

THE COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL  
RIGHTS

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



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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<sup>1</sup>. This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)<sup>2</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 1.4 million deaths in children under five in the developing world annually<sup>3</sup>. In addition, it is estimated that 830.000 deaths could be avoided by initiating breastfeeding within one hour from birth<sup>4</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.

<sup>1</sup> IBFAN, What Scientific Research Says?, available at: <http://www.ibfan.org/issue-scientific-breastfeeding.html>

<sup>2</sup> WHO, Global Strategy on Infant and Young Child Feeding, 2002, available at: <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html>

<sup>3</sup> UNICEF, available at: <http://www.childinfo.org/breastfeeding.html>

## Our recommendations

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We would like to propose these further recommendations for consideration by the CESC Committee:

- 1 – **Fully implement the International Code of Marketing of Breastmilk Substitutes as a minimal national standard.** The International Code should be used in its entirety to replace the *Código de Ética de Substitutos de Leite Materno, biberões e tetinas* and strengthen the Decreto-Lei n.º 217/2008, which does not incorporate all points in the Code or relevant World Health Assembly resolutions.
  
- 2– We recommend that **a governing body (not connected to the infant-child nutrition industry) be created to monitor the compliance of the infant-child food industry with the state legislation:** Decreto-Lei n.º 217/2008.
  
- 3 – **Remove the Portuguese Society of Paediatricians recommendations on follow on formula** being advised up to 36 months through their infant nutrition recommendations from 2012. We also ask that the Portuguese Society of Paediatrics alter their guidelines on breastfeeding in their infant nutrition recommendations to **follow those of the World Health Organisation stated in point 2.**
  
- 4 – We recommend that **a comprehensive national programme/guideline be put in place for breastfeeding** by the ministry of health (*Ministério da Saúde*). We ask that this guideline follow the World Health Organisation's recommendations which are the following; *'The World Health Organization recommends that infants be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Mothers should continue to breastfeed their children beyond the age of six months, until they are two years of age or older, at the same time providing them with safe and appropriate complementary foods to meet their evolving nutritional requirements'*.<sup>5</sup>

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<sup>4</sup> Save the Children, Superfood for babies: how overcoming barriers to breastfeeding will save children's lives, 2012, available at: <http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SUPERFOOD%20FOR%20BABIES%20ASIA%20LOW%20RES%282%29.PDF>

<sup>5</sup> WHO, UNICEF. Global Strategy for Infant and Young Child Feeding, Geneva, World Health Organization, 2003

## 1) General situation concerning breastfeeding in Portugal

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>6</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

Data on breastfeeding is based on yearly reports, which only began in January 2011. These reports are compiled by the *Observatório do Aleitamento Materno*, which is part of *Associação Mama Mater* (NGO).

### **General data**

Number of children <1 = 96761, <2 = 96527, <5 = 103616<sup>7</sup>

Year	Maternal mortality rate per hundred thousand	Infant mortality rate ‰
1990	10,3	10,9
2000	2,5	5,5
2005	2,7	3,5
2006	5,7	3,3
2007	4,9	3,4
2008	3,8	3,3
2009	7,0	3,6
2010	7,9	2,5
2011	5,2	3,1
2012	-	3
2013	-	3

Base de dados Contemporânea, [www.pordata.pt](http://www.pordata.pt) and world bank website.

<sup>6</sup> <http://www.who.int/topics/breastfeeding/en/>

<sup>7</sup> Instituto Nacional de Estatística, 2011 census, [www.censos.ine.pt](http://www.censos.ine.pt)

The main causes of death in children under 5 in Portugal are related to endocrine diseases, genetic and cromossomatic deformities and perinatal related problems<sup>8</sup>.

Breastfeeding data	Jan-Dec 2011	Jan-Dec 2012
Initiation to breastfeeding, 1st hour:	77,60%	78,90 %
Exclusive breastfeeding at 5/6 weeks:	63,30%	65,10%
Exclusive breastfeeding at 2/3 months:	52,90%	54,50%
Exclusive breastfeeding at 3/4 months:	44,80%	50,20%
Exclusive breastfeeding at 4/5 months:	31,70%	35,30%
Exclusive breastfeeding at 5/6 months:	17,30%	22,40%
Continued breastfeeding at 6-7 months:	40,00%	41,60%
Continued breastfeeding at 12-15 months:	15,10%	N/A
Continued breastfeeding at 15-16 months:	15,10%	22,90%
Continued breastfeeding at 18-19 months:	12,60%	16,20%
Mean duration of breastfeeding; 6 months	> 6 months	> 6 months

The data for the table above was introduced through the state health systems data base on a voluntarily basis. There is no data available for the south of the country in any of the reports.

