22</sup> WHO. 2016. Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children (A69/7 Add.1). §16 Recommendation 6. Retrieved from: <https://www.who.int/nutrition/topics/guidance-inappropriate-food-promotion-iyce/en/>

<sup>23</sup> Ibid.

<sup>24</sup>References WBTi: <http://www.unicef.it/doc/5987/corso-ostetricia-milano-bicocca-amico-allattamentomaterno.htm> ; <http://www.unicef.it/doc/7858/infermieristica-pediatria-statale-milano-diventa-corso-amicoallattamento.htm> ; <http://www.policlinico.mi.it/news/2017-11-17/445/anche-ostetricia-diventa-un-corso-di-laureaamico-dellallattamento> ; Davanzo R. Breastfeeding and health personnel: is training effective? [https://www.medicoebambino.com/?id=0207\\_443.pdf](https://www.medicoebambino.com/?id=0207_443.pdf) ; Breastfeeding and use of human milk. Position statement 13/09/2015 [http://www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_2415\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_pubblicazioni_2415_allegato.pdf) ; Promotion of the use of breast milk in the NICU and access of the parents to the wards. [http://www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_2497\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_pubblicazioni_2497_allegato.pdf)

this is not always the rule in neonatal intensive care unit; if a breastfeeding mother is admitted to hospital, her child won't be instead, and this will most likely lead her to stop breastfeeding. Therefore, university curricula for health practitioners need to be revised to convey essential knowledge about breastfeeding.

### 3) Baby-Friendly Hospital Initiative (BFHI)<sup>25</sup>

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**Only 5% (26/513) of the total hospitals in Italy are labelled as “Baby Friendly”. However,** the country also counts 7 Baby-Friendly Communities (from the Baby-Friendly Community Initiative, BFCI), 3 Breastfeeding-Friendly University courses and over 600 “Baby Pit Stops” (areas where mothers can breastfeed when they are on the go), all designated as such by UNICEF Italy. The seven Baby-Friendly Communities (Milan, Sondrio, Ancona, Trieste, Roma B, Massa-Carrara, Bergamo) set up a pathway focused on mothers and children, from pregnancy through the first years of life, promoting an integrated network for breastfeeding support. This network, in addition to collaboration with birth and family centers, actively involves general practitioners and family pediatricians, pharmacies and the entire community. **Nevertheless, most Baby-Friendly hospitals and communities remain located in the centre/north of the country and there is no plan to implement the BFHI and the Baby-Friendly Community Initiative (BFCI) at national level.** It would be necessary for Italy to conclude a national agreement between the Ministry of Health and UNICEF, to **strengthen the BFHI and BFCI initiatives, and expand them through the national territory.**

### 4) Maternity protection for working women<sup>26</sup>

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<sup>25</sup>References WBTi: <https://www.UNICEF.it/print/1147/ospedali-e-comunita-amiche-dei-bambini-materialiutili.htm> ; National Implementation of the Baby-friendly Hospital Initiative, 2017. WHO, Geneva, 2017 <http://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/> ; Ministry of health. Breastfeeding in healthcare facilities in Italy. Report on the national survey 2014 [http://www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_2256\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_pubblicazioni_2256_allegato.pdf) ; Birth assistance certificate (CeDAP). Analysis of the birth event - Year 2014 [http://www.salute.gov.it/portale/documentazione/p6\\_2\\_2\\_1.jsp?id=2585](http://www.salute.gov.it/portale/documentazione/p6_2_2_1.jsp?id=2585) [http://www.salute.gov.it/portale/news/p3\\_2\\_1\\_1\\_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=2870](http://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=2870) ; Extension of the BFH on territorial services: Baby Friendly Communities <http://www.UNICEF.it/doc/5848/comunita-amiche-dei-bambini.htm> ; Baby Pit Stop: a safe spot to breastfeed <http://www.UNICEF.it/doc/4142/babypitstop.htm> ; Bettinelli ME et al. Establishing the Baby-Friendly Community Initiative in Italy: Development, Strategy, and Implementation. J Human Lact 2012;28(3):297-303 ; Macaluso A et al. A Controlled Study on Baby-Friendly Communities in Italy: Methods and Baseline Data. Breastfeed Med 2013;8(2):198-204 ; Protocolli d'intesa fra UNICEF Italia e istituzioni <http://www.UNICEF.it/doc/153/ospedali-amici-dei-bambini-i-protocolli-regionali.htm> ; National guidelines on the protection, promotion and support of breastfeeding <http://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=25229> ; CRC Supplementary Report The rights of children and adolescents in Italy. 3rd Supplementary Report to the United Nations on the monitoring of the Convention on the Rights of the Child in Italy, 2016-2017. 6 December 2017 <http://www.gruppocrc.net/IMG/pdf/rapportocrc-x2017.pdf>

