

Protecting, promoting and supporting breastfeeding in the WHO European Region

Clare Farrand, Technical Officer (Nutrition), Special Initiative on NCDs and Innovation



NUTRITION IS ESSENTIAL FOR THE SUCCESS OF ALL THE SDGS

Optimal nutrition is essential for achieving several of the Sustainable Development Goals, and many SDGs impact nutrition security. Nutrition is hence linked to goals and indicators beyond Goal 2 which addresses hunger. A multisectoral nutrition security approach is necessary for success.





WHO recommendations

WHO recommends:

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

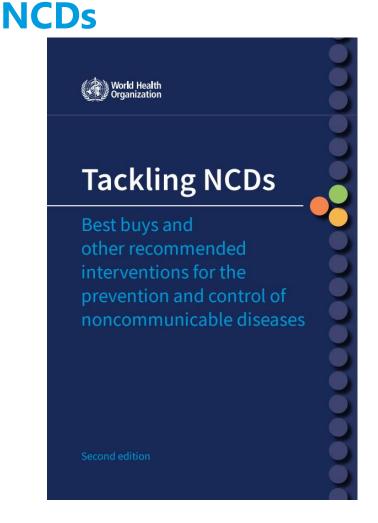


A global public health recommendation and action:

- WHA resolution (1981 +) International code of marketing of breast-milk substitutes
- WHA resolution 54.2 (2001) supports exclusive breastfeeding for first 6 months
- 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

WHO recommends the implementation 'best-buys' measures for prevention and control of





Reduce unhealthy diet

Overarching/enabling actions

- Implement WHO's Global strategy on diet, physical activity and health (23), the Global strategy for infantandyoungchildfeedingjointly developed by WHO and UNICEF (24) and the WHO Comprehensive implementation plan on maternal, infant and young child nutrition (25).
- Develop and implement national nutrient- and food-based dietary guidelines, as well as nutrient profile models (26, 27, 28, 29, 30, 31) for different applications as appropriate.

Best buys and other recommended interventions



Best buys: Effective interventions with cost-effectiveness analysis ≤ I\$100 per HLY gained in low-income and lower middle-income countries Reformulation of policies for healthier food and beverage products (e.g. elimination of trans-fatty acids and/or reduction of saturated fats, free sugars and/or sodium)^{1,2}

Front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets ^{1,2}

Public food procurement and service policies for healthy diets (e.g. to reduce the intake of free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables)^{1,2}

Behaviour change communication and mass media campaign for healthy diets (e.g. to reduce the intake of energy, free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables)^{2,2}

Policies to protect children from the harmful impact of food marketing 12

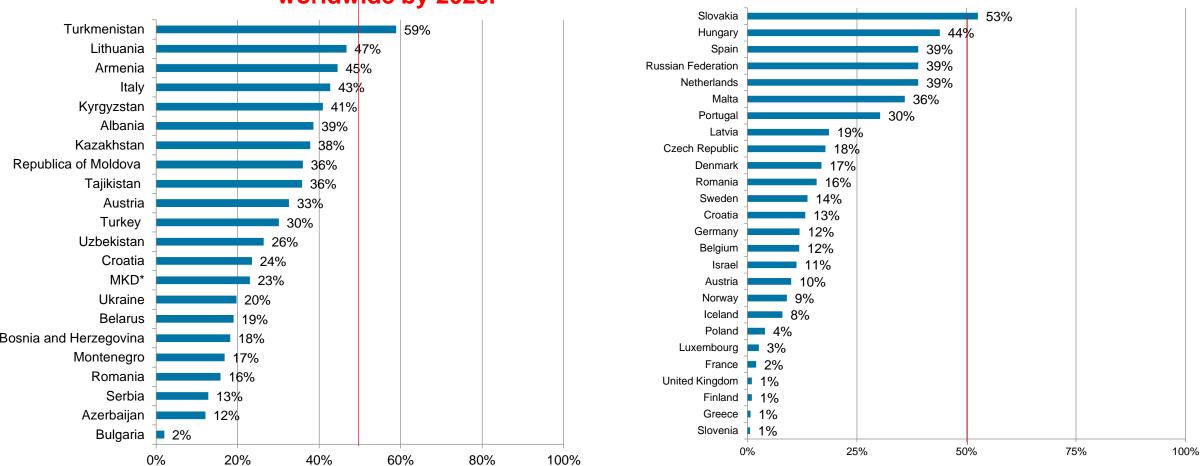
Protection, promotion and support of optimal breastfeeding practices 42