There were 96.856 live births in 2011 and the RAM (Registo do Aleitamento Materno) study from Jan-Dec 2011 is based on only 39.130 of these births, in 2012 there were 89.841 live births but the RAM data is based on only 41.269 of these<sup>9</sup>.

There is a significant drop in exclusive breastfeeding rates between 4 and 6 months as the recommendations to start complementary foods at this time, by health professionals, is still commonplace regardless of the World Health Organisation recommendation of exclusive breastfeeding for the first 6 months.

Follow on formulas and toddler milks are still recommended over breastmilk after 6 months by health professionals regardless of the World Health Organisation’s statement from the 17th of July 2013 titled, *Information concerning the use and marketing of follow-up formula* which clearly states **‘The Organization (WHO) further maintains that as well as being unnecessary, follow-up formula is unsuitable when used as a breast-milk replacement from six months of age onwards’**. This statement is also backed up by the European Food safety Authority, EFSA, which states the following: **‘The use of milk-based “growing-up” formula does not bring additional value to a balanced diet in meeting the nutritional requirements of young children in the European Union’**.<sup>10</sup>

<sup>8</sup> Direcção Geral de Saúde

<sup>9</sup> Registo do Aleitamento Materno, RAM, 2011, 2012 reports

<sup>10</sup> World Health Organisations statement, 17th of July 2013, Information concerning the use and marketing of follow-up formula

The data points to a steep decline in breastfeeding rates beyond six months of an infant's age.

## 2) International Code of Marketing of Breastmilk Substitutes

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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.

The International Code of Marketing of Breastmilk Substitutes or the *Código de Ética de Substitutos de Leite Materno, Biberões e Tetinas* which is Portugal's version of the Code which does not incorporate the whole Code, have not been enforced, encouraged or implemented at any level since its adoption in 1981.

In 2008, Portugal adopted the *Decreto-Lei 217*<sup>11</sup>, based on the European Commission Directive 2006/141/EC of 22 December 2006 on Infant Formulae and Follow on Formulae. The EU Directive which is weaker than the International Code; this means for example that complementary food is labelled as suitable from 4 months onwards which undermines exclusive breastfeeding up to 6 months as recommended by WHO..

**Therefore the Portuguese law does not meet the standards of the International Code and should be strengthened.**

There is no monitoring mechanism in place beyond IBFAN Portugal, which began in June 2013.<sup>12</sup>

There is widespread advertisement of breastmilk substitutes in Portugal, and thus violations of the International Code of Marketing of Breastmilk Substitutes. We have included examples of violations identified through the monitoring activity of IBFAN Portugal in the Annex to this report. The violations include:

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<sup>11</sup> Direção-Geral de Alimentação e Veterinária, available at: [www.dgv.min-agricultura.pt](http://www.dgv.min-agricultura.pt)

<sup>12</sup> IBFAN Portugal, available at: <http://www.ibfanportugal.org/#lcodigo-de-tica/cn3j>

- Distribution of free samples of infant formula and follow on formula through the health care system.
- Promotion of infant formula to the public in shops and pharmacies.
- Advertisement to the public and idealisation of artificial milks.
- Free gifts and promotional materials are promoted directly to the mothers and in the health care facilities.
- Mothers and pregnant women are targeted directly through publicity campaigns and social media by formula companies and given misleading advice on breastfeeding and formula use through talks and free information hand-outs.

### Monitoring of relevant domestic law:

There is no monitoring of this law at a national level, although we do have government bodies to whom we can report violations of this law to.

