

出國報告（出國類別：研習會議）

參加第12屆愛嬰醫院倡議聯盟國家協
調員會議 Twelfth Meeting of the BFHI
Network of Country Coordinators

服務機關：衛生福利部國民健康署

台中榮民總醫院

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派赴國家/地區：法國里爾

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報告日期：113年05月28日

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摘要

本次會議由愛嬰醫院倡議聯盟(Baby friendly hospital initiative network 以下簡稱 BFHI 聯盟)主辦，並邀請世界衛生組織、聯合國兒童基金會以及全球母乳哺育相關組織代表一起參與。計有 31 個國家 52 位代表參加，以演講、分組討論及報告等方式進行。

世界衛生組織及聯合國兒童基金會報告了近兩年有關母乳哺育的工作重點，包括：

- 1.鼓勵各國政府將 BFHI 十措施列為醫療照護常規標準，視為照護品質提升重點，期待能讓此成為常態，方能永續經營。(目前紐西蘭的所有產科醫療機構都必須符合 BFHI 十措施標準，方能設立。)
- 2.持續發展相關的文件供各國參考，包括：母乳哺育模範章節(model chapter)，BFHI 認證標準以及內部稽核更新版，滋養性照護以及嬰幼兒餵食訓練等。
- 3.大力疾呼各國政府以及醫療專業學會重視母乳代用品銷售守則，以及數位廣告行銷的不當行為。除了持續立法執行之外，醫療專業團體也須注意避免商業利益衝突。

各國分享執行 BFHI 以及擴充至新生兒加護中心以及社區的經驗以及知識。值得借鏡的如：

- 芬蘭已經全面將母乳哺育 20 小時訓練課程融入助產師以及公共衛生護理師的養成教育中。
- 加拿大愛嬰醫院認證組織發展數位化工具，協助醫療單位由平日的紀錄中就可收集相關認證所需資料，亦可作為品質改善的工具。
- 法國、瑞典、德國、紐西蘭等國於新生兒加護中心中設置家長房，讓即使是因為疾病需要住進加護中心或者是中重度病房的嬰兒，從出生後就不和家長分開。

於會中陳昭惠醫師代表哺乳能力驗證工具包發展小組介紹能力驗證工具，並於討論過程中與他國分享我國執行的經驗。會中各國代表對於台灣政府支持母乳哺育推展工作，並提供實質的經費支持母嬰親善醫院以及國際愛嬰醫院認證的工作都甚表敬佩。

建議衛生福利部及其他相關單位持續積極進行下列工作：

1. 將嬰幼兒營養，包括母嬰親善醫院，愛嬰醫院推動，哺乳、副食品添加等議題與與長期健康相關的議題做連結(或整合)，例如嬰幼兒腦部發展、親子互動、母嬰生心理健康、兒童安全保護(減少毒性壓力、避免兒虐)、慢性疾病防治(肥胖、癌症)等，讓民眾更了解嬰幼兒餵食營養的重要性。
2. 邀請醫療專業團體一起參與，了解哺乳議題與前述相關議題的重要關聯性。

3. 持續國內母嬰親善醫院以及國際愛嬰醫院認證工作，考慮國內民情文化，可將純哺乳率的要求做適當修正或透過分級獎勵哺乳率的提升。
4. 加強對工作人員實際協助母親哺乳的能力建立及能力驗證。
5. 加強醫療專業人員畢業前後的養成訓練，將嬰幼兒餵食議題納為常規教育，並落實能力導向的教育；同時加強諮詢溝通能力的訓練。
6. 持續落實國際母乳代用品行銷守則，並且規範廠商的數位行銷作為；
7. 提供完整的社區支持網絡，包括：社區同儕支持團體、產後護理之家、基層兒科醫師診所以及助產師等採取愛嬰措施，有助於出院後的持續哺乳；
8. 日後參與相關會議時，建議併同安排其他參觀拜訪行程，能更深入了解各國推動母乳哺育政策及執行作法，並相互交流所面臨的挑戰以及解決方案。

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壹、目的

1. 透過本次會議實際參與世界衛生組織所推動的 BFHI 工作，增加他國人員對我國的認識，並持續建立合作關係。
2. 蒐集最新各國母乳資訊，了解世界衛生組織對此議題的最新做法以及建議。
3. 與其他國家推動國際愛嬰醫院協調人員交流，汲取他國經驗，並蒐集先進國家母乳哺育率數據，做為未來我國推動母嬰親善醫療院所業務參考。

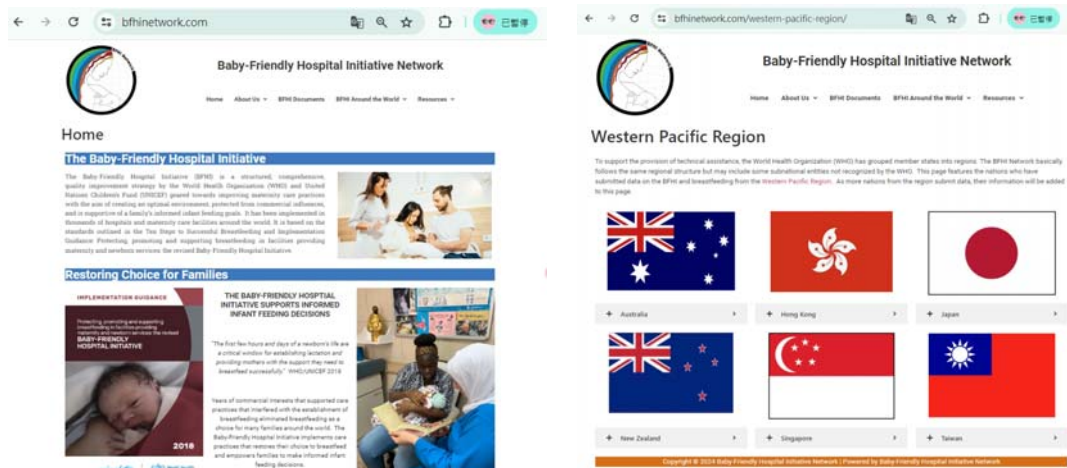
貳、過程

一、主辦單位：愛嬰醫院倡議聯盟(以下稱 BFHI 聯盟)

BFHI 聯盟始於 1997 年世界衛生組織召集了來自波羅的海、中歐和東歐國家以及獨立國家聯合體(CEE/CIS) 的國家 BFHI 協調者會議而創建的一個非正式組織，共同致力於解決要成功實施 BFHI 的共同障礙及獨特問題。這些障礙包括醫療保健機構的反對、獲得資金的困難以及政府部門、醫療保健系統和家長對這項倡議的必要性缺乏認識或接受。一些來自西歐的 BFHI 協調員也被邀請，並最終要求在他們的國家複製這樣的經驗。2001 年 6 月，世界衛生組織尊重這項請求，在英國倫敦召開了一次會議。從那時起，BFHI 聯盟不斷發展並發展成為一個結構化組織。它每兩年組織一次為期 3 天的會議，迄今為第 27 年。自 2016 年開始組成幾個小的委員會：協調委員會、對外關係委員會、網絡發展委員會和會議策劃委員會。我國於 2010 年第一次參與此會議，並於 2016 年時由陳昭惠醫師代表參與理事會以及聯盟發展委員會。

BFHI 聯盟於 2023 年在加拿大註冊正式成立為國際非營利組織，並有正式的官網(<https://bfhnetwork.com>)。該組織的目標是透過全面實施世衛組織(WHO)/聯合國兒童基金會(UNICEF)愛嬰醫院倡議及其擴展計劃，確保全世界所有母親及其嬰兒獲得成功母乳餵養十措施體現的實證照護。

前述官網內容包括 BFHI 聯盟發展歷程及目標，UNICEF 與 WHO 愛嬰醫院倡議計畫及落實該計畫之最新應用文件，全球性母乳支持組織，以及世界各國提供 BFHI 和母乳哺育資料的國家，我國為其中 1 員。



二、會議時間及地點：

113年04月15日至04月17日於法國里爾 Lille, The University Hospital of Lille “Jeanne de Flandre” 里爾大學附設醫院舉行。

三、參與人員：

來自 31 個國家、52 位愛嬰醫院協調員及相關人員、世界衛生組織/聯合國兒童基金會、ABM 國際母乳哺育學會、WABA 世界母乳哺育聯盟、ILCA 國際認證泌乳顧問協會代表等。

四、會議目標

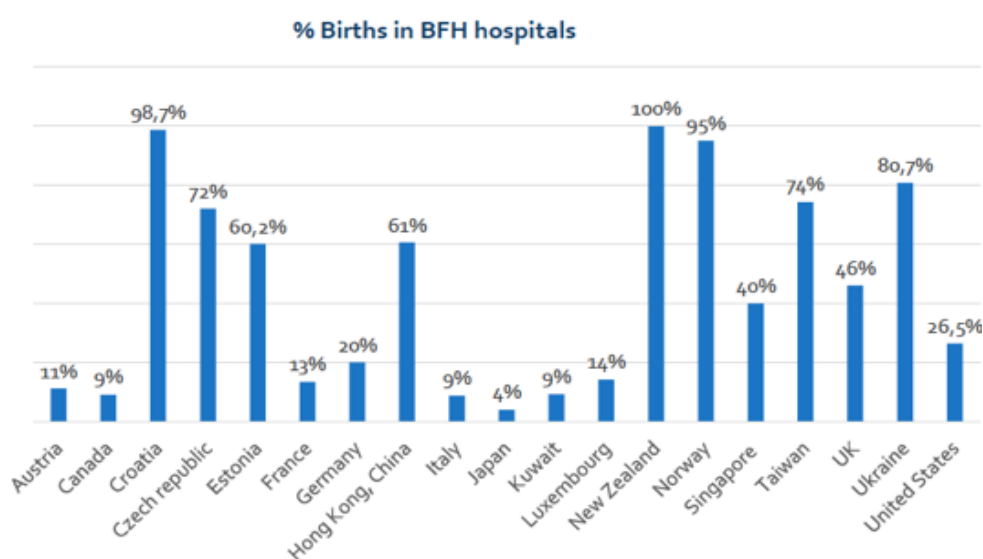
- (一) 推動愛嬰醫院倡議聯盟的目標；與會員及友好團體分享和討論最新的實施問題和進展以及世衛組織和聯合國兒童基金會的指引，經由下列議題的反思、經驗和良好做法之分享：
- (二) 愛嬰醫院倡議的執行。
- (三) 愛嬰倡議在社區的實施：基層保健照護、社區組織、大學、工作場所。
- (四) 在產科機構執行母親親善照護。
- (五) 醫療機構中的守則遵守狀況。
- (六) 與成員及其他聯盟組織分享過去兩年所做的工作。
- (七) 加強聯盟成員及友好團體之間的連結。
- (八) 在年會上分享和討論協會事務。

五、會議程序：(附件一)

六、會議議題重點：

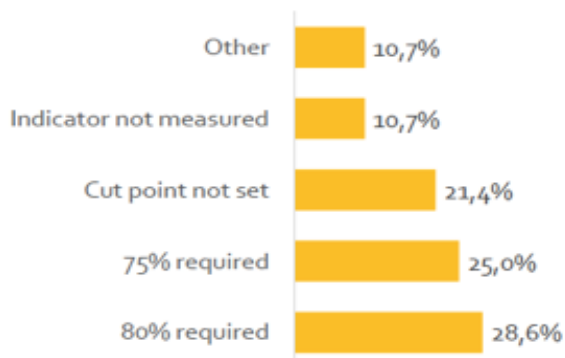
(一)各國現況報告：(附件二)

今年一共有 28 個國家繳交國家現況。BFHI 認證經費有 54% 報告由政府支出，台灣也列為其一，並且有政府代表參與會議，讓一些國家代表讚許及羨慕。在愛嬰醫院出生的涵蓋率平均為 44%，紐西蘭因為所有醫院必須通過愛嬰醫院認證，所以高達 100%。台灣的涵蓋率也算高，但是這包含因地制宜調整標準的母嬰親善醫院在內。



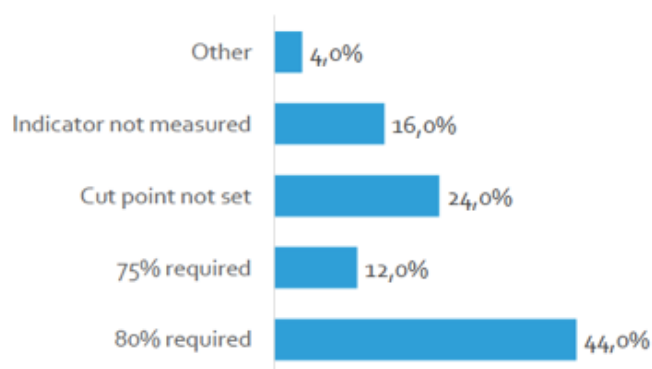
認證標準中，有四分之一國家採用住院中純哺乳率 75%，有近三成採用 2018 年標準 80%，其餘則未設定指標。

Sentinel indicator: EBF from birth to discharge



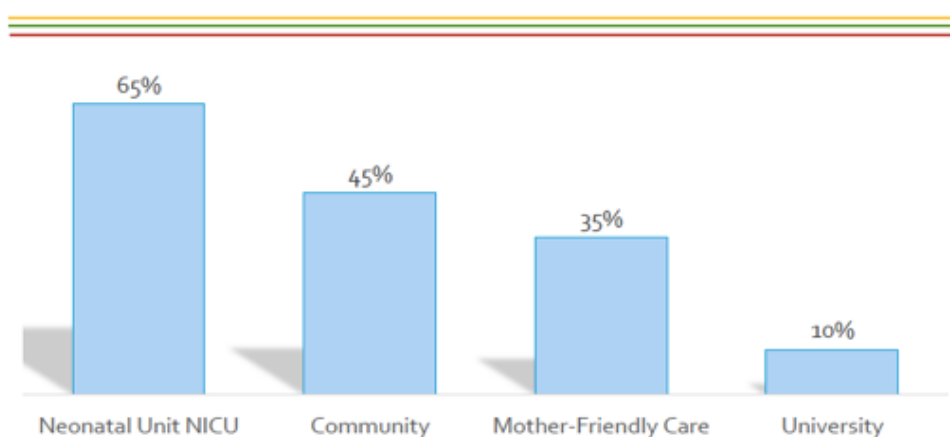
56%國家納入出生一小時內的哺乳率，其他國家則尚未納入認證標準。

Sentinel indicator: Early Breastfeeding initiation



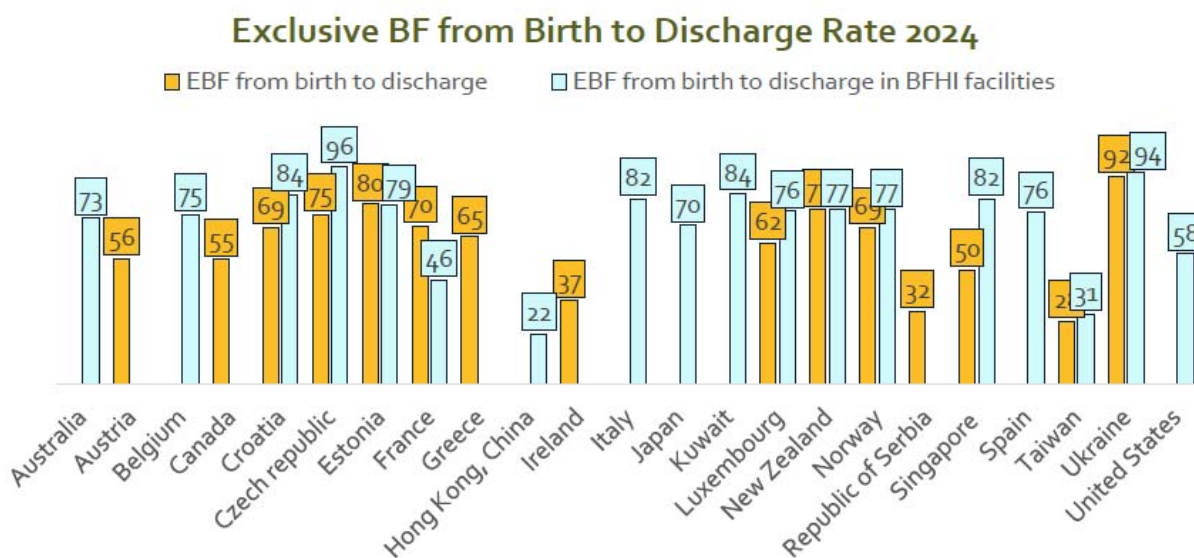
65%的國家已經進行新生兒加護中心 neoBFHI 認證，將近一半的國家已有愛嬰社區認證，超過三成國家包括溫柔生產認證。

Expansion of the BFHI



亞洲國家(日本、新加坡、臺灣及香港)住院中的純哺乳率，台灣與香港約僅3成上下。香港沒有嬰兒室，全面親子同室，但是去年有約40%的新生兒在出生後就被兒科醫師因呼吸不穩為由轉送至新生兒加護中心，母嬰分離，造成哺乳的困難。他們也正在和兒科醫師進行討論分析中。同為華人文化的新加坡，BFHI認證醫院雖較少(4家醫院，涵蓋40%出生數)，但仍可維持82%的純哺乳率。他

們認為早期持續的肌膚接觸以及親子同室在該國並無困難，產前的教育極為重要。此部分我們仍需多了解台灣家長現在重視的議題，並且嘗試以不同角度，如嬰幼兒早期發展，親子連結層面來切入。而配方奶公司的不當促銷，對於婦女及民眾對嬰兒餵食的看法影響，也不可忽視。



(二)外賓演講主題

1. 銷售守則 (附件三,四)

世界衛生組織 Laurence Grummer-Strawn 專題報告世界衛生組織這幾年對於國際母乳代用品銷售守則相關活動及進展。

他提到銷售廣告是有效的，創造了人工餵食的需求。商業利益機構利用人工智慧科技，在民眾使用數位資訊時，自動帶出畫面，推銷其產品，而讓民眾不自覺。常用的銷售手法包括：「如果你有足夠的奶水時，你可以哺乳」，如果不足時，可以使用…。另外，銷售廣告會削弱母乳哺育的支持系統，尤其是醫療工作人員得到不一致不正確的訊息，產生矛盾不明的態度，會擔心引起沒有哺乳母親的罪惡感，而不願或是不敢全力鼓勵支持及協助哺乳。他們從廠商得到有偏差的科學根據，同時協助哺乳的技能也明顯不足。

因此，他強力呼籲，應讓哺乳成為優先選項，讓政府政策制定單位願意重視對哺乳的支持，限制母乳代用品的數位銷售。同時強調除了配方奶公司應該遵守守則規範之外，廣告公司也應該了解守則的目的以及規範。

並介紹世界衛生組織在 2023 年公告的「Guidance on regulatory measures aimed at restricting digital marketing of breastmilk substitutes. Geneva: World Health

Organization; 2023」，此指引主要在：

- 呼籲監管在公眾促銷、醫療保健和零售上新的行銷行為
- 對副食品在數位空間的行銷施加限制
- 描述數位環境中的監控選項
- 描述整個數位行銷價值鏈中的立法的當責性
- 呼籲提供資源和權力給進行監督和執行的機構
- 承認需要修正新技術和管道

更進一步提到配方奶公司在現行醫療照護中很多不當的促銷，包括：

- 直接和醫療工作人員接觸
- 提供軟體設備
- 使用醫療專業網站促銷
- 提供誘因讓專業人員或團體在數位空間中為其產品背書
- 經費贊助線上會議、學習平台及電子期刊

所以非常有必要持續教導醫療工作人員、醫療系統及專業團體在銷售守則上應有的責任。

聯合國兒童基金會 UNICEF 的代表 Grainne Moloney 也就此議題做相同的呼籲及回應，並且提供他們給醫療保健工作人員的免費電子學習課程 Guidance on sponsorship for healthcare professionals <https://agora.unicef.org/course/info.php?id=45297>

e learning 提及如何避免商業企業對醫療健康系統的不當影響

- 避免不論是公立或私人的合作
- 建立防火牆
- 監督行銷
- 避免商業團體進入政策決策系統
- 要求商業團體透明化

提醒醫療專業人員在研讀研究文獻時要注意研究經費來源。當作者宣稱沒有利益衝突時，還要注意其之前的工作經歷是否與配方奶公司有密切的合作。當配方奶公司引用文獻來促銷其產品時，要注意引用文獻當時使用的配方和現在的產品成分一樣嗎？針對有需要的家庭示範沖泡配方奶時，應使用沒有廠商名稱的容器裝奶粉，以避免誤導家長。

針對此議題，各國也分享了如何避免廠商人員和和醫療專業人員之間的利益衝突。如芬蘭，配方奶廠商人員不能和工作人員直接接觸，只能將相關科學資

料提供給營養單位主責者，再由其將客觀的資訊傳達給需要的工作人員。新加坡自 2012 年衛生署停止免費配方奶供應，公立醫院由政府採購（廠商輪流）提供給公立醫院，私立醫院需提供採購證明。愛爾蘭則剛舉辦一次完全沒有母乳代用品廠商贊助的兒科會議，贏得所有人的喝采。

2.WHO 及 UNICEF 針對愛嬰醫院及母乳哺育的相關發展(附件三,四)

世界衛生組織期待愛嬰醫院措施成為醫療照護的常規與準則，從醫事人員養成納入常規教育，在醫療院所中應該持續監測措施的執行，如同要求醫療工作人員洗手，使其成為醫療品質常規。因此在相關母嬰照顧的文件中，都將十措施融入指引中。也再次強調政府的主導，才能讓愛嬰醫院十措施的執行永續經營。很多國家代表對於台灣有政府的大力支持表示讚許及羨慕。

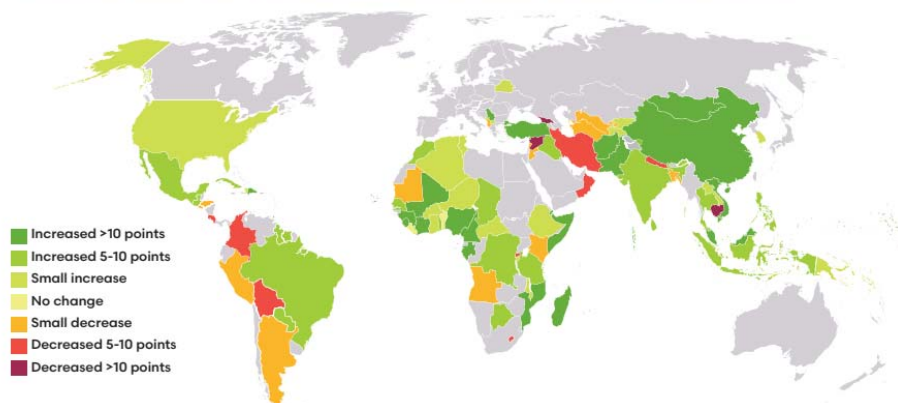


有關愛嬰醫院執行 WHO/UNICEF 的相關文件包括 2020 年公告的能力驗證工具包，訓練課程，新生兒加護中心中的母乳哺育，嬰幼兒餵食諮詢訓練課程，母乳哺育資訊指引，以及母乳哺育模範章節等。

建立 Global breastfeeding collective，架設網站 提供相關的資源 <https://www.globalbreastfeedingcollective.org/>。定期監測全球的哺乳狀況，並列出結果於網站上。

<https://www.globalbreastfeedingcollective.org/global-breastfeeding-scorecard> 可看到一些國家的年度狀況，不過重點主要放在中低收入國家。

Figure 3a. Map showing change in rates of exclusive breastfeeding between 2017 and 2023 reports



UNICEF 也努力將純母乳哺育連結至永續發展指標，以提醒政府的重視。兒童發展也是 UNICEF 相當重視的議題，從營養、健康、水及清潔、兒童保護、教育及社會政策不同角度切入。在今年四月份公告了最新的嬰幼兒餵食諮詢訓練包 (The Community Infant and Young Child Feeding Counselling Package)，即融合了母乳哺育、副食品餵食以及滋養性照護等內容，以提供社區工作人員最新的資訊，尤其強調諮詢技巧，這個部分可提供國內母嬰照護人員一個更完整嬰幼兒餵食、營養、健康以及早期學習的參考資料。

3. 母乳哺育與短中長期健康的關聯

法國里爾大學醫院 Laurent Storme 教授，講授 BFHI 在保護生命頭一千日的重要性。在法國，頭一千日是非常重要的公共衛生政策議題，這段期間家長需要支持，以增進親職能力，以及自信及自主，不該是配方奶公司用來推銷產品的話術。

實證研究顯示母乳哺育可以減少早產兒成人期的肥胖，降低血壓，促進認知分數，並能減少成人期的代謝性疾病。

母乳本身的好處，除了各種營養素之外，近幾年注意到母乳中的 mRNA 以及菌叢 microbiome，經由表觀遺傳的作用，對於長期的健康都有很大的影響。直接母乳哺育的好處可以增加親子連結，減少毒性壓力，有利嬰幼兒發展，以及長期的生心理。BFHI 的措施，促進親(母親和伴侶)子在一起，可以提升親職能力，增加家長及嬰兒的催產素以及親子連結，進而減少兒童虐待，以及對嬰幼兒的毒性壓力。(附件五)

來自挪威公共衛生署的 Anne Bergljot Bærug, 以及義大利國家衛生署的 Angela Giusti 則報告了歐盟七個國家目前正在進行的聯合計畫，藉由愛嬰社區及醫療機構的推展、監測及評估，改善母乳哺育率，降低社會不平等，減少成人慢性疾病以及癌症。(附件六)



相關網站：

<https://www.unicef.org/documents/community-iycf-package>

各國經驗分享

1. BFHI 執行、認證(再認證)及持續經營的經驗分享

- Finland, 芬蘭

其助產師以及公衛護理師在養成教育中都已接受 20 小時哺乳訓練課程。有嬰兒及家庭友善倡議七措施。BFHI 小組中有 13 人，每年約有二到三次認證。每次一個兒科醫師和兩個助產師或護理師。認證費用八千到一萬歐元。初次認證二到三天。每五年再認證，一天半到兩天。將哺乳這個議題轉移擴展至對家庭友善，持續對決策者說明從嬰兒的營養，親子關係及親職能力面切入。

- Canada 加拿大

要求 75%純哺乳率。通過 BFHI 的醫院，其出生 1 小時內哺乳率 91.1%，但持續率降低。每次認證費用為 13,000 加幣。將資料收集和品質改善結合，使用軟體，可以病歷分析查核，方便資料填寫，BFHI 每年繳交報告，根據完成的步驟程度給予不同的獎牌。外部評核時的面談資料也都電子化。

- USA 美國

目前有 580 家醫院通過認證，26%的出生涵蓋率。先審閱醫院工作人員的訓練計畫再面談。認證工具皆電子化，認證前上傳相關文件，母親的調查亦以電子化方式辦理。在其網站上可查到最新的認證標準，包括 70 項能力行為指標。

