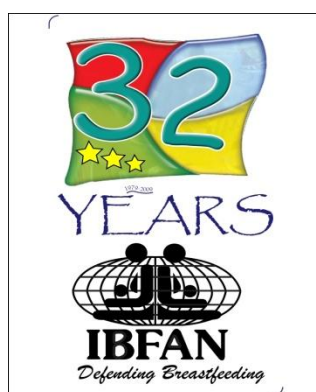


## THE CONVENTION ON THE RIGHTS OF THE CHILD

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### REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN ITALY



April 2011

**Data sourced from:**

- Gravidanza, parto, allattamento al seno. ISTAT, 2006.
- Donati S, et al. Maternal mortality in Italy: a record-linkage study. BJOG 2011 (e-pub ahead of print)
- Monitoraggio della prevalenza dell'allattamento al seno in Emilia-Romagna, 1999-2008.
- La cultura dell'allattamento al seno tra le mamme in Italia. SIP/ISPO, July 2008.
- Il Codice Violato 2008. IBFAN Italia, Ottobre 2008.
- Gazzetta Ufficiale N. 32 del 7 Febbraio 2008
- Gazzetta Ufficiale N. 163 del 14 Luglio 2008

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## 1) General points concerning reporting to the CRC

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- Italy's 3<sup>rd</sup> and 4<sup>th</sup> periodic reports will be reviewed by the CRC Committee in September 2011. At the last review, in January 2003 (session 32), IBFAN sent an alternative report on the situation of infant and young child feeding in Italy.
- During the last review, the CRC Committee made no direct recommendations on infant and young child feeding. In its *Concluding Observations*, the Committee made a general recommendation (paragraph 40) for parents to seek health services for their children (implying that the State furnish these services and inform the population about them).

Concerning **progress in this area**, breastfeeding rates are increasing on average, though not as fast as desirable, with wide variations by region and social class (maternal education): lower rates in southern regions and amongst less educated mothers. There are improvements also at institutional level: a national policy on breastfeeding that reflects the recommendations of the WHO 2002 *Global Strategy on Infant and Young Child Feeding*<sup>1</sup> was issued in 2007 and a National Breastfeeding Committee was established in 2008 and meets quite regularly (almost every month) since 2009. The “protection, promotion and support of breastfeeding” has been included in the last 5-year national health plan, though there is no monitoring system in place to assess implementation. Baby Friendly Initiatives are still being promoted by the Italian Committee for UNICEF without any support from the Ministry of Health; support is given only by some regional and local health authorities, mainly in northern regions. As a consequence of this aid, the number of Baby Friendly Hospitals is increasing, though slowly, especially in the north, while southern regions are lagging behind. A similar pattern is seen also for the recently (2009) launched Baby Friendly Community Initiative (BFCI)<sup>2</sup>, currently piloted in 18 local health authorities, 17 of them in northern and central regions. Within the BFCI, the Baby Friendly Pharmacy Initiative has been launched by an NGO (Il Melograno), with technical support from IBFAN Italy, and is also spreading in northern regions.

On the **negative side**, besides the slow and patchy pace of progress described above, there is the poor situation of pre-service training. Only the Federation of Midwives has introduced modern and effective curricula and methods based on WHO/UNICEF training materials, while there are only scanty initiatives as far as basic training for nurses and physicians is concerned. Very little progress has been observed also for maternity protection legislation and for the implementation of the International Code of Marketing of Breastmilk Substitutes. For the latter, new legislation is in place since April 2009, following the EU Directive of 2006. This legislation represents a minor improvement over the previous 1994 legislation, and violations of the International Code have continued to be reported at the same pace as before. Finally, a national system for monitoring breastfeeding initiation, exclusivity and duration has

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<sup>1</sup> The Global Strategy recommends that infants be exclusively breastfed for 6 months and that thereafter breastfeeding continue for 2 years or more with the introduction of complementary local foods.

<sup>2</sup> The BFCI is based on the 7 Steps for Successful Breastfeeding, an adaptation of the 10 Steps of the BFHI for the community level.

not yet been established, despite a recommendation in this sense by the National Breastfeeding Committee.