Violations of the different sections of Decreto-Lei 217 should be reported to the following authorities; *Autoridade de Segurança Alimentar e Económica* (ASAE – Economical and Food Safety Authority), *Direção Geral Alimentação e Veterinária* (DGAV – Food and Veterinary General Agency) and the *Direção Geral do Consumidor* (Consumers Agency).<sup>13</sup>

There is a coordination programme, which covers infant and child nutrition and health (*Programa Nacional de Saúde Infantil e Juvenil*) but a specific programme for infant and child nutrition does not exist in Portugal. *Programa Nacional de Saúde Infantil e Juvenil* covers global health from 0-18 years including nutrition. This programme is run by the ministry of health (*Ministério da Saúde*) and was founded in June 2013. In this programme breastfeeding is barely mentioned and only recommended for 6 months.<sup>14</sup>

There are no NGO's working in this field.

### 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

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<sup>13</sup> Direção-Geral de Alimentação e Veterinária, [www.dgv.min-agricultura.pt](http://www.dgv.min-agricultura.pt), Autoridade de Segurança Alimentar e Económica, [www.asae.pt](http://www.asae.pt), Direção Geral do Consumidor, available at: [www.consumidor.pt](http://www.consumidor.pt)

<sup>14</sup> Direção-Geral da Saúde, Programa Nacional de Saúde Infantil e Juvenil

address the challenge of adequate support.

Portugal has a Baby Friendly Hospital Initiative – *Comité Português para a Unicef/Comissão Nacional Iniciativa Hospitais Amigos dos Bebés*. 10 hospitals have been certified through this initiative, the first being in 2005.<sup>15</sup>

Portugal has 40 maternity wards in the entire country, 36 in general hospitals and 4 maternity hospitals.<sup>16</sup>

#### **Training on infant and young child feeding:**

The World Health Organisation (WHO) and UNICEF’s 40-hour breastfeeding course is provided in Portugal to the general public and health professionals. This is provided mainly by NGOs.

We were unable to obtain an accurate number of certified WHO/UNICEF breastfeeding counsellors in Portugal. Portugal has 13 International Board Certified Lactation Consultants, IBCLC’s as of Oct 2013. International Board Certified Consultants (IBCLC’s) are yet to be validated or recognised at any significant level in Portugal.<sup>17</sup>

The courses available to train the public and health professionals on breastfeeding support are provided by *Mama Mater / IBFAN Portugal, SOS Amamentação* and *Comité Português para a Unicef/Comissão Nacional Iniciativa Hospitais Amigos dos Bebés*, as well as a few other trainers in private practise.

#### **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>18</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.

47, 3% of the female population is currently working.

Every woman who has paid a social security tax for 6 months previous to becoming pregnant, unemployed and disabled woman who receive a social security pension are entitled to paid

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<sup>15</sup> <http://www.unicef.pt/docs/lista-dos-Hospitais-Amigos-dos-Bebes.pdf>

<sup>16</sup> Direção Geral da Saúde

<sup>17</sup> [www.ibclc.org](http://www.ibclc.org)

<sup>18</sup> ILO, C183 - Maternity Protection Convention, 2000 (No. 183)



maternity leave. Women who have not paid social security tax (unemployed, students), can apply to the state paid maternity leave and it will be granted according to an IRS statement and additional family member earnings per capita.

The mother is entitled to a minimum 72 days paid leave (10.3 weeks), 30 days before delivery if desired and a mandatory 42 days after delivery. A mother’s options on how she may take her maternity leave are listed in the table below.

Period of time	Payment % of the Reference income
<ul style="list-style-type: none"> <li>• 120 days of leave</li> <li>• 150 days of shared leave with father (120+30)</li> <li>• 30 day extra for each twin besides the first baby</li> </ul>	100%
<ul style="list-style-type: none"> <li>• 180 days of shared leave with father (150+30)</li> </ul>	83%
<ul style="list-style-type: none"> <li>• 150 days leave only mother</li> </ul>	80%

There is a 2-hour daily breastfeeding break from work until the end of the babies 1<sup>st</sup> year, paid for by the employer. It is possible to extend this beyond 12 months with medical confirmation that a mother is still breastfeeding. For every twin after the first born, 1 hour is added to the initial time.<sup>19</sup>

## 5) HIV and infant feeding

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>20</sup> call on national authorities to recommend, based on the AFASS<sup>21</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.