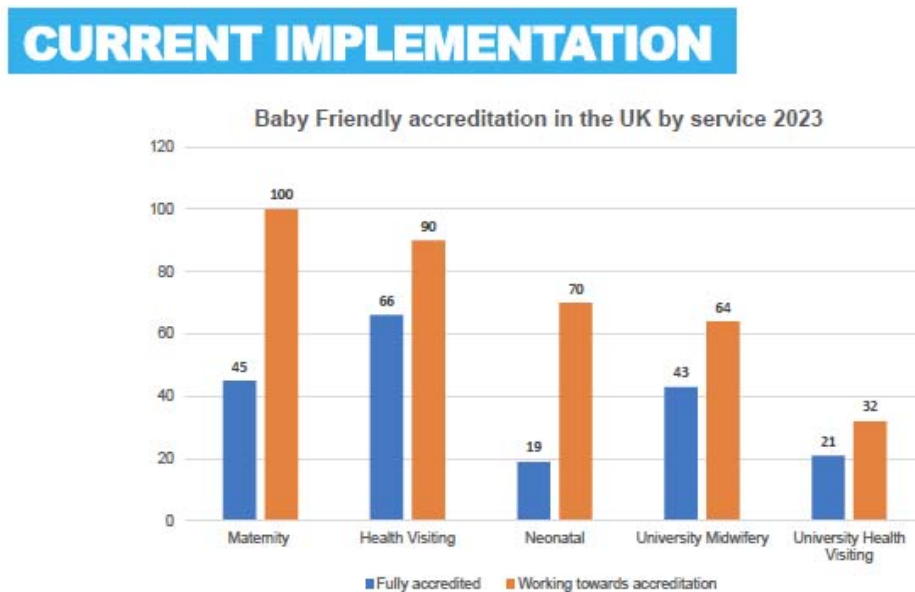
目前的挑戰在於醫院工作人員不足，轉職率高。醫院經費不足，認為參與認證沒有好處。

- 法國

從 2000 年開始 BFHI 認證，逐年增加到去年 69/450(15.3%)醫院通過認證，14.4%出生涵蓋率，28/35(80%)新生兒加護中心通過 neoBFHI 認證。每四年再認證。由 UNICEF 主持 BFHI 委員會，與國家公衛組織，頭一千日倡議，兒童友善城市，及健康促進計劃整合。辦理研討會分享愛嬰醫院，提供範本給想參與的醫院參考。在通過的醫院舉辦 BFHI day 愛嬰醫院日，有助於鼓勵及宣傳。其認證單位為 NPO 團體，兼職的協調員。認證時醫院付費，每年國家公衛機構會提供經費。針對 BFHI 機構，每年追蹤相關哺乳指標，工作人員的教育訓練，以及母親的問卷。建議要永續經營一定要有外部督考，以及國家級的協調員。

- 英國

和 NICE, Health Child Program, NHS long term plan, neonatal critical care program 整合。從 1994 開始認證，1998 推展至社區 BFCI，2005 推展至友善大學，2015 開始新生兒病房的認證標準，2017 年推出永續經營認證。目前各範疇通過認證數目如下圖。要能維持一個持續保護、鼓勵及支持母乳的愛嬰環境/機構，需要建立帶領的團隊、建立正向支持的文化(這是每一個人的事)、有監督的機制，才能依此制訂行動方案有所進步。2017 年第一家通過永續認證的醫院期初哺乳率由 1998 年的 27% 提升到 2022 年的 72%。此成果係建立在機構及其工作人員有理想與目標，深刻了解 BFHI 對母嬰生理及心理健康的好處，改善工作人員知識及技能，父母的照顧經驗，結合食物安全計畫，以及透過數據發展推廣策略等，都有助於他們的計劃執行。建議有外來的認證評估有助於維持原有的計畫，被監測的項目會被持續進行，因此國家認證以及品質改善計畫均有助於永續經營，而 BFHI 本身就是一種品質改善的策略。



- 科威特

從 1998 年開始執行愛嬰醫院認證，有一位國家協調員(coordinator)及 BFHI 委員會。國家的母乳哺育政策於 2015 整合至兒童保護法律，2019 年也納入母親及嬰幼兒營養策略中。母乳代用品銷售守則於 2014 年立法通過。

該國有 31 位國際認證泌乳顧問，於醫療院所中執行協助支持母乳哺育的工作，其他工作人員則接受 20-40 小時的母乳哺育訓練課程和能力驗證。同

時有社區母乳哺育支持團體計畫。在國家 2020-2025 年的母親及嬰幼兒餵食策略中，將 BFHI 銷售守則、社區支持及緊急狀況下的哺乳納入重點，確保有持續的經費支持其運作。

- **烏克蘭**：在戰亂中，母乳庫及母乳哺育的諮詢網絡的運作。

2. 新生兒加護中心中的母乳哺育 NeoBFHI

- **加拿大**：建議不強調喝多少量的母乳，而是讓早產兒可以直接母乳哺餵
- **德國**：2019 年有五家產科加新生兒愛嬰醫院
- **西班牙**：沒有探病時間限制，鼓勵袋鼠照護及親子同室

陳昭惠醫師在三天會議後自費參加的由法國主辦的一整天 NeoBFHI 國際研討會，來自瑞典、挪威、加拿大、法國、克羅埃西亞等國家分享了他們在新生兒加護病房如何協助讓家長從產後即刻，就不和新生兒分開；參與新生兒的基本照顧，進行長時間的肌膚接觸。除了更有利於母乳哺育之外，也實際增加家長育兒的信心，促進親子互動，有利新生兒病嬰的疾病恢復。

3. 愛嬰社區認證

- **義大利**

鼓勵成立同儕支持團體，有提供餵食及換尿布區的公共場所、藥局，托嬰中心(訓練人員如何正確使用母親擠出的奶水)，幼兒園，烹飪班教導如何準備副食品。因為有愛嬰社區，純哺乳率增加。其認證標準類似 BFHI 十措施。分三階段，先審查文件紙本，再面談評估工作人員能力，最後與社區孕產婦面談。

主要的挑戰：將母乳哺育視為公共衛生政策的優先做法，投資在頭一千日人員訓練，養成教育中的訓練，守則的遵守。

- **斯洛維尼亞**

有社區護理師在新生兒出院後訪視，每一個新生兒都有社區專責兒科醫師。其 BFHF(Baby friendly healthcare facilities)使用 2009 年的七措施。對象包括所有可能會遇到母嬰的醫療機構及其人員，如兒童醫院、兒科單位、牙科醫師、兒童復健診所等。還有哺乳友善鄉鎮，採用修正過的十措施標準，目前已有三個鄉鎮通過。所有工作人員的訓練是免費的。

- **西班牙**

人員需要訓練，並鼓勵和社區支持團體間的聯繫，也是採取階段性認證，目前有 339 家診所進入認證階段，有 15 家已經獲得最後認證。

參、心得及建議

我國自 2010 年第一次參與此會議，除了 2016 年因為政治因素無法參加，2020 因為疫情暫停以及 2020 年線上參與之外，每屆皆有代表參與實體會議。2016 年後陳昭惠醫師更積極參與理事會以及聯盟發展委員會，於 2018 年參與能力發展驗證工具包的發展小組，得以更了解國際發展趨勢。科學研究再再證實母乳哺育對於母嬰營養及健康的重要性，也是成人慢性非傳染性疾病防治的重要基石。因此母乳哺育持續是世界衛生組織以及聯合國兒童基金會對嬰幼兒營養及發展的工作重點。

世界衛生組織期待各國政府能更積極主導 BFHI 的執行，並將其措施內容列納入常規醫療品質監控。同時在這幾年更重視母乳代用品銷售守則以及相關決議案的執行，監控廠商的不當促銷。

建議衛生福利部及其他相關單位持續積極進行下列工作：

1. 將嬰幼兒營養，包括母嬰親善醫院，愛嬰醫院推動，哺乳、副食品添加等議題與長期健康相關的議題做連結(或整合)，例如嬰幼兒腦部發展、親子互動、母嬰生心理健康、兒童安全保護(減少毒性壓力、避免兒虐)，慢性疾病防治(肥胖、癌症)等，讓民眾更了解嬰幼兒餵食營養的重要性。(如美國疾病管制局積極推動哺乳作為肥胖防治的第一項工作，法國將 BFHI 與公衛議題以及健康城市整合，英國及芬蘭將 BFHI 與兒童發展、親子連結結合。)
2. 邀請醫療專業團體一起參與，了解哺乳議題與前述相關議題的重要關聯性。
3. 持續國內母嬰親善醫院以及國際愛嬰醫院認證工作，考慮國內民情文化，可將純哺乳率的要求做適當修正或透過分級獎勵哺乳率的提升。
4. 加強對工作人員實際協助母親哺乳的能力建立及能力驗證。
5. 加強醫療專業人員畢業前後的養成訓練，將嬰幼兒餵食議題納為常規教育，可參考世界衛生組織即將公告的模範章節內容，確認教育訓練內容的一致性。落實能力導向的教育；同時加強諮詢溝通能力的訓練。
6. 建議食藥署加強並持續落實國際母乳代用品行銷守則，規範廠商的數位行銷作為；
7. 提供完整的社區支持網絡，包括：社區同儕支持團體、產後護理之家、基層兒科醫師診所以及助產師等採取愛嬰措施，有助於出院後的持續哺乳；部分

國家將國際泌乳顧問認證委員會（位於美國）所認證之泌乳顧問，運用於醫療院所及社區中的協助及支持哺乳，後續可再進一步瞭解實務面的作法；

8. 日後參與相關會議時，建議併同安排於主辦國或鄰近國家之參觀拜訪行程，能更深入了解各國推動母乳哺育政策及執行作法，並相互交流所面臨的挑戰及解決方案。

Twelfth Meeting of the BFHI Network of Country Coordinators



PROGRAMME

15th- 17th April 2024

The University Hospital of Lille “Jeanne de Flandre”
Meeting Room: Amphitheatre Jeanne de Flandre
CHU LILLE – Hôpital Jeanne de Flandre, Avenue Eugène Avinée 59 000 LILLE

<https://www.chu-lille.fr/wp-content/uploads/2023/02/JDF.pdf>

Lille, France

OBJECTIVES

1. To advance on the objectives and goals of the the Baby-Friendly Hospital Initiative Network and to share and discuss among members and friends latest implementation issues and advances as well as WHO & UNICEF guidance, by sharing reflections, experiences and good practices on:
 - a. The implementation of the Baby Friendly Hospital Initiative.
 - b. The implementation of the Baby-Friendly Initiative in the community: primary health care, community organizations, university, work places.
 - c. The implementation of Mother-friendly care in maternity facilities
 - d. Code abidance in healthcare facilities
2. To share work done in the past two years among members and with other allied organizations.
3. To strengthen the liaisons among members of the network and friends.
4. To share and discuss association affairs in the annual assembly

The EXPECTED OUTCOMES are:

- Obtaining up-to-date information on implementation aspects of the WHO & UNICEF Baby Friendly Initiative (BFI) in the countries of the Network and globally
 - In maternity facilities: The Baby Friendly Hospital Initiative (BFHI)
 - In the community: The Baby Friendly Community Initiative (BFCl)
 - In Neonatal Units: The Neo-Baby Friendly Initiative
- Sharing and obtaining new tools and strategies that may be used in countries to find support for the implementation of the Baby Friendly Initiative in the World.
- Learning about barriers and weaknesses and about strategies that have worked to overcome constraints to better advance on the implementation of the BFI implementation in countries.
- Advancing and strengthening the BFHI Network Inc., and planning the way forward.

DAY 1- Monday, April 15, 2024			
TIMETABLE	TOPICS		SPEAKER
8:00 – 9:00	Registration at The University Hospital Jeanne de Flandre, Lille Room: Amphitheatre Jeanne de Flandre		Contact Kristina Löfgren, President of the meeting Claire Laurent, BFHI France
1. WELCOME ADDRESSES AND OVERVIEW OF ACTIVITIES			Daily Chair :
9:00	5 m	1.1. Welcome by the Network	Maite Hernández-Aguilar, BFHI Spain, President of the Board of the BFHI Network
9:05 – 9:15	10 m	1.2. Welcome from France	Damien Subtil, president BFHI France, Director UNICEF France
9:15 – 09:25	10 m	1.3. Welcome (WHO and UNICEF)	Laurence Grummer-Strawn, WHO Grainne Moloney, UNICEF
9:25-9:35	10 m	1.4. Welcome (BFHI France and the Meeting Planning Committee). Details of the venue, time line, breaks, meals, agenda	Kristina Lofgren, BFHI France, BFHI Network Board director Anita Pavicic, BFHI Croatia, BFHI Network Board director
9:35-10:05	30 m	1.5 Presentation of committees' members, Network members. Welcoming of nations: Flag ceremony Presentation of delegates: Name, country, start BFHI, most important success	Trish MacEnroe, BFHI Network Treasurer, BFHI Network Board director
10:05 – 10:25	20 m	1.6 Summary Report of BFHI network implementation biannual survey	Maite Hernández-Aguilar, BFHI Spain, President of the Board of the BFHI Network
10:25-10:35	10 m	Q&A	
10:35-11:00	30 m	Coffee break / posters	
11:00-11:30	30 m	1.7 & plans for the 2024 N4G Summit	Brieuc Pont, French Ministry of Europe and Foreign Affairs
11:30-12:00	30 m	1.8 Latest activities on the Code and marketing of breast-milk substitutes. <ul style="list-style-type: none"> The Code Congress and the digital marketing guidance New online training course on the Code The FAQs on the Code for HCPs Guidance on sponsorship for healthcare professionals 	Laurence Grummer-Strawn, Unit Head, Food and Nutrition Action in Health Systems, WHO, Geneva
12:00-12:30	30 m	1.9 Presenting work related with the BFHI, done by UNICEF since 2022 <ul style="list-style-type: none"> Protecting Infant and Young Child Nutrition from Industry Interference and Conflicts of Interest Early Childhood Development. UNICEF Vision for Every Child, 	Grainne Moloney, Senior Nutrition Advisor, UNICEF, New York
12:30-12:40	10 m	Q&A	

DAY 1- Monday, April 15, 2024			
12.40-13.10	30 m	1.10 The BFHI as a key element to protecting the first 1000 days.	Laurent Storme, University Hospital of Lille. BFHI accredited
13:10-13:30	20 m	1.11 30 YEARS OF BFHI in Croatia	Anita Pavicic, BFHI Croatia, BFHI Network Board director
13:30 – 14:30	60 m	Lunch Break	

14:30 – 15:00	30 m	1.12 The BFHI Network Website	Trish MacEnroe /Kristina Löfgren, BFHI Network Board
2. BFHI IMPLEMENTATION – use of the new 2018 Competency verification tools			
15:00-15:10	10 m	2.1. Introduction to the Competency Verification Toolkit (CVT)	Chao Huei Chen, BFHI Taiwan, CVT development team
15:10 – 15:40	30 m	2.2 The Competency Verification Toolkit Expansion Project	Louise Dumas, CVT development team
15:40– 16:10	30 m	a. Experiences in using verification competency tool kit: how to train examiners for CVT b. Experiences in using verification competency tool kit: how to implement the CVT	Group A discussion Group B discussion
16:10– 16:30	20 m	Sharing feedback from group discussion	Moderator: and rapporteurs from day one
16:30- 16:50	20 m	Coffee Break	
16:50-17:20	30 m	2.3 European Union Joint Action Task 6.5 Baby-Friendly Community and Health services: Improving breastfeeding rates, using monitoring and evaluation, and reducing social inequalities.	Anne Bergljot Bærug, Norwegian Institute of Public Health Angela Giusti, Italian National Institute of Health
17:20-17:50	30 m	2.4 BFHI in community setting (experiences from 3 countries) <ul style="list-style-type: none"> Italy Slovenia Spain 	Elise Chapin, BFI Italy Renata Vettorazzi, BFHI Slovenia Salomé Laredo, BFHI Spain
17:50-18:00	15 m	2.5 Wrap up for Day 1	

DAY 2 - Tuesday April 16th, 2024			
TIMETABLE	TOPICS		SPEAKER
3. Implementation of the the BFHI (Assessments and Reassessments)			Daily moderator:
8:30 - 8:40	10 m	3.1. Morning welcome	
8:40-9:10	30 m	3.2 Assessments and reassessments. Experiences from 3 countries (10 min each): <ul style="list-style-type: none"> Finland, Canada USA 	Kirgi Otronen, BFHI Finland Michelle LeDrew, BFI Canada Eileen FitzPatrick, BFHI USA
9:10-9:40	30 m	3.3 Experiences of sustainability of the BFHI in 3 countries: <ul style="list-style-type: none"> France UK Kuwait 	Kristina Löfgren, BFHI France Shereen Fisher, BFI UK Mona Alsumaie, Kuwait
9:40 – 10.05	HEALTH BREAK		
10:05-10:35	30 m	3.4 WHO New materials (monitoring, assessment, the model chapter) and the African Experience.	Laurence Grummer-Strawn, WHO
10:35--11:05	30 m	3.5 BFHI in all policies.	Grainne Moloney, UNICEF
11:05-11:30	25 m	Q&A session	Moderator: Maryse Arendt, BFHI Luxembourg, Board Director
11:30 – 12:30	LUNCH Break		
12:30-13:00	30 m	3.6 Neo-BFHI Experiences in countries <ul style="list-style-type: none"> Hong Kong Canada Germany 	Christina Lam, Hong Kong Laura Haiek, Canada Iris-Susanne Brandt-Schenk, Germany
13:00-13:40	30 m	3.7 Working groups <ol style="list-style-type: none"> Assessments of Neo BFHI Assessments of the WHO Code 	Group A discussion Group B discussion
13:40-14:00	20 m	Sharing conclusions	Moderator and Rapporteurs
14:00– 15:00	60 m	3.8. World café discussions Explanation of how it works (5 min) Moderator <ol style="list-style-type: none"> Launch or re-launch the BFHI in a country – what to involve, how to motivate? 	1 Kristina Löfgren 2 Maryse Arendt

DAY 2 - Tuesday April 16th, 2024			
		2. Links with other initiatives or certifications (The Child Friendly Cities Initiative by UNICEF, HPH, Joint Commission...) 3. Making BFHI Sustainable- models of coordination?	3 Trish MacEnroe
15:00 - 15.30	Break		
15:30-15:45	15m	3.9 GBC social media campaign	Jeanette McColloch, UNICEF and the Global Breastfeeding Collective
15.45 –16:15	30 m	3.10 Sharing results of world café	Moderator
16:15 - 16:25	10 m	3.11 Strategies to counteract opposing movements	Eileen FitzPatrick, BFHI USA
16:25-16:55	30 m	3.12 Input from allied organizations. How your organization helps disseminate/implement the BFHI: (5 min per org) <ul style="list-style-type: none"> ILCA LLL ABM WABA IBFAN 	Representatives of this organizations
16:55 - 17:05	10m	3.13 BFHI experiences in some countries	- Olena Kostiuik, &Olga Shlemkevich, Ukraine - Pamela Lin, Singapore
17:05-17:55	50 m	3.14 Final group discussion <ul style="list-style-type: none"> What do we hope for the next two years if we could achieve 4 desires 	Kathy O'Grady, BFHI Canada Maite Hernández-Aguilar, BFHI Spain
17:55- 18:15	20 m	3.15 Wrap up of the general meeting.	Kristina Löfgren, BFHI France
18:15- 20:00	Walking tour of historic Lille and dinner		
DAY 3: Wednesday April 17, 2024 is the First Annual Administrative Meeting of the BFHI Network, Inc. reserved for BFHI Country Coordinators - see the separate agenda for Day 3			

**BFHI Network Global meeting
Lille, France, April 2024**

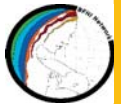


**BFHI network survey
2024**

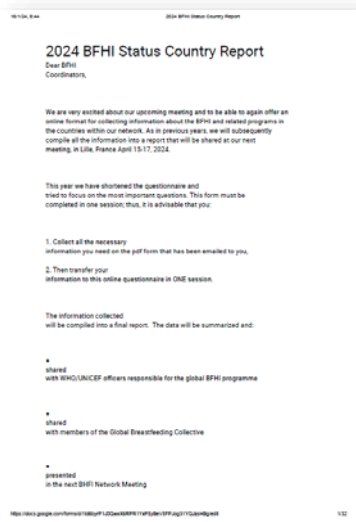
**Maite Hernández Aguilar, MD, MPH,
PhD, IBCLC
Chair of the Network**

Survey objectives

- To monitor the situation of breastfeeding in our countries
- To monitor the situation and implementation of the BFHI
- To share barriers, opportunities, strategies and tools that may help each other to implement the BFHI
- To share information about the BFHI with WHO, UNICEF, other allied orgs and to the world through our website



The Survey





The summary



The BFHI Network

- 53 Countries have ever sent a report to the Network
- 28 countries sent a report in 2024



https://www.google.com/maps/d/u/o/edit?mid=1nE7BCZ_G7sYhSAPmOPyvGRRGspU8tb2w&usp=sharing

Countries participating in this meeting: 31

Australia	Austria	Belgium	Canada	Croatia	Czech republic	Estonia
Finland	France	Germany	Greece	Hong Kong SAR	Ireland	Israel
Italy	Japan	Kuwait	Lithuania	Luxemburg	Malta	New Zealand
Norway	Poland	Portugal	Singapore	Slovenia	Spain	Taiwan
		UK	Ukraine	USA		

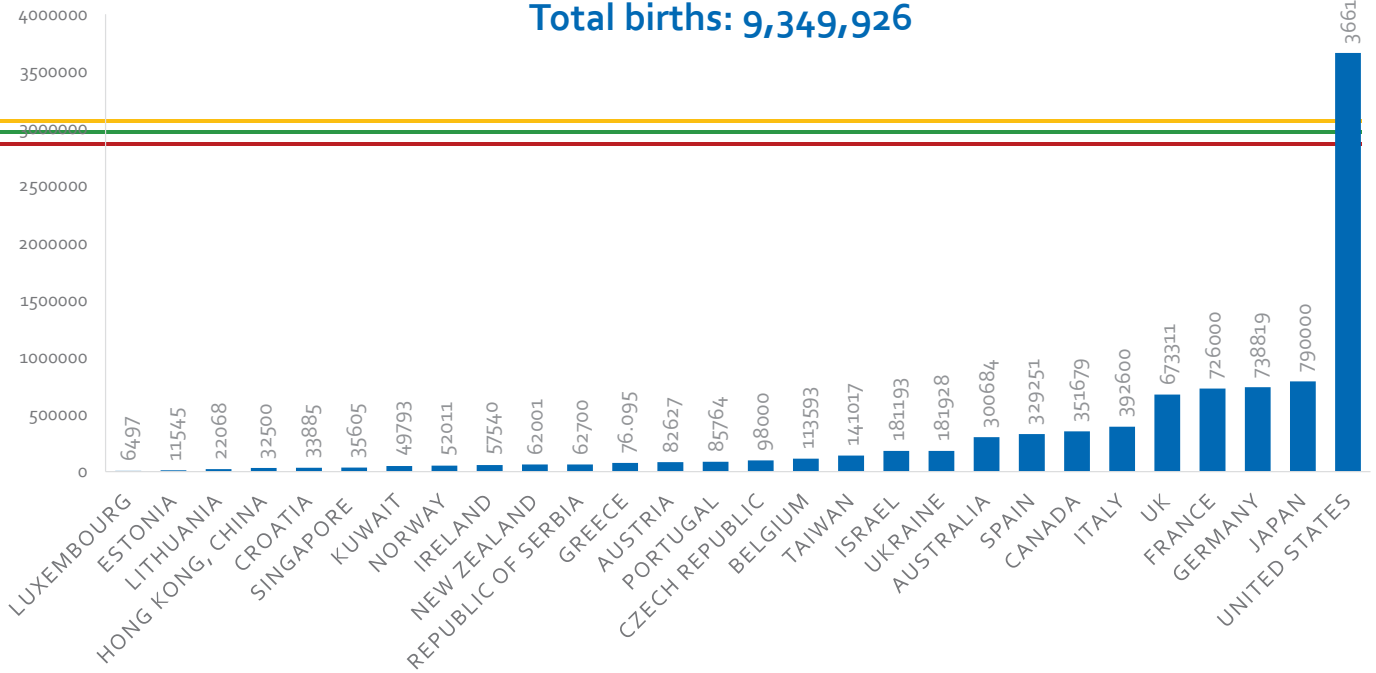


Countries sending a Report (28)

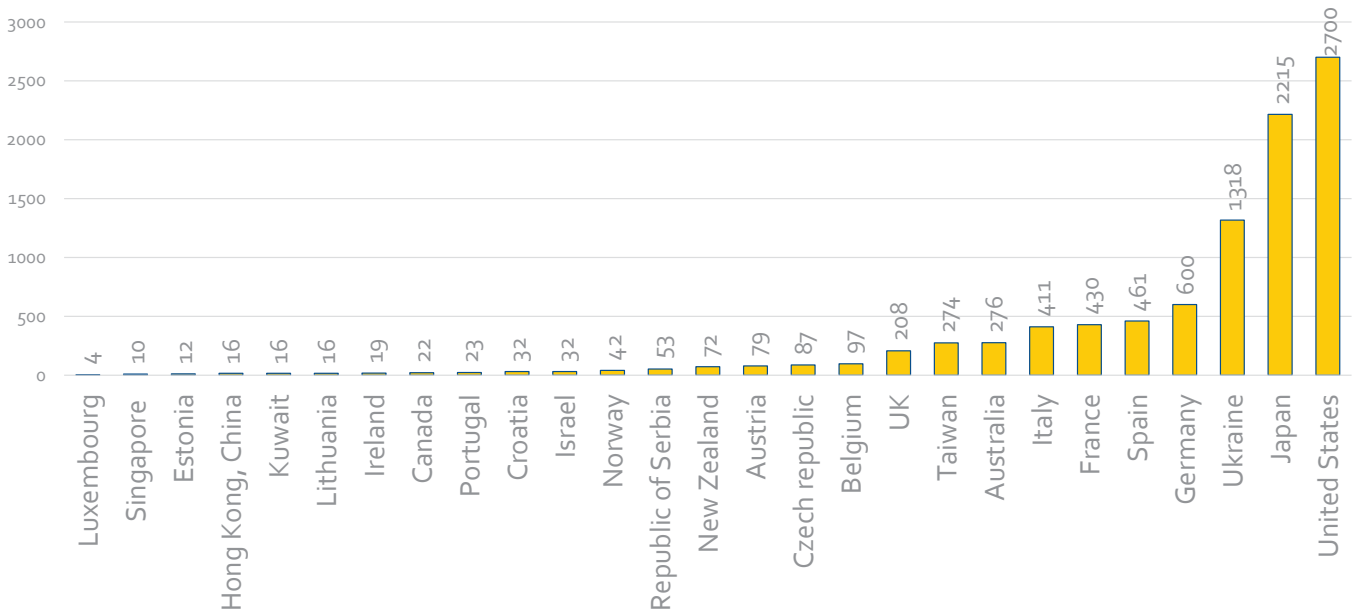
Australia	Austria	Belgium	Canada	Croatia	Czech republic
Estonia	France	Germany	Greece	Hong Kong SAR	Ireland
Israel	Italy	Japan	Kuwait	Lithuania	Luxembourg
New Zealand	Norway	Portugal	Serbia	Singapore	Spain
	Taiwan	UK	Ukraine	USA	



Numbers of births per year Total births: 9,349,926

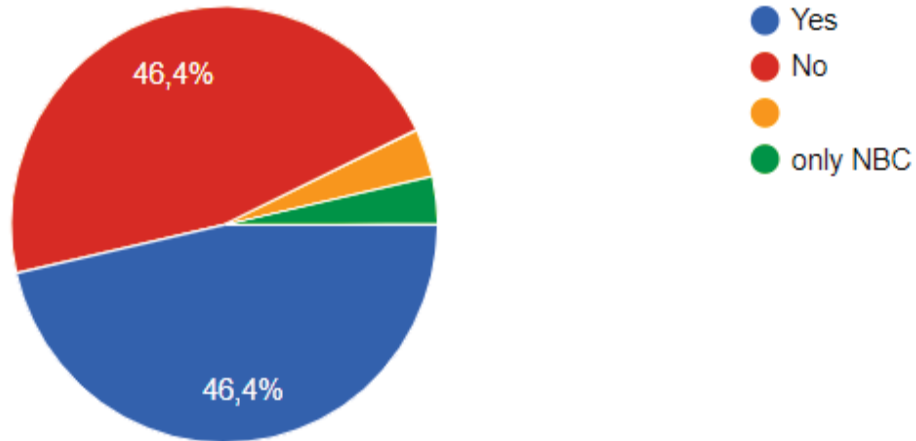


maternity facilities Total: 9525



Breastfeeding support at the National level

Is there a national breastfeeding, infant and young child feeding authority in your country?