15/10/2024 | Title of the presentation

Exclusive Breastfeeding UNDER and AT SIX MONTHS

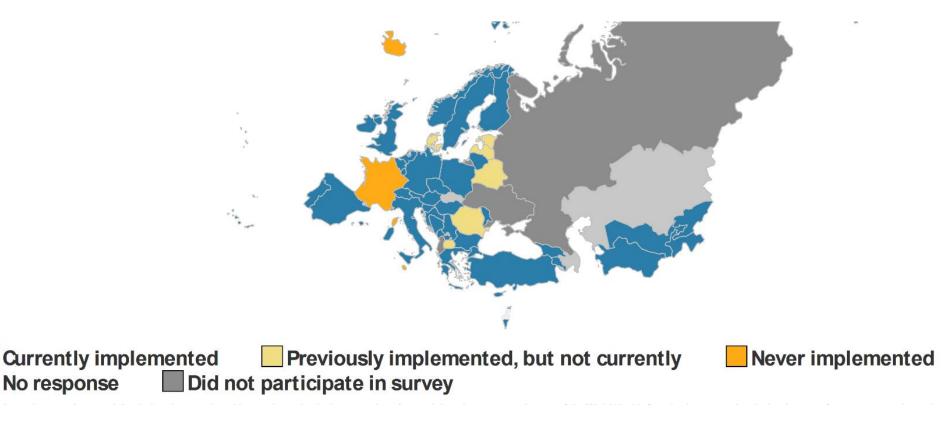


Global Nutrition Targets for 2025, is to increase the rate of exclusive breastfeeding during the first six months of life to at least 50% worldwide by 2025.





Implementation status of baby friendly hospital initiative (BFHI), 2017





No response









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



The TEN STEPS to Successful Breastfeeding























STEP	Original version (1989) 'Every facility providing maternity services and care for newborn infants should':	Revised version (2018)
1	Have a written breastfeeding policy that is routinely communicated to all healthcare staff.	 (a) Comply fully with the International Code of Marketing of Breast-milk substitutes and relevant World Health Assembly resolutions. (b) Have a written infant feeding policy that is routinely communicated to staff and parents. (c) Establish ongoing monitoring and datamanagement systems.
2	Train all healthcare staff in the skills necessary to implement the breastfeeding policy.	Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding
3	Inform all pregnant women about the benefits and management of breastfeeding.	Discuss the importance and management of breastfeeding with pregnant women and their families
4	Help mothers to initiate breastfeeding within half an hour of birth.	Facilitate immediate and uninterrupted skin- to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5	Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants	Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6	Give newborn infants no food or drink other than breastmilk, unless medically indicated.	Do not provide breastfed newborn infants any food or fluids other than breastmilk, unless medically indicated
7	Practice rooming-in, allowing mothers and infants to remain together 24 hours a day.	Enable mothers and infants to remain together and to practice rooming-in 24 hours a day.
8	Encourage breastfeeding on demand	Support mothers to recognize and respond to their infant's cues for feeding.
9	Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.	Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.	Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Figure 1

World Health Organization/United Nations Children's Fund Ten Steps To Successful Breastfeeding (original version: 1989 and revised version: 2018)





The best start in life: breastfeeding for the prevention of NCDs and the achievement of the Sustainable Development Goals in the WHO European Region



November 2018





Country support in breastfeeding promotion





COVID-19 and breastfeeding Position paper

Breastmilk is the best source of nutrition for infants, including infants whose mothers have confirmed or suspected coronavirus infection. As long as an infected mother takes appropriate precautions—outlined below—she can breastfeed her baby. Breastmilk contains antibodies and other immunological benefits that can help protect against respiratory diseases. A growing body of evidence supports the importance of breastfeeding for a child's growth, development, and health, as well as for helping them avoid obesity and noncommunicable diseases later in life.

What is the risk for breastfed infants?