Between 38 000 - 62 000 people are infected with HIV in Portugal, 11 000-19 000 of which are women. Portugal has the highest infection rate of HIV in Europe.<sup>22</sup>

Breastfeeding is discouraged amongst HIV positive mothers. The national health system (*Direção Geral da Saúde*) provides 12 months’ worth of free infant formula through public hospitals via

<sup>19</sup> Social security services (<http://www4.seg-social.pt/subsidio-parental>). Relevant legislation: Decreto-Lei n.º 91/2009, de 9 de abril na redação dada pelo Decreto-Lei n.º 70/2010, de 16 de junho e pelo Decreto-Lei n.º 133/2012, de 27 de junho

<sup>20</sup> WHO, Guidelines on HIV and infant feeding, 2010, available at: [http://whqlibdoc.who.int/publications/2010/9789241599535\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf)

<sup>21</sup> Affordable, feasible, acceptable, sustainable and safe (AFASS)

<sup>22</sup> [www.unaids.org/Portugal](http://www.unaids.org/Portugal)

prescription for HIV+ mothers to minimize transmission of HIV to the infant through breastfeeding.<sup>23</sup>

Portugal has developed a national multisectoral strategy to respond to HIV, 2011-2015.<sup>24</sup>

There are no specific courses where infant feeding is addressed in regards to HIV + mothers and breastfeeding although it is generally mentioned through breastfeeding counselor courses.

## 6) Government measures to protect and promote breastfeeding

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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.

**National measures:** There has never been a specific comprehensive programme put in place in Portugal for breastfeeding.

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<sup>23</sup> Programa Nacional de Saúde Reprodutiva, Circular Normativa nº. 23/DSR de 29/12/09 – Fornecimento de fórmula para lactentes em mães infectadas pelo vírus VIH

<sup>24</sup> Direção Geral da Saúde (HIV- N°23/DSR,29-12-09)

There is a national incentive to support breastfeeding called *Breastfeeding corners* (Cantinhos de Amamentação) which are designated areas in state run health centres and hospitals where breastfeeding mothers have access to a trained breastfeeding support person. This initiative was founded by *Associação Mama Mater* (NGO) in 2005. The trained breastfeeding support persons that give trained support to breastfeeding mothers through this initiative do this in their normal work hours, which are paid by the state health system (*Direção Geral de Saúde*). However, due to a lack of funding, it has not been possible to monitor and maintain all of the original designated areas and many have stopped providing this service. It has not been possible to monitor the remaining areas for Code violations (these areas are used to promote infant formula brands), which have become common throughout the ‘Cantinhos de Amamentação’; this is also due to a lack of funding.<sup>25</sup>

#### Training on infant and young child feeding:

See above, section 3.

## 7) Recommendations on breastfeeding by the CRC Committee

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*The Convention on the Rights of the Child* has placed breastfeeding high on the human rights agenda.

Article 24 mentions specifically the importance **of breastfeeding as part of the child’s right to the highest attainable standard of health.**

Issues like the improvement of breastfeeding and complementary feeding practices, the right to adequate information for mothers and parents, the protection of parents against aggressive marketing of breastmilk substitute products through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

In February 2014, during its 65<sup>th</sup> session, the Committee on the Rights of the Child recommended that Portugal “take action to **improve the practice of exclusive breastfeeding for the first six months**, through awareness-raising measures, including campaigns, the provision of information and training to relevant officials, particularly staff working in maternity units, and parents. The Committee also recommends that the State party strengthen the **monitoring of existing marketing regulations relating to breast-milk substitutes**” (Concluding Observation, §56).

Additionally, the Committee CRC urged Portugal to “**minimize the impact of financial restrictions in the area of health care**, and also recommends that austerity measures in the area of health care should be evaluated on the basis of a child-rights impact assessment to ensure that such measures do not have a negative impact on child health and well-being” (§48).

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<sup>25</sup> Associação Mama Mater

Annex

The following are some representative examples of violations of the International Code of Marketing of Breastmilk Substitutes.



Unwarranted distribution of stage 1 formula samples is widespread in Portugal throughout the health care system in both private and public facilities. Free stage 2 formula samples are frequently given out through the health care system and where ever formula is sold.

**Article 5.2** of the Code states that *'Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code'*.

**Article 7.4** of the Code states that *'Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families'*.



Tie in sales, discounts, free gifts and aggressive and manipulative promotional marketing tactics are staple where ever infant and follow on formula is sold. Nestlé states above (picture in the middle) that *'The future of my baby is in first place'* which is one of their captions along with *'Follow your protective instinct'* insinuating that to put your child first and to protect them it would be necessary to provide them with Nestlé formula.

