



# **XVII Incontro della Rete Baby-Friendly**

## **Accesso e opportunità di sostegno per tutte e tutti**

9 ottobre 2024

Aula Pocchiari, Istituto Superiore di Sanità, Roma

## **Protecting, promoting and supporting breastfeeding in the WHO European Region**

Clare Farrand, WHO Regional Office for Europe



**JA PreventNCD**  
Joint Action Prevent Non-Communicable Diseases



# Dichiarazione di conflitto d'interessi

Interessi delle Aziende Private del settore della salute, rilevanti per i contenuti della presentazione

Clare Farrand

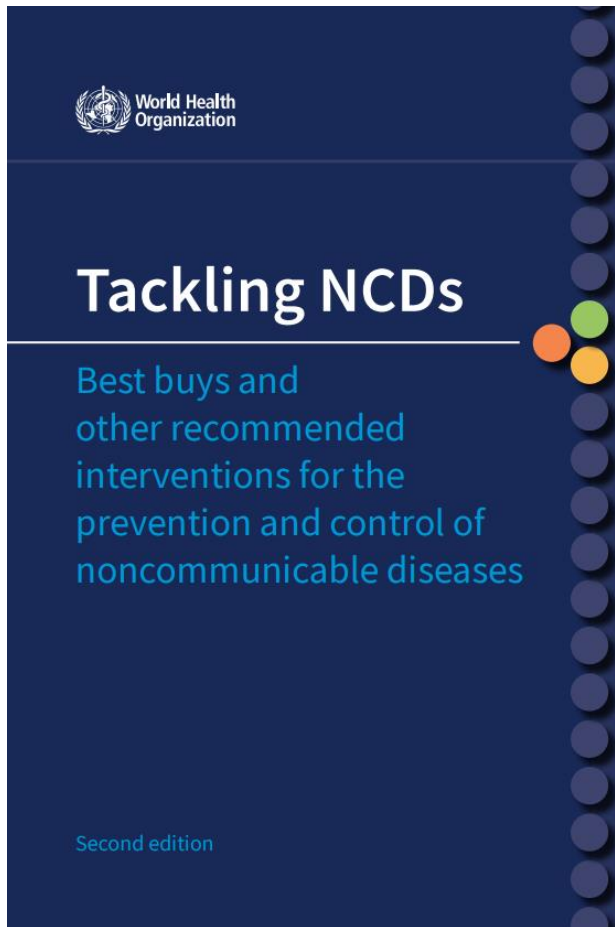
- |  |    |
|--|----|
| <b>1</b> – Azionista o portatore/trice di interessi o componente o dipendente di Aziende Private del settore della salute                            | NO |
| <b>2</b> – Consulente o componente di un panel scientifico di Aziende private del settore della salute   | NO |
| <b>3</b> – Relatore/trice pagato/a o autore/trice/editore/trice di articoli o documenti per Aziende Private del settore della salute                 | NO |
| <b>4</b> – Pagamento di spese di viaggio, alloggio o iscrizione a convegni, conferenze o eventi da parte di Aziende private del settore della salute | NO |
| <b>5</b> – Ricercatore/trice o responsabile scientifico/a in studi di Aziende private del settore della salute                                       | NO |
| <b>6</b> – Aderenza al Codice Internazionale sulla Commercializzazione dei Sostituti del Latte Materno   | SI |

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



## Reduce unhealthy diet

### Overarching/enabling actions

- Implement WHO's *Global strategy on diet, physical activity and health* (23), the *Global strategy for infant and young child feeding* jointly 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  $\leq$  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)<sup>1,2</sup>

Front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets<sup>1,2</sup>

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)<sup>1,2</sup>

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)<sup>1,2</sup>

Policies to protect children from the harmful impact of food marketing<sup>1,2</sup>

Protection, promotion and support of optimal **breastfeeding** practices<sup>1,2</sup>

# 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*





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



Urges Member States to:

