



**L'alimentazione dei bambini
nei primi 1000 giorni di vita in caso
di emergenze umanitarie e catastrofi naturali:
l'Italia è pronta?**



Save the Children



per ogni bambino

Nutrition and health in Europe: The critical role of the first 1000 days

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World Health Organisation
European Office for Prevention and Control
of Noncommunicable Diseases

Con il patrocinio di



Croce Rossa Italiana

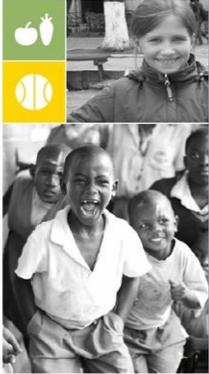
8 ottobre 2018
Istituto Superiore di Sanità, Roma

Infant feeding

1. Background
2. Recommendations
3. Current situation in Europe



ENDING CHILDHOOD OBESITY



HEALTH 2020

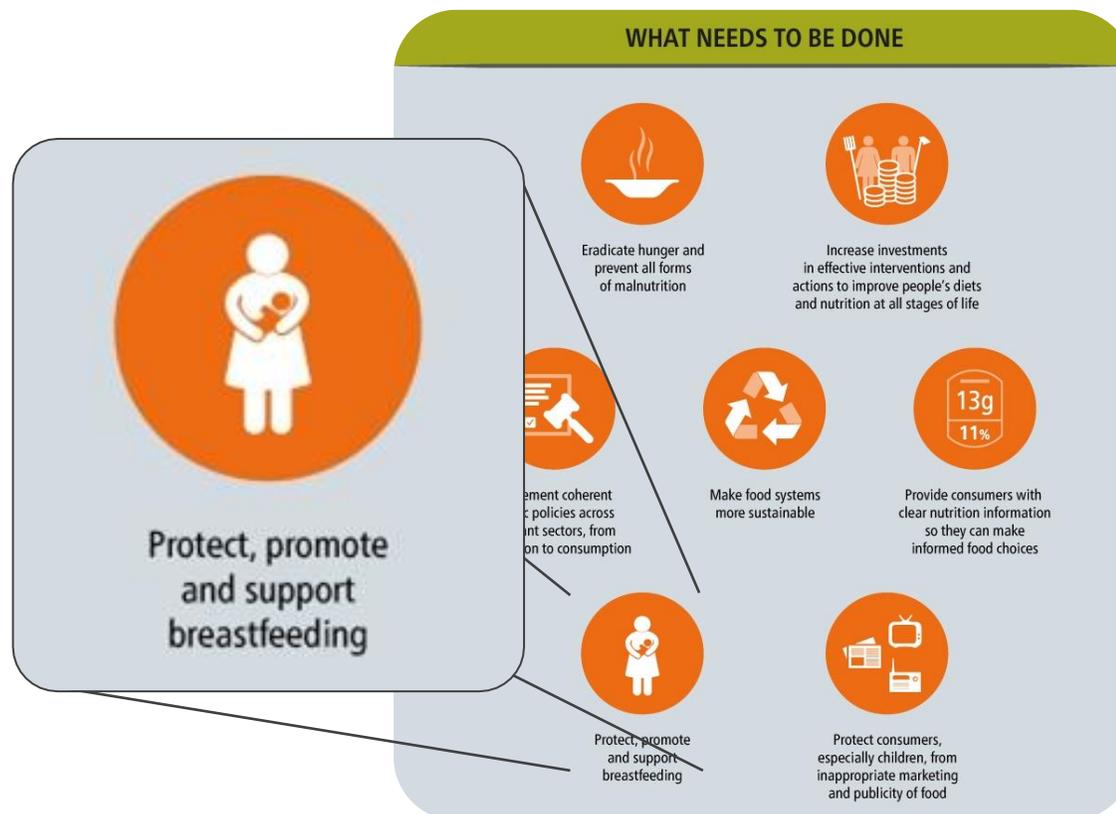
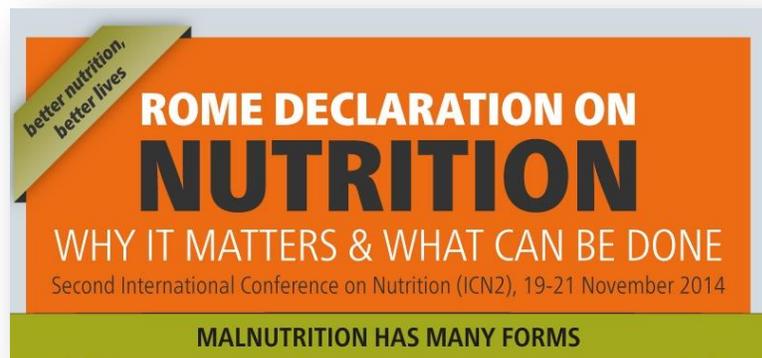
A European policy framework and strategy for the 21st century