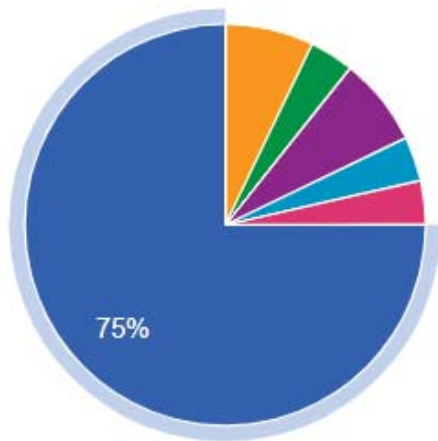


Breastfeeding support at the National level: Advocacy

Is there a national breastfeeding, infant and Young child feeding advocacy organization in your country?



Is there an active BFHI coordination program in your country?

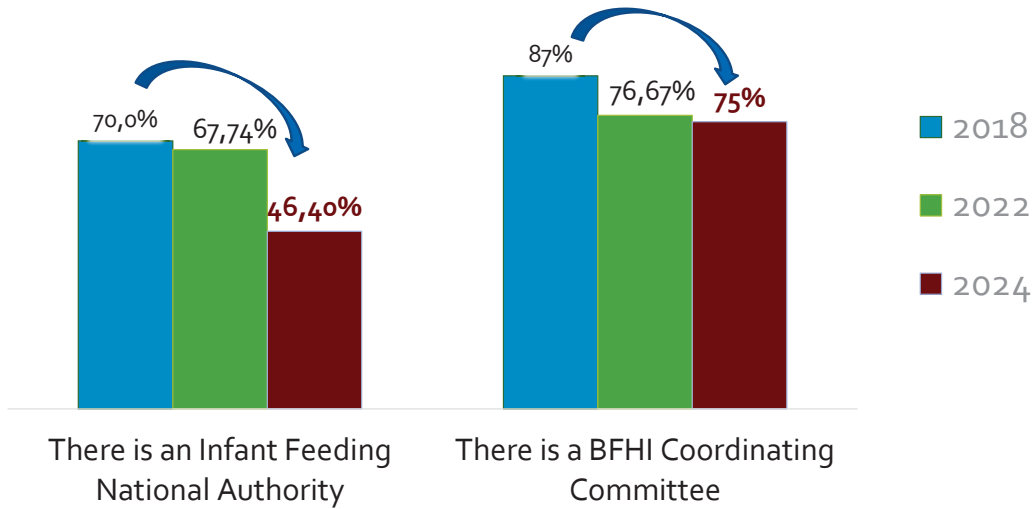


- Yes
- No
- Working to develop a programme
- Currently have a programme but are in the process of closing it down
- Previously had a programme but it is currently inactive
- We have a coordinator and programme but future is still open because of cha...

Official support for the BFHI

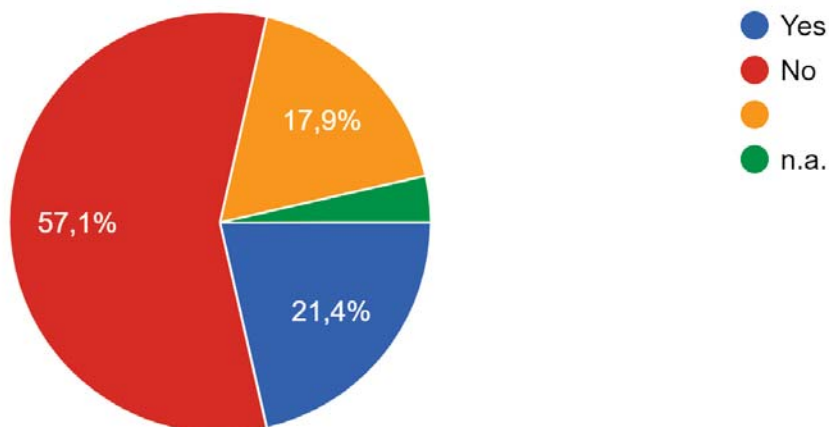
- Since 2018 the BFHI has lost governmental support in several countries of the Network:
 - Netherland, Korea, Sweden, Belgium, Lithuania, Netherlands
 - In some countries the program is starting or restarting: Czech Republic, Israel, Ireland, Portugal

Looking at breastfeeding Support and protection

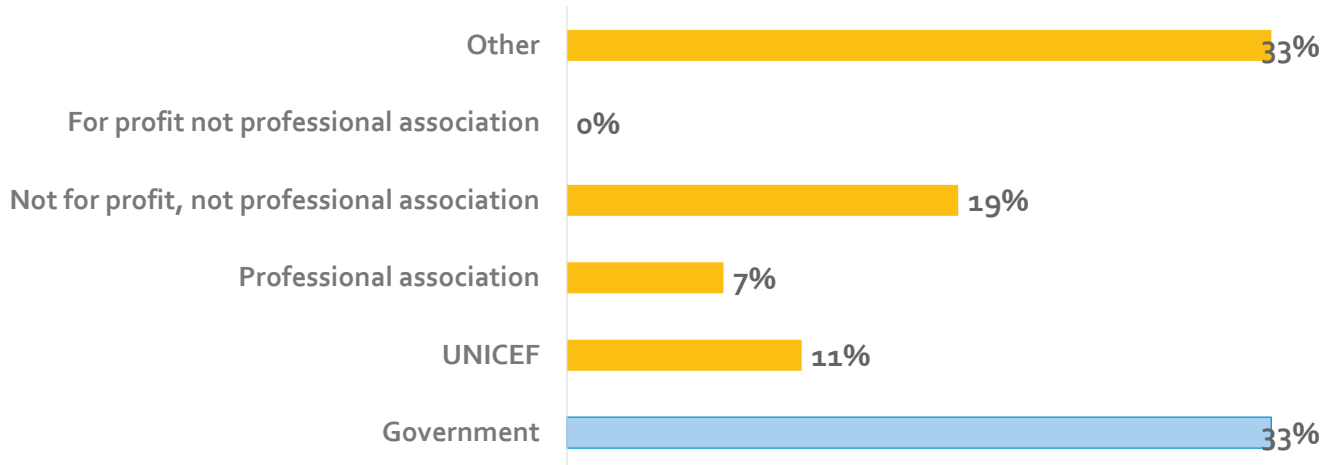


Breastfeeding support at the National level

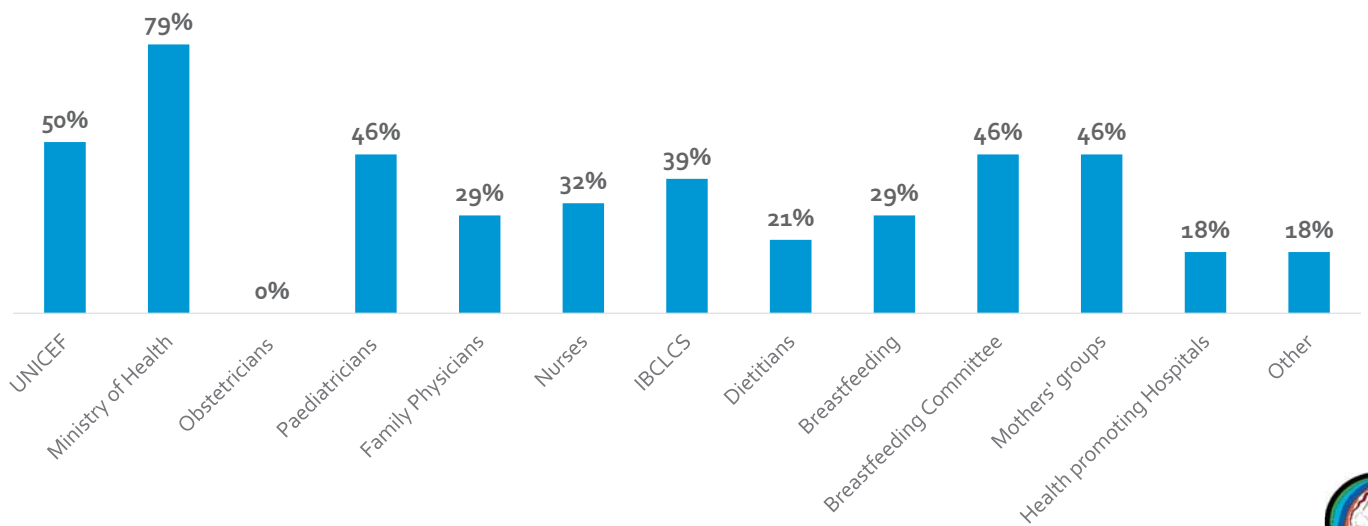
Does your national accreditation system for maternity hospitals include any BFHI criteria?



What type of organization leads the BFHI?

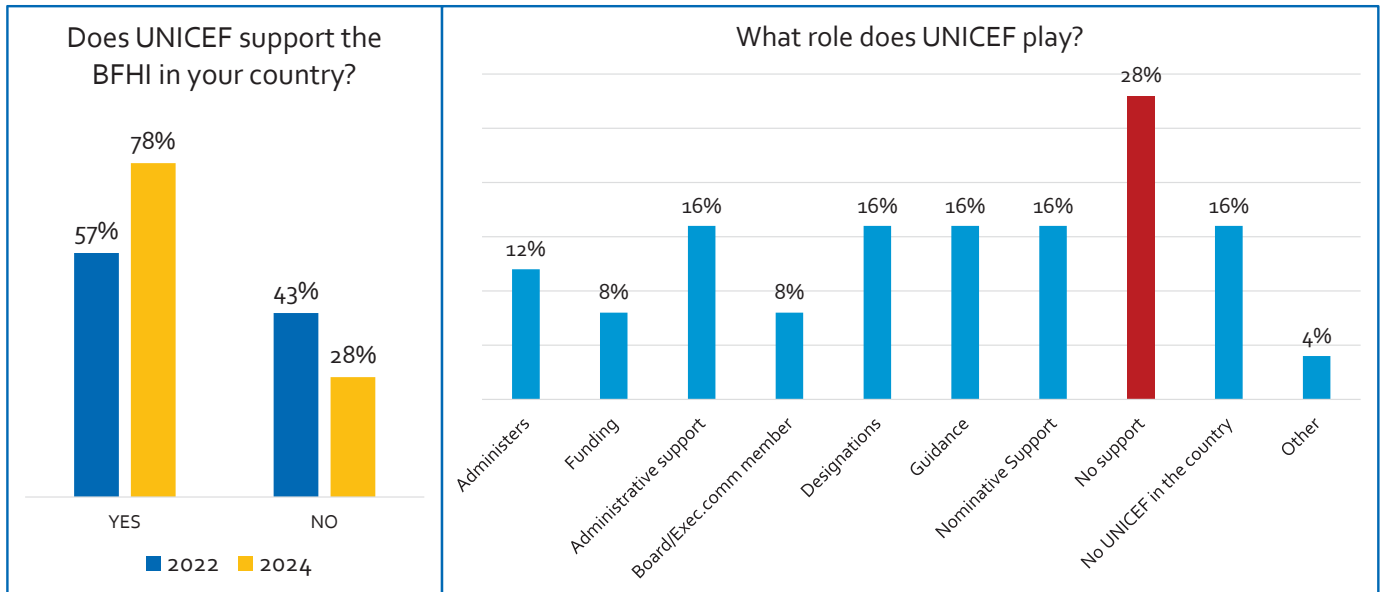


Does the BFHI have a working relationship with a representative of any of the following associations?

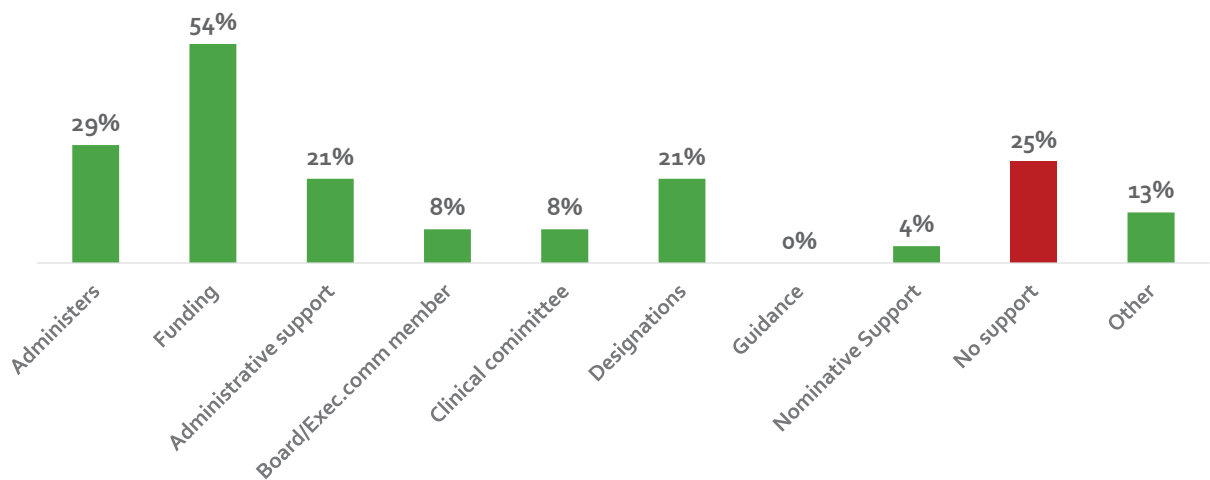


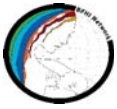


What role does UNICEF play regarding the BFHI?

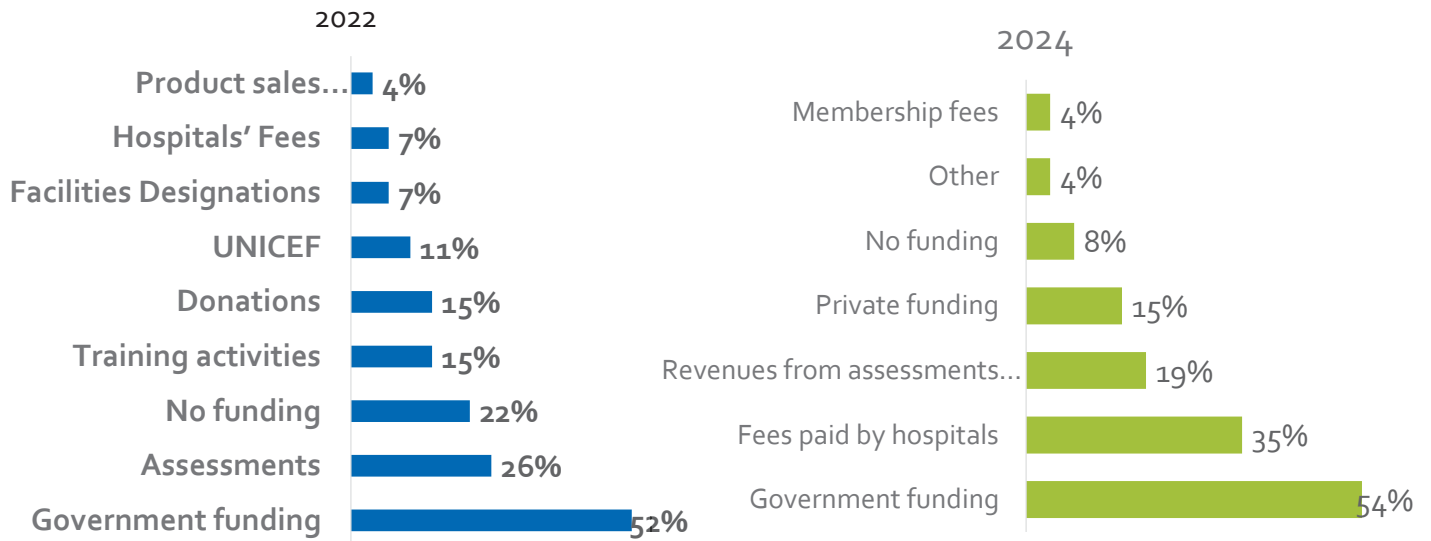


What role does your Government play regarding the BFHI

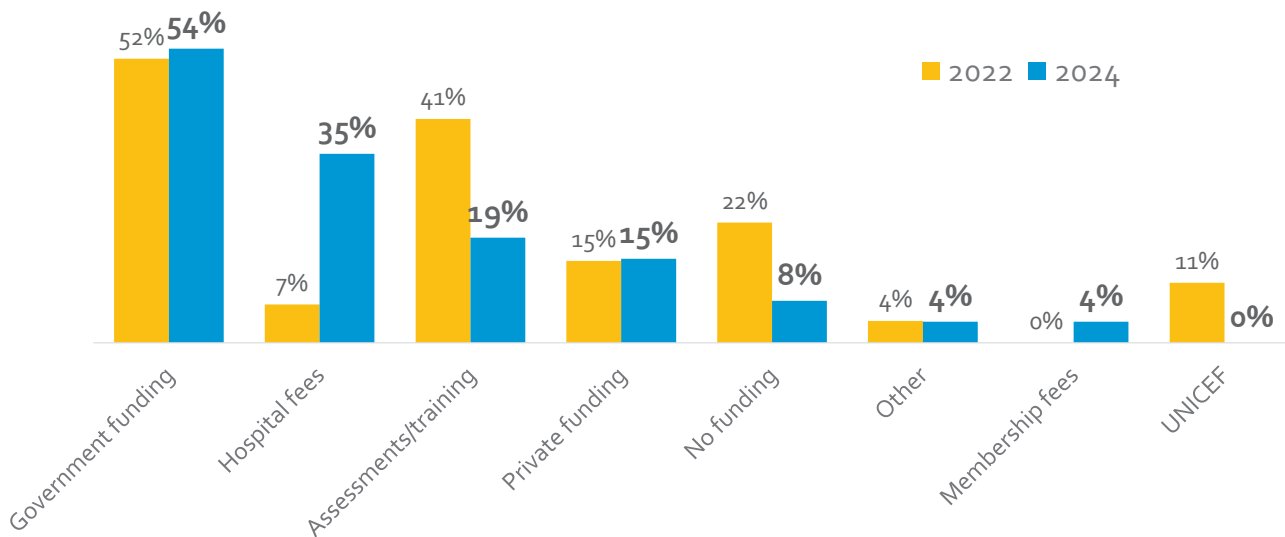




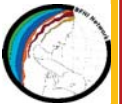
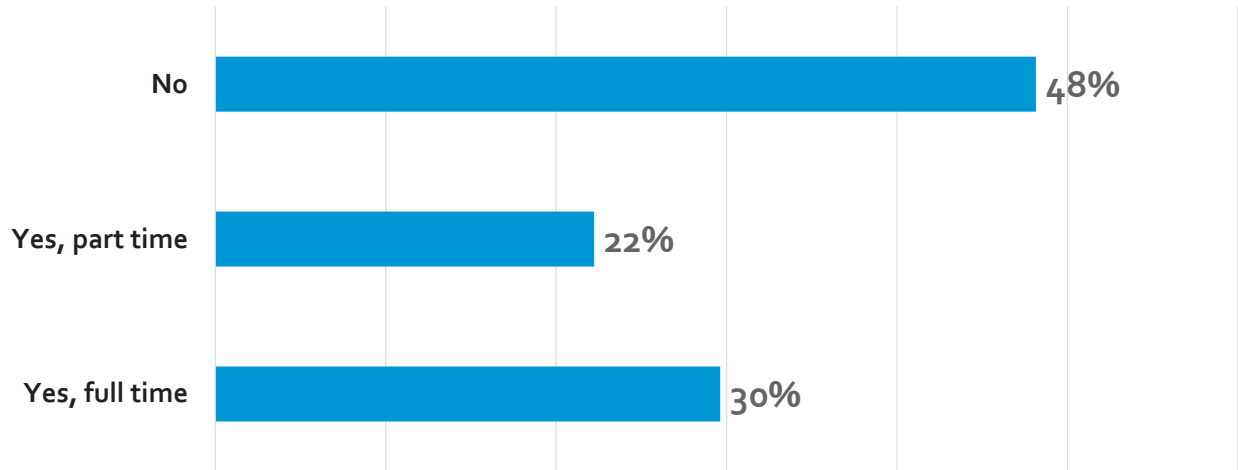
How does the BFHI get funds?



How does the BFHI get funds?

