

Universal Periodic Review – Session 20

Breastfeeding and infant and young child feeding in Italy

Who we are?

IBFAN is a 35-old years coalition of more than 273 not-for-profit NGOs in more than 168 countries.

We work towards a just and healthy society free of commercial pressures, where every child enjoys the highest attainable standard of health, where breastfeeding is the norm for feeding infants and young children and where women and families are empowered to optimally care for their children.

We fight for the implementation, enforcement and monitoring of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions.

We are also committed to advance a better maternity protection and we support the implementation of the Baby-friendly Hospital Initiative (BFHI).

What does the Convention on the Rights of the Child say about it

Article 24 CRC recognizes the right of the child to the enjoyment of the highest attainable standard of health and urges States Parties to pursue full implementation of this right by taking appropriate measures to:

- diminish infant and child mortality
- combat disease and malnutrition through, inter alia, the provision of adequate nutritious food
- ensure appropriate pre-natal and post-natal health care for mothers
- ensure that all segments information, access to education and are support in the use of basic knowledge of, inter alia, child health and nutrition and the advantages of breastfeeding

Referring to the “Protect, Promote and Support” framework (Global Strategy for Infant and Young Child Feeding, 2002), the **CRC General Comment 15** on the right of the child to the enjoyment of the highest attainable standard of health (article 24) urges States parties to:

- protect and promote exclusive breastfeeding up to 6 months of age
- protect and promote continued breastfeeding until 2 years of age
- introduce into national law, implement and enforce, inter alia, the International Code on Marketing of Breastmilk Substitutes
- promote community and workplace support to mothers in relation to pregnancy and lactation, and feasible and affordable child-care services
- comply with the ILO Convention No 183 (2000) on maternity protection

CRC Committee’s Concluding Observations

During its latest review in 2011, the CRC issued direct recommendations to Italy regarding breastfeeding (para 49-50):

49. The Committee is concerned at the low rate of exclusive breastfeeding for the first six months, and the practice of providing complementary foods to infants from the age of four months. The Committee is further concerned at the unregulated marketing of food for infants, young children and adolescents, and inadequacies in the monitoring of the marketing of breast-milk substitutes.

*50. The Committee recommends that the State party take action to improve the practice of exclusive breastfeeding for the first six months, through **AWARENESS-RAISING MEASURES** including campaigns, information and training **FOR RELEVANT GOVERNMENT OFFICIALS, PARTICULARLY STAFF WORKING IN MATERNITY UNITS, AND PARENTS**. The Committee further recommends that the State party strengthen the monitoring of existing marketing regulations relating to food for children and **REGULATIONS RELATING TO THE MARKETING OF BREAST-MILK SUBSTITUTES**, including bottles and teats, and ensure that such regulations are **MONITORED ON A REGULAR BASIS** and **ACTION IS TAKEN** against those who violate the code.*

Current national implementation of CRC's Concluding Observations

➤ **CO1: Awareness-raising measures (including campaigns, information and training) for relevant Government officials, particularly staff working in maternity units, and parents**

Professional training: Very poor pre-service training, in particular for nurses and physicians; no improvement compared to previous reports. Only the Federation of Midwives is promoting the integration of a 20-hour course on breastfeeding into pre-service training; this policy is in place since 2012 and coverage is slowly increasing, but far from full. Active in-service training, especially within the Baby-friendly Hospital (BFHI) and the Baby-friendly Community (BFCl) Initiatives. Active training for pharmacists within the Baby-friendly Pharmacy Initiative (BFPI), yet in limited areas. Generally speaking, training of health professionals is still largely insufficient at national scale.

Maternal education: Wide variations by region and social class. Since May 2011, the National Breastfeeding Committee, dismantled in 2012 and replaced in 2013 by a Technical Committee, promotes a 1-2 weeks campaign to promote breastfeeding in some regions (dissemination of promotion material during local events). This promotion is however very uneven and not sufficient to provide comprehensive knowledge of breastfeeding to all parents.

➤ **CO2: Strong and regular monitoring of existing marketing regulations relating to food for children and regulations relating to the marketing of breast-milk substitutes, including bottles and teats**

No government monitoring of the International Code of Marketing of Breastmilk Substitutes violations. Systematic Code violations (including free/low cost formula supplies to maternity wards, sponsorship of paediatric congresses, industry-run virtual "baby club" aimed to mothers, unregulated promotion of bottles, teats and pacifiers) are monitored by IBFAN Italy. The National Breastfeeding Technical Committee does not have the capacity to enforce the International Code, or even the national legislation, despite the formal approval of a consensus statement by the previous National Breastfeeding Committee.

➤ **CO3: Action taken against those who violate the International Code of Marketing of Breastmilk Substitutes**

As far, no legal or administrative action has been taken on the basis of the International Code.

Other important elements related to breastfeeding

With regard to the CRC General Comment 15, the 2002 Global Strategy for Infant and Young Child Feeding and the 2007 Operational Guidance on Infant and Young Feeding in Emergencies, there are other key policies and initiatives that have to be implemented in order to "Protect, Promote and Support" breastfeeding:

- **A national monitoring system of breastfeeding initiation, exclusivity and duration**, following the recommendation of the National Breastfeeding Committee.
- **Regulation of the marketing of complementary food and of junk foods and beverages:** so far, due to total unregulation, Italian families and children are flooded with advertisements and promotional tricks.
- **Implementation of the BFHI and of the BFCl:** so far, only 21 out of 600 maternity facilities and only 2 out of 143 local health authorities have been certified as BFHI and BFCl, respectively.
- **Implementation of the Baby-friendly Pharmacy Initiative:** so far, only about 10 local health authorities are pilot testing or implementing the BFPI.
- **Extension of maternity protection legislation to all working women:** only women with a regular contract are covered by the national legislation, while the number of women without a regular contract (informal economy) is increasing. Migrant women are particularly affected.
- **Breastfeeding in emergencies:** currently, there is no emergency preparedness to ensure integrated response to protect and support breastfeeding in case of emergencies.

Our recommendations to the Universal Periodic Review

Italy should be urged to:

1. Implement a national monitoring system for breastfeeding practices (initiation, exclusivity and duration).
2. Upgrade, enforce and monitor national law on the marketing of breastmilk substitutes to implement fully all provisions of the International Code of Marketing of Breastmilk Substitutes and its subsequent WHA resolutions, including bottle and teats.
3. Adopt strict regulation over the marketing of complementary and junk foods and beverages.
4. Urgently request that schools of health sciences upgrade materials and methods for training on breastfeeding.
5. Allocate funds and make operational plans for Baby Friendly Initiatives (BFHI, BFCl and BFPI), with proper monitoring and assessment.
6. Extend maternity protection legislation to all working mothers, including those in the informal economy.
7. Ensure integrated response to protect and support breastfeeding in case of emergencies.