**Increase investment & support of breastfeeding**

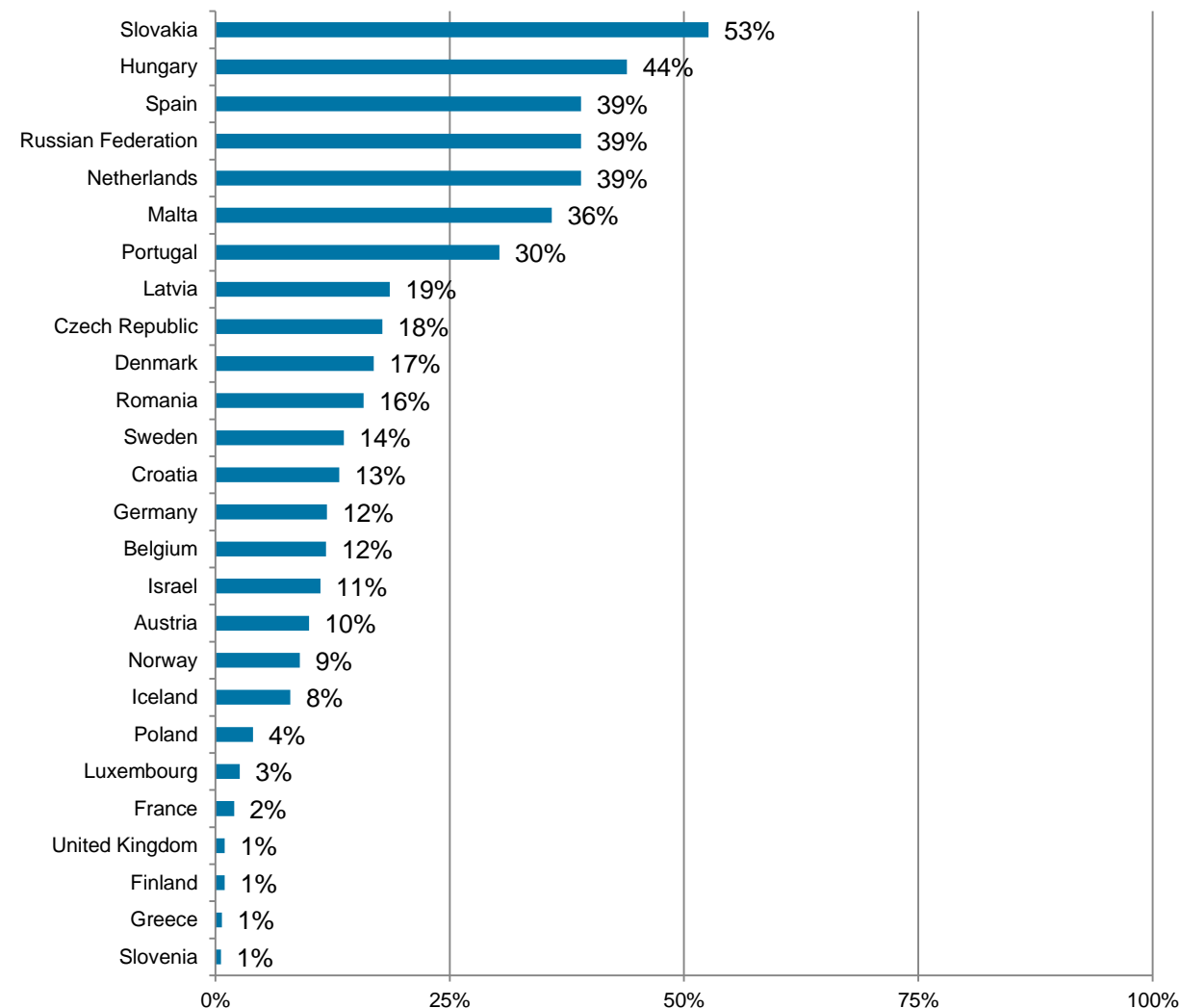
