



Promoting, protecting and supporting breastfeeding:
an action plan for Europe

The Blueprint for Action on Breastfeeding in Europe is a new project to help women feel more positive about breastfeeding and to increase the number choosing to feed their babies this way.

It has identified a number of things that can be done locally and nationally to promote, protect and support breastfeeding. The result - the Blueprint - is a model plan that your policy-makers and health professionals can turn into action plans. This leaflet gives you an overview so that you can find out more about what is being done in your area.

The project is supported by the European Commission. Breastfeeding specialists and mothers from 29 countries have been involved in its development.



Promoting breastfeeding is a public health priority because:

- It is the natural way to feed babies and young children and the ideal start to life for all children
- In the first six months of a baby's life, it is the best way of ensuring healthy growth and development. Breastfeeding also provides valuable nutritional benefits, alongside other types of food, beyond the age of six months
- It has a positive impact on the health of women and children, leading to lower health care costs and lower levels of health inequalities.

In Europe at the moment, breastfeeding is not promoted and supported as well as it could be. Sometimes our health and social services, cultural practices and the media operate in ways that discourage mothers from breastfeeding at all, or reduce the length of time for which they do it. That is why countries across Europe have joined together to develop the Blueprint. Its goals are to:

- Improve breastfeeding practices in health services and social institutions
- Increase the number of mothers who choose to breastfeed their child, the number who are still breastfeeding exclusively at six months, and the length of time for which they continue to breastfeed afterwards
- Help mothers feel more confident, in control and satisfied with their breastfeeding experience
- Improve the skills and job satisfaction of health workers.

To achieve these goals right across Europe, individual countries and local areas will need to put in place their own action plans and ensure they are adequately funded, reviewed and updated. The Blueprint is a practical tool for local areas to use, which builds on a strong history of global and European initiatives to promote breastfeeding.



The Blueprint stresses the importance of ALL mothers receiving high quality and independent information about feeding their child. It recognises that mothers who then decide not to breastfeed should be respected in their decision and should get all the support they require to feed their child effectively. They should also get expert information on what, when and how complementary foods should be given.

What is happening in Europe at the moment?

Breastfeeding rates in Europe are generally lower than World Health Organization (WHO) recommendations and the targets set by national governments. Even in countries where a high proportion of mothers choose to breastfeed from birth, numbers fall significantly in the first six months. The number of mothers exclusively breastfeeding at six months is low throughout Europe.

The services and structures to support breastfeeding vary across Europe, but we do know that:

- Some countries have a national coordinator and committee to promote breastfeeding, a Baby Friendly Hospital Initiative, and laws to protect women's maternity rights
- In most countries, training for health professionals does not give them the skills necessary to support breastfeeding
- In most countries, maternity protection laws exceed the minimum standards that have been agreed and adopted by the International Labour Organization (ILO). However some countries do not have laws in place to give women the right to regular work breaks to breastfeed or to express milk
- In general, the laws that regulate the marketing of breastmilk substitutes do not meet international standards
- Support services such as voluntary mother-to-mother and peer counselling groups are active in most European countries. However they are not widely available and are often not integrated with local health care services.

It is difficult to get a more complete picture of breastfeeding rates and practices across Europe as there is no standard system for data collection and national data is often incomplete or inaccurate.



A brief history of breastfeeding promotion

The Global Strategy on Infant and Young Child Feeding was adopted by all WHO member states in May 2002. It recommends exclusive breastfeeding for six months and continued breastfeeding, with appropriate complementary feeding, up to two years and beyond.

The Global Strategy takes account of the special needs of children in difficult circumstances and includes policies for complementary feeding. The Strategy builds on the International Code of Marketing of Breastmilk Substitutes (1981) which aims to protect all mothers and babies from inappropriate marketing practices. It aims to ensure mothers receive accurate information from health workers and bans all promotion of breastmilk substitutes, bottles and teats.

The Strategy also builds on and takes into account:

- World Health Assembly resolutions
- The 1990 Innocenti Declaration on Protection, Promotion and Support of Breastfeeding
- The WHO/UNICEF Baby Friendly Hospital Initiative
- The World Declaration and Plan of Action for Nutrition (FAO/WHO 1992)
- The First Action Plan for Food and Nutrition Policy published by the WHO European Office for 2000-2005.

The issue also has a prominent place within the European Union (EU). In 2000, the EURODIET project strongly recommended the development and implementation of an EU action plan on breastfeeding. In December 2000, the EU passed a Council Resolution on Nutrition and Health, where breastfeeding was officially recognised as a priority.

The Blueprint is a logical extension of these projects, proposals and resolutions. It provides a practical tool for helping to make their goals and aspirations a reality.



What influences a mother's decision to breastfeed?

There are many factors that influence the decision to breastfeed, whether to breastfeed exclusively and for how long to breastfeed. These are illustrated in the diagram below. The Blueprint recommends that policymakers and health services should take these into account when developing local action plans and monitor them to understand more about their impact.