European Food and Nutrition Action Plan 2015-2020



Breastfeeding: One of 7 Essential Actions to Prevent Malnutrition



Seventy-first World Health Assembly on Infant and Young Child Feeding

Urges Member States to:

- **Increase investment & support of breastfeeding**
- **Reinvigorate the Baby-friendly Hospital Initiative**
- **Strengthen national implementation of the International Code of Marketing of Breast-milk Substitutes**
- **Promote timely & adequate complementary feeding**



Exclusive breastfeeding up to 6 months

WHO recommends:

- **Exclusive breastfeeding for first 6 months of life**
- **Thereafter, nutritionally adequate & safe complementary foods, and continued breastfeeding for up to 2 years or beyond**

A global public health recommendation and action:

- WHA resolution 54.2 (2001)
- WHA resolution 55.22 (2002) – *Global Strategy on Infant and Young Child Feeding*
- WHA resolution 65.6 (2012) – *Comprehensive implementation plan on maternal, infant and young child nutrition (target 5)*
- WHA Resolution 71.9 (2018) – *Infant and Young Child Feeding*



Exclusive breastfeeding up to 6 months

Q: Why recommended for all infants?

A: Cornerstone of child survival and child health in both developed and developing countries.

- **Essential, irreplaceable nutrition** for children's growth and development
- **Their first immunization** – protects against respiratory infections, diarrheal disease, and other potentially life-threatening ailments
- **Long-term protective effect** against obesity and certain non-communicable diseases later in life



Association between breastfeeding & later risk of obesity



Proceedings of the Nutrition Society (2015), **74** (OCE1), E126

doi:10.1017/S002966511500141X

Summer Meeting, 14–17 July 2014, Carbohydrates in health: friends or foes

Breastfeeding and birth weight are important predictors for childhood overweight and obesity: Results for 1885 6–7-year-old school-going children of the Childhood Growth Surveillance Initiative (COSI) in the Republic of Ireland

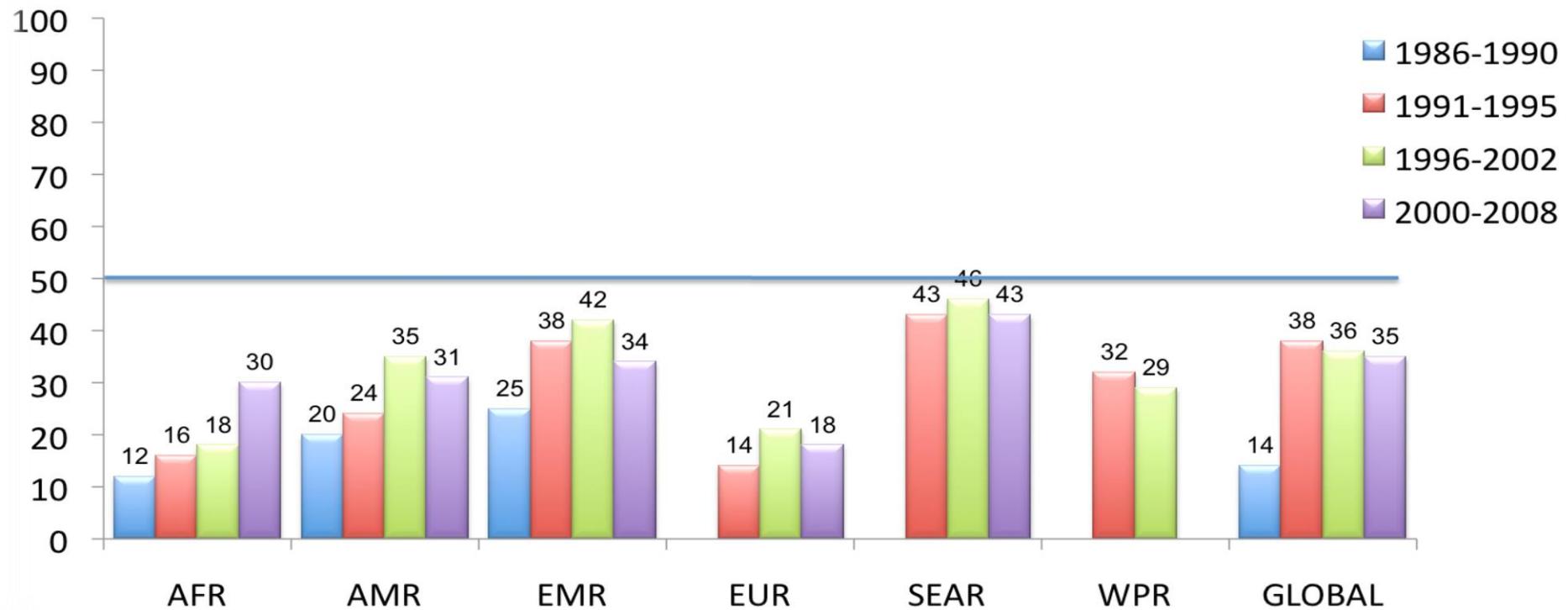
M. M. Heinen¹, N. Eldin², U. O'Dwyer³, C. Hayes⁴, P. Heavey⁵, A. Lynam², L. M. Mulhern¹, J. K. O'Brien⁶, M. C. O'Brien¹, H. Scully¹, L. E. Daly⁶, C. M. Murrin¹ and C. C. Kelleher¹