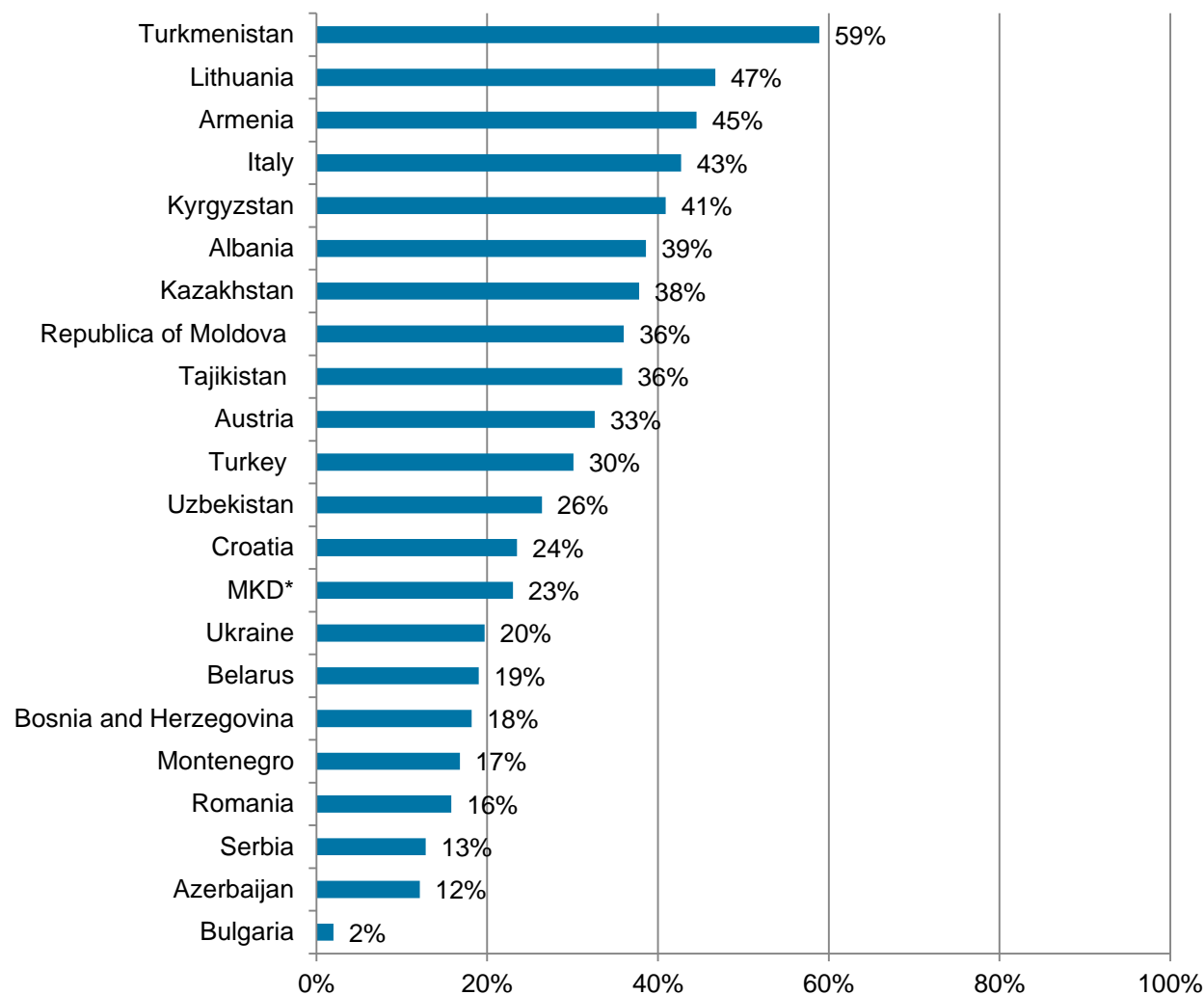
**Reinvigorate the Baby-friendly Hospital Initiative**