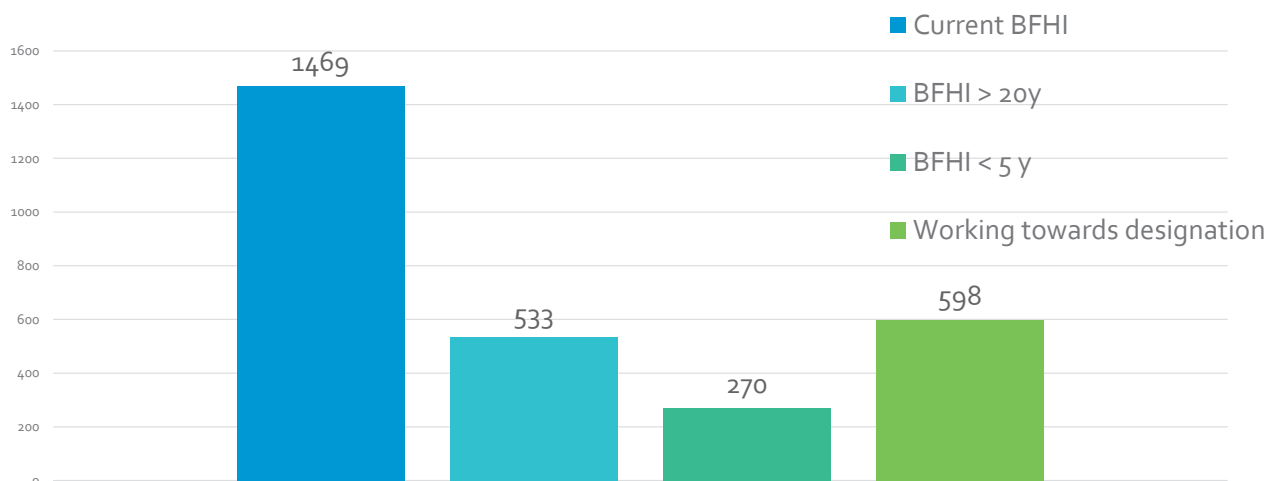


Do you have a PAID national BFHI coordinator

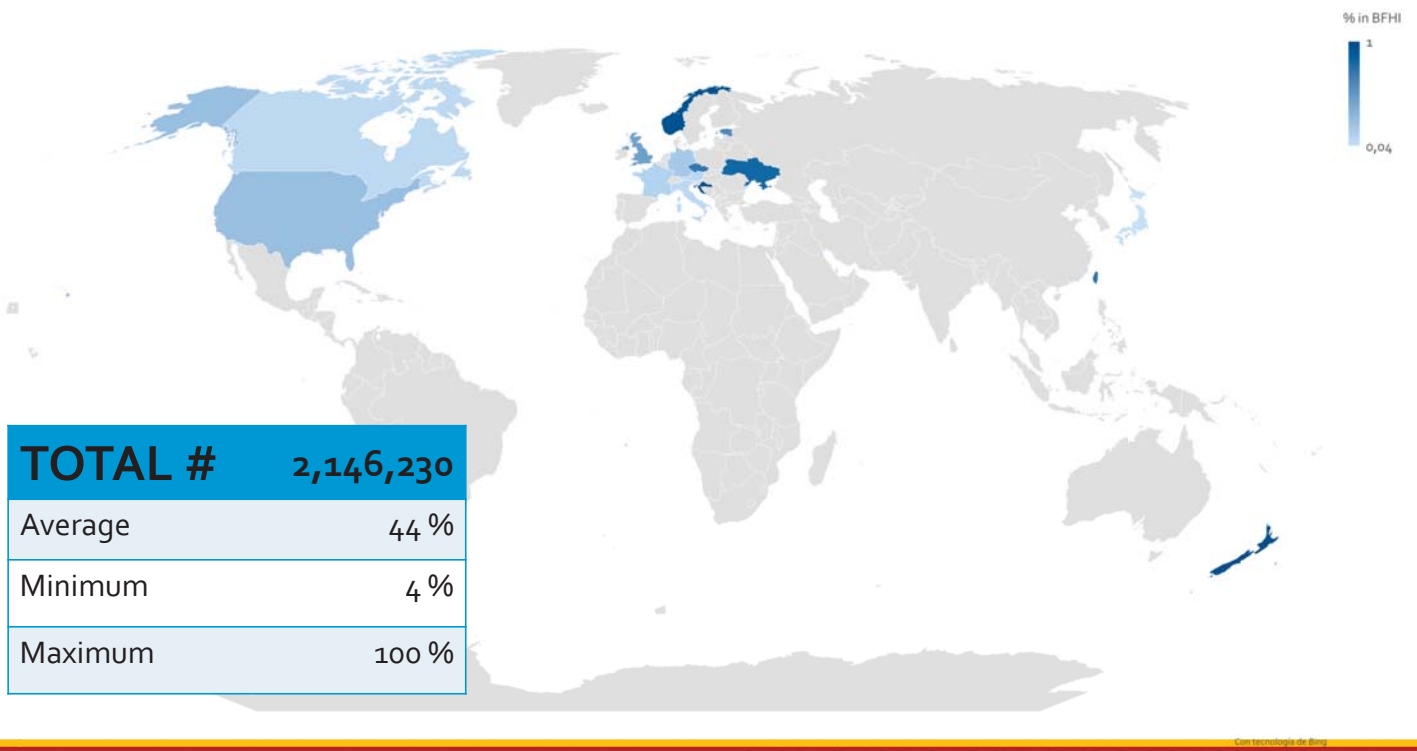


BFHI Accredited facilities

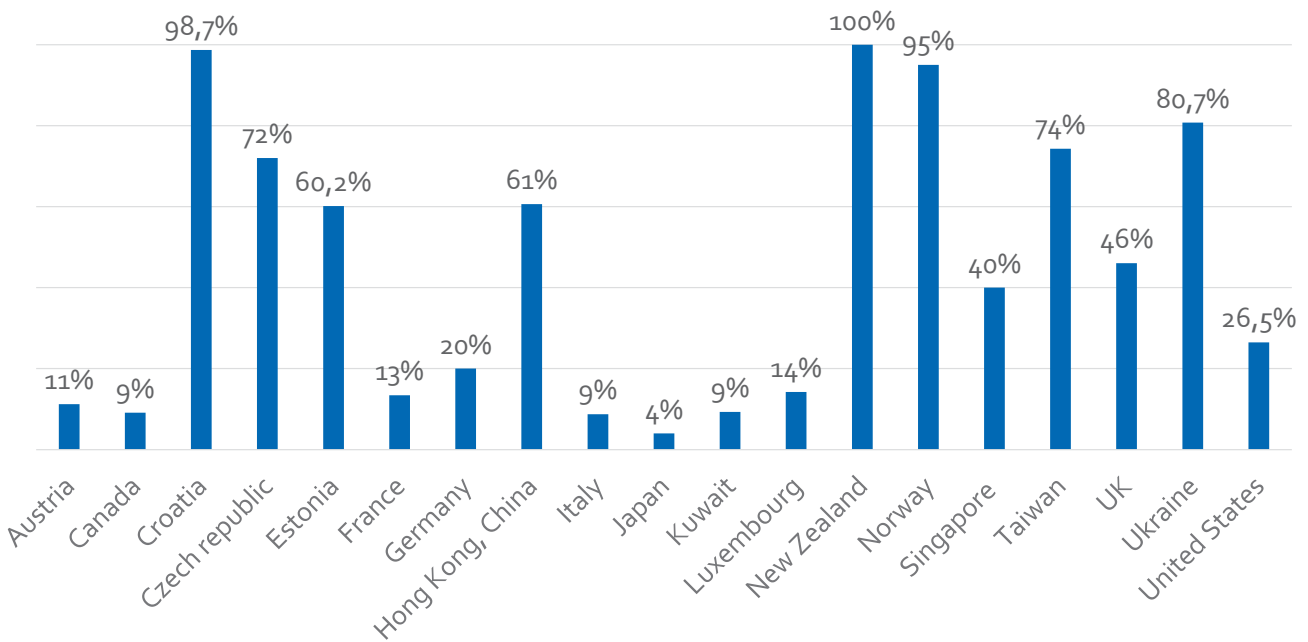
Total facilities



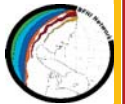
% births in BFHI accredited facilities



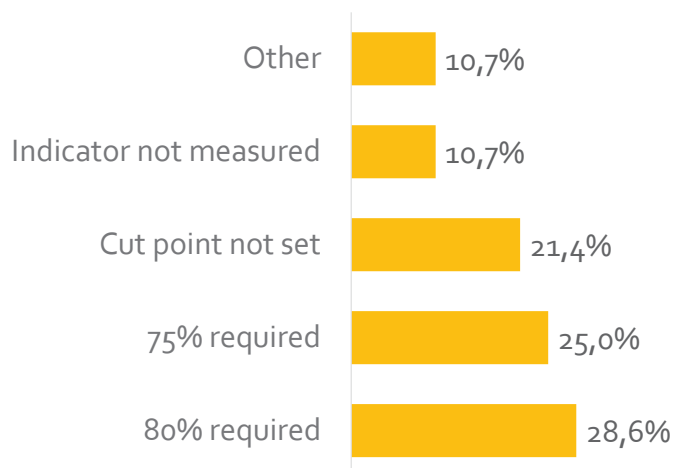
% Births in BFH hospitals



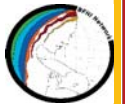
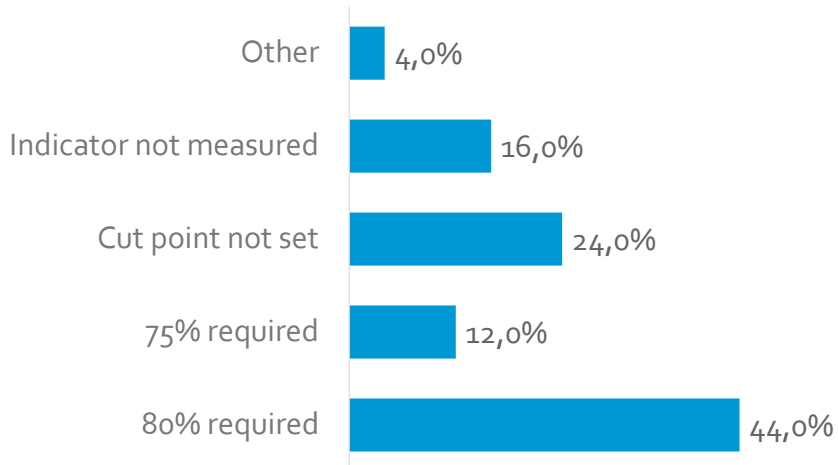
Main barriers to BFHI implementation



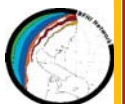
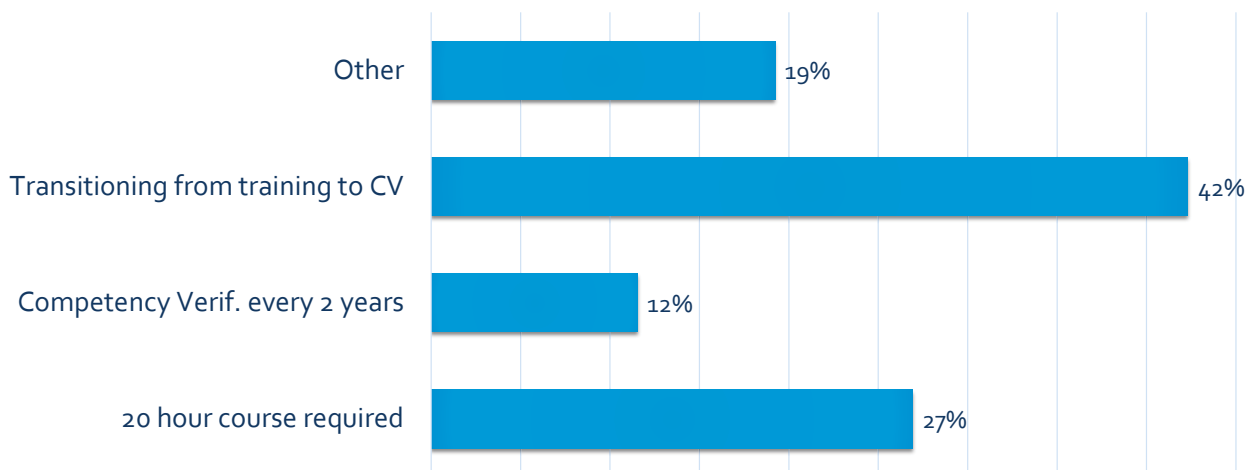
Sentinel indicator: EBF from birth to discharge



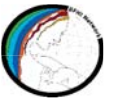
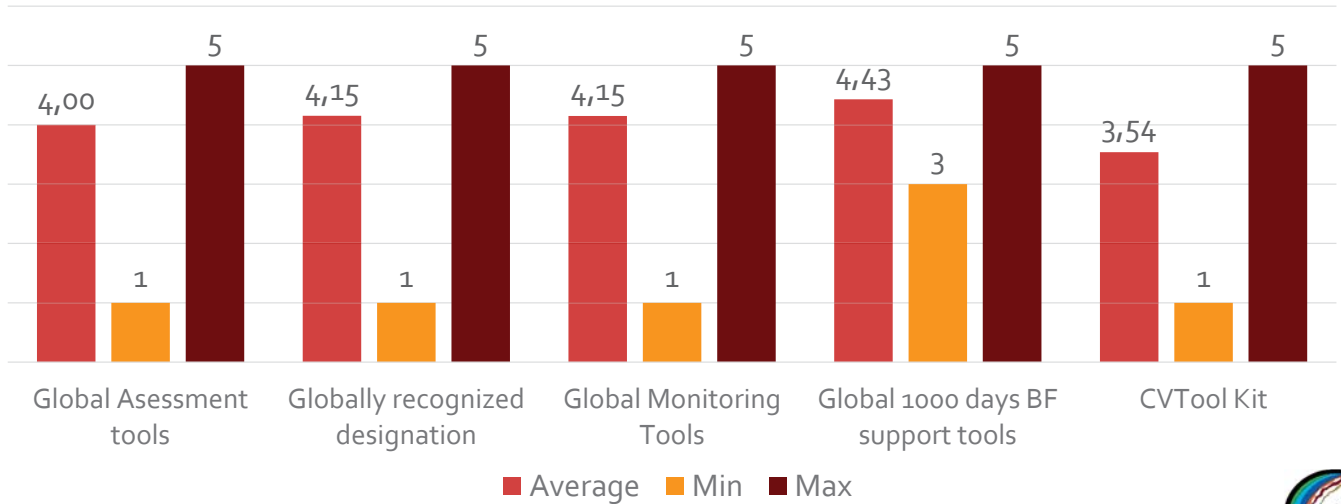
Sentinel indicator: Early Breastfeeding initiation



Step 2 implementation



Global tools. What importance do you give to them?

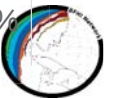
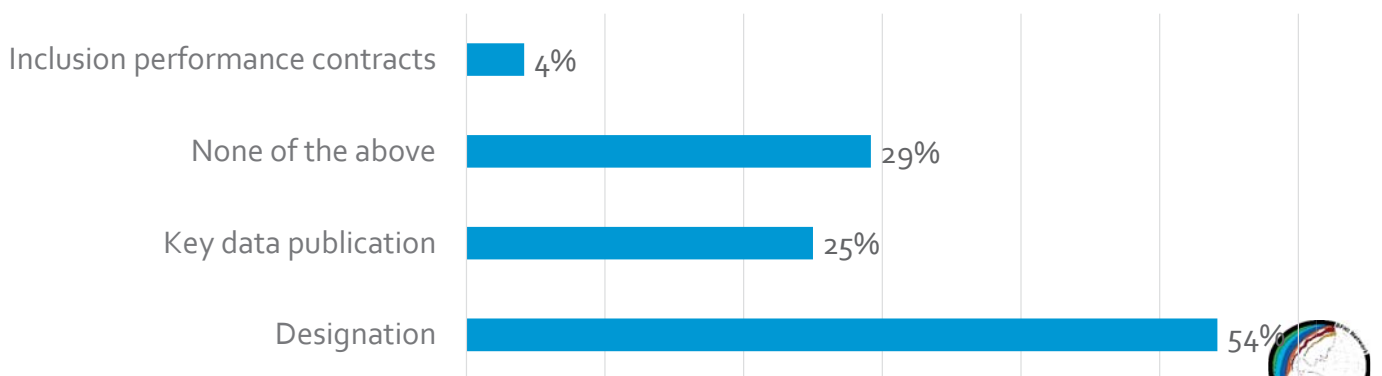


External assessments

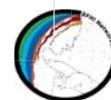
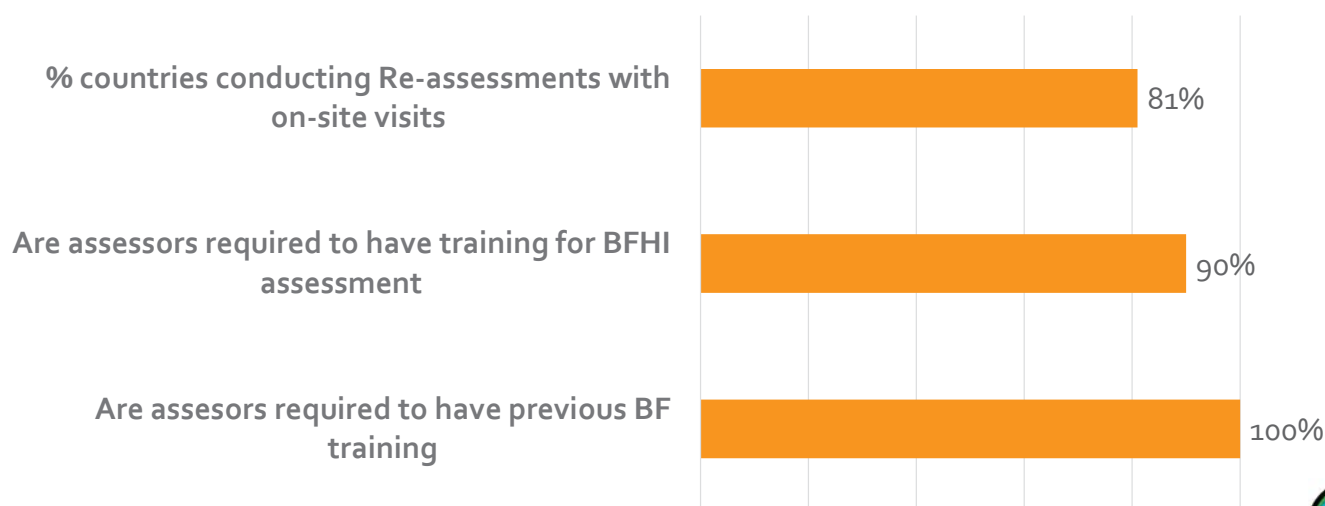
Has your government implemented a system for external assessments in maternities to verify compliance with the Ten Steps (separate from the BFHI)

100% answered NO

Incentives to encourage implementation of the Ten Steps at National level



Assessments

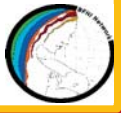
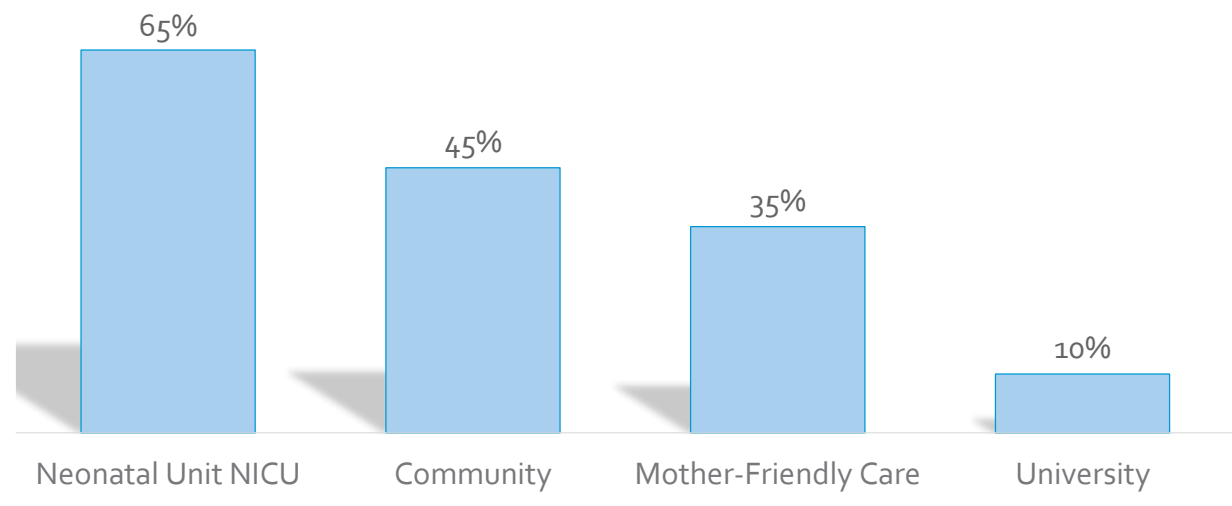


Reassessments and Monitoring

➤ % countries conducting reassessments	100 %
➤ Reassessment intervals: Mean, minimum, maximum	3.82, 1-5 y
➤ % countries monitoring BFHI facilities	79 %
➤ Monitoring intervals: Mean, minimum, maximum	1.5 y, 1-5
➤ Monitoring results are reported to:	
➤ Hospital QI committee	17%
➤ BFHI coordinating committee	92%
➤ Ministry of Health	25%
➤ National Hospital Accreditation System	4%



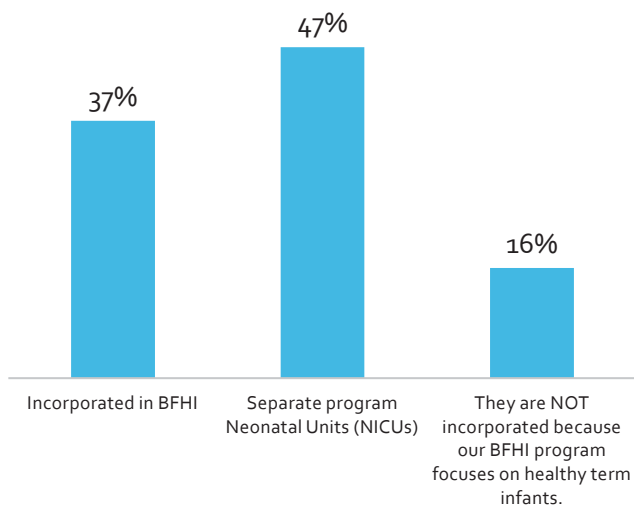
Expansion of the BFHI



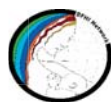
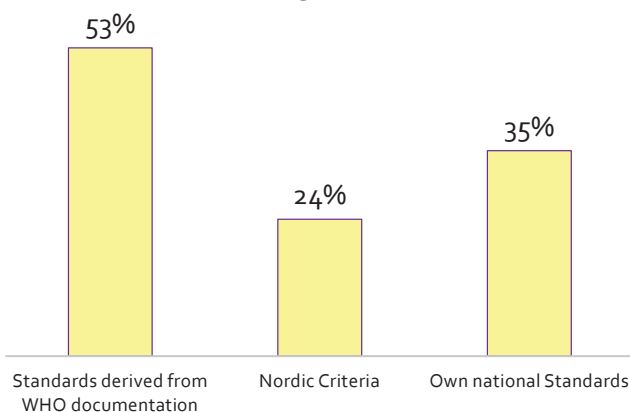
BF-NICU	BF-Com. Health Service	Mother Friendly	Universities	Pharmacies	Pediatric Services
	Australia				
	Canada	Belgium			
Croatia	Croatia	Croatia		Croatia	Croatia
Czech Republic					Czech Republic
France		France		France	France
Germany					
	Greece			Greece	
	Hong Kong				Hong Kong
	Italy	Italy	Italy	Italy	
Japan	Japan	Japan			
Kuwait		Kuwait			
	Montenegro				
Norway	Norway				
Moldova					Moldova
Serbia	Serbia			Serbia	Serbia
Singapore					
Slovenia	Slovenia			Slovenia	
Spain	Spain	Spain			
Taiwan					
		Ukraine			
United Kingdom	United Kingdom		United Kingdom		United Kingdom
Ukraine	Ukraine	Ukraine			

Preterm Requirements

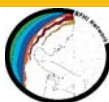
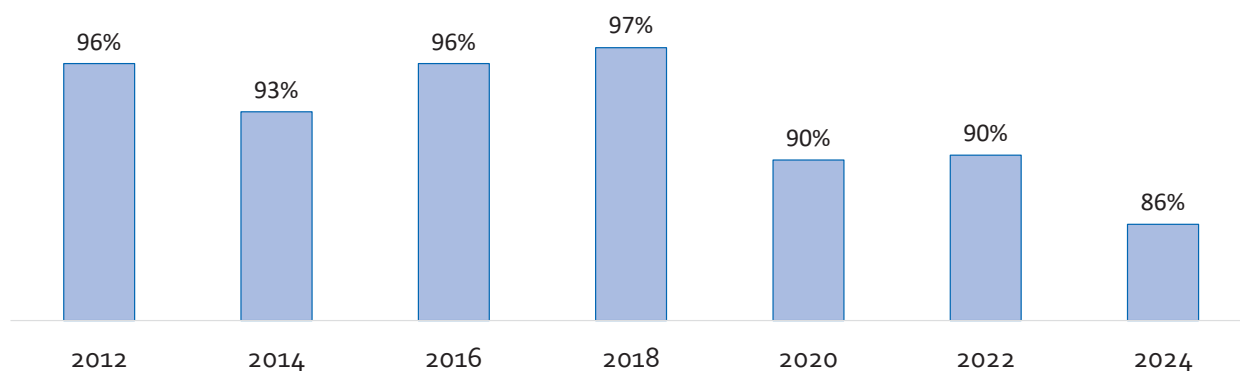
Preterm criteria from BFHI 2018 guidance



Standards used for Baby-Friendly NICU designation



Data monitoring

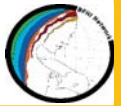
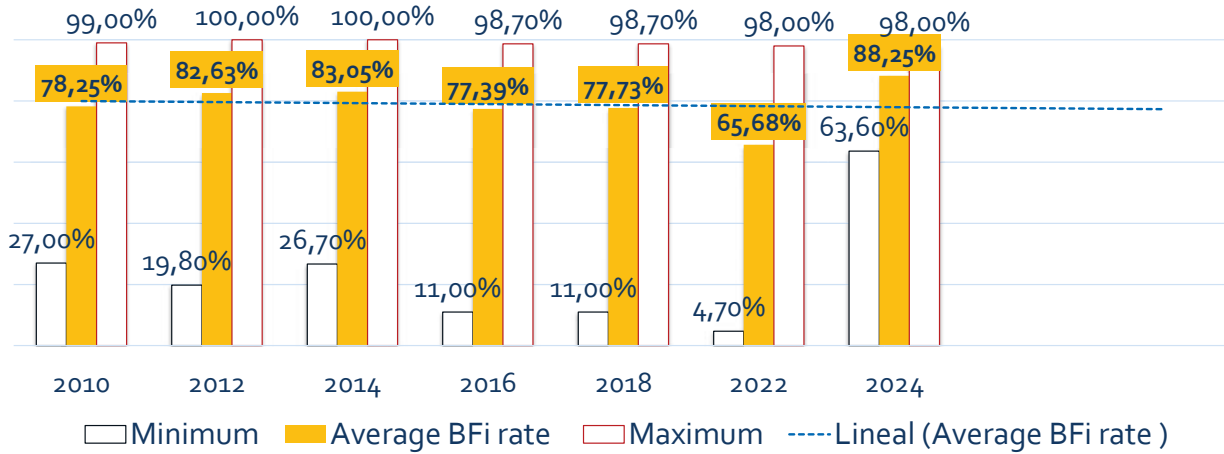


Data collection	Mean	Median	Minimum	Maximum	Other
Frequency (years)	3.18	1	1	10	2 countries ongoing collection 1 countries not collecting 3 country collecting rarely

Breastfeeding Initiation Rate (BFiR)

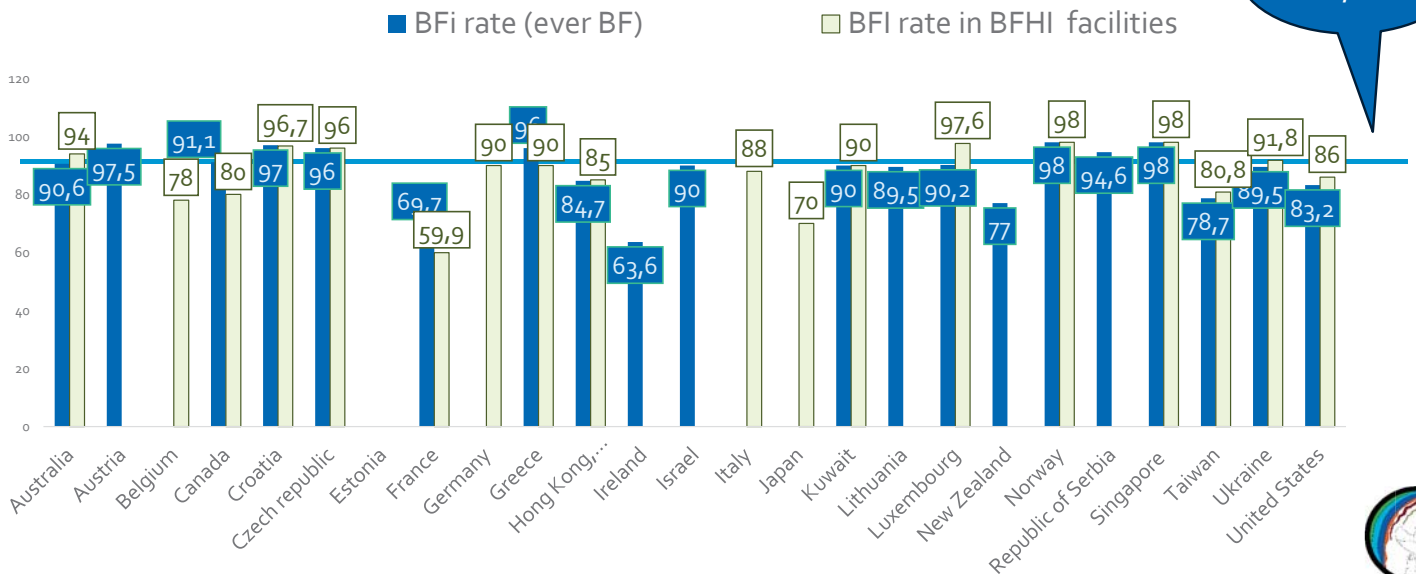
29% countries do not register this indicator/rate

Average Breastfeeding Initiation Rate (ever breastfed)