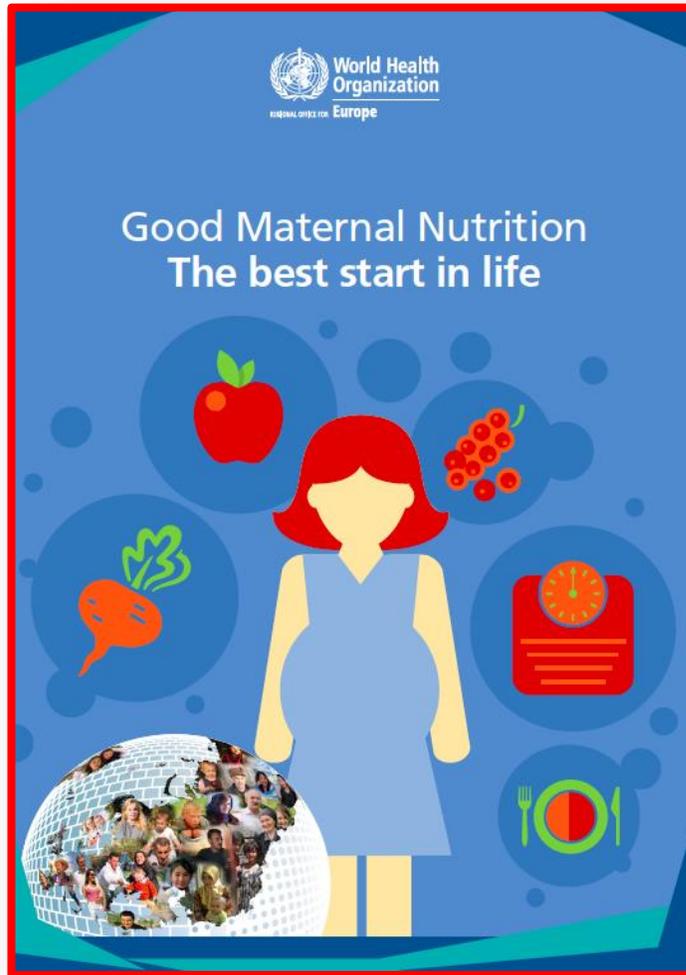
¹National Nutrition Surveillance Centre, School of Public Health, Physiotherapy & Population Science, University College Dublin (UCD), Dublin, Ireland, ²Department of Health Promotion & Improvement, Health Service Executive, Ireland, ³Health Promotion Policy, Department of Health, Ireland, ⁴Public Health and Primary Care, Trinity College Centre for Health Sciences, Dublin, Ireland, ⁵Athlone Institute of Technology, Athlone, Ireland and ⁶School of Public Health, Physiotherapy & Population Science, UCD, Dublin, Ireland

