

Annex 1. Successful experiences

These short reports of successful experiences are meant to show that the fall and rise in breastfeeding rates is not a natural event. It is usually amenable to changes in health care and social services, in the production and marketing of goods, in the structure of the family and of the labour market, in the distribution of income, in the equality of access to education and information, and it is ultimately amenable to social changes in any given community. This means, for example, that the fall of breastfeeding, as well as its distribution in different population groups, can be prevented and its rise can be accelerated. These reports, therefore, represent the hope of achieving results for all those who are struggling for the protection, promotion and support of breastfeeding. These experiences are just examples; effective programmes exist also in other countries.

Norway¹⁻⁵

In Norway, a multifaceted policy has been implemented at national level for the last 30 years. Since data on breastfeeding rates in Norway are available for the last century, it is possible to analyse the relationship between socio-economical factors, policies and interventions, and breastfeeding rates.

Breastfeeding rates declined steadily from 1930 onwards and ranged, by 1968, around 30% (any breastfeeding) at three months. In 1970 these rates started to increase and by 1985 they had reached about 80% at three months, 50-60% at six months and 15-20% at 12 months, a level which persisted until the early 1990s. This increase, which was most marked among more educated, professional women, seems to have been associated with:

- increased educational and occupational activity of women;
- establishment of mother-to-mother support groups;
- political pressure (i.e. from the feminist movement) leading to better conditions for breastfeeding mothers;
- gradual improvement of knowledge, skills and routines within the health care system;
- increased duration of maternity leave;
- less aggressive marketing of breast milk substitutes.

In 1993, the BFHI was launched in Norway in an energetic and holistic way. In 1996, about 75% of all infants were born in designated hospitals. By 1998 breastfeeding rates had further increased in the whole country (80% at six months and 35-40% at 12 months). This improvement may have been due to the BFHI.

Luxembourg^{*}

The first survey on the prevalence of breastfeeding and on maternity ward practices was carried out in 1987 by the newly founded NGO "Initiativ Liewensufank". Several activities have been carried out over the subsequent 15 years by NGOs and by the Ministry of Health to:

- implement the BFHI (a working group was set up and a National Breastfeeding Coordinator was nominated);
- improve access to information for breastfeeding mothers and the public through a phone hotline, booklets/leaflets ("Stillen von A-Z" written by Initiativ Liewensufank and published by the Ministry of Health), organization of the World Breastfeeding Week every year since 1992, and national campaigns;
- organise and conduct conferences and training for health professionals;
- favour breastfeeding working mothers by ensuring increased communication on prolonged post-natal maternity leave and on breastfeeding breaks and parental leave, which allows

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working mothers to stay at home for six months after the three full-salary months of post-natal leave, with monthly compensation of € 1650 and job guarantee on return (six months for fathers too).

Two BFHs were designated between 2000 and 2003, covering more than 35% of births. A recent breastfeeding survey (2003) has shown that some of the baby friendly criteria have already been set in place in the other four hospitals, which will hopefully lead to even more accreditations in the coming years.

The results from the surveys carried out in 1994 and 2002 show that the rate of exclusive breastfeeding has increased from 48% to 65% at discharge from hospital, and from 18% to 41% at four months; the initiation rate of exclusive breastfeeding in the BFHs was 84% in 2002.

Czech Republic^{6-8†}

The breastfeeding promotion programme in the Czech Republic was initiated in 1990 by an NGO called ANIMA – Prague IBFAN Group, which joined the International Baby Food Action Network and started collaboration with the UNICEF National Committee in 1991. Since 1998 the Czech Lactation League (LALI) has taken over and expanded the activities for the protection, promotion, and support of breastfeeding previously co-ordinated by UNICEF. During these years a number of activities have been carried out in order to protect, promote and support breastfeeding by:

- establishing a National Breastfeeding Committee and a Breastfeeding Documentation Centre (1993);
- including breastfeeding into Czech national health policy (1995) and adopting an amendment of the Law on Advertisements based on EU legislation on infant foods (2002);
- training health professionals: 70 health professionals of maternity hospitals were trained through 18-hour training courses on lactation management in 1995, and 100 health professionals, 100 lactation consultants (paediatricians, nurses, midwives) and 65 mothers in 2000-2002 (in the framework of a Joint Project on Breastfeeding Support, Promotion and Protection in Central Europe carried out with the support of UNICEF, New York);
- improving access to information and support for breastfeeding mothers and health professionals through a lactation centre and a National Breastfeeding Counselling Service that provides telephone, outpatient and online counselling to health professionals and breastfeeding mothers (2001). The service is operated by LALI which also trains lactation counsellors recruited among health professionals and mothers, sustains the initiation of breastfeeding support and mother-to-mother groups, and assists maternity centres during the procedure to become BFH (10 hospitals are currently in this process);
- developing a wide range of information materials on breastfeeding (videotapes, magazines, posters and education booklets) directed to health professionals and to the general public.