Finally, some words on **complementary feeding**. Studies show that introducing complementary feeding before 6 months (and even worse, before 4 months) and giving complementary foods that are too rich in sugar, salt, proteins and fats ,may contribute to the current pandemic of obesity. In Italy, about 40% of parents buy industrially-prepared complementary foods, products that often contain sugar, salt, proteins and fats in excess. These products are heavily marketed to the public by manufacturers and distributors, both directly through various media and indirectly, often through health professionals. The marketing of these complementary foods forms a continuum with the marketing of sweet beverages and foods for older children - called “junk foods” (due to excess of salt, sugar, proteins and calories) and often manufactured by the same industry. In addition to early and inadequate complementary feeding, junk foods and beverages contribute to the pandemic of obesity. Unfortunately, the marketing of complementary food and of junk foods and beverages is completely un-regulated; Italian families and children, as families and children in many other countries, are flooded with advertisements and other promotional tricks. **Strict marketing regulations are urgently needed for both complementary and junk foods and beverages.**

## 2) General situation concerning breastfeeding in Italy

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### General data

- In Italy there have been about 550,000 infants/children in each birth cohort for the past 5 years, with slight increases every year thanks to an increasing migrant population with higher than average birth rates. The newborn infants of migrant women represent more than 10% of all newborns, and up to 20% in some areas.
- Infant mortality rate: about 4 per 1000 live births, with values of 3 or less in northeastern regions, and 5 to 6 in some southern regions.
- Maternal mortality rates: officially reported as 4 maternal deaths per 100,000 live births, but this is underestimated (a recent article states almost 12 maternal deaths per 100,000 live births).

### Breastfeeding

- On average the values are lower in southern regions and amongst less educated mothers.

Initiation of breastfeeding	about 90% (stable)
Exclusive breastfeeding at discharge	about 60% (improving)
Exclusive breastfeeding at 3 months	about 30% (slightly improving)
Exclusive breastfeeding at 6 months	about 5% (slightly improving)
Continued breastfeeding at 12 months	about 15% (slightly improving)
Mean duration of breastfeeding	about 7 months (slightly improving)

The first causes of neonatal deaths are prematurity and congenital diseases; for post-neonatal deaths, SIDS comes first; after infancy, the first two causes are accidents and cancer.

### 3) Government efforts to encourage breastfeeding

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#### **The national marketing code and monitoring**

As written above, national legislation that gives effect to the International Code of Marketing of Breastmilk Substitutes is based on the 2006 EC Directive. The decree with sanctions for manufacturers and distributors that infringe the law has recently been approved by the Government and will be enforced as from the second half of 2011.

There is no government monitoring of infringements, monitoring depends solely on consumers and citizens informing the police authorities. There is no government monitoring or funding for monitoring of Code violations. Monitoring is carried out by IBFAN Italy on a voluntary basis, and the results are published regularly. They show systematic Code violations and occasional infringements of the law. The National Breastfeeding Committee is currently discussing a consensus document for all professional associations to abide by the Code.

As already mentioned, protection, promotion and support of breastfeeding is included in national health plans and in most regional plans, usually in the chapter on the prevention of obesity and within the wider programme called “Guadagnare salute” (gaining health). The implementation of regional plans is uneven, with some regions doing very well, and others lagging behind. There is no national monitoring and regional monitoring is often inadequate.

#### **National Breastfeeding Committee**

The National Breastfeeding Committee is headed by a coordinator. Unfortunately, the Committee has only an advisory function for regional and local health authorities, and so it does not have the capacity to enforce activities. Also, it does not have a budget. The only initiative it has funded so far is a campaign to promote breastfeeding in some southern regions during 1-2 weeks in May. It consists of a camper travelling to different cities with dissemination of booklets and other materials during local events.

The Baby Friendly Hospital Initiative (BFHI) has an informal network with a coordinator, again without funds except from those allocated by regional and local health authorities for activities such as training, hospital assessments, and local support. The Italian Committee for UNICEF has a task force for Baby Friendly Initiatives and very actively supports the BFHI and BFCI.

#### **Examples of Code violations**

Most manufacturers continue to give free/low cost supplies to maternity hospitals. This should progressively stop with the recent regulation, but may continue under the table or with feigned invoices and receipts. Also, many maternity hospitals continue to regularly recommend specific brands of formula - the one on rotation that month - to all new mothers; this practice should also be discontinued with the recent regulation, but may continue verbally.

Most paediatric congresses continue to be sponsored (to an extent that is impossible to estimate given the absolute lack of transparency) by the most important manufacturers of breastmilk substitutes. The only notable exception is the Associazione Culturale Pediatri, a paediatric association with about 2,500 members, whose internal code of conduct prohibits all forms of sponsoring and advertising.