Society

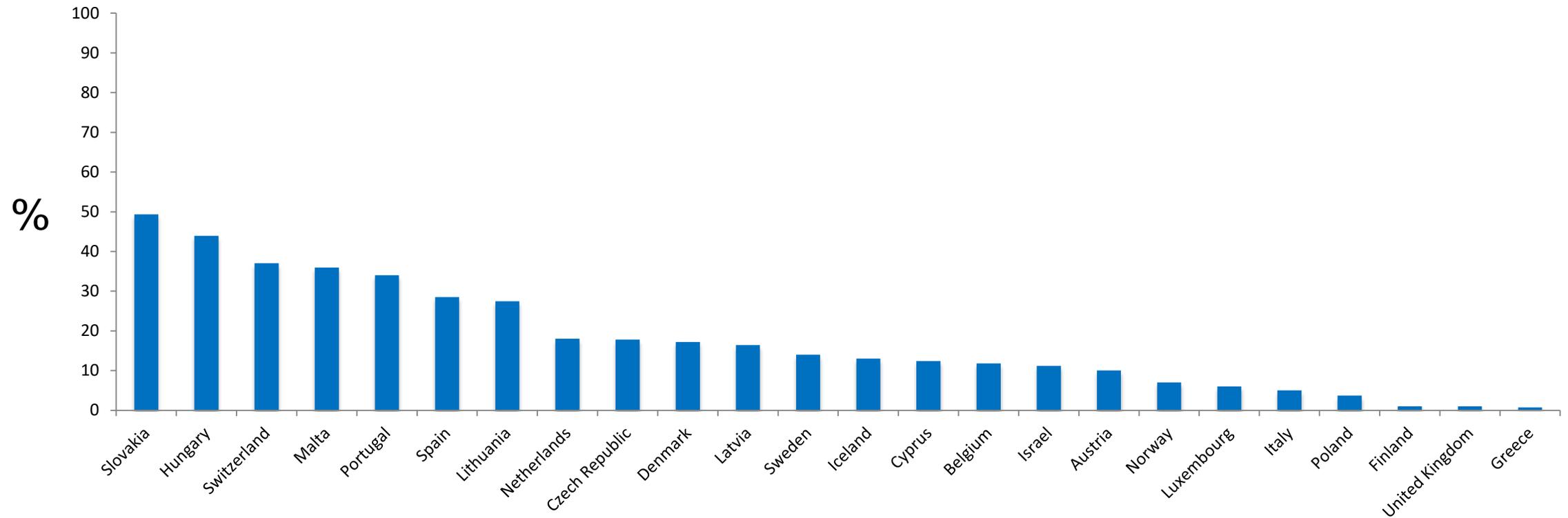


Exclusive breastfeeding rates children <6M in WHO Europe need improvement

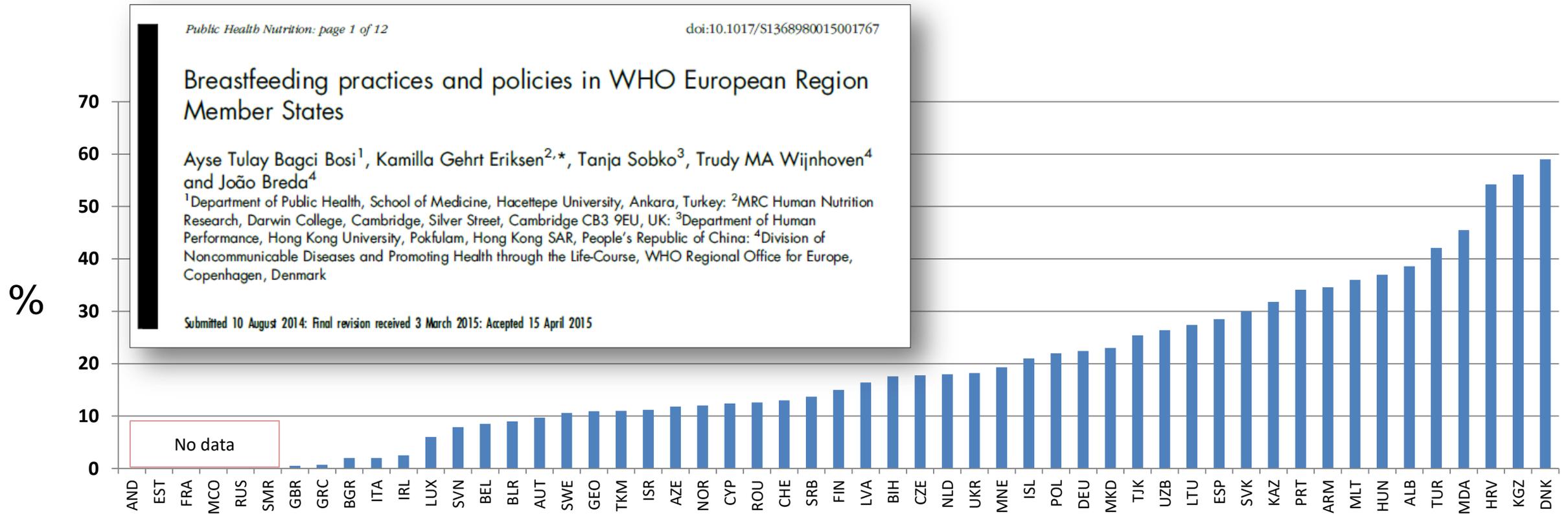




Exclusive Breastfeeding at 6 months