Mother and child

age, health, lifestyle, previous breastfeeding, education, employment, social class, culture and ethnicity, attitude towards breastfeeding, marital status, family size, family support, role models, length of pregnancy, child's birth weight, child's health, type of birth

Health care system

antenatal care, assistance at time of birth and in first few days, postnatal care, professional support, peer support

Public health policies

prioritisation of breastfeeding, policies and plans, monitoring health worker training, funding for voluntary programmes, information, education, communication

Social policies and culture

enforcement of International Code, maternity protection laws, media representation of breastfeeding, obstacles to breastfeeding in public, community support groups

What makes a successful breastfeeding promotion programme?

Through research, we know that successful breastfeeding promotion programmes have some key features:

- They combine a number of different elements such as:
 - media campaigns
 - health education programmes adapted to the local situation
 - comprehensive training for health workers
 - changes in national/regional and hospital policies
 - support programmes for mothers, including peer support programmes.
- They aim to support women both before and after the birth, including the crucial days around childbirth
- They aim to improve the way that services are delivered, for example through better staff training, the appointment of a breastfeeding counsellor, written information for staff and clients, and rooming-in (where mother and baby remain together 24 hours a day)
- They provide information in a number of formats. This is most effective when it includes face-to-face information, provided over an extended period if possible. Printed materials are the least effective
- They are underpinned by a supportive legislative or workplace environment. Working mothers need guaranteed job protection and the flexibility to opt for part-time work, along with time and space to breastfeed or express milk if necessary
- Finally, successful breastfeeding programmes in some countries include The Baby Friendly Hospital Initiative, which has a number of different elements to support mothers and babies. Its extensive implementation is highly recommended.

What can be done nationally and locally?

Based on the research evidence and our knowledge of the factors that influence breastfeeding, the Blueprint recommends that policymakers and health services take action in six areas. To support this process, it provides a template for decisionmakers and planners to draw on. This is available in the full Blueprint for Action on Breastfeeding in Europe.

Here, the key recommendations from the Blueprint have been turned into a checklist, which you can use to find out what is going on in your area.

I. More comprehensive policymaking and planning

- Is there a national policy on breastfeeding that is based on the Global Strategy on Infant and Young Child Feeding?
- Are there specific policies for socially disadvantaged groups and children in difficult circumstances, in order to reduce health inequalities?
- Are professional associations encouraged to publish recommendations and practice guidelines based on national policies?
- Have the relevant government departments and health authorities developed long and short-term plans with clear goals and objectives?
- Do these plans include proposals for national or regional breastfeeding coordinators, supported by breastfeeding committees with a wide range of representatives?
- Is there sufficient funding and staffing to implement the plans?

2. Better information, education and communication

- Are the key messages in breastfeeding promotion programmes consistent with the policies, recommendations and laws of your country and with practices in your health and social services?
- Do expectant and new parents have access to high quality and independent information on feeding babies and infants, including guidance on appropriate complementary feeding, so that they can make informed decisions?
- Is face-to-face counselling provided by adequately trained health workers, peer counsellors and mother-to-mother support groups?
- Do practitioners know which women are least likely to breastfeed, and have they been identified and supported?
- Are the manufacturers and distributors of breastmilk substitutes prevented from distributing marketing materials for products under the scope of the International Code of Marketing of Breastmilk Substitutes?

3. Training

- Is training for health professionals on breastfeeding issues being reviewed and developed to ensure it meets recognised standards?
- Are staff trained in the kind of practical interventions that research has shown to be effective to prevent and deal with problems that may arise during breastfeeding?
- Are there advanced courses on providing, improving and managing support services for women experiencing breastfeeding problems when they cannot be solved at primary care level?
- Are manufacturers and distributors of breastmilk substitutes prevented from influencing training materials and courses?

4. Protection, promotion and support

- Do women have the right to breastfeed whenever and wherever they need to?
- Is the International Code of Marketing of Breastmilk Substitutes enforced and is compliance with it monitored independently of commercial vested interests?
- Do maternity protection laws enable all working mothers to exclusively breastfeed their babies for six months, and to continue breastfeeding beyond six months if they wish?
- Is breastfeeding promoted as the norm across all levels of the health and social services system?
- Is there a commitment to meeting best practice standards in all maternity and child care services?
- Do all women have access to breastfeeding support services, including assistance from qualified health workers, peer counsellors, and mother-to-mother support groups?
- Is there encouragement for local projects and community programmes, based on collaboration between voluntary and statutory services?

5. Monitoring

- Is there a programme of monitoring and evaluation that looks at breastfeeding rates, health care practices and policy implementation?

6. Research

- Is there a comprehensive research programme in place to find out more about the effects of making positive changes in each of the above areas?

Breastfeeding terms explained

- **Exclusive breastfeeding:** a baby is fed only with breastmilk, and receives no other liquids, including water, or solids except medicine or vitamin supplements if necessary
- **Predominant breastfeeding:** a baby is fed mainly with breastmilk, but also receives water, tea or fruit juice
- **Complementary feeding:** a baby has both breastmilk and other foods (including breastmilk substitutes)
- **Breastmilk substitutes:** infant formula, follow on formula and other foods given instead of breastmilk while breastfeeding continues

The Blueprint for Action on Breastfeeding in Europe is available in full at:

http://europa.eu.int/comm/health/ph_projects/2002/promotion/promotion_2002_18_en.htm

To find out more about breastfeeding or about what is happening in your area, the following websites and organisations may be helpful:

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