<sup>26</sup> Italian and European reference legislation (from: WBTi report): <http://www.inps.it/portale/default.aspx?lastMenu=5689> ; <http://www.inps.it/portale/default.aspx?itemdir=11528> ; <https://www.inps.it/nuovoportaleinps/default.aspx?itemdir=50585> ; <https://www.inps.it/nuovoportaleinps/default.aspx?itemdir=46863> ; <https://www.inail.it/cs/internet/docs/alg-donna-salute-e-lavoro-la-lavoratrice-in-gravidanza.pdf> ; <http://www.wikilabour.it/Print.aspx?Page=Maternit%C3%A0%20-%20Tutele%20e%20diritti> ; <http://www.patronato.acli.it/interrumpere-il-congedo-di-maternita-se-il-neonato-e-ricoverato/> ; [http://presidenza.governo.it/USRI/magistrature/norme/dlvo151\\_2001.pdf](http://presidenza.governo.it/USRI/magistrature/norme/dlvo151_2001.pdf) ; [https://www.icmontecompatri.gov.it/attachments/article/254/testo\\_unico\\_maternita.pdf](https://www.icmontecompatri.gov.it/attachments/article/254/testo_unico_maternita.pdf) ;

### **Maternity leave**

Italy has ratified the ILO Convention 183 on Maternity Protection in 2001. Mothers are entitled to five months of maternity leave, two prior the birth of the child and three after. During this time, they are entitled to 80% of their monthly income, paid by the government. Some collective agreements provide that the employer integrates that amount to reach 100%. Amendments to the current legislation are underway but it is unclear at what stage of the approval process they are.

Nevertheless, there are important differences in treatment between the various categories of workers. For instance, those who are self-employed or freelance workers, are under no obligation to take leave. Additionally, there is a high amount of women working in the informal sector, who have no access to any kind of protection. Similarly, there are no benefits for the protection of female high school or university students who become mothers. **Maternity protection should be extended to all women.**

Additionally, the law prohibits night shifts and dangerous work from the beginning of the pregnancy to the seventh month of life of the child only. Setting such a limit at seven months may impair women's ability to breastfeed after the seventh month of age of their child.

### **Parental leave**

Both parents can choose to take a parental leave for up to 10 months. Legislative Decree n. 80/2015 redesigned such right. Italian parents can now take such **unpaid leave** throughout the first 12 years of life of the child. If taken before the 6<sup>th</sup> birthday of the child on the other hand, the parent will get 30% of his/her salary. Alternatively, the parent can decide to work part-time, instead of taking a full leave (legislative decree n.81/2015).

### **Paternity leave**

In order to foster a culture of greater sharing of child care duties within the couple, the last pension reform mandated that employed fathers have the right to request four consecutive paid days of absence from work during the first 5 months of the child's life. Legislative Decree no. 80/2015 also provides for the opportunity that the father request paternity leave even if the mother is an independent worker.

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[http://www.salute.gov.it/imgs/C\\_17\\_opuscoliPoster\\_167\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_opuscoliPoster_167_allegato.pdf) ;  
[http://www.salute.gov.it/imgs/C\\_17\\_opuscoliPoster\\_159\\_ulterioriallegati\\_ulterioreallegato\\_2\\_alleg.pdf](http://www.salute.gov.it/imgs/C_17_opuscoliPoster_159_ulterioriallegati_ulterioreallegato_2_alleg.pdf) ;  
<http://arnone.de.unifi.it/mami/altrepag/legital.html> ; <http://www.parlamento.it/parlam/leggi/deleghe/01151dl.htm> ;  
[http://ec.europa.eu/employment\\_social/empl\\_portal/SSRinEU/Your%20social%20security%20rights%20in%20Italy\\_it.pdf](http://ec.europa.eu/employment_social/empl_portal/SSRinEU/Your%20social%20security%20rights%20in%20Italy_it.pdf) ; <https://quifinanza.it/lavoro/asili-aziendali-situazione-italia/101729/> ; Law n. 448 of the 28.12.2001 (Financial law 2002) ; WABA. Status of maternity protection by country. WABA, Penang, 2013  
[www.waba.org.my/whatwedo/womenandwork/pdf/mpchart2013.pdf](http://www.waba.org.my/whatwedo/womenandwork/pdf/mpchart2013.pdf)

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In case of death or disability of the mother, the father has the right to take a leave for the whole duration of what would have been the maternity leave.

### **Breastfeeding breaks**

Mothers are entitled to two breastfeeding breaks per day of one hour each, up to the first birthday of their child. These breaks last half an hour if the working mother has access to a day-care in the vicinity of her workplace. Nevertheless, there is no provision in the national legislation for the establishment of nursing facilities at the workplace and/or daycares in the workplace. **It would be necessary to encourage the creation of welcoming environments and spaces for breastfeeding and expression of breastmilk in the workplace such as lactation rooms as well as the establishment of daycares in the vicinity of the workplace.**

## **5) HIV and infant feeding<sup>27</sup>**

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Prevalence of HIV in Italy was about 4/10,000 in 2016, ranking 13 out of 28 EU countries. Numbers are low, but surveillance must be continued, especially among young heterosexual people. In the past few years, the number of new cases among women was constant, with a slight increase in women with 25-29 years of age, which is close to the mean age of the first delivery (32 years).