Most manufacturers of breastmilk substitutes continue to have direct contact with mothers through the internet (baby clubs). One of them, Mellin (Danone group) organises its Nutrition Month in October, with events open to mothers and families in several cities, the distribution of samples, gifts, booklets and other advertising materials, advise on feeding given face-to-face by “experts” hired by the company,

and a special website page where mothers can ask questions and obtain answers from these and other “experts”.

Advertisements of *follow-up* and *grow-up formula*<sup>3</sup> are allowed by the recent regulation and can be found in the popular press and on television, as well as the totally unregulated promotion of bottles, teats and pacifiers – which is strictly forbidden by the International Code.

### **Training on breastfeeding**

There is very little, almost nothing in fact, going on for pre-service training. On the other hand, in-service training is very active, especially in hospitals and health authorities interested in Baby Friendly Initiatives. There are also courses for pharmacists within the Baby Friendly Pharmacy Initiative.

Training is usually conducted by people who have been trained in the use of WHO/UNICEF training materials. Courses are in general multidisciplinary, with the exception of some that are only for paediatricians or midwives.

The number of people trained is unknown, but is probably in the order of several hundreds per year. This training is sufficient to cover all hospitals and areas implementing the Baby Friendly Initiative, but it is largely insufficient on a national scale.

Little is done regarding HIV transmission through breastfeeding: the national guidelines for the few mothers affected recommend exclusive formula feeding, and some regional/local health authorities provide financial and technical support.

## **4) Baby Friendly Hospital Initiative (BFHI)**

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There are about 600 maternity facilities in the country; the exact number is difficult to obtain given the large number of small private facilities, especially in the south of Italy.

Of these 600, so far only 22 hospitals have been certified as baby friendly, representing about 4% of total annual births. About 70 other hospitals are in the pipeline, with various degrees of implementation of the BFHI, some close to final certification.

Both private and public hospitals can become baby-friendly, but out of the 22 baby friendly hospitals in Italy, only one is private. Private hospitals tend to have very high rates of caesarean section (up to 90% in extreme cases) and tend to perform very poorly in terms of breastfeeding practices.

Despite the lack of support from the Ministry of Health and of some regional/local health authorities, the number of baby friendly hospitals is expected to increase progressively. It is clear that the rate of certification would be much higher with some support.

As mentioned above, 18 local health authorities are pilot testing the BFHI.

## **5) Maternity protection for working women**

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Based on national statistics (ISTAT), in 2008, the employment rate of women 15-64 years old was 47.2%, 12 points lower than the EU average and 23 points lower than the employment rate of men. As for other social indicators, the situation is better in the north of Italy than in the south.

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<sup>3</sup> Formula marketed as appropriate for young children one to three years of age.

All women with a regular contract are covered by the national legislation. The problem is that the number of women without a regular contract (informal economy) is increasing; migrant women are particularly affected.

The duration of maternity leave is 5 months (20 weeks) with full salary (in practice, 80% of previous salary), usually 1-2 months before birth and the rest after. The leave can be increased in the case of a particularly heavy or dangerous occupation, or in the case of special health problems (e.g. preterm birth, disability). The leave can also be extended for a further 6 months, at a lower salary.

There are also two paid breastfeeding breaks per day of one hour each. They can be cumulated to make for a shorter workday. There is also the possibility of working on a flexible schedule (to be agreed upon with employer).

Italy was the second country to ratify ILO Convention C183 in 2001.

## **6) HIV and infant feeding**

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The issue of transmission of HIV to infants through breastfeeding is not a problem in Italy: over the past 10 years the number of new cases in children has always been lower than 10 cases per year, thanks to good prevention and control strategies.

## **7) Obstacles and recommendations**

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**The following obstacles/problems have been identified:**

- Poor compliance/enforcement/monitoring of the International Code of Marketing of Breastmilk Substitutes;
- Inadequate support for Baby Friendly Initiatives and monitoring of breastfeeding practices, which would help to close the North/South divide;
- Very poor pre-service training of health professionals (with few exceptions);
- Increasing proportion of working mothers not covered by maternity protection legislation.
- Inadequate complementary foods, junk foods and beverages contribute to the current pandemic of obesity.

**Our recommendations include:**

- *Upgrade national legislation on the marketing of breastmilk substitutes, enforce and monitor the law;*
- *Allocate funds and make operational plans for Baby Friendly Initiatives, with proper monitoring and assessment;*
- *Urgently request that medical schools upgrade materials and methods for training on breastfeeding;*
- *Extend maternity protection legislation to all working mothers, including those in the informal economy;*
- *Adopt strict regulation over the marketing of complementary and junk foods and beverages.*