To date, the virus that causes COVID-19 has not been detected in breastmilk. However, as the disease is new, this evidence is based on limited studies. Public health officials are continuing to learn about how the virus spreads and what kind of risks it poses to infants whose mothers have the disease. In limited studies among women with COVID-19 and another coronavirus infection (Severe Acute Respiratory Syndrome, SARs-CoV), the virus was not detected in breastmilk. In a recent study from Wuhan, China, researchers collected and tested breastmilk samples (at first lactation) from six patients who had COVID-19 during pregnancy; all samples tested negative the virus. However, more research is needed to confirm these results. Of importance, the experience obtained so far shows that the disease course of COVID-19 generally is not severe in infants and young children. The main risk of transmission appears to come from the respiratory tract of an infected mother.

How can the risk be managed?

WHO's current guidance is that women with COVID-19 can breastfeed if they wish to do so, but they should take precautions, including:

- 1.Practicing respiratory hygiene during feeding, including wearing a mask covering mouth and nose.
- 2. Washing hands with soap and water for 20 seconds before and after touching the baby.
- 3. Routinely cleaning and disinfecting surfaces they have touched.

Close contact with the mother and early, exclusive breastfeeding are both things that help bables thrive. So even if a mother has COVID-19, she is encouraged to touch and hold her baby, breastfeed safely with good respiratory hygiene, hold the baby skin-to-skin, and share a room with the child. In general, WHO recommends that mothers exclusively breastfeed their infants for the first six months of life. Thereafter, mothers should both breastfeed and give the child nutritious and healthy foods up to the age of two years and even beyond.

What to do if the mother is too ill to breastfeed?

If a mother is too unwell to breastfeed her baby due to COVID-19, she should receive support for safely giving her baby breastmik via other means, including expressing milk, relactation (the process of resuming breastfeeding after a period of no breastfeeding or very little breastfeeding), or the use of donor human milk from certified milk banks.

for more information, visit the WHO website: https://www.who.int/news-room/q-a-detai/jq-a-on-covid-sil-pregnancy-childbirth-and breadfeeding









© World Health Organization 2020. Some rights reserved. This work is available under the CC SY-NC-SA 3.0 3GO license



Breastfeeding Working Group: Summer and Winter Seminar Series (2020-2022) (*Due to reestablished in* 2024)

Convening health experts, government officials, maternity staff, researchers and other stakeholders to share experiences from across the Region.

Providing technical support to Member States on an as-needed basis (training, policy guidance, research and surveillance)

Assessing the landscape of digital marketing of breastmilk substitutes

15/10/2024 | Title of the presentation

Promote and support exclusive breastfeeding for the first 6 months of life



Organization

REGIONAL OFFICE FOR EUrope

22 countries in

Europe (COSI

Round 4): 100

583 children



Policy implications

Breastfeeding has a protective effect: obesity is less frequent among children breastfed for at least 6 months



Findings from COSI confirm that breastfeeding protects against childhood obesity. World Health Organization (WHO) recommends exclusive breastfeeding — that is the infant receives breastmilk without any additional food or drink — for the first 6 months of life (followed by introduction of complementary foods and continued breastfeeding up to 2 years and beyond). However, exclusive breastfeeding rates in the WHO European region remain low.

WHO has called on policy-makers to promote protect and support breastfeeding through:

- Full implementation of the International Code of Marketing of Breastmilk Substitutes and relevant resolutions through strong legal measures that are enforced and independently monitored
- Enacting paid family leave and workplace breastfeeding practices
- Implementation of the Ten Steps to Successful Breastfeeding in maternity facilities, including providing breastmilk for sick and vulnerable newborns
- Improved access to skilled breastfeeding counselling as part of comprehensive breastfeeding policies and programmes in health facilities
- Strengthened links between health facilities and communities
- Strengthened monitoring systems that track progress of policies, programmes and funding towards achieving global breastfeeding targets



Summit of the Spouses of European Leaders to launch the Network on the Prevention of **Childhood Obesity in the WHO European Region,** 9–10 May 2023, Zagreb, Croatia







Zagreb Declaration

- Formally adopted during Summit
- Intended to serve as strong foundation for future actions of the Network
- Includes an Annex with selected policy recommendations
- Slovenia developed its own list of policy recommendations, adapted to national context
- Links
 - **English version**
 - Russian version