**Strengthen national implementation of the International Code of Marketing of Breast-milk Substitutes**

**Promote timely & adequate complementary feeding**



# Exclusive Breastfeeding UNDER and AT SIX MONTHS



# 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





# “Best Start in Life”: Conference Report



<https://www.euro.who.int/en/health-topics/disease-prevention/nutrition/publications/2020/the-best-start-in-life.-breastfeeding-for-the-prevention-of-noncommunicable-diseases-and-the-achievement-of-the-sustainable-development-goals-in-the-who-european-region-2020>

# Baby Friendly Hospital Initiative - BFHI

Key benefits:

- Improved infant health
- Enhanced maternal health
- Bonding and attachment
- Promotion of natural birth practices
- Reduction of formula use
- Healthcare cost savings
- Environmental benefits

# The TEN STEPS

## The TEN STEPS to Successful Breastfeeding

**1 HOSPITAL POLICIES**  
Hospitals support mothers to breastfeed by...

- Not promoting infant formula, bottles or teats
- Making breastfeeding core standard practice
- Keeping track of support for breastfeeding

**2 STAFF COMPETENCY**  
Hospitals support mothers to breastfeed by...

- Training staff on supporting mothers to breastfeed
- Assessing health workers' knowledge and skills

**3 ANTENATAL CARE**  
Hospitals support mothers to breastfeed by...

- Discussing the importance of breastfeeding for babies and mothers
- Preparing women in how to feed their baby

**4 CARE RIGHT AFTER BIRTH**  
Hospitals support mothers to breastfeed by...

- Encouraging skin-to-skin contact between mother and baby soon after birth
- Helping mothers to put their baby to the breast right away

**5 SUPPORT MOTHERS WITH BREASTFEEDING**  
Hospitals support mothers to breastfeed by...

- Checking positioning, attachment and sucking
- Giving practical breastfeeding support
- Helping mothers with common breastfeeding problems

**6 SUPPLEMENTING**  
Hospitals support mothers to breastfeed by...

- Giving only breast milk unless there are medical reasons
- Prioritising donor human milk when a supplement is needed
- Helping mothers who want to formula feed to do so safely

**7 ROOMING-IN**  
Hospitals support mothers to breastfeed by...

- Letting mothers and babies stay together day and night
- Making sure that mothers of sick babies can stay near their baby

**8 RESPONSIVE FEEDING**  
Hospitals support mothers to breastfeed by...

- Helping mothers know when their baby is hungry
- Not limiting breastfeeding times

**9 BOTTLES, TEATS AND PACIFIERS**  
Hospitals support mothers to breastfeed by...

- Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers

**10 DISCHARGE**  
Hospitals support mothers to breastfeed by...

- Referring mothers to community resources for breastfeeding support
- Working with communities to improve breastfeeding support services

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.	<p>(a) Comply fully with the International Code of Marketing of Breast-milk substitutes and relevant World Health Assembly resolutions.</p> <p>(b) Have a written infant feeding policy that is routinely communicated to staff and parents.</p> <p>(c) Establish ongoing monitoring and data-management systems.</p>
2	Train all healthcare staff in the skills necessary to implement the breastfeeding policy.	Ensure that <del>staff have sufficient</del> 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)



[illegible]

**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.

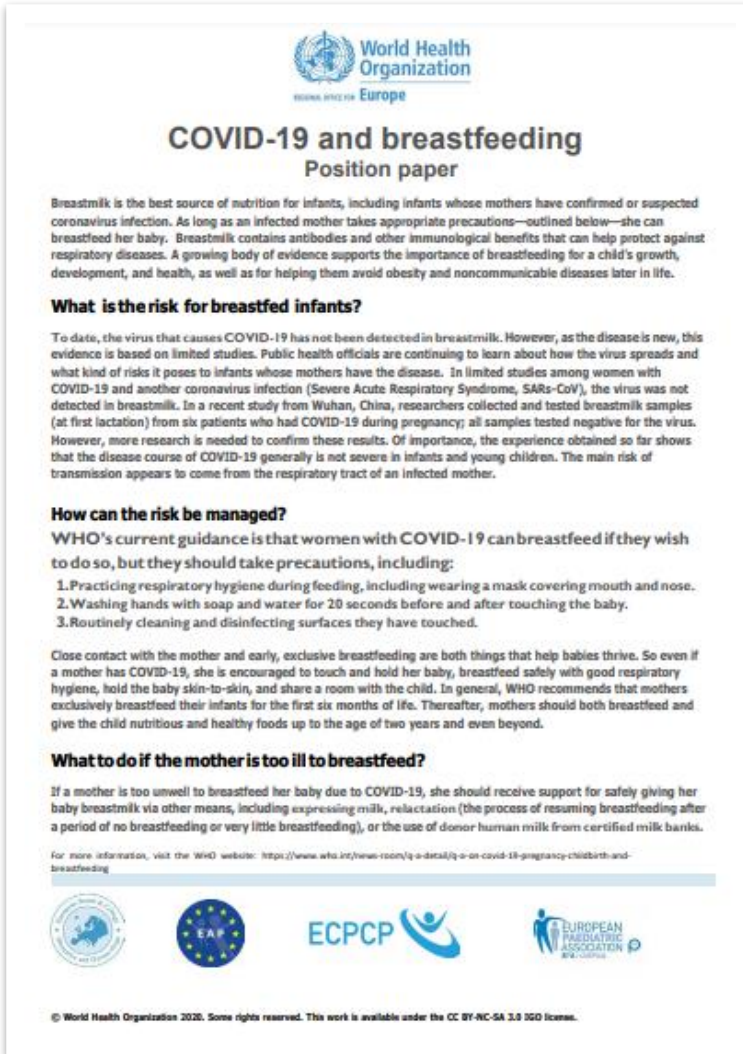
WHO has called on policy-makers to promote, protect and support breastfeeding through:

- Full implementation of the International Code of Marketing of Breastmilk Substitutes and relevant regulations 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





# Country support in breastfeeding promotion



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



# WHO European Regional Obesity Report 2022



This report will be a **driving force** for the next decade, as we accelerate our efforts to halt the rise in obesity in the WHO European Region.