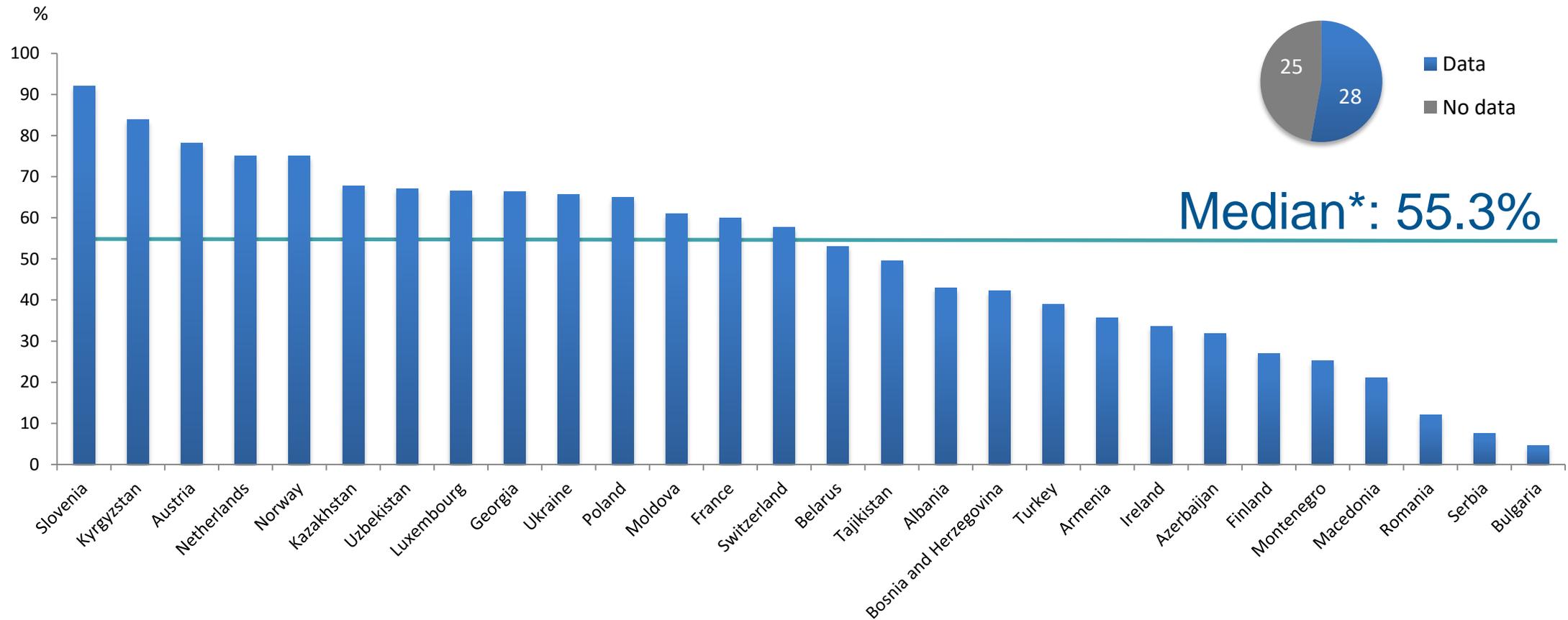


Exclusive Breastfeeding at 6 months: Different national surveys



Rates of Breastfeeding Initiation

(within one hour of birth)



Russia, San Marino, Slovakia, Spain, Sweden, Turkmenistan, United Kingdom.