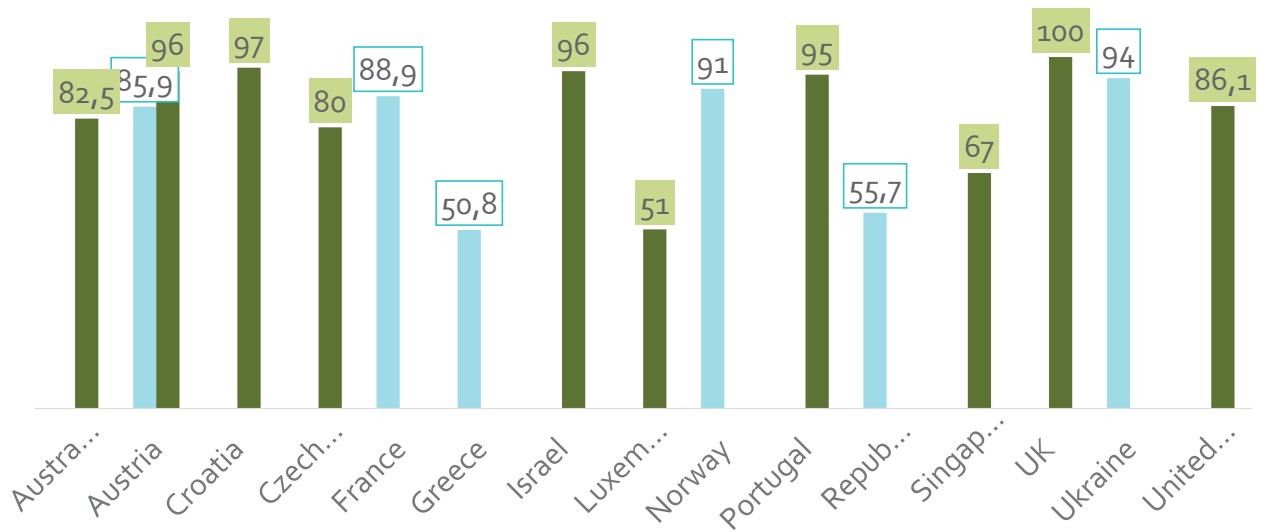
Breastfeeding initiation Rate 2024

Average: 88,2%



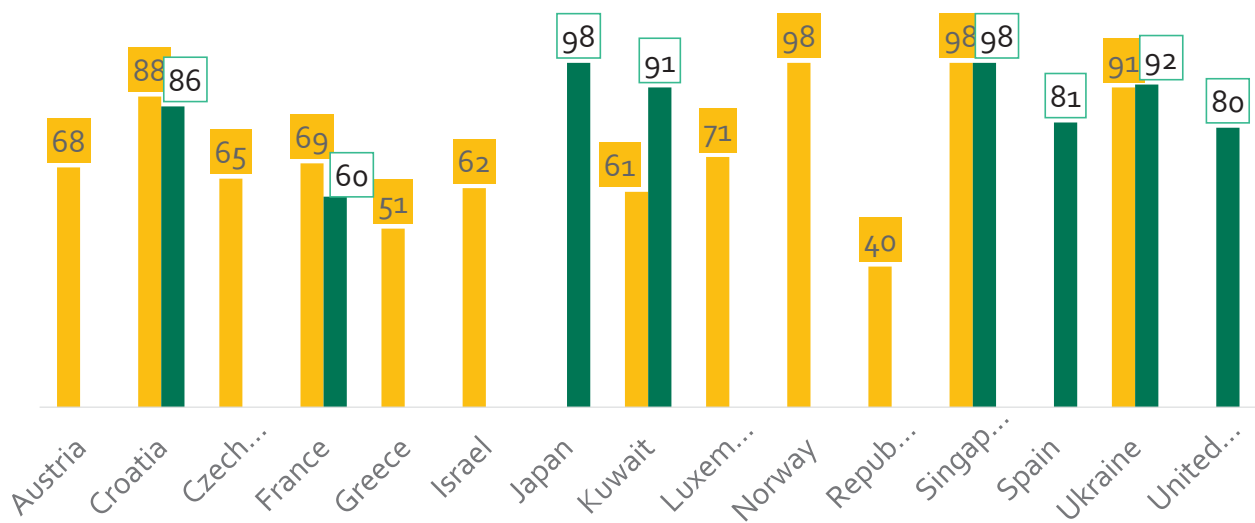
Immediate Skin-to-Skin contact Rate 2024

■ iSSC National rate ■ iSSC rate in BFHI facilities

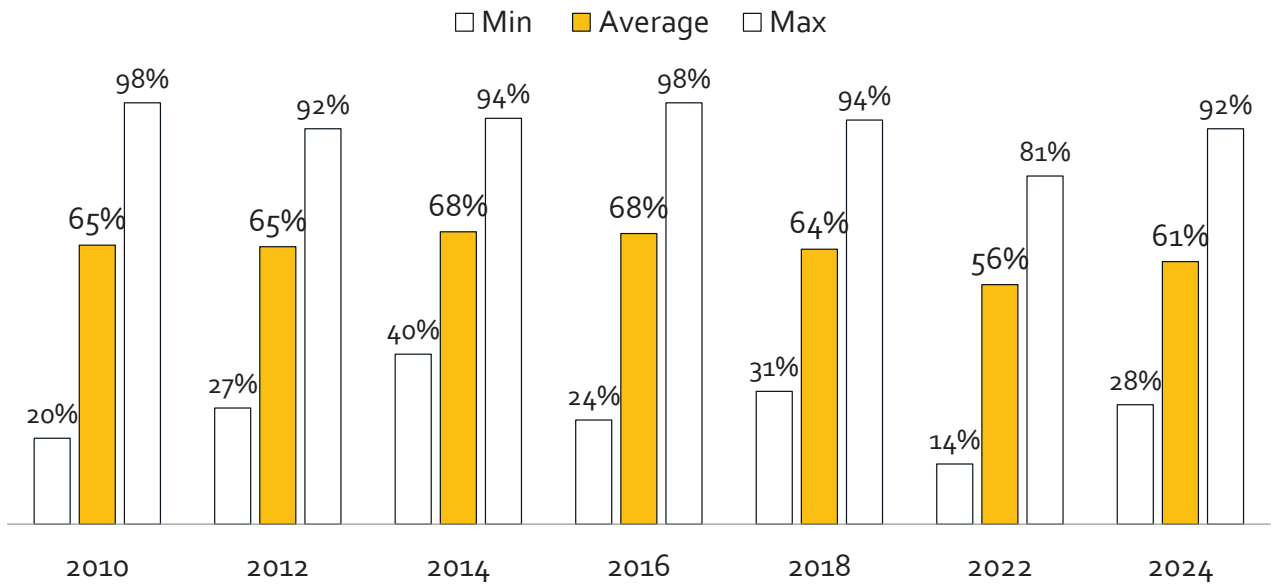


Early Breastfeeding Rate 2024

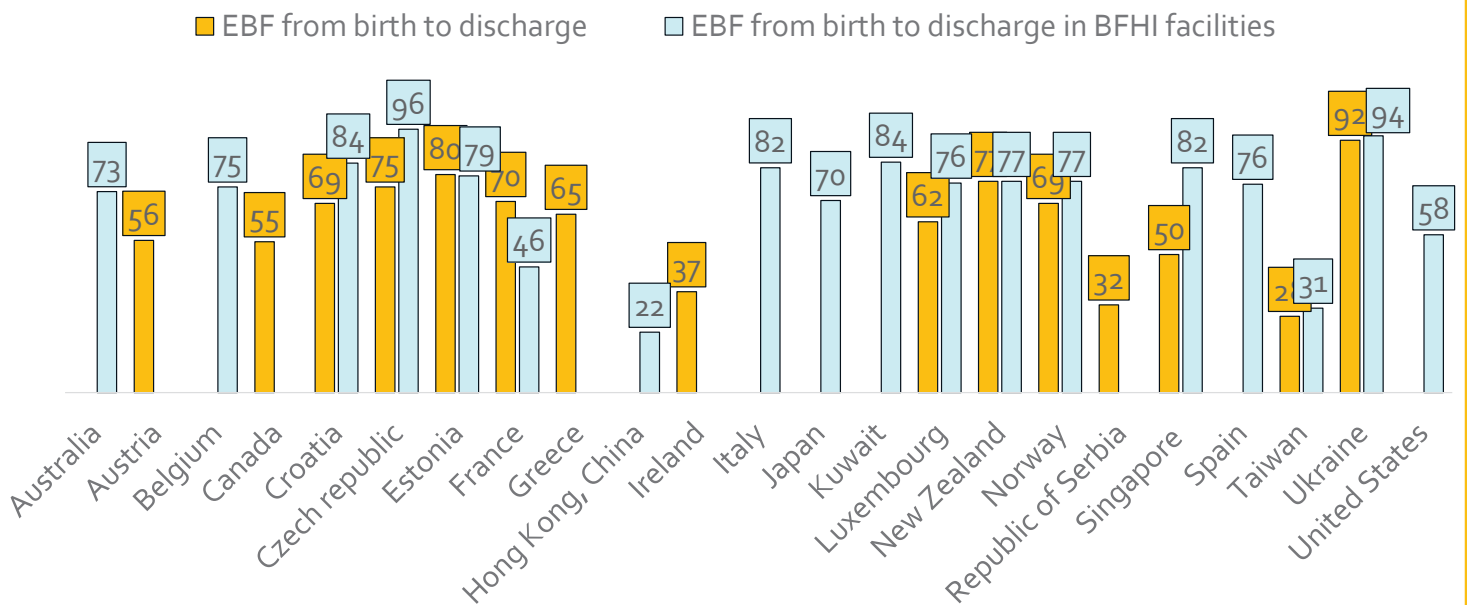
■ eBF rate (within 1hour)? ■ eBF in BFHI facilities



Exclusive Breastfeeding from birth to discharge Rate



Exclusive BF from Birth to Discharge Rate 2024



2022 BFHI Status Country Report

Dear BFHI Coordinators,

We are very excited to be able to offer you again an online format for sharing information about the BFHI and related programs in the countries within our network. As in previous years, we will afterward compile all the information in a report that will be shared at our next meeting, in Belgium, June 2022.

This year we have made the questionnaire shorter and tried to keep just the most important questions.

This form has to be completed in one session, thus it is advisable that you:

1. Collect all the necessary information you need on the pdf form that has been emailed to you,
2. Then transfer your information to this online questionnaire in ONE session.

The information collected will be compiled in a final report which will share data:

- be shared with WHO/UNICEF officers responsible for the global BFHI programme and with members of the Global Breastfeeding Collective,
- be shared with the members of the BFHI Network
- be summarized and presented in the next BFHI Network Meeting
- be used to promote discussion during the meeting and will form a part of the final meeting report.

and maybe used in its compiled form in publications or communications such as the briefs from the BFHI network in the Journal of Human Lactation

With the objectives of:

- Help WHO/UNICEF monitor, improve and disseminate the BFHI
- Informing, inspiring and assisting other countries in their work.

Please complete ONE Report per country no later than February 21, 2022.

Thank you.

Email *

marjse.amndt@gst.lu

Thank you

BFHI NETWORK 2022

MAITE HERNANDEZ AGUILAR
BFHI NETWORK



Time to End Marketing of Commercial Milk Formulas, Now!!!

Laurence M. Grummer-Strawn, PhD
BFHI Network | Lille, France | 15 April 2024

Marketing works



Marketing works

- Generates an artificial demand for formula
- Undermines women's confidence in breastfeeding
- Digital marketing provides wide reach and impact
- Formula industry invests US\$3-5 billion per year on marketing



Marketing undermines systems to support breastfeeding



- ✓ **Inconsistent messages**
- ✓ **Inadequate skills development**
- ✓ **Ambivalent attitudes**
- ✓ **Biased science**

Marketing makes implementation of the Ten Steps harder

- Exposure to marketing among healthcare providers:
 - Decreases interest in breastfeeding education among professionals (Step 2)
 - Increases time needed in counselling to dispel myths (Steps 3, 5, 9)
 - Decreases perceived priority of lactation care (Steps 4, 8, 10)
 - Increases excuses to supplement (Step 6)
 - Lowers priority for quality improvement processes on breastfeeding



What can you do?

#1

Fight for stronger national legislation



- Lack of legislation is a key barrier to BFHI implementation
- Biennial reports on Code legislation show slow progress
 - 144 countries with some restrictions
 - 32 countries substantially aligned with the Code (mostly low-income countries)
 - Monitoring and enforcement weak

What can you do?

#1

Fight for stronger national legislation



WHO/UNICEF Global Congress on Implementation of the International Code of Marketing of Breast-milk Substitutes

- Geneva, June 2023
- ~400 delegates from some 130 countries
- Six themes:
 - Building political will;
 - Identifying and managing industry interference;
 - Implementing the Code into national law;
 - Strengthening coordination and governance mechanisms in national laws;
 - Monitoring and enforcing Code laws;
 - Take action!
- Report, slides, videos, resources accessible online

What can you do?

#1

Fight for stronger national legislation



Numerous advocacy tools

- Advocacy briefs
- Scientific reports
- Social media tiles
- Videos
- Model legislation
- (All available on Global Breastfeeding Collective toolkit)

What can you do?

• Digital marketing is

- Dominant form of marketing in many countries
- Highly targeted with personal data and algorithms
- Extremely effective
- Often not recognizable as advertising
- Below radar of regulators

• Types of marketing made possible through technology

- social media marketing
- video-sharing
- games
- smartphone apps
- like, share, comment
- pop-up advertisements
- search engine advertising
- dark posts
- online social support
- eLearning

• Newer marketing strategies

- cross promotions
- brand promotion
- advisory services
- influencer marketing

#2

Tighten restrictions on digital marketing

- Broader set of actors involved in digital marketing
 - content producers
 - publishers
 - hosts
 - navigators
 - access providers

What can you do?

Guidance builds upon the Code

- Calls for regulation of new marketing practices in public promotion, healthcare, and retail
- Applies restrictions of complementary feeding marketing in digital spaces
- Delineates options for monitoring in digital environment
- Describes legal accountability across the digital marketing value chain
- Calls for resources and powers for monitoring and enforcement agencies
- Acknowledges need to adapt to new technologies and channels

#2

Tighten restrictions
on digital marketing



What can you do?

Guidance highlights many practices in healthcare

- Communications directly to health workers
- Software applications for health workers
- Use of healthcare websites and digital presence
- Inducements to endorse products digitally
- Sponsorship of online meetings, learning platforms, eJournals

#2

Tighten restrictions
on digital marketing



What can you do?

#3

Educate healthcare professionals on their responsibilities under the Code



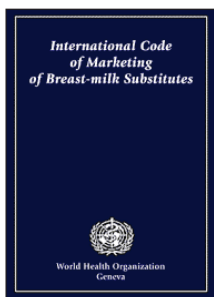
eCourse on the Code

- Interactive (~6 hours)
- Modules on
 - 1 - The Need for The International Code of Marketing of Breast-milk Substitutes
 - 2 - Aim and Scope of The International Code
 - 3 - Promotion Through Information and Education
 - 4 - Promotion to The Public
 - 5 - Promotion in Health Care Systems
 - 6 - Labelling
 - 7 - Implementation and Monitoring
- Available on agora.unicef.org

What can you do?

#3

Educate healthcare professionals on their responsibilities under the Code



Additional tools

- Text of the Code & subsequent resolutions
- Frequently asked questions for health workers
- Information notes
- IBFAN materials

What can you do?

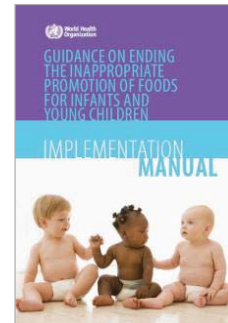
WHA 69.9 and accompanying Guidance states:

Health workers, health systems, and health professional associations should not ... allow companies [that market foods for infants and young children] to sponsor meetings of health professionals and scientific meetings”.

Sponsorship:

- Provides opportunity to shape content
- Direct content provision
- Avoidance of some content
- Shapes scientific discourse
- Influences individual professional recommendations and scientific policies
- Builds brand reputation
- Creates sense of obligation or loyalty

#4
Address conflicts of interest with industry



What can you do?



Examples

- Direct funding
- In-kind services
- Gifts to participants
- Advertisements in materials
- Side events or sessions
- Scholarships, grants, travel awards
- Exhibition space

Publications

- Information Note on sponsorship
- Call to Action in Lancet
- Model policy, funding options, case-studies (in process)



#4
Address conflicts of interest with industry



What can you do?



#1

Fight for stronger national legislation

#2

Tighten restrictions on digital marketing

#3

Educate healthcare professionals on their responsibilities under the Code

#4

Address conflicts of interest with industry

A photograph showing a man and a woman in a hospital setting. The woman is lying in a bed, holding a newborn baby. The man is leaning over her, looking at the baby. The text "Thank you" is overlaid on the right side of the image.

Thank you

Advancing the BFHI through new tools and technical assistance

Laurence M. Grummer-Strawn, PhD, Department of Nutrition and Food Safety
BFHI Network Meeting, Lille France, 16 April 2024



New Guidance on BFHI in 2018

- Reinforced science behind the Ten Steps
- Preterm and LBW newborns explicitly included
- Code of Marketing of Breast-milk Substitutes emphasized
- Focused on sustainability and feasibility
- Strategies for universal coverage



WHO/UNICEF implementation tools available



BFHI competency verification toolkit



BFHI for small, sick and preterm newborns



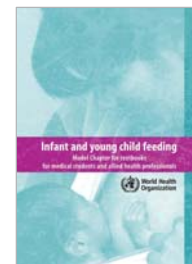
BFHI maternity staff training curriculum



IYCF counselling course



BF counselling implementation guidance



Model chapter on IYCF

Advocacy for the BFHI

- Global Breastfeeding Collective
 - Webinars
 - Advocacy briefs
- Tokyo Nutrition for Growth Summit
 - Commitment priorities
 - Health week
 - USAID/UNICEF/WHO commitment
- COVID-19 communications

4

Implement the Ten Steps to Successful Breastfeeding in maternity facilities, including providing breastmilk for sick and vulnerable newborns



Integration of Ten Steps into Standards of Care



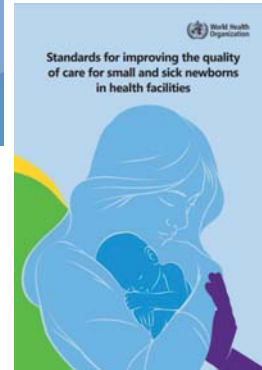
Antenatal Care Guidelines



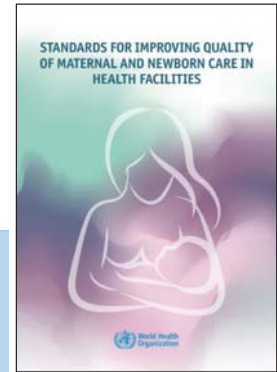
Care of Preterm/LBW Guidelines



Postnatal Care Guidelines



Quality of Care Standards for Small & Sick Newborns



Quality of Care Standards for MNCH facilities

Regional Workshops for Technical Assistance

- Regional:
 - Southeast Asia (New Delhi 2017)
 - Caribbean (Kingston 2018)
 - Middle East (Cairo 2019)
 - Central Europe (Belgrade 2019)
 - Eastern Africa (Kigali 2019)
 - Eastern Africa (Nairobi 2024)
 - Western Africa (planning late 2024)
- Countries:
 - Russia
 - Thailand
 - Maldives



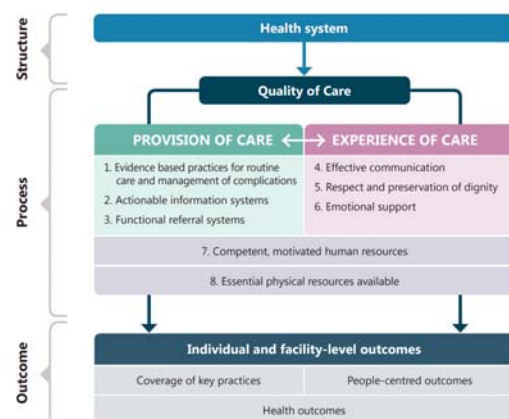
Nairobi Workshop March 2024

- 10 countries:
 - Ghana, Nigeria, Tanzania, Ethiopia, Kenya, South Sudan, Uganda, Malawi, Zambia, Zimbabwe
- 76 participants:
 - Ministry of Health (Nutrition, Maternal/Child Health, Health Systems)
 - International country offices (UNICEF, USAID, WHO)
 - Facilitators

Nairobi Workshop Agenda

- Ten Steps (1.5 days)
 - Clinical care: Steps 4-9
 - (link to Quality of Care initiative)
 - Continuity of care: Steps 3 & 10
 - (link to breastfeeding counselling guidance)
 - Policy & monitoring: Steps 1b & 1c
 - (link to monitoring manual)
 - Competency verification: Step 2
 - (link to competency toolkit, training courses)
 - Marketing of BMS: Step 1a
 - (link to tools on the Code)

Fig. 1. WHO framework for the quality of maternal and newborn health care



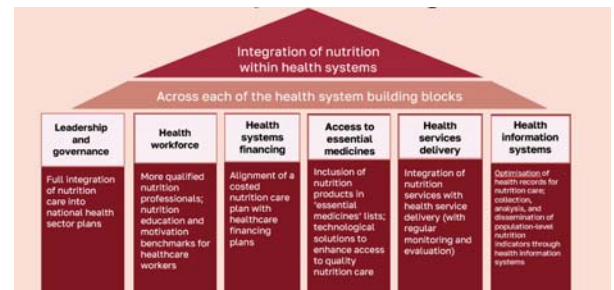
Nairobi Workshop Agenda



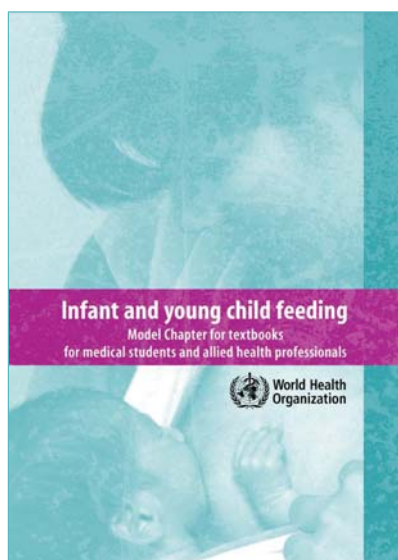
- Nine national responsibilities (2 days)
 - National leadership and coordination
 - Policies and professional standards of care
 - Health professional competency building
 - External assessment
 - Incentives and sanctions
 - Technical assistance to health facilities
 - National monitoring
 - Communication and advocacy
 - Financing
- Format
 - Presentation
 - Country example
 - Plenary discussion
 - Country teamwork

Key takeaways

- Greater understanding of institutionalization than previously
- Barriers reported by >half of countries
 - Funding constraints
 - Lack of staff support for breastfeeding
 - Staff capacity
 - Lack of supportive materials
 - Poor coordination among partners
- Integration should follow the 6 pillars of health system strengthening
- Workplans were developed and are very broad



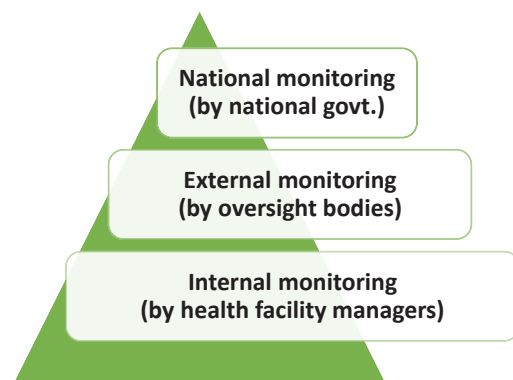
Upcoming: Revised Model Chapter on IYCF



- Reorganized and updated with new science and guidelines
- Broad expert group
- Focus on preservice education
- Reference document
- Outline
 - Introduction
 - Recommendations and significance
 - Anatomy and physiology
 - Complementary feeding
 - Breastfeeding support in maternity facilities
 - Community IYCF support
 - Special situations
 - Common breastfeeding challenges
 - Guidance for breastfeeding mothers

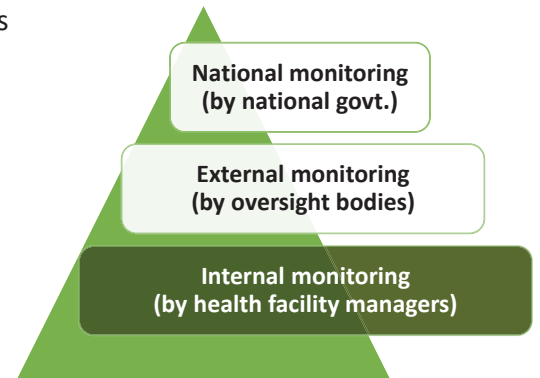
Upcoming: BFHI Monitoring Manual

- Three levels:
 - Internal Monitoring
 - ongoing evaluation of service quality
 - External Monitoring
 - independent assessment by an oversight body
 - National Monitoring
 - tracking the application evidence-based practices
- Developed in 3 separate processes
- Harmonizing across the levels
- Provides multiple options to balance feasibility & completeness



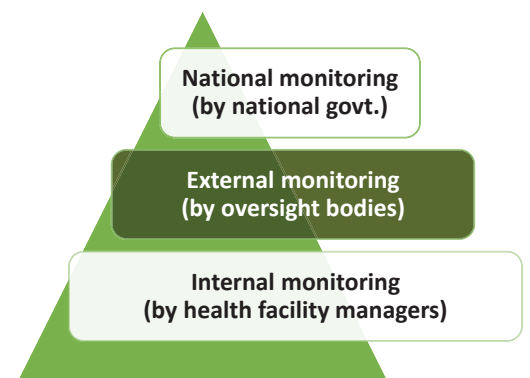
Internal Monitoring

- Maternal discharge/follow-up surveys
 - Maternal reports of experiences, possibly with other exit surveys
- Routine administrative data collection
 - Electronic systems routinely collect data on clinical performance
 - Some indicators (e.g. timing of initiation, type of feeds) may already be included
 - HMIS systems often have reporting functions built-in
- Medical chart review
 - Periodic extraction
 - Forms may need to be redesigned to capture relevant data



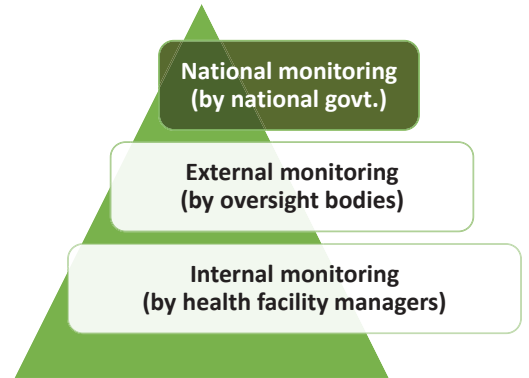
External Monitoring

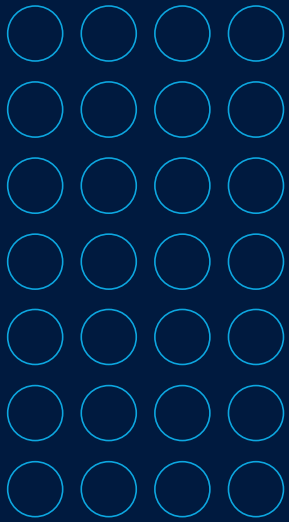
- Review of facility internal monitoring reports
 - Internal monitoring reports shared with the oversight body
 - Only useful for facilities doing internal monitoring
- Independent collection of data on clinical practices
 - For facilities without internal monitoring or as verification/triangulation
- Desk review of key documents from the facility
 - Policy documents, clinical protocols, marketing policy, purchasing records, staff training records, or minutes or notes from internal monitoring meetings
 - Useful for steps 1 & 2
- Key-informant interviews or surveys
 - Insights on policies and procedures as well as problem areas
 - Staff surveys can assess knowledge and usual practice
- Site visits
 - Direct observation of what is not reported
 - May be opportunity for technical assistance
- Combinations of the above



National Monitoring

- Routine administrative data collection
 - Extraction from HMIS or electronic medical records
- Maternal discharge/follow-up surveys
- Population-based household surveys
 - Retrospective reports from mothers
 - DHS, MICS, World Bank or other surveys
- Aggregation of facility accreditation or supervision records
- Facility key-informant interviews or surveys
 - Relies on reports by most knowledgeable facility staff person





Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes
June 2023

Identifying and Managing Industry Interference: The Industry “Playbook”

Marion Nestle
Professor of Nutrition, Food Studies
& Public Health, Emerita
New York University
June 20, 2023

Declaration: No conflicting interests.