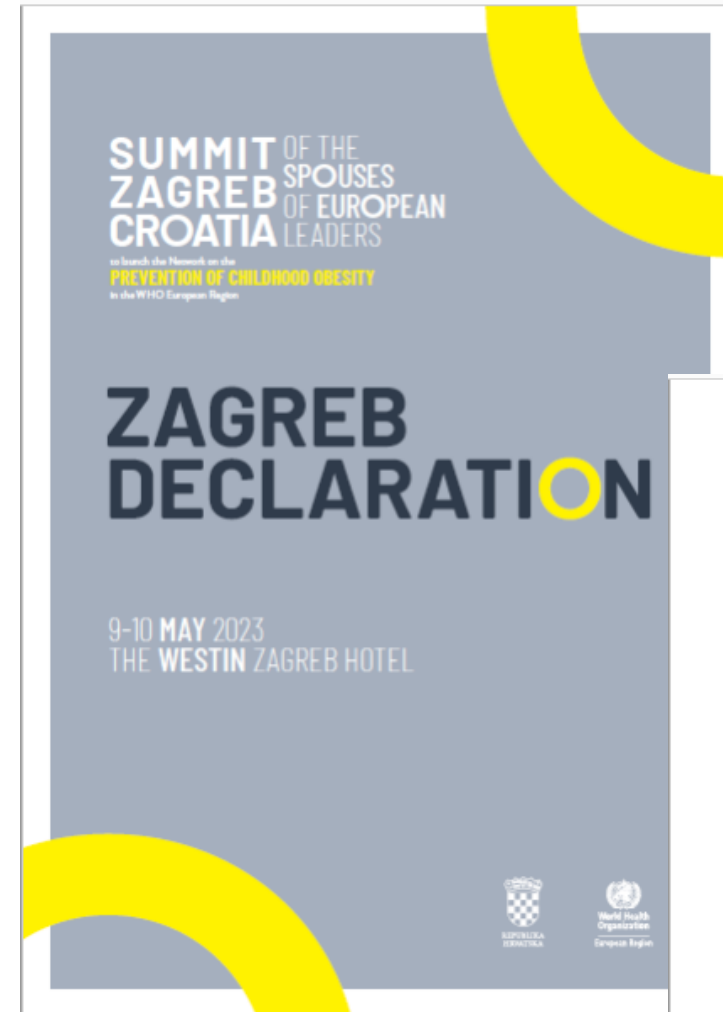


# Summit of the Spouses of European Leaders to launch the Network on the Prevention of Childhood Obesity in the WHO European Region, 9–10 May 2023, Zagreb, Croatia