**Article 5.3** of the Code states that *'there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code'*.



Free gifts such as an infant’s health bulletin from a formula company including pamphlets to promote follow on formula, dummies/pacifiers and bottles as seen above are commonly given to mothers through state and private run maternity wards in Portugal.

**Article 5.4** states that *‘Manufacturers and distributors should not distribute to pregnant women or mothers or infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding’*.

**Article 6.2** states that *‘no facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code’*.



This formula brand is sold across the country. The image of a baby is still used on the packaging. This particular brand Blédina belongs to Milupa.

**Article 9.2** of the Code states that '*Manufacturers and distributors of infant formula should ensure that (...) d) Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula*'.



Estes são os nossos bebés... bem nutridos e sem cólicas.

**milkid**  
leite para bebés  
Porque só a natureza faz melhor.

Oferta - 10% das vendas  
Bebé com MAM Coluprev, Amadarece sempre Amã!

€2 de desconto com cartão de fidelidade

No prevenção dos diarreias, e das cólicas utilize:

**ColiPrev**  
menos choro, mais tranquilidade para toda a família

### Nascimento por cesariana?

**Novalac César**  
Porque cada bebé é um imperador

com Culturas Láticas  
• Lactobacillus rhamnosus  
• Bifidobacterias Lactis

O nascimento por cesariana tem impacto na mãe e também no bebé.

A flora intestinal de um bebé nascido por cesariana é mais pobre em bifidobactérias e lactobacilos (bactérias benéficas) do que a flora de um bebé nascido por parto vaginal.

As crianças que nasceram por cesariana e tomaram probióticos conseguiram uma prevalência de bifidobactérias equivalente às crianças que nasceram por parto vaginal.

Bactéria	Parto vaginal	Cesariana
Bifidobacterium	~10	~8
Lactobacillus	~8	~5

Meses	Nascidos por cesariana, Não tomaram probióticos	Nascidos por parto vaginal, Não tomaram probióticos	Nascidos por cesariana, Tomaram probióticos	Nascidos por parto vaginal, Tomaram probióticos
0	0	0	0	0
3	~40	~75	~75	~75
6	~75	~75	~75	~75
24	~75	~75	~75	~75

LABORATÓRIOS VITÓRIA, S.A.  
www.novalac.pt

800 910 112

NOTA IMPORTANTE: De acordo com o código internacional de comercialização de substitutos de leite materno da O.M.S., as grávidas e mães de recém-nascidos devem ser informadas das diferenças de composição e quantidade de leite materno, do leite doador por orientação médica e melhor forma de preparação. É recomendada a lactação exclusiva até ao período, onde for possível, de um mês para lactantes que no domínio alimentar queirer aspectos socio-económicos. De não poder ser sempre concretizada por um profissional de saúde.

© Unilever B.V. e/ou Unilever Food Solutions. Novalac César is a registered trademark of Unilever. Probiotics: Journal of Pediatric Gastroenterology and Nutrition, 1999, 30(1); 22. Unilever B.V. Probiotics prevent GI discomfort during early life: a randomised clinical trial with Bifidobacterium. Journal of Paediatrics Child Health, 2010.



Advertising of infant formula, follow on formula and toddler milks is widespread through out Portugal. This is evident in publicity campaigns on billboards and through parenting publications where the information provided is not restricted to scientific information.

**Article 5.1** states that *‘There should be no advertising or other form of promotion to the general public of products within the scope of this Code’*.



**workshops**

**NUTRIÇÃO INFANTIL**

· Horário 16h30

- O Leite Materno - Benefícios para o bebé
- O Leite de Transição
- A importância do Leite de Crescimento
- A Diversificação Alimentar
- Produtos de Alimentação Infantil
- Perguntas e Respostas

**CUIDADOS AO BEBÉ**

· Horário 18h00

- Como será o meu bebé?
- Características do recém-nascido
- Os cuidados com a pele e higiene do bebé