World Health
Organization



unicef
for every child

The power of industry lobbying

Breastfeeding 3

THE LANCET

The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress

Philip Baker, Julie P Smith, Amandine Gault, Laurence M Gummer-Strawn, Benjamin Wood, Gita Sen, Gerard Hastings, Rajat Puri, Eszterall, Chee Yoke Ling, Nigel Rollins, David M A Coys, on behalf of the 2023 Lancet Breastfeeding Series Group*

Despite increasing evidence about the value and importance of breastfeeding, less than half of the world's infants and young children (aged 0–36 months) are breastfed as recommended. This Series paper examines the social, political, and economic reasons for this problem. First, this paper highlights the power of the commercial milk formula (CMF) industry to commodify the feeding of infants and young children; influence policy at both national and international levels in ways that grow and sustain CMF markets; and externalise the social, environmental, and economic costs of CMF. Second, this paper examines how breastfeeding is undermined by economic policies and systems that ignore the value of care work by women, including breastfeeding, and by the inadequacy of maternity rights protection across the world, especially for poorer women. Third, this paper presents three reasons why health systems often do not provide adequate breastfeeding protection, promotion, and support. These reasons are the gendered and biomedical power systems that deny women-centred and culturally appropriate care; the economic and ideological factors that accept, and even encourage, commercial influence and conflicts of interest; and the fiscal and economic policies that leave governments with insufficient funds to adequately protect, promote, and support breastfeeding. We outline six sets of wide-ranging social, political, and economic reforms required to overcome these deeply embedded commercial and structural barriers to breastfeeding.

Philippines: Industry lobbyists targeted the President, members of Congress, officials in the health, trade, and industry sectors, the US Philippine Embassy, UNICEF's international and regional headquarters.

South Africa: A new regulation took 9 years, with many setbacks from industry interference. Lobbyists challenged the Department of Health during the drafting process, requiring detailed responses, legal advice and a major work burden for staff.

United States: Between 2007 and 2018, the largest six US CMF manufacturers together spent US\$184.2 million on lobbying the US Government, of which \$55.1 million (30.0%) was declared as BMS-related.

The power of industry lobbying

Baker et al. Globalization and Health (2021) 17:123
<https://doi.org/10.1186/s12902-021-00774-5> Globalization and Health

RESEARCH Open Access

Breastfeeding, first-food systems and corporate power: a case study on the market and political practices of the transnational baby food industry and public health resistance in the Philippines

Philip Baker^{1*}, Paul Zambano², Roger Mathisen³, Maria Rosario Singh-Vergara⁴, Ana Epefania Escobar⁵, Melissa Malon⁶, Mark Lawrence⁷, Katherine Sievert⁸, Cherie Russell⁹ and David McCoy¹⁰

US Chamber of Commerce President of the Philippines

"[The regulations]... would have unintended negative consequences for investors' confidence in the predictability of business law in the Philippines...If regulations are susceptible to amendment without due process, a country's reputation as a stable and viable destination for investment is at risk."

Pharmaceutical and Healthcare Association of the Philippines President of the Philippines

"[Raising]...questions and protests regarding the constitutionality, legality and validity of certain provisions...which make the [regulation] susceptible to a temporary restraining order and... the government to possible sanctions imposed by the WTO."

Pharmaceutical and Healthcare Association of the Philippines Chairman of the Committee on Trade and Industry:

"... the [regulation] will discourage investment consideration in the Philippines. Two of our members are poised for expansion of their facilities and have investment approval to proceed. However, some reservations are now being raised..."

Courtesy call. Manila Standard, Manila. 2006



Breastmilk or infant formula? Content analysis of infant feeding advice on breastmilk substitute manufacturer websites

Jennifer L Pomeranz^{1,*}, Xiangying Chu¹, Oana Groza¹, Madeline Cohodes¹ and Jennifer L Harris²

¹School of Global Public Health, New York University, New York, NY, USA; ²UConn Rudd Center for Food Policy and Obesity, University of Connecticut, Hartford, CT, USA

Submitted 23 March 2021; Final revision received 13 July 2021; Accepted 10 August 2021; First published online 14 September 2021

Abstract

Objective: To evaluate messages about infant feeding on breastmilk substitute (BMS) manufacturer websites directed at US caregivers and compare information and portrayals of breast-feeding/breastmilk with that of infant formula (IF) feeding. **Design:** We conducted a content analysis of US BMS companies' websites. A codebook was created through an iterative process to identify messages and images about breast-feeding/breastmilk and IF feeding, including benefits or issues associated with each, and direct-to-consumer marketing practices that could discourage breast-feeding.

Setting: Data were collected in 2019–2020 and analysed in 2020–2021 for US websites of five IF manufacturers.

Participants: The websites of Similac, Enfamil and Gerber, which collectively represent approximately 98% of the US IF market, and two US organic brands, Earth's Best and Happy Baby.

Results: Websites contained more messages about breast-feeding/breastmilk than IF but were significantly more likely to mention benefits to baby of IF (44%) than breast-feeding/breastmilk (<26%), including significantly more statements that IF provides brain, neural and gastrointestinal benefits; 40% of breast-feeding/breastmilk content was dedicated to breast-feeding problems (e.g. sore nipples). Twice as many screenshots compared IF brands favourably to breastmilk than as superior to other brands. Certain companies displayed images indicating ease of IF feeding and difficulty of breast-feeding.

Conclusions: Substantial messaging on BMS manufacturer websites encouraged IF feeding and discouraged breast-feeding. Health professionals should discourage their patients from visiting these websites and the US government should regulate misleading claims. Companies should refrain from providing breast-feeding advice and align their US marketing with the International Code of Marketing of Breast-milk Substitutes.

Keywords: infant health, infant formula, breast-feeding, breastmilk, BMS marketing

Choosing to Formula-Feed

Many moms choose formula-feeding. Learn more about choosing to formula-feed and what to look for in a formula.

Medically reviewed by a board-certified pediatrician



Formula to the Rescue



Omega-3 DHA like that found in Enfamil has been clinically shown to:



9-12 months

Improve attention span, problem solving, and visual development*^{1,2,3}



DHA to Nourish Brain Development



Nutrients to Support Immune Health



Inspired by Breast Milk

Ingredients

Corn Syrup Solids; Partially Hydrolyzed Nonfat Milk and Whey; Protein Concentrate Solids (Soy); Vegetable Oil (Palm Olein, Soy, Coconut, and High Oleic Sunflower Oils); Less than 2%: Mortierella Alpina Oil, Schizochytrium sp. Oil, Choline, Taurine, L-Carnitine, Vitamins & Minerals.

The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died. How Similar Is Big Food?

KELLY D. BROWNELL and KENNETH E. WARNER

Yale University; University of Michigan

Context: In 1954 the tobacco industry paid to publish the “Frank Statement to Cigarette Smokers” in hundreds of U.S. newspapers. It stated that the public’s health was the industry’s concern above all others and promised a variety of good-faith changes. What followed were decades of deceit and actions that cost millions of lives. In the hope that the food history will be written differently, this article both highlights important lessons that can be learned from the tobacco experience and recommends actions for the food industry.

[Milbank Q.](#) 2009 Mar; 87(1): 259–294.

The “Playbook”

- Blame personal responsibility
- Urge self-regulation
- Influence (fund) science
- Create front groups
- Create public-private partnership
- Demand seat at policy table
- Lobby, Litigate



Revealed: experts who praised new 'skinny jab' received payments from drug maker



Shanti Das and Jon Ungoed-Thomas

Sun 12 Mar 2023 03.00 EDT

Novo Nordisk

3,500 payments
£ 21.7 million

- Obesity charities
- NHS trusts
- Doctors
- Health educators
- Lobbyists

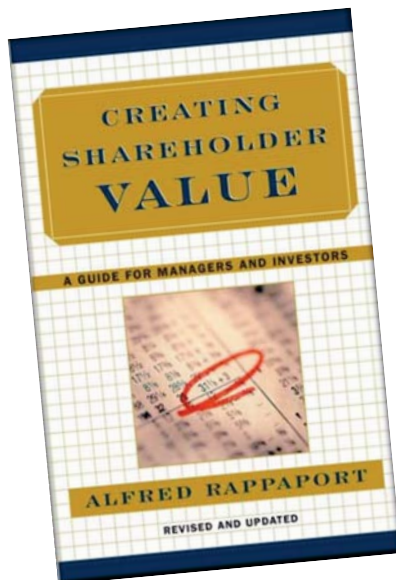
Observer investigation finds Novo Nordisk gave millions to obesity charities and healthcare professionals, including expert who advised Nice

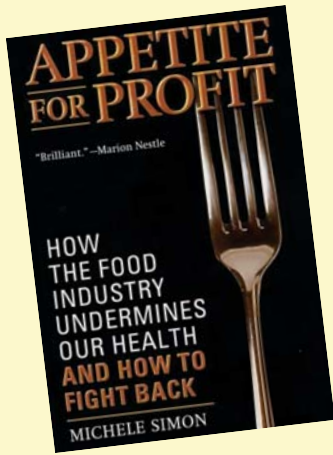
- **'Orchestrated PR campaign': how skinny jab drug firm sought to shape obesity debate**



The only corporate social responsibility a company has is to maximize its profits

Milton Friedman





Advocacy Regulations Lawsuits Stockholders



Do Nothing Deny Change Products **Fight Back**

**Union of
Concerned Scientists**

The Disinformation Playbook

How Business Interests Deceive, Misinform,
and Buy Influence at the Expense of Public
Health and Safety

Published Oct 10, 2017 | Updated May 18, 2018



Alcohol Industry Funds Government Study

A \$100 million study on the health effects of moderate drinking was shut down after revelations of inappropriate contact between investigators and the alcohol industry.

The Fake

Conduct counterfeit science and try to pass it off as legitimate research

1

CASE STUDY



Industry Groups Used Cherry-Picked Science to Avoid Regulation of Chromium

The Blitz

Harass scientists who speak out with results or views inconvenient for industry

2

CASE STUDY

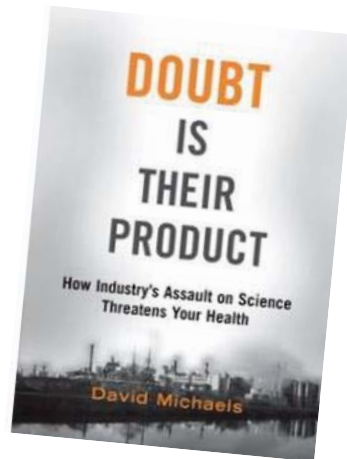
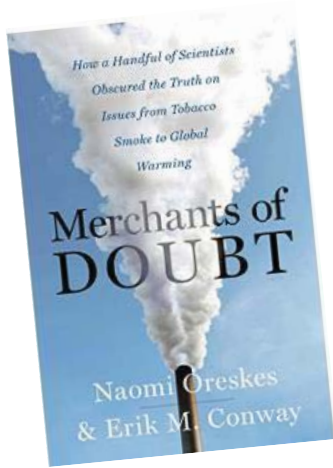


Syngenta Harassed the Scientist Who Exposed Risks of its Herbicide Atrazine

The Diversion

Manufacture uncertainty about science where little or none exists

3



Corn Refiners Association Used Front Groups to Spread Disinformation about Sugar and Health

BMJ Global Health



Etiquetage nutritionnel en Europe : une bataille explosive, entre nationalismes, lobbying et menaces

Par Mathilde Gérard, Allan Kaval (Rome, correspondant) et Virginie Malingre (Bruxelles, bureau européen)

Publié le 26 décembre 2022 à 05h37, modifié le 17 février 2023 à 10h16

Le Monde

A study is 21 times more likely to find unfavourable results about the nutrition label Nutri-Score if the authors declare a conflict of interest or the study is funded by the food industry

Stephane Besancon,¹ David Beran ,² Malek Batal³

Besancon S, et al. *BMJ Global Health* 2023;8:e011720. doi:10.1136/bmjgh-2023-011720



The Screen

Buy credibility through alliances with academia or professional societies

4

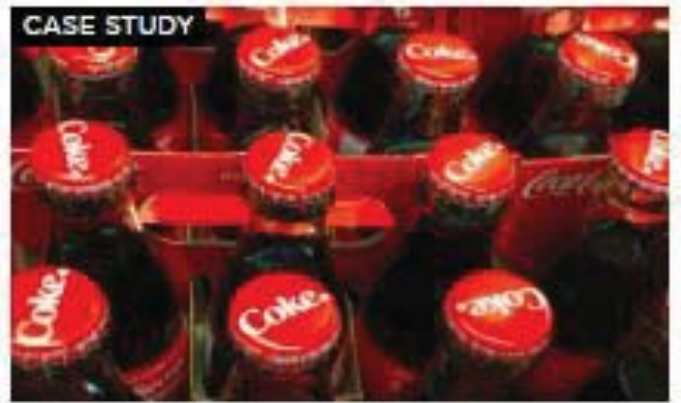
The New York Times

Coca-Cola Funds Scientists Who Shift Blame for Obesity Away From Bad Diets

BY ANAHAD O'CONNOR AUGUST 9, 2015 5:25 PM



CASE STUDY



How Coca-Cola Disguised Its Influence on Science about Sugar and Health

And Now a Word From Our Sponsors



Are America's Nutrition Professionals in the Pocket of Big Food?

Michele Simon

JANUARY 2013 **EATDRINK** POLITICS

Nutrition Scientists on the Take from Big Food

Has the American Society for Nutrition lost all credibility?



Michele Simon
JUNE 2015



American Society for Nutrition
Excellence in Nutrition Research and Practice

Three of the
four leading
makers of
infant formula

With thanks to our 2023 Sustaining Partners

Abbott Nutrition

Ajinomoto Health and Nutrition North America

Almond Board of California

Bayer HealthCare

Balchem

Brightseed

California Walnut Commission

ChromaDex

Council for Responsible Nutrition

DSM Nutritional Products, LLC

Egg Nutrition Center

General Mills Bell Institute of Health and Nutrition

GSK Consumer Healthcare

Hass Avocado Board

Herbalife Nutrition

IFF

Kyowa Hakko U.S.A., Inc.

Mars Inc.

Mondelez International

National Cattlemen's Beef Association, a contractor to The Beef Checkoff

National Dairy Council

National Pork Board

Nestle Nutrition

Pharmavite LLC

Potatoes USA

Reckitt Benckiser

The Peanut Institute

The Sugar Association

Traverse Science

The Fix

Manipulate government officials or processes to inappropriately influence policy

5



0% of the world's largest corporate food producers and processors disclose political giving across the countries they do business in.



www.foodpolitics.com

March 2015 to
March 2016

168 Studies
156 Favorable
12 Unfavorable

- Convenience sample
- Unsystematic

FOOD POLITICS

by Marion Nestle

JUN
10
2015

Industry-sponsored research: this week's collection

Here is my latest roundup of industry-sponsored research producing results or opinions that favor the sponsor's commercial interests.

Sugars and obesity: Is it the sugars or the calories? Choo FL, Ha V, Sievenpiper JL. Nutrition Bulletin, May 19, 2015. DOI: 10.1111/nbu.12137

Conclusion: The higher level evidence reviewed in this report does not support concerns linking fructose-containing sugars with overweight and obesity.

Conflicts of interest: All three authors report scholarship or research support from such entities as the Canadian Sugar Institute, PepsiCo, Coca-Cola, Dr Pepper Sappale, Corn Refiners Association, World Sugar Research Organization.

Cranberry Juice Consumption Lowers Markers of Cardiometabolic Risk, Including Blood Pressure and Circulating C-Reactive Protein, Triglyceride, and Glucose Concentrations in Adults. Janet A Novotny, David J Baer, Christina Khoo, Sarah K Gebauer, and Craig S Charron. J. Nutr. 2015; 145:1185-1193 doi:10.3945/jn.114.203190.

Conclusion: LCCJ [low-calorie cranberry juice] can improve several risk factors of CVD [cardiovascular disease] in adults, including circulating TGs [triglycerides], CRP [c-reactive protein], and glucose, insulin resistance, and diastolic BP [blood pressure].

Sponsor: Ocean Spray Cranberries, Inc. and the USDA. JA Novotny received funding from and C Khoo is employed by Ocean Spray Cranberries, Inc.



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NEXT PUBLIC APPEARANCE

FEB
27
2017

Cuernavaca, Mexico: National Institute of Public Health

The third lecture in this series: Conflict of interest in nutrition research, programs, and healthy eating recommendations: how to identify and manage." 3:00 p.m., Aula Magna room.

SEARCH

Search

TOPICS FOR THIS POST

Conflicts-of-interest, Sponsored-research

Makers and producers

Artificial sweeteners
Blueberries
Canned foods
Cereal
Chewing gum
Citrus fruits
Chocolate
Coffee
Corn
Cranberries
Dairy
Dietary supplements
Eggs
Garlic

Grains

Infant formula

Juices

Meat

Nuts

Oats

Olive oil

Pears

Potatoes

Pulses

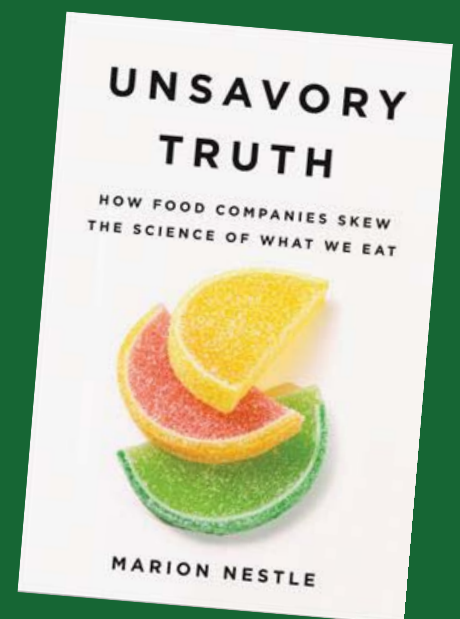
Raspberries

Soft drinks

Soy foods

Sugar

Yogurt



Before you read another health study, check who's funding the research

Food companies have a bad history of funding biased research to support their products. We took a look at a few egregious recent examples

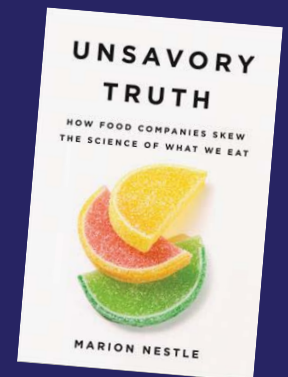


▲ New York University nutrition professor Marion Nestle began informally tracking studies funded by food and beverage companies, as well as trade groups, in 2015. Her research uncovered 168 such studies in that year alone, and of those, 156 showed biased results that favored the sponsor's interests Photograph: Alamy



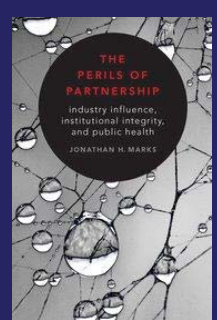
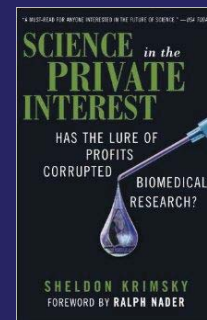
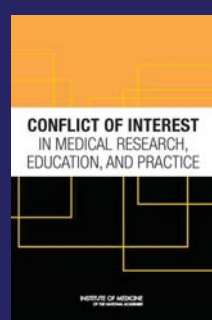
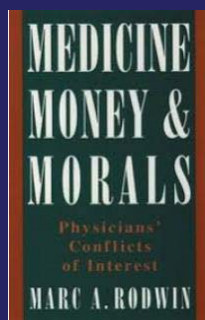
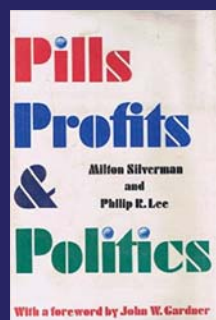
Research on Drug Industry Influence

- **Influence:** Pervasive, Effective
- **But:** Unconscious, Unintentional, Unrecognized
- **Justifications for Ties:** Not Evidence-Based
- **Disclosure:** Necessary, Not Sufficient
- **Prevention & Management:** Essential



1974

2019



January 2019

THE LANCET

January 2019

www.thelancet.com

The Global Syndemic of Obesity, Undernutrition and Climate Change: The Lancet Commission report



Milken Institute School
of Public Health
THE GEORGE WASHINGTON UNIVERSITY

A Policy Brief for national and municipal governments, civil society, funders, businesses, and international agencies

Food systems: Prevent

- Hunger
 - Obesity
 - Climate change
- } Triple duty

“Consumptogenic” economic systems

- Prioritize corporate economic power
- Promote privatization
- Externalize costs
- Neglect risks



Policy inertia

- Weak governance, "captured"
- Powerful food industry opposition
- Weak civic demand



To overcome the (perhaps unconscious) power of industry influence

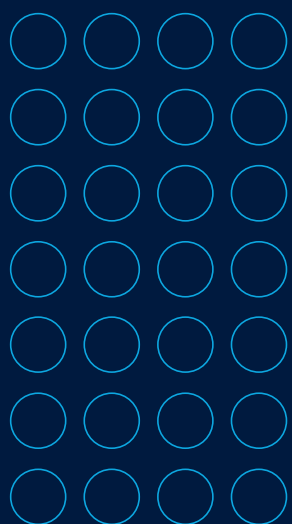
- Avoid public-private partnerships
- Set firewalls
- Regulate marketing
- Exclude industry from policy
- Require industry transparency



Evidence: The Playbook applies to:

- Tobacco
- Pharmaceutical drugs
- Fossil Fuels
- Chemicals
- Food
- Infant formulas
- Baby food

Decoding the Disinformation Playbook.



Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes
June 2023

Thank You!

marion.nestle@nyu.edu
@marionnestle



World Health
Organization

unicef
for every child

Get the industry where it hurts the most...\$\$\$\$\$\$..Class Action Lawsuits

Jury awards \$60M verdict to mother in Enfamil infant death

on Staff | March 21, 2024

Category: Baby Food and Products Class Action Lawsuit and Settlement News

FOLLOW ARTICLE

P & M Pintas & Mullins P.A.
INJURY LAWYERS

800-968-5811
FREE NATIONWIDE CONSULTATION



Was your preemie diagnosed with NEC (Necrotizing Enterocolitis)?

Cow's milk based infant formula and fortifiers have been associated with a premature baby's risk of developing the life threatening condition of Necrotizing Enterocolitis (NEC). Manufacturing Giants Abbot and Mead Johnson have failed to warn the public of these dangers.

Protect your rights and seek compensation for your baby's death or lifelong suffering. Even though this may have happened years ago, you still may be eligible for compensation.

Free And Confidential Case Review

Your child **MUST** be born premature (less than 37 weeks) for you to qualify for a claim request

Was your child born premature?*

Select

Was your child diagnosed with NEC (Necrotizing Enterocolitis)?*

Select

Was your baby fed formula or fortifier while hospitalized?*

Select

BFHI in all policies as a strategy to accelerate scale up to all facilities...

What policies could/should integrate BFHI:

- National nutrition plan or strategy (usually doesn't include a lot of detail, but should at least mention support of bf in maternity facilities)
- National development plan
- National Infant feeding plan
- National poverty reduction plan
- National budget
- Code legislation – make sure it covers all the provisions for healthcare and conflicts of interest
- Electronic medical record plans
- Health management information system strategies (HMIS/ DHIS)
- Healthcare quality improvement strategies (QI), also called health systems strengthening (HSSo)
- Perinatal care standards
- Antenatal care standards (to ensure breastfeeding is integrated in ANC for Step 3)
- Standards of care for ob/gyn, paediatrics, neonatology, nursing, midwifery
- Standard curricula for schools of ob/gyn, paediatrics, neonatology, nursing, midwifery
- Qualifying exams for ob/gyn, paediatrics, neonatology, nursing, midwifery
- Fair labour standards (not exactly BFHI, but health workers in maternity facilities need to have maternity protections—this would help to improve attitudes about breastfeeding)
- Family friendly policies
- What opportunities exist in your country...???



UNICEF's work on

- 1) BFHI,
- 2) protecting IYCF from Col
- 3) UNICEF VISION FOR ECD

Grainne Moloney

Senior Nutrition Adviser, Early Childhood Nutrition

UNICEF HQ, New York

15th April 2024



Goal 2020-2030



UNICEF's Goal

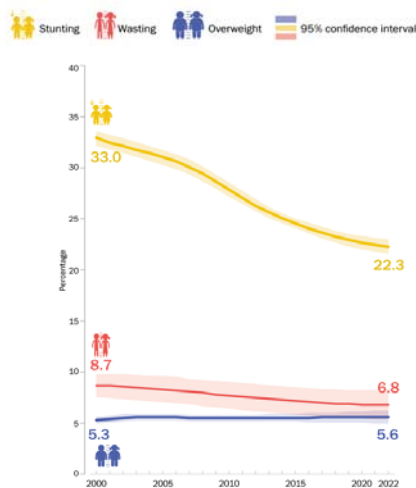
To protect and promote **diets, services and practices** that support optimal nutrition, growth and development for all children

Supports the goal of the 2030 Agenda for Sustainable Development to ensure children's access to nutritious diets and to end child malnutrition in all its forms.