ANNEX 11

Selected policy recommendations to reduce childhood obesity

Including social media campaigns (promote healthy

· Regulate where and how food outlets can operate · Implement healthy public food procurement and service policies; require that all foods and beverages served or sold in public settings (such as schools) contribute to promoting healthy diets

Control the clustering of unhealthy food outlets

Reduce sugar consumption through effective

Broaden taxes to incorporate unhealthy food pro-

· Impose restrictions on multi-buys and other price

Including those high in fats, sugar and salt

on sugar-sweetened beverages

promotions on unhealthy foods

around secondary schools to support efforts within

Physical activity · Restrict sales, marketing (including online marketing) Provide convenient and safe access to quality public and portion sizes of unhealthy foods Provide subsidies to increase the consumption of Encourage active travel by providing safe footpaths and local cycle lanes, and creating walking buses for fruits and vegetables Display front-of-pack nutrition labelling on all foods to residential density, connected street networks that Include sidewalks, easy access to a diversity of Develop a single system to Improve the Impact of the destinations and access to public transport front-of-pack labelling system Run mass-media campaigns on healthy diets,

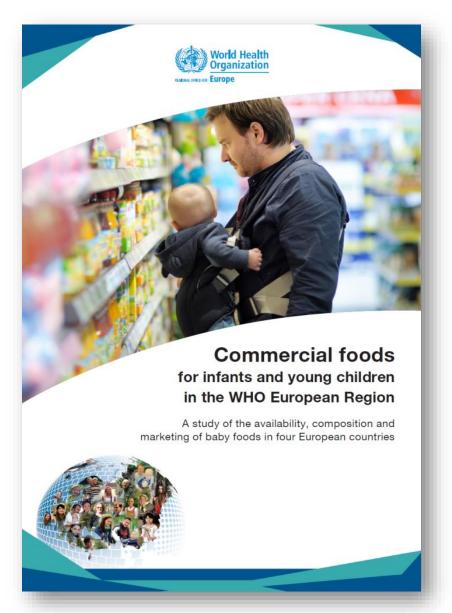
- lifestyle and create demand for healthler behaviours)

- Campaigns to communicate the benefits of exclusive breastfeeding for the first 6 months of life, alongside
- Implement the WHO and UNICEF* Baby-friendly Implement measures to encourage reformulat Hospital initiative to enable mothers to breastfeed example reduction of salt, fat and sugar in processed
 - Provide universal paid maternity leave, national labour policies and workplace support for breastfeeding, along with laws to protect breastfeeding in public
 - Restrict the inappropriate marketing of products that compete with breast-milk, as detailed in the International Code of Marketing of Breast-milk
 - profile, along with accurate labelling of these products

- United Nations Children's Fund
- Adapted from: WHO European Regional Obesity Report 2022. Copenhagen: WHO Regional Office for Europe; 2022 [https://apps.who. htt/irls/handie/10685/355147, accessed 10 November 2022]. This is not a legally binding document. This Annex provides a selection of recommendations that have been previously published in WHO reports and resolutions.











Ending inappropriate promotion of commercially available complementary foods for infants and young children between 6 and 36 months



NEW SURVEY: indicators for assessing infant and young child feeding practices



"Surveillance and Harmonization of Breastfeeding Indicators in the WHO European

Region"

mapping exercise to create a comprehensive picture of breastfeeding indicator measurement and data source availability in WHO European countries.

The survey covers the following breastfeeding practices:

- Ever breastfed (section 1)
 - Early initiation of breastfeeding (section 2)
 - Exclusive breastfeeding for the first two days after birth (section 3)
 - Exclusive breastfeeding under six months (section 4)
 - Continued breastfeeding at 12-23 months (section 5)
 - Other practices, such as mixed milk feeding under six months (section 6)



15/10/2024

WHO Acceleration Plan to Stop Obesity – Breastfeeding Workshop from 1-3 December 2024 in Cairo, Egypt.





15/10/2024 Title of the presentation



WHO Regional Office for Europe

UN City Marmorvej 51 Copenhagen Ø Denmark











World Health Organization

REGIONAL OFFICE FOR Europe



Organisation mondiale de la Santé

BUREAU RÉGIONAL DE L' Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR EUROPA



Всемирная организация здравоохранения

Европейское региональное бюро