**Entrada Gratuita**

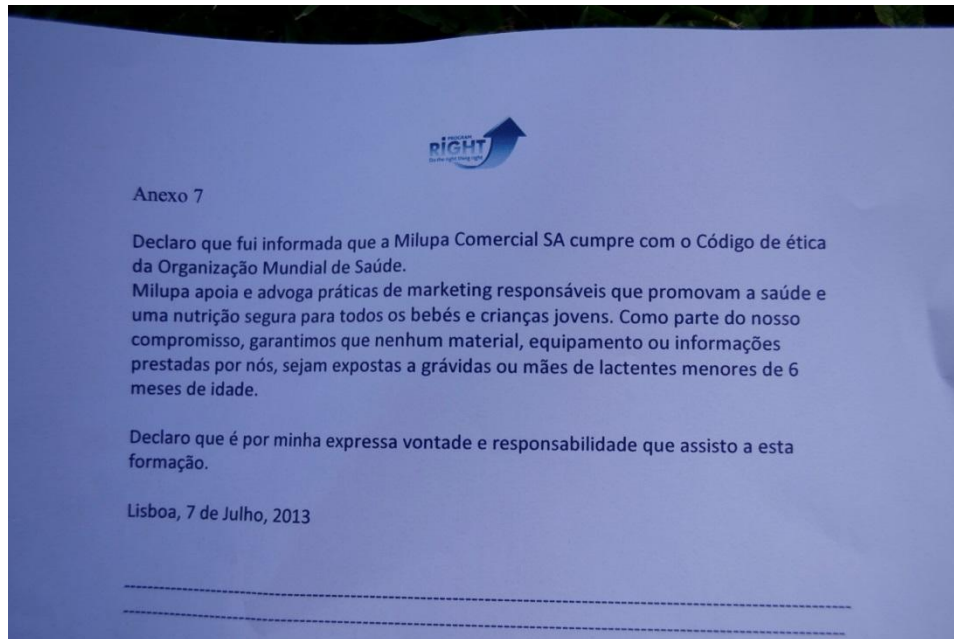
Para participar nos nossos workshops inscreva-se em [www.mamasebebes.pt](http://www.mamasebebes.pt)

**Inscrição obrigatória**

(Para mais informações contacte-nos através do email [geral@mamasebebes.pt](mailto:geral@mamasebebes.pt) ou através do telefone 935 726 691)

**Dia 14 de Maio**  
Dolce Vita Tejo | Dolce Espaço

**Aptababy** **blédina** **Mamãs e Bebés** **DOLCE VITA SHOPPING TEJO** **LEITE PRODUTO 2012**



### Recomendações

**0-12 meses**

- Leite de vaca não está indicado!
- O bebé deve beber Leite de transição (500ml/dia)

**RISCOS!**

O sistema digestivo do bebé não está preparado para processar o leite de vaca

**12-36 meses**

- O bebé não é um mini-adulto!
- Tem necessidades nutricionais específicas
- Deve continuar a beber Leite Infantil (375-500ml/dia)

O leite de crescimento garante teor proteico e energético adequados ao bebé

Aptababy b/kidina

The first photo above shows an invitation to a talk on infant nutrition given as often as every week, by Aptababy, to the public. These talks have various captions in the titles such as ‘Product of the year’ and ‘The importance of Follow on and Toddler Milks’.

The second photo shows a document pregnant mothers are asked to sign at these talks which claims that Milupa ‘guarantees that no material, equipment or information given by us (Milupa) is ever exposed to pregnant women or mothers of infants under 6 months of age’.

## IBFAN – International Baby Food Action Network

The third picture shows a section of one of the many handouts that are given out at these talks. You can see that they advise a baby should *'drink 500ml of follow on formula daily'* from 0-12 months and after that a baby should *'continue to drink between 375-500ml of toddler formula a day'* from 12-36 months after that. These are guidelines for babies who are not breastfed which was only advised until 6 months in these handouts.

Aptababy which represents the formula brand Aptamil, owned by Milupa Nutrition targets mothers of young children, expecting mothers and members of their families through marketing and publicity campaigns throughout Portugal. These practices directly undermine breastfeeding, especially after 6 months.

**Article 5.1** States that *'There should be no advertising or other form of promotion to the general public of products within the scope of this Code'*.

**Article 5.5** States that *'Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children'*.

**Article 8.2** States that *'Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned'*.

All photos and examples presented in this annex were collected in Portugal between January and November 2013

**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 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”*.