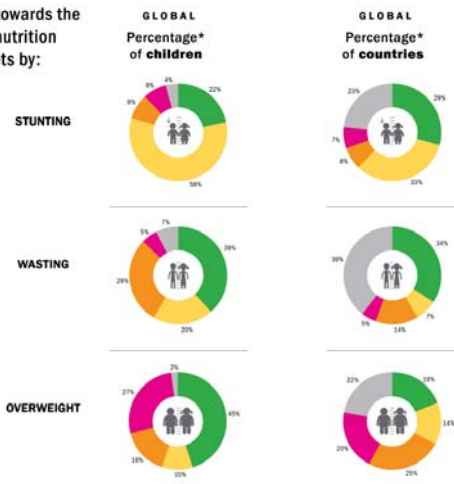


Percentage of Children who are malnourished (stunted, wasted and overweight)

Percentage of children under 5 affected by stunting, wasting and overweight, global, 2000–2022



Progress towards the child malnutrition SDG targets by:



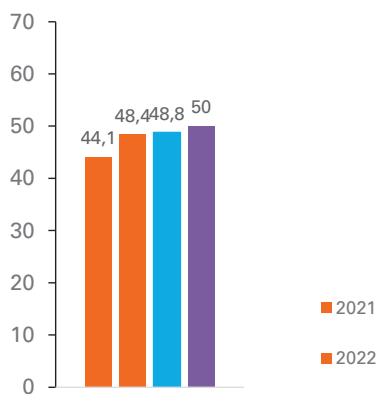
Source: UNICEF, WHO, World Bank Group Joint Child Malnutrition Estimates, 2023 edition.



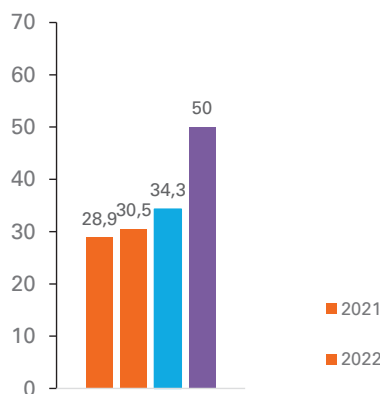
Infant and Young Child Feeding



Percentage of infants under 6 months of age who are exclusively breastfed



Percentage of children aged 6 to 23 months who are fed a minimum diverse diet



Source: UNICEF IYCF Global Databases



Rates of breastfeeding globally

Figure 1. Trends in the global prevalence of exclusive breastfeeding at 0–5 months of age.

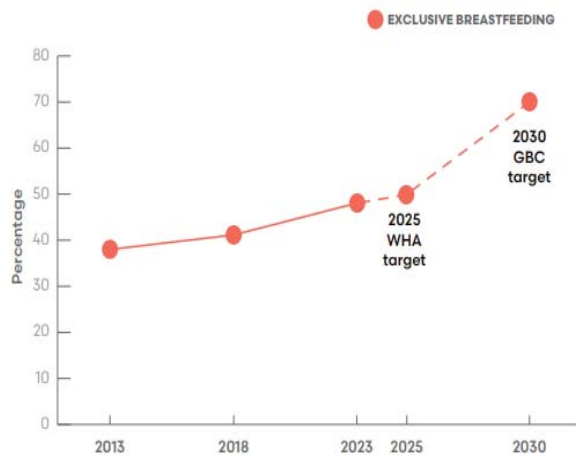
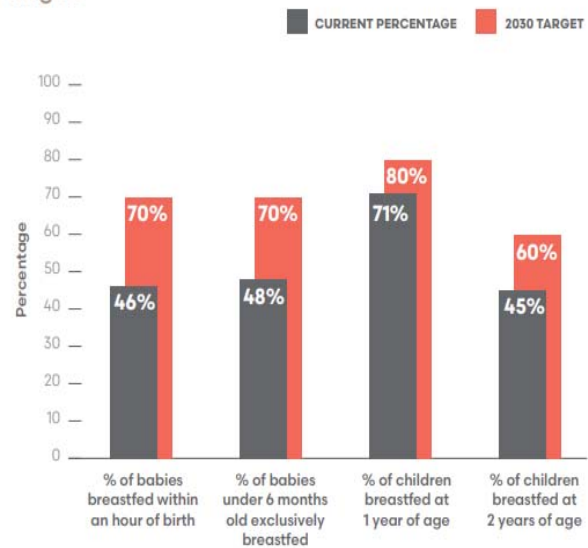
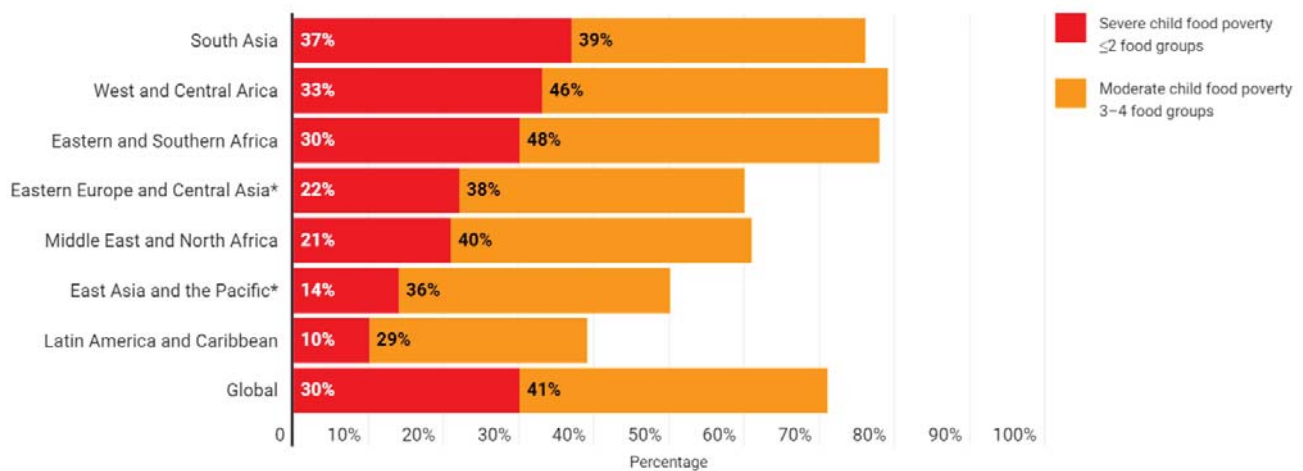


Figure 2. Current rates of breastfeeding against global targets



Globally, 1 in 3 children under five lives in severe food poverty



Percentage of children living in severe food poverty and moderate food poverty, by region, 2021

Source: UNICEF Global databases, 2022. *To meet adequate population coverage in each region, East Asia and the Pacific does not include China, and Eastern Europe and Central Asia does not include Russian Federation.

UNICEFs recent work on BFHI

- Over 100 UNICEF country offices across the world are supporting technically and financially the national Governments in the implementation of the 10 Steps
- Following the release of the BFHI Implementation guidance
 - High level advocacy on BFHI as a core strategy to achieve Global Nutrition targets
 - WHO/UNICEF/USAID N4G commitment on BFHI in 2021
 - Capacity building through our country and regional teams – global workforce of >750 nutrition staff in >150 countries
 - Development of BFHI external assessment manual/integrated monitoring manual with WHO



GLOBAL BREASTFEEDING COLLECTIVE

unicef | World Health Organization

[CONTACT US](#)

[ABOUT THE COLLECTIVE](#) [BREASTFEEDING SCORECARD](#) [TOOLKIT](#) [NEWS AND EVENTS](#) [PARTNERS](#) [Q](#)

Global Breastfeeding Collective

The Global Breastfeeding Collective is a partnership of prominent international agencies calling on donors, policy makers and civil society to increase investment in

A partnership of prominent international agencies calling on donors, policymakers, philanthropists and civil society to increase investment in breastfeeding worldwide.

www.globalbreastfeedingcollective.org

World Health Organization | USAID | unicef

Advocacy focus on the 10 Steps in 2022/23

1 Increase funding to raise breastfeeding rates from birth through two years

2 Fully implement the International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions, through **strong legal measures that are enforced and independently monitored** by organizations free from conflicts of interest

3 Enact **paid family leave and workplace breastfeeding policies**, building on the International Labour Organization's maternity protection guidelines as a minimum requirement, including provisions for the informal sector

4 Implement the Ten Steps to Successful Breastfeeding in **maternity facilities**, including providing breastmilk for sick and vulnerable newborns

5 Improve access to **skilled breastfeeding counselling** as part of comprehensive breastfeeding policies and programmes in health facilities

6 Strengthen links between health facilities and communities, and **encourage community networks** that protect, promote, and support breastfeeding

7 Strengthen monitoring systems that **track the progress** of policies, programmes, and funding towards achieving both national and global breastfeeding targets

GLOBAL BREASTFEEDING COLLECTIVE | |

for every child

2022 WBW Week

TAKE 10 STEPS UP FOR BREASTFEEDING

Join us for a webinar to learn about the Ten Steps to Successful Breastfeeding

- Find tools and resources to help with adopting them in health systems
- Be inspired by stories about the Ten Steps in action

Together, we can make sure every baby starts life in a baby-friendly environment

Wednesday, August 3rd 2022
Choose between two options based on your global location and language preferences

LEARN MORE

www.globalbreastfeedingcollective.org/step-up

- 2 global webinars on the 10 Steps
 - Over 1500 participants
- Video on mother's experiences with the 10 Steps: <https://www.globalbreastfeedingcollective.org/step-up>
- 6 country panel learning and sharing from diverse settings
- Social media on the 10 Steps

GLOBAL BREASTFEEDING COLLECTIVE | |

for every child

Annual Global Breastfeeding Scorecard

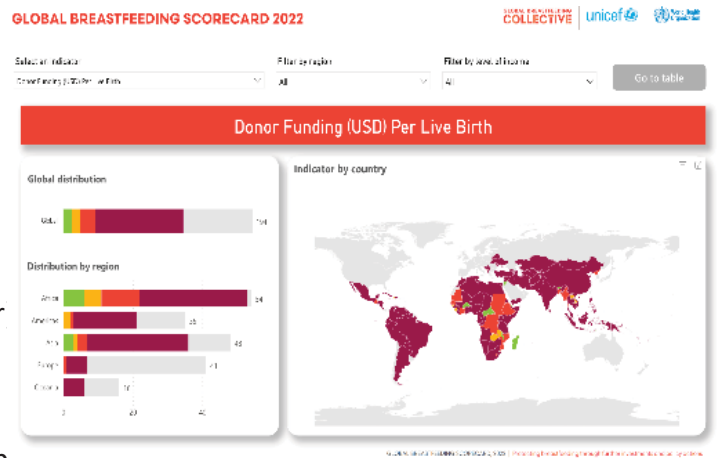
Indicators on:

- GBC policy priorities (1-2 each) including 10 Steps
- IYCF in emergencies
- Breastfeeding rates (EIBF, ExBF, 1yr, 2yr)

Sets 2030 targets

Aims to advocate for progress, increase accountability, and document change on top priorities

Country-specific data for 194 countries



2023 Breastfeeding Scorecard



Implement the Ten Steps to Successful Breastfeeding in maternity facilities

% of countries with more than 50% of births in Baby-friendly facilities



% of countries with at least 75% of births observed on breastfeeding at birth

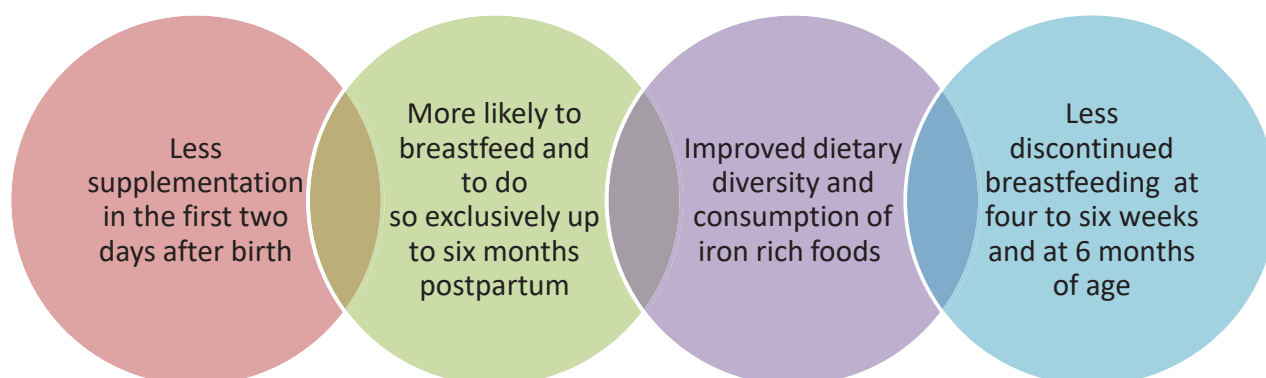


Breastfeeding Advocacy Toolkit

- Advocacy tools and resources on the Collective's seven policy asks
- Target audience: advocates

The screenshot shows the homepage of the Breastfeeding Advocacy Toolkit. At the top, it says "Breastfeeding Advocacy Toolkit" with the subtitle "A knowledge and tool base for breastfeeding advocates". Below this are seven icons representing different policy areas: Funding, Code, Workplace, Ten Steps, Counselling Access, Community Links, and Monitoring. A text box below the icons states: "The Breastfeeding Advocacy Toolkit is a comprehensive collection of advocacy tools and resources aimed at improving policies and financing for the protection, promotion, and support of breastfeeding. The Toolkit is intended for breastfeeding advocates and other stakeholders seeking information and tools to support the Collective's seven policy actions." At the bottom, there is a search bar with the text "Content: 122 results" and a search icon.

Increased and ongoing investment in quality and skilled Counselling as a core strategy to improve feeding practices and behavior change



Community Infant and Young Child Feeding Counselling Package – updated package to be launched on Tuesday 16th – used in over 90 countries since 2012



High level advocacy through other international conferences in 2023

IMNCH conference in South Africa:

- Parallel session on the 10 Steps

20th Latin American Nutrition Congress in Ecuador 2023

- Parallel Session on the 10 Steps



UNICEF/WHO/USAID Joint N4G Commitment on BFHI

- USAID, WHO and UNICEF jointN4G commitment, the **'Nutrition for Growth Breastfeeding Commitment Partnership'**
- *Provision of technical assistance to 10 countries to support a country-led, comprehensive approach to integration, and scale-up of the BFHI*

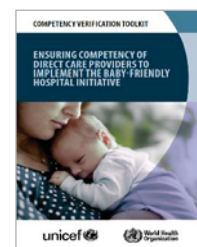
Key activities:

- Capacity-building
 - Recent workshop in Nairobi for healthcare professionals, policymakers, and stakeholders
 - Ten countries (Ethiopia, Ghana, Kenya, Malawi, Nigeria, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe).
 - enhancing countries' capabilities to effectively implement BFHI)as an integral component standard health care



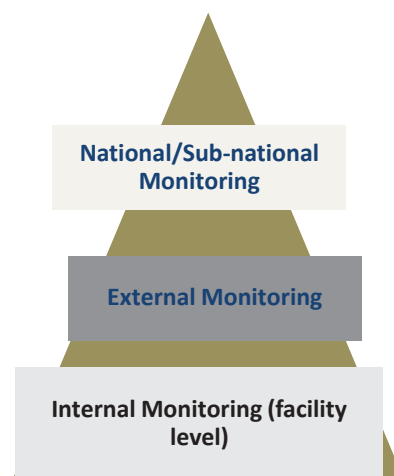
UNICEF and WHO Capacity building resources

- In 2021 UNICEF and WHO launched the below resources:
 - BFHI maternity staff training curriculum
 - BFHI for small, sick and preterm newborns
 - BFHI competency verification toolkit
 - IYCF counselling course



External Assessment/integrated draft monitoring manual

- The monitoring manual presents guidance and tools for use or adaptation at the facility and national level to support facilities and health systems in implementing the Ten Steps to Successful Breastfeeding.
- The manual offers opportunities and examples of how BFHI monitoring could be integrated into various quality assessment systems and mechanisms, as well as different monitoring mechanisms with strengths and limitations of each monitoring option.
- A final manual will be available by the end of the second quarter 2024



External Assessment/integrated manual

Models may include:

- Health facility accreditation systems
- Health insurance schemes
- National health systems
- A gradual or **step-wise approach** may need to be taken when **integrating BFHI indicators into existing systems**
- Opportunities for integration may present themselves when **new systems are under design or revision**
- **Standards can be assessed periodically with other QA measures** for assessing hospital standards in maternal child health



BFHI supported by UNICEF Natcom - (UK)

The UK has some of the lowest breastfeeding rates in the world, with eight out of ten women stopping breastfeeding before they want to. [Infant Feeding Survey](#)

The UNICEF UK Baby Friendly Initiative programme supports maternity, neonatal, health visiting and children's centre services and university programmes by:

- [Setting standards](#) which provide a roadmap for sustainable improvements
- Providing training and personalized support to help services implement the standards
- Assessing progress by measuring the skills and knowledge of health professionals, and interviewing mothers to hear about their experiences of care.
- Services which implement the Baby Friendly standards receive the prestigious UK Baby Friendly award, a nationally recognized mark of quality care.



Development of key resources in advance of the Code Congress



Figure 1 below illustrates the baby food industry's global influence, including its vast network of trade associations and other corporate-funded influence organizations.¹⁶

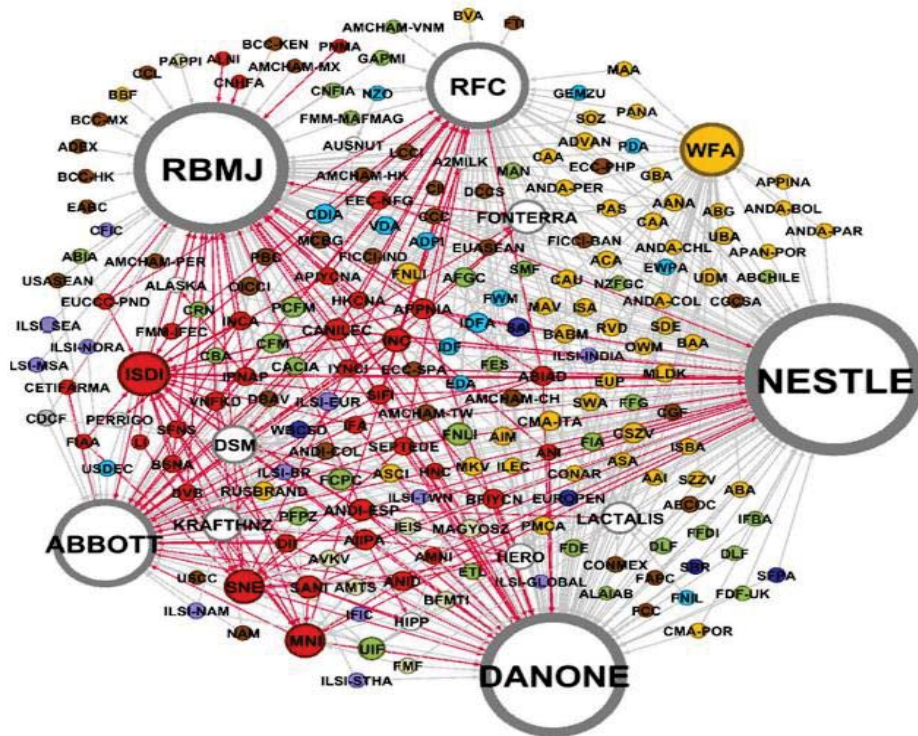


Figure 1. The baby food industry's global political influence network



This factsheet explains the clear need to keep the baby food industry at arm's length in two key areas:

- To protect against industry interference in policy-making and implementation processes; and
- To prevent COI within these processes and in health care systems.

Common interference tactics used by the baby food industry

<p>Protecting the industry's reputation and brands</p>	<p>Companies engage in corporate washing, meaning contributing to or associating with social causes or organizations to improve public perception and legitimize their presence in public health discourse and policymaking.⁵</p>
<p>Influencing policy-making</p>	<p>The industry seeks to influence policy-making through direct and indirect lobbying of governments and multilateral bodies to prevent the adoption of Code regulations, delay their implementation and promote policy alternatives (e.g., self-regulation or voluntary measures, which evidence shows are ineffective and serve to weaken and delay legal measures).⁶</p> <p>Several companies have repeatedly committed to conduct responsible marketing and improve breastfeeding and child nutrition, yet these same companies fund many of the lobby groups working against these commitments.⁷</p> <p>Such lobbying, for example, led to a long delay in the adoption of new marketing regulations in South Africa; in Thailand, it resulted in the watering down of the scope and strength of new marketing regulations; in the United States, between 2007 and 2018, the six largest baby food companies together spent US\$184.2 million on lobbying political leaders and government agencies.⁸</p>
<p>Threatening countries with legal action</p>	<p>Types of threatened legal action include domestic litigation and threats of international trade disputes. This tactic can involve bringing legal challenges, or intervening in or aiming to influence ongoing disputes.</p> <p>Between 2015 and 2018, the government of Thailand faced repeated interventions in the World Trade Organization from the US, New Zealand, the EU, Australia, and Canada, questioning the scientific rationale for its proposed new Milk Code regulations, alongside multiple complaints about the proposed regulations not conforming to Codex standards.⁹ In the Philippines, when the government moved to strengthen its Milk Code regulations, a lobby group representing US companies appealed to the Supreme Court to rescind the new regulations, resulting in a 398-day delay to adoption.¹⁰</p>
<p>Generating economic concerns</p>	<p>The baby food industry generates economic concerns, such as stressing the economic importance of the industry and economic dangers of regulation.</p>



Consolidating market positions	<p>Large corporations use sustained merger and acquisition activity to further market consolidation in many countries and regions.¹¹ This tactic can increase their market power and their political influence.</p> <p>In many national and regional markets, only a few formula companies dominate; these markets – such as the US, Brazil, South Africa and Indonesia – are considered oligopolistic.¹²</p>
Diverting attention away from corporate responsibility	<p>Companies seek to shift attention away from their responsibility and instead blame individuals for their behaviours and choices (e.g., blaming mothers for not preparing formulas correctly when their babies become sick).</p> <p>Another method they use to divert attention is positioning themselves as supporters of women’s right to information, when in fact they are misinforming and misleading women by making false claims about their products and undermining women’s confidence in breastfeeding.</p>
Influencing science to distort evidence	<p>The industry seeks to influence science and skew evidence to be in their favour, and to conceal or cast doubt about the harms of their products and practices.¹³</p> <p>This tactic not only supports companies’ marketing, but also helps them foster a favourable image and legitimacy with consumers, health professionals and policymakers.¹⁴</p>
Making unfounded health claims	<p>Companies imply that their commercial milk products are equivalent to or superior to breastfeeding through unfounded health claims and inappropriate marketing tactics.¹⁵</p>
Using ‘free choice’ and ‘nanny state’ narratives	<p>The industry uses narratives that portray government action as interference. It does this through promoting rhetoric related to personal liberties and freedom of choice, as well as the so-called nanny state.</p>
Exploiting loopholes	<p>After successfully lobbying to weaken regulations, industry exploits loopholes. It seeks out ways to undermine strong implementation of measures, aiming to skirt obligations under national and international law.</p>

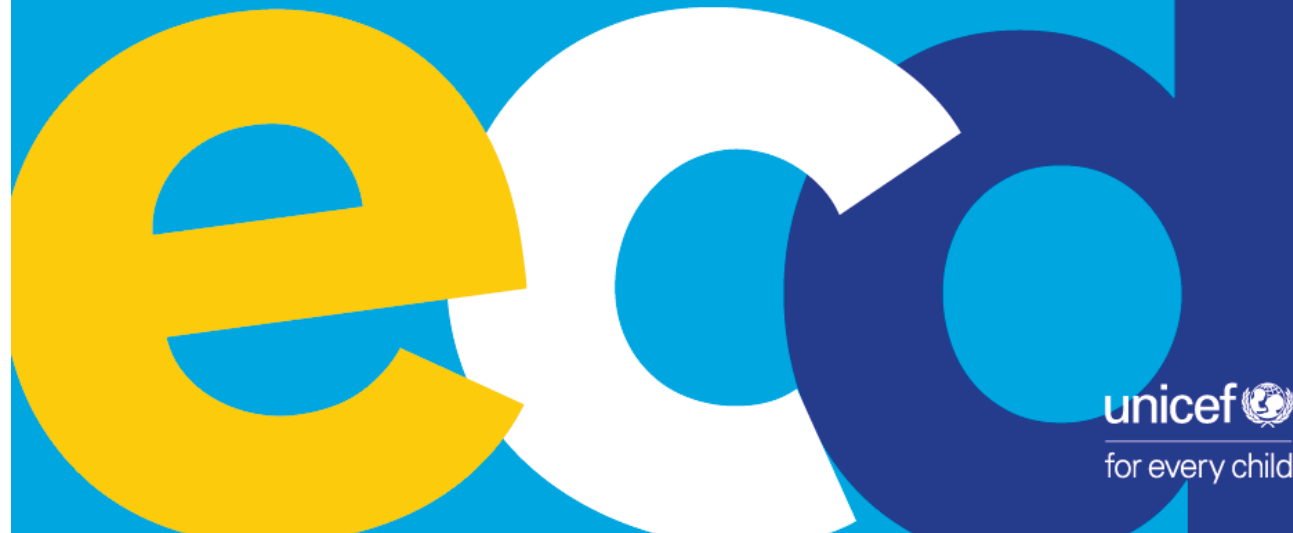
What can we do to reduce Col in health care settings ..

B. Protecting against COI in health care settings

To protect against COI in health care settings, it is imperative that companies, health workers, professional associations and NGOs **avoid** engaging in any of the following:²⁹

- Providing free products, samples or reduced-price foods for infants or young children to families through health workers or health facilities;
- Donating or distributing equipment or services to health facilities;
- Giving gifts or incentives to health care staff;
- Using health facilities to host events, contests or campaigns;
- Giving any gifts or coupons to parents, caregivers and families;
- Directly or indirectly providing education to parents and other caregivers on infant and young child feeding in health facilities;
- Providing any information for health workers other than that which is scientific and factual; and
- Sponsoring meetings of health professionals and scientific meetings.

Early Childhood Development UNICEF Vision for Every Child



WHY DO THE EARLY YEARS MATTER?

A right for every child

Building brains, building futures

A smart investment

Early childhood is a crucial window of opportunity during which interactions between young children and their environments influence children's physical, cognitive, emotional and social development.