# 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 1<sup>1</sup>

### Selected policy recommendations to reduce childhood obesity

Diet	Physical activity
<ul style="list-style-type: none"><li>• Restrict sales, marketing (including online marketing) and portion sizes of unhealthy foods</li><li>• Provide subsidies to increase the consumption of fruits and vegetables</li><li>• Display front-of-pack nutrition labelling on all foods to increase consumers' access to nutritional information and inform healthy choices</li><li>• Develop a single system to improve the impact of the front-of-pack labelling system</li><li>• Run mass-media campaigns on healthy diets, including social media campaigns (promote healthy lifestyle and create demand for healthier behaviours)</li><li>• Regulate where and how food outlets can operate</li><li>• 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</li><li>• Control the clustering of unhealthy food outlets around secondary schools to support efforts within schools</li><li>• Implement measures to encourage reformulation (for example reduction of salt, fat and sugar in processed foods)</li><li>• Reduce sugar consumption through effective taxation on sugar-sweetened beverages</li><li>• Broaden taxes to incorporate unhealthy food products including those high in fats, sugar and salt</li><li>• Impose restrictions on multi-buys and other price promotions on unhealthy foods</li></ul>	<ul style="list-style-type: none"><li>• Provide convenient and safe access to quality public open spaces</li><li>• Encourage active travel by providing safe footpaths and local cycle lanes, and creating walking buses for children attending local educational facilities</li><li>• Ensure that urban and rural design incorporates residential density, connected street networks that include sidewalks, easy access to a diversity of destinations and access to public transport</li><li>• Run mass-media campaigns, community-based education and motivational and environmental programmes on physical activity</li><li>• Provide physical activity counselling and referral as part of routine primary health-care services through brief interventions</li></ul>
Breastfeeding promotion	
<ul style="list-style-type: none"><li>• Campaigns to communicate the benefits of exclusive breastfeeding for the first 6 months of life, alongside complementary feeding up to two years and beyond</li><li>• Implement the WHO and UNICEF Baby-friendly Hospital Initiative to enable mothers to breastfeed infants, along with lactation support training for health professionals</li><li>• Provide universal paid maternity leave, national labour policies and workplace support for breastfeeding, along with laws to protect breastfeeding in public</li><li>• Restrict the inappropriate marketing of products that compete with breast-milk, as detailed in the International Code of Marketing of Breast-milk Substitutes</li><li>• Encourage a healthy introduction to solid food through reformulation of infant food to improve its nutritional profile, along with accurate labelling of these products</li></ul>	

<sup>1</sup> United Nations Children's Fund

<sup>1</sup> Adapted from: WHO European Regional Obesity Report 2022. Copyrights: WHO Regional Office for Europe, 2022 (<https://apps.who.int/iris/handle/10665/35214>), 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.

# 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.**



World Health  
Organization

Regional Office for Europe



for every child

**Strengthening Code Measures,  
Monitoring and Enforcement Systems  
to Protect Breastfeeding in Europe and Central Asia,  
Tashkent, 13-17 May 2024**





## **Commercial foods for infants and young children in the WHO European Region**

A study of the availability, composition and marketing of baby foods in four European countries



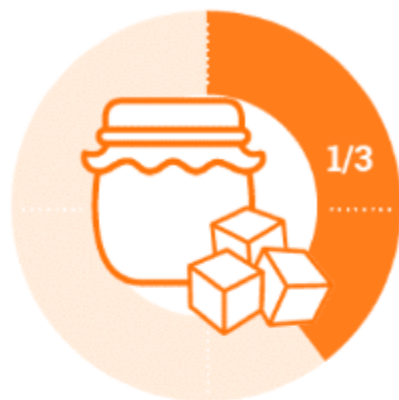
## **Ending inappropriate promotion of commercially available complementary foods for infants and young children between 6 and 36 months in Europe**



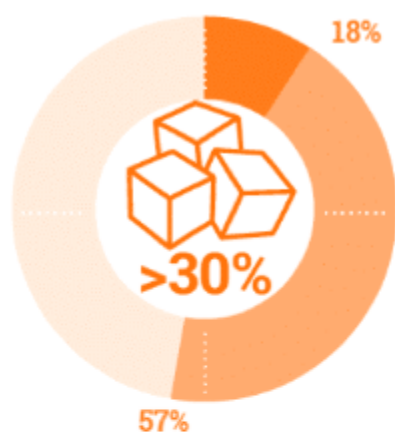
A discussion paper outlining  
the first steps in developing a nutrient profile  
model to drive changes to product composition  
and labelling and promotion practices in the  
WHO European Region



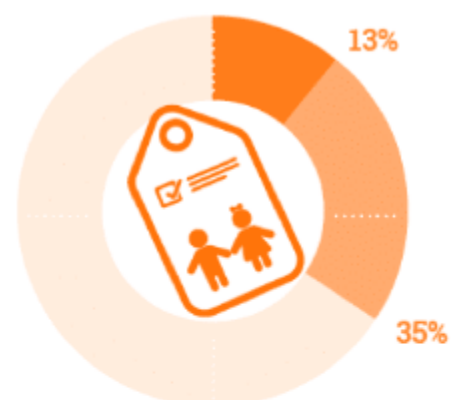
# Complementary Feeding



Around 1/3 of products list sugar, concentrated fruit juice or other sweetening agents as an ingredient.



Between 18% - 57% of products have more than 30% calories from sugars.



Between 13% - 35% carry statements relating to child health and/or development on labels.



Between 95% - 100% carry statements on composition, nutrition, or health claims on labels.

# Thank you

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