Today, 30 out of 116 maternity hospitals in the Czech Republic have been awarded the BFH Certificate.

A multi-centre survey on infant feeding practices carried out in 1998-99 showed an increased prevalence of breastfeeding at the end of the 6th month (23% exclusively breastfed and 30% breastfed with complementary foods) compared to 1991 (15% of infants breastfed for three to six months). An increasing trend in the prevalence of exclusive breastfeeding at discharge from hospitals (from 83.6% in 1993 to 91.3% in 2002) and of any breastfeeding at the end of the 6th month (from 9.0% in 1993 to 28.4% in 2002) has been shown by recent national data collected by the Institute of Health Information and Statistics.

[†] Schneidrová D, Müllerová D, Mydlilová A, Paulová M. Breastfeeding promotion and protection in the Czech Republic. Submitted to the Central European Journal of Public Health

Basque Country^{9,10}

In June 1997 the Basque Parliament, in accordance with the criteria set out by WHO/UNICEF, unanimously passed a proposal to sustain the protection, promotion and support of breastfeeding mainly by encouraging the implementation of the BFHI. In November 1997, the hospitals of the Basque Autonomous Community were given the UNICEF self-evaluation questionnaire. Between March and June 1998 an Autonomous Breastfeeding Working Group was established to:

- organise training courses for health professionals on the BFHI (UNICEF/WHO course twice a year);
- set up working groups on the promotion of breastfeeding in all public hospitals;
- develop information materials on the BFHI;
- deliver to public hospitals a set of instructions based on the 10 Steps (draft a written policy, inform all pregnant women of the advantages of breastfeeding, avoid the use of bottles and teats and of materials which promote artificial feeding).

In 2000, the Basque Health Department organized a Breastfeeding Counselling Training Course (WHO/UNICEF) in which eight trainers were certified by WHO. This team of trainers regularly held a 26-hour course for health professionals in the seven maternity centres of the Autonomous Basque Region, one of which was accredited as BFH in November of 2001. Approximately 120 health professionals receive basic breastfeeding training each year with this course. Also, a number of Basque Government Institutions support the local La Leche League Association for the organization of mother support groups, continuing education activities for health professionals and La Leche League Leaders, as well as for the publication of breastfeeding education materials.

Some data on BF prevalence is available for Cruces Hospital, that is the largest hospital in the Basque Country and accounts for more than 5000 births a year (almost one third of the about 16,000 newborns per year). From 1992 to 1999 the percentage of full term infants breastfed at discharge (usually two days) increased from 70% to 87%.

Possible determinants of success

The factors that seem associated with success in these (and other) reports can be summarised as follows:

- a long-term commitment of individuals, institutions and associations, eventually leading to a commitment of local/national governments;
- increased interest in breastfeeding in the society, brought about by an increase in problem-based information, written mostly for, and often by, mothers but read also by health workers;
- increased availability of mother-to-mother support groups, health workers with better management skills (and sometimes personal experience), and rise in collective breastfeeding experience as more women successfully breastfeed;
- increased control on the marketing practices of manufacturers and distributors of breastmilk substitutes;
- increase in paid maternity leave with guaranteed return to previous employment;
- improvement in maternity ward practices, towards mother-infant contact and autonomy, initiated by small groups of mothers and health professionals and brought to scale by the BFHI.

To be added to this, is the paradigmatic shift that took, and still is taking, place with regards to the importance of breastfeeding, first in Scandinavia during the 1970's, subsequently spreading to other countries and regions. There were several driving forces behind that movement. The feminist movement, coupled with a strong environmentalist movement, happened to coincide with a debate

on perinatal routines in hospitals. At the same time or soon afterwards, a number of strongly motivated health professionals, mainly midwives, lobbied for changes in antenatal care as well as for breastfeeding promotion, while breastfeeding peer support groups were formed.

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