THE CONTEXT

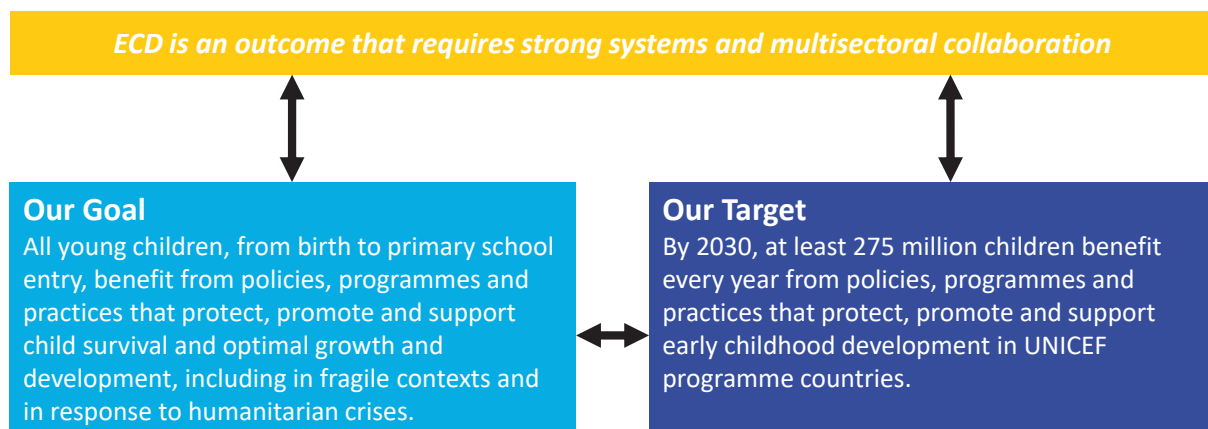
Multiple deprivations

Multiple deprivations include, but are not limited to:

- Extreme income poverty
- Severe food poverty and malnutrition
- Poor access to essential nutrition, health, water and sanitation services
- Lack of access to early stimulation, responsive care, and learning opportunities
- Discrimination based on disability, gender identity, and sexual orientation of parents, caregivers, or any members of their families
- Violence, abuse, and neglect
- Gender discrimination
- Exposure to climatic crises, environmental pollution, armed conflicts, and migration



WHY THE VISION?



A world where all young children survive, grow and develop to their full potential, everywhere



UNICEF'S VISION FOR EARLY CHILDHOOD DEVELOPMENT

ECD is an outcome requiring strong systems and multisectoral collaboration



Our Objectives:

1. To strengthen policies and legislation that enable opportunities for early childhood development
2. To expand programmes and services that protect and promote early childhood development
3. To support parents and caregivers in caring for their young children and themselves

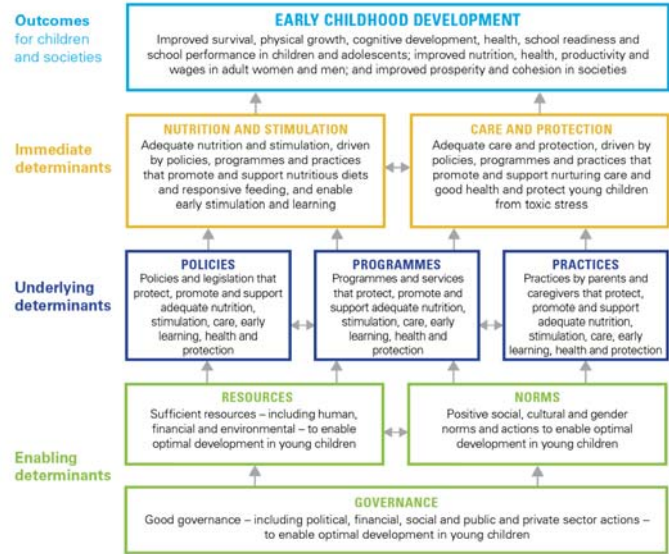


Universal principles guiding the design and implementation of UNICEF programming for ECD at the global, regional, national and subnational levels.



CAUSAL ANALYSIS

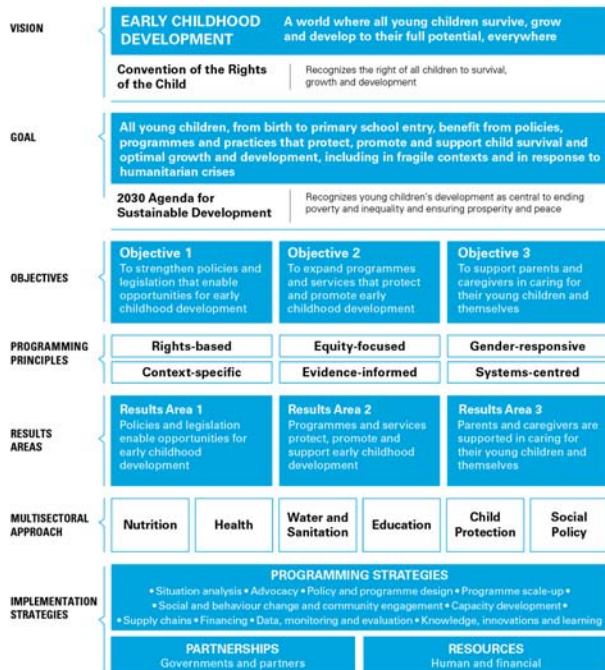
<p>Outcomes The UNICEF Causal Analysis identifies a range of short- and long-term outcomes resulting from optimal development in early childhood:</p>	<ul style="list-style-type: none"> In childhood and adolescence, improved survival, physical growth, cognitive development, health, school readiness and school performance. In adulthood and for societies, improved nutrition, health, productivity and wages in adult women and men, and improved prosperity and cohesion in societies.
<p>Immediate determinants The UNICEF Causal Analysis identifies two immediate determinants of optimal development in early childhood:</p>	<ul style="list-style-type: none"> Adequate nutrition and stimulation, driven by policies, programmes and practices that promote and support nutritious diets and responsive feeding, and enable early stimulation and learning. Adequate care and protection, driven by policies, programmes and practices that promote and support nurturing care and good health and protect young children from toxic stress.
<p>Underlying determinants The UNICEF Causal Analysis identifies three underlying determinants of optimal development in early childhood:</p>	<ul style="list-style-type: none"> Policies and legislation that protect, promote and support adequate nutrition, stimulation, care, early learning, health and protection. Programmes and services that protect, promote and support adequate nutrition, stimulation, care, early learning, health and protection. Practices by parents and caregivers that protect, promote and support adequate nutrition, stimulation, care, early learning, health and protection.
<p>Enabling determinants The UNICEF Causal Analysis identifies three enabling determinants of optimal development in early childhood:</p>	<ul style="list-style-type: none"> Sufficient resources, including human, financial and environmental resources to enable optimal development in young children. Positive norms, including social, cultural and gender norms to enable optimal development in young children. Good governance, including political, financial, social, and public and private sector actions to enable optimal development in young children.










PROGRAMME FRAMEWORK

The UNICEF Programme Framework for Early Childhood Development is informed by the UNICEF Causal Analysis of Optimal Early Childhood Development and describes how UNICEF will protect, promote and support the optimal survival, growth and development of all children in early childhood, from birth to primary school entry.

The Programme Framework sets out the six universal programming principles, three results areas, multisectoral approach and implementation strategies that UNICEF will use to achieve the vision, goal and objectives of the UNICEF Vision for Early Childhood Development.



A MULTISECTORAL APPROACH

 <p>Nutrition</p> <ul style="list-style-type: none"> • Maternal nutrition before, during and after pregnancy • Breastfeeding, complementary foods and responsive feeding and care • Fortified foods and micronutrient supplements for children and women • Early detection and treatment of child malnutrition • Early stimulation in Child Nutrition and Development programmes 	 <p>Health</p> <ul style="list-style-type: none"> • Maternal and newborn health • Maternal and caregiver mental health • Immunization and management of common childhood illnesses • Early detection and intervention for developmental delays and disabilities • Early stimulation in Child Health and Immunization programmes 	 <p>Water and sanitation</p> <ul style="list-style-type: none"> • Safe and affordable drinking water • Safe handling and storage of drinking water • Sanitation, including the safe disposal of child faeces • Handwashing with soap at critical times by caregivers and young children 	 <p>Education</p> <ul style="list-style-type: none"> • Early childhood care and education services • Parenting support for early learning and caregiving • Enhanced home-learning environments • Social-emotional development of children • Inclusive early childhood education for children 	 <p>Child protection</p> <ul style="list-style-type: none"> • Legal identity, including birth registration • Mental health and psychosocial support of children and caregivers • Prevention of violence against children and women in family settings • Prevention and response to child abuse and neglect • Prevention of family separation and promotion of family-based alternative care 	 <p>Social policy</p> <ul style="list-style-type: none"> • Measurement of child poverty in early childhood • Inclusive social protection, including child benefits and health insurance • Family-friendly policies and care • Local governance for early childhood services • Public investment in early childhood development
 <p>Cross-cutting</p> <ul style="list-style-type: none"> • Gender-responsive parenting and gender socialization • Disability inclusive policies, programmes and services • Climate-resilient and sustainable ECD policies, programmes and practices • Peacebuilding and social cohesion through investments in early childhood development • Social and behaviour change and community engagement 					



IMPLEMENTATION STRATEGIES

Programming strategies	Presence and people	Strategic partnerships
<ul style="list-style-type: none"> • Situation analysis • Advocacy • Policy, legislation & programme design • Programme scale-up • Social and behaviour change and community engagement • Capacity strengthening • Supply chains • Domestic and external financing • Data, monitoring and evaluation • Knowledge, innovations and learning 	<ul style="list-style-type: none"> • UNICEF has the largest workforce of all international organizations in nutrition, health, education and adolescent development, water and sanitation, child protection and social policy • At the start of 2023, UNICEF had more than 16,000 staff leading and supporting the design and implementation of policies and programmes in these areas worldwide • UNICEF's global and regional emergency and supply teams help to ensure effective and swift humanitarian response for young children in the event of emergencies 	<ul style="list-style-type: none"> • Governments (UNICEF's main partners) • United Nations agencies, multilateral development banks, bilateral donors, civil society and non-governmental organizations, academia, the media and the private sector • Continued engagement with the Scaling Up Nutrition (SUN) movement, the Early Childhood Development Action Network (ECDAN), and other networks at global, regional, and national levels





Thank You

The BFHI as a key element to protecting the first 1000 days

Laurent STORME, Béatrice MESDAGH, Dominique TURC, Damien SUBTIL
CHU & Université de Lille



INITIATIVE HÔPITAL
AMI DES
BÉBÉS



Université
de Lille

MINISTÈRE
DES SOLIDARITÉS
ET DE LA SANTÉ

Les 1000 premiers jours

Là où tout commence



Rapport de la commission
des 1000 premiers jours
SEPTEMBRE 2020

Public Health Policy : The first 1000 days

« First 1000 days » Committee : Report provided by September 2020

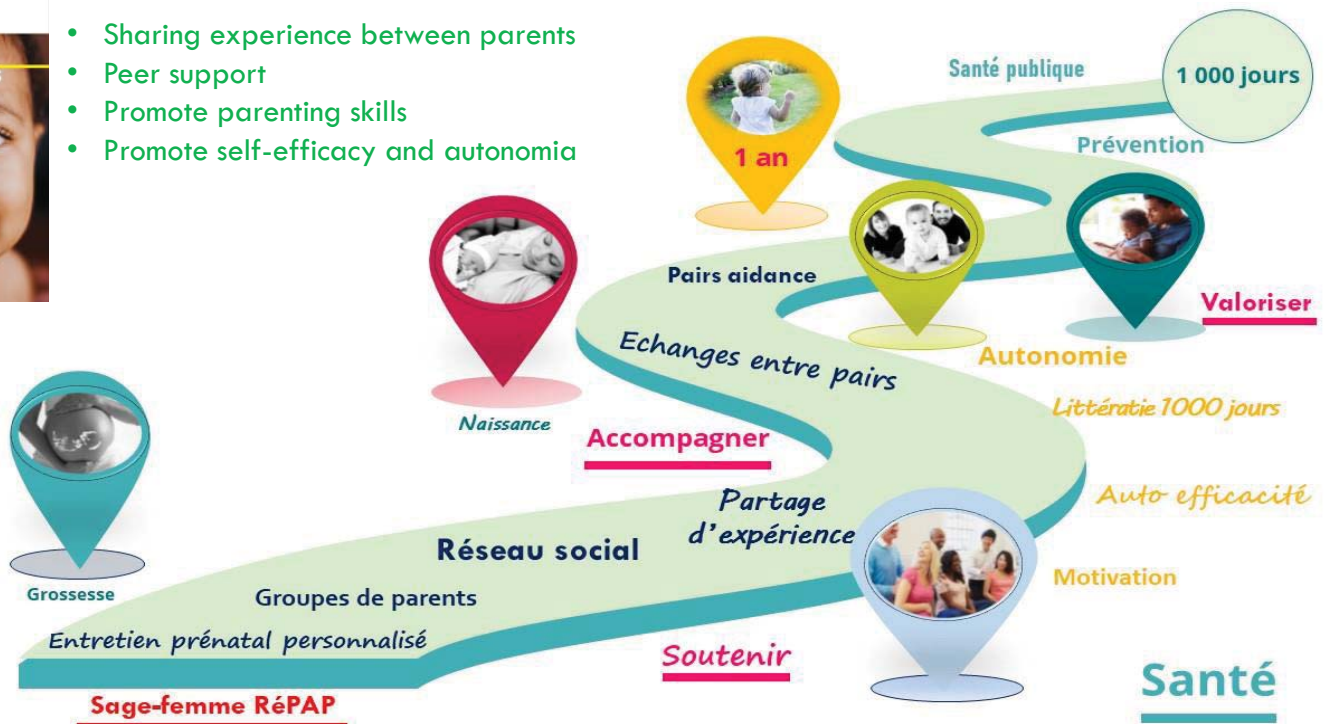


Opportunity to extend implementation of IHAB program in France

Roadmap on family support during the first 1000 days



- Sharing experience between parents
- Peer support
- Promote parenting skills
- Promote self-efficacy and autonomy



Health

DOHaD : « Developmental Origin of health and diseases »

First 1 000 days

Window of opportunity for acting



Diseases

Intra-uterine growth restriction (IUGR)



David Barker



- Placental insufficiency
- Preeclampsia

IUGR
Prematurity

Metabolic syndrome
(Hypertension,
Type 2 Diabetes, Obesity...)

Barker et al., 1993

Breastfeeding

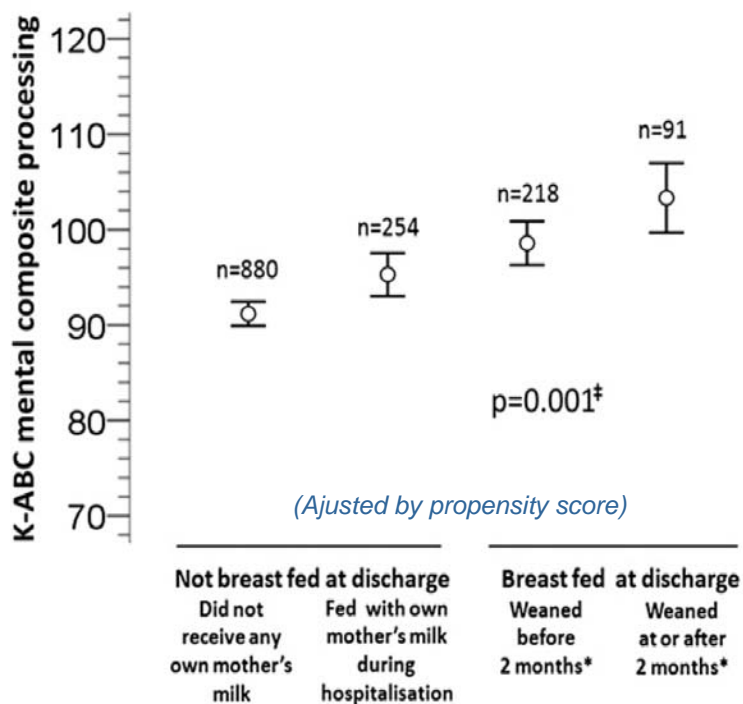


Preterm infants

- ↓ Obesity in adult;
- ➔ • ↓ Arterial pressure;
- Better cognitive score;

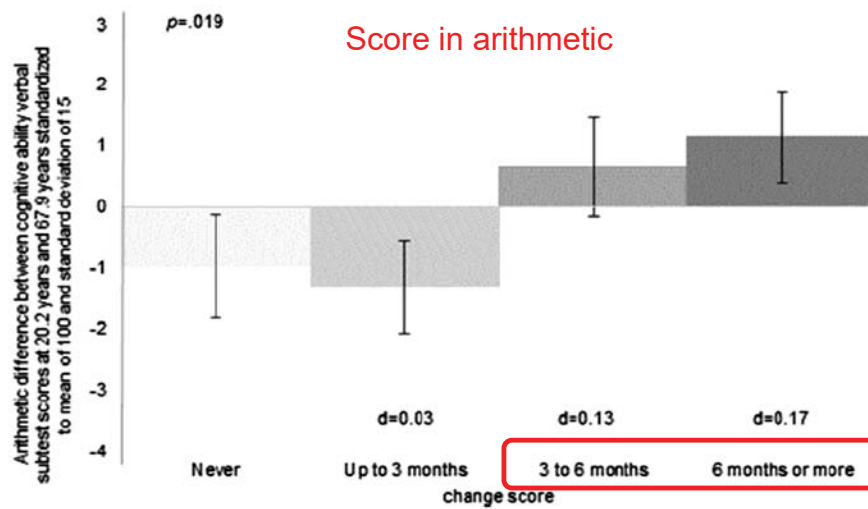
Angelsen NK, Arch Dis Child 2001
 Roze JC, BMJ Open 2012
 Singhal A, Lancet 2001
 Singhal A, Lancet 2004

Neurodevelopmental outcome at 5 years



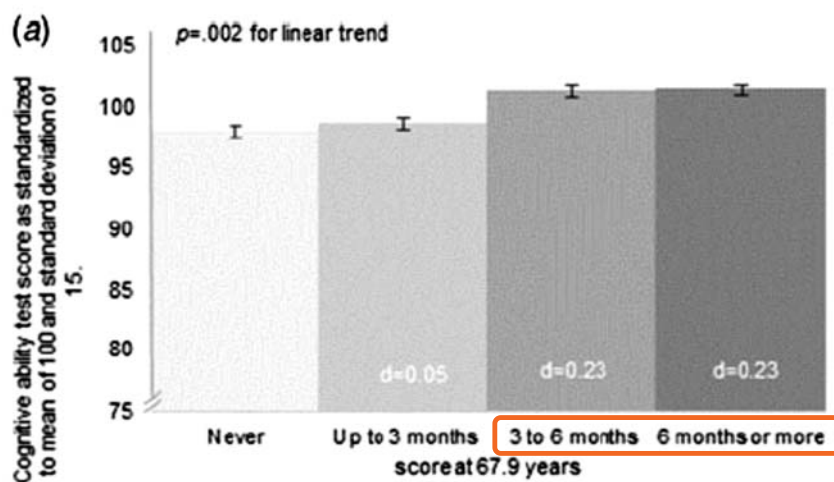
Roze JC et al, BMJ Open 2012

Breastfeeding is associated with better cognitive score at 20 years



Rantalainen, Psychol Med 2018

Breastfeeding is associated with better cognitive score at 67 years



Rantalainen, Psychol Med 2018

Breastfeeding and cognitive score IQ Métaanalyse

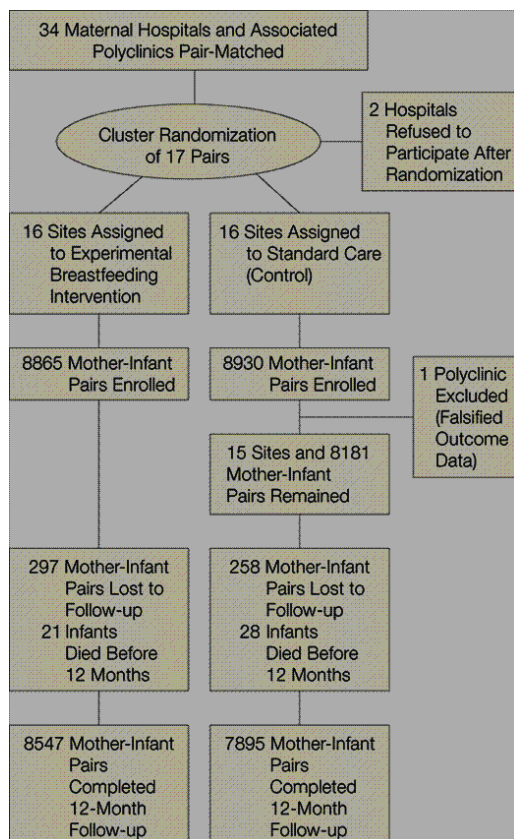
Table 2 Breastfeeding and mean difference in cognitive development scores in later life: random-effects meta-analyses by subgroup

	Number of estimates	Mean difference (95% confidence interval)	p-value	% heterogeneity explained
Age group				
1 to 9 years	13	4.12 (2.50; 5.73)	<0.001	6.4%
10 to 19 years	5	1.92 (0.45; 3.40)	0.02	
Study size				
<500 participants	7	3.61 (1.59; 5.63)	<0.001	0.0
≥500 participants	11	3.36 (1.97; 4.74)	<0.001	
Control for maternal IQ				
No	9	4.10 (1.94; 6.25)	<0.001	3.9%
Yes	9	2.62 (1.25; 3.98)	<0.001	
Setting				
High-income country	16	3.65 (2.40; 4.90)	<0.001	0.0
Middle-/low-income country	2	1.88 (-0.07; 3.83)	0.06	
Categorisation of breastfeeding				
Ever breastfed	7	3.62 (1.66; 5.59)	<0.001	0.0
Breastfed for a given number of months	11	3.40 (1.73; 5.07)	<0.001	
Total	18	3.44 (2.30; 4.58)		

- 17 studies;
- Cognitive scores between 1 and 17 years;
- Benefit of breastfeeding: +3.4 points IQ (IC95%: 2.30-4.58)
- After adjustment on maternal IQ : **+2.6 points IQ** (IC95%: 1.25-4)

Horta, Acta Paediatr 2015

PROBIT



- 17 000 mothers and child dyads ;
- 31 randomized maternity wards;
- Rate of exclusive breastfeeding at 3 months: 43 % vs 6%
- Rate of exclusive breastfeeding at 6 months: 8% contre 0.6%

Kramer M, Etude PROBIT, JAMA 2001

Breastfeeding promotion program decreases the rate of allergy

Table 5. Frequencies and Odds Ratios for Atopic Eczema and Other Rashes*

Outcome	Intervention Group, %	Control Group, %	Adjusted Odds Ratio (95% CI)†
Any rash	12.3	18.3	0.56 (0.38-0.81)
Atopic eczema	3.3	6.3	0.54 (0.31-0.95)
Noneczematous rash	9.9	13.5	0.59 (0.38-0.92)
Noneczematous, noninfectious rash‡	8.8	11.9	0.61 (0.40-0.93)

*CI indicates confidence interval. Tabulated percentages are mean percentages for 16 intervention and 15 control sites.

†Adjusted for family atopic history.

‡A noninfectious rash denotes a rash that did not occur within 2 days of a gastrointestinal or respiratory tract infection.

Kramer M, Etude PROBIT, JAMA 2001

Breastfeeding and cognitive development PROBIT

Table 3. Wechsler Abbreviated Scales of Intelligence Results

Outcome	Score, Mean (SD)		ICC	Cluster-Adjusted Mean Difference (95% CI)
	Experimental Group	Control Group		
Vocabulary (n=13 838)	53.5 (11.6)	46.9 (11.4)	0.28	+4.9 (+0.4 to +9.3)
Similarities (n=13 836)	56.6 (9.9)	50.7 (11.7)	0.29	+4.6 (+0.2 to +9.0)
Block designs (n=13 840)	57.2 (9.4)	54.6 (10.3)	0.21	+1.9 (-1.7 to +5.5)
Matrices (n=13 841)	52.8 (10.1)	50.9 (9.9)	0.20	+1.8 (-1.9 to +5.5)
Verbal IQ (n=13 828)	108.7 (16.4)	98.7 (16.0)	0.31	+7.5 (+0.8 to +14.3)
Performance IQ (n=13 836)	108.6 (15.1)	104.8 (15.4)	0.24	+2.9 (-3.3 to +9.1)
Full-scale IQ (n=13 824)	109.7 (15.4)	101.9 (15.8)	0.31	+5.9 (-1.0 to +12.8)

Kramer, Arch Gen Psychiatry 2008

Breastfeeding and metabolic diseases

Metaanalysis

Table 1. Studies reporting causality between exclusive breastfeeding and lower risk of childhood obesity.

AUTHORS (YEAR), COUNTRY OF ORIGIN	STUDY DESIGN	OBESITY RISK REDUCTION	ODDS RATIO (95% CONFIDENCE INTERVAL [CI])
Zheng <i>et al</i> (2014), ²⁹ China	Longitudinal	13% (breastfeeding duration: 3–5 months) 27% (breastfeeding duration: ≥6 months)	0.87 (0.77–0.99) 0.73 (0.56–0.95)
Anderson <i>et al</i> (2013), ¹⁹ USA	Cross-sectional	Not provided (breastfeeding duration: ≥6 months)	0.79 (CI: 0.69–0.91) ^a
Armstrong and Reilly (2002), ²⁰ UK	Cross-sectional	Not provided	0.70 (0.61–0.80) ^b
Horta <i>et al</i> (2007), ⁷³ Brazil and Switzerland	Systematic review/ meta-analysis	Not provided	0.78 (0.72–0.84)
Yan <i>et al</i> (2014), ⁷⁵ China	Meta-analysis	Not provided	0.78 (0.74–0.81)
Owen <i>et al</i> (2005), ⁷⁶ UK	Systematic review	Not provided	0.43 (0.33–0.55) ^c 0.88 (0.85–0.90) ^d
Harder <i>et al</i> (2005), ⁷⁴ Germany	Meta-analysis	4% (breastfeeding duration: 1–3 months)	0.81 (0.74–0.88)

^aAdjusted for child's race/ethnicity, maternal age, maternal smoking, and child's birth weight.

^bAdjusted for socioeconomic status, birth weight, and sex.

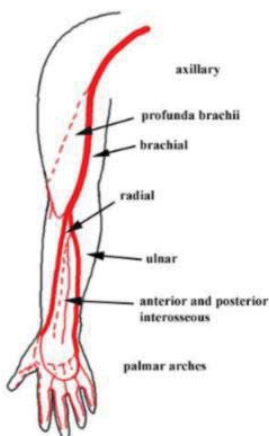
^cSmall sample size (n < 500).

^dLarge sample size (n ≥ 500).

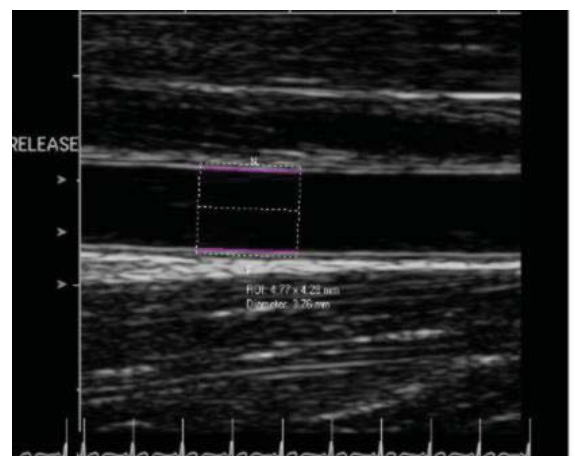
Decreased by 4% / month of breastfeeding

Uwaezuoke, Clinical Medicine Insight 2023

Breastfeeding improves endothelial