Baby-friendly Hospital Initiative (BFHI)

Randomised control trial in 1 country:

16 Hospitals “BFHI”, 16 controls

At 3 months: 43% vs. 6.4% exclusive breastfeeding

Systematic review (58 studies from 19 countries):

Following the Ten Steps leads to increased BF rates

Exposure to more steps leads to higher BF rates

Avoiding supplementation (Step 6) key to success

Community support (Step 10) crucial to maintain BF

Complementary Feeding

- The Guideline is to introduce complementary foods at 6 months of age (180 days) while continuing to breastfeed.
- Expert Consultation concluded that the potential health benefits of waiting until six months to introduce other foods outweigh any potential risks.

Trained health workers are *essential* to support mothers and caregivers in the timely and appropriate introduction of foods.

Follow-up formula: non-necessity

Breast milk **most appropriate liquid part** of progressively diversified diet for most children between 6 and 24 months of age, once complementary feeding has begun

Acceptable milk sources exist for non-breastfed children or children for whom breastfeeding will stop before the recommended duration of two years or beyond

WHA resolution 39.28 (1986): **follow-up formula not necessary**

Follow-up formula: Marketing

Direct correlation between marketing strategies for follow-up formulae and perception and subsequent use of products as breast-milk substitutes

May result in its early introduction, thereby **undermining exclusive breastfeeding** up to six months of age and sustained breastfeeding up to two years or beyond

Follow-up formula: Marketing

Regulation of marketing of follow-up formula (and other similar milk products such as growing-up milks) is necessary.

WHA resolution 63.22 (2010):

- “Promotion of breast-milk substitutes and some commercial foods for infants and young children **undermines progress in optimal infant and young child feeding**”
- Calls upon “infant food manufacturers and distributors to **comply fully with their responsibilities** under the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions”.

Effective approaches to limit the aggressive and inappropriate marketing of breast-milk substitutes

- ✓ Enacting **national or regional legislation** that incorporates the provisions of the International Code on the Marketing of Breast milk Substitutes
- ✓ **Increasing knowledge of the Code** to health care providers
- ✓ **Monitoring and enforcing effective sanctions** in case of violations
- ✓ **Engaging in partnerships** with CSO's to help governments in advocating for enactment, implementation, enforcement and monitoring of the Code



Summary

- Breastfeeding is **one of the most effective ways to ensure health** through the life-course.
- WHO recommends that:
 - Mothers initiate breastfeeding **within one hour of birth**
 - Infants should be **exclusively breastfed for the first six months** of life and thereafter receive nutritionally adequate and safe complementary foods
 - Breastfeeding should **continue for up to two years** or beyond
- The **Baby-friendly Hospital Initiative** is an effective way to improve breastfeeding outcomes.
- **Restrictions are needed on marketing of breast milk substitutes.**

WHEN YOUR BABY IS BORN



YOUR HEALTH WORKER IS THERE TO

ENCOURAGE SKIN-TO-SKIN CONTACT BETWEEN YOU AND YOUR BABY SOON AFTER BIRTH.

HELP YOU TO RECOGNIZE THE SIGNS WHEN YOUR BABY IS READY TO FEED.

SHOW YOU HOW TO POSITION YOUR BABY AT THE BREAST.

SLEEPING CLOSE TO YOUR BABY AND BREASTFEEDING WHENEVER YOUR BABY WANTS HELPS STIMULATE MILK PRODUCTION.

BEFORE YOUR BABY IS BORN



YOUR HEALTH WORKER IS THERE TO

TALK WITH YOU ABOUT HOW YOU PLAN TO FEED YOUR BABY.

EXPLAIN THE BENEFITS OF BREASTFEEDING FOR YOU AND YOUR BABY.

SUPPORT YOU TO TRY AGAIN IF YOU DIDN'T BREASTFEED YOUR FIRST BABY.

MOST WOMEN ARE ABLE TO BREASTFEED WITH THE RIGHT SUPPORT.