HIV testing is free of charge, voluntary, anonymous and is offered to all couples of childbearing age in the pre-conceptional period and to all pregnant women in the course of the first trimester. If the test is positive, ARV treatment is started based on the stage of the infection and disease. ARV treatment is also administered to the newborn infant.

Care and regular controls are ensured before birth to both mother and baby, until vertical transmission of HIV is excluded. If formula feeding is acceptable, feasible and safe, it is recommended for HIV-positive mothers and will be supplied free of charge for the first six months. The supply of formula is managed through local channels, with hospitals and local health authorities within the Baby Friendly Initiative framework abiding by the code. Training of

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<sup>27</sup> References WBTi: Update on new diagnoses of HIV infection and AIDS cases in Italy as of 31 December 2015. ISS Newsletter 2016; 29 (9): Suppl 1 <http://www.epicentro.iss.it/problemi/aids/epidItalia.asp> ; Ministry of Health. FAQ: HIV e AIDS [http://www.salute.gov.it/portale/p5\\_1\\_1.jsp?lingua=italiano&id=164](http://www.salute.gov.it/portale/p5_1_1.jsp?lingua=italiano&id=164) ; Italian guidelines on the use of antiretroviral drugs and on the diagnostic-clinical management of people infected with HIV-1. December 2015 [http://www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_2442\\_allegato.pdf](http://www.salute.gov.it/imgs/C_17_pubblicazioni_2442_allegato.pdf) ; The new Essential Assistance Levels (Decree of the President of the Council of Ministers of January 12, 2017, Official Gazette No. 65 of 18/3/2017 Ordinary Supplement No. 15) <http://www.salute.gov.it/portale/esenzioni/homeEsenzioni.jsp> ; Giacometti V et al. HIV in children: what changed 30 years later. Perspectives in Pediatrics 2014;44:26-35 ; Example of regional regulation for the supply of infant formula to the HIVpositive neomaders <http://www.ausl.re.it/latte-artificiale-i-bimbi-nati-da-madri-sieropositive> ; Guideline. Updates on HIV and infant feeding: the duration of breastfeeding, and support from health services to improve feeding practices among mothers living with HIV. World Health Organization, Geneva, 2016

health workers is based on national guidelines. **Nevertheless, the State should consider the possibility that HIV-positive mothers who receive ARV treatment and have adequate support and follow-up, including ARV treatment for the baby, be allowed to exclusively breastfeed for 6 months, with possible continuation of breastfeeding and complementary feeding for one or two years, according to the 2016 WHO “Guideline updates on HIV and Infant Feeding.”**

## **6) Infant feeding in emergencies (IFE)**

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Italy has oftentimes been affected by severe earthquakes. More recently, Italy has been the recipient of a large immigration of people in vulnerable situations, including mothers, infants and young children. Global guidelines on IYCF in emergency situations have been translated into Italian but the crisis response body (Protezione Civile) has not turned those guidelines into operational instructions. The **Operational Guidance on Infant Feeding in Emergencies**<sup>28</sup> should be used as a basis for developing operational emergency response plans that ensure an adequate protection of breastfeeding and proper management of artificial feeding. Proper training should be offered to staff to ensure the application of those guidelines on the field.

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<sup>28</sup> The last updated version of the IFE Operational Guidance was published in 2017 and is available online at: [www.enonline.net/operationalguidance-v3-2017](http://www.enonline.net/operationalguidance-v3-2017)

**ANNEX:**

**Examples of violations of the International Code of Breastmilk Substitutes and subsequent WHA resolutions reported in Italy between 2014 and 2017<sup>29</sup>**



**Promotion to the Public and in Shops: Art. 5.1** of the Code prohibits advertising and all other forms of promotion of products under the scope of the Code. **Art. 5.2 and 5.4** of the Code prohibit companies from giving samples and gifts to mothers. **Art. 5.3** of the Code bans promotional devices at the retail level. **Art. 5.5** of the Code prohibits marketing personnel from seeking direct or indirect contact with pregnant women and mothers.



In Italy, the website of **Plasmon** proclaims "innovation in milk has arrived" and promotes Plasmon Nutri-mune, as a unique line that has no palm oil and a special ingredient – fermented milk with *L. paracasei* CBA L74. The website describes how that balance established with Plasmon Nutri-mune in the first years of life has an impact on subsequent phases by reducing the risk of autoimmune diseases.

<sup>29</sup> These examples were retrieved from Breaking the Rules, Stretching the Rules 2017 global monitoring report, IBFAN-ICDC, 2017

**Promotion of complementary foods before 6 months: The 2016 Guidance on ending inappropriate promotion of foods for Infants and young children (A. 69/7 Add.1) recommends that messages on complementary foods should always include a statement on the need for breastfeeding to continue through 2 years and that complementary foods should not be fed before 6 months. The messages used to promote foods for infants and young children should support optimal feeding and inappropriate messages should not be included.**



**(Left) It's Plasmon time! Really? (Right) Teach them to eat right, on a Plasmon diet, of course.**

In Italy, the **Plasmon** Facebook page promotes **Plasmon** complementary products using images of very young babies and texts which suggest that it's time for **Plasmon** products and how important it is to educate them about correct diets (**Plasmon**, of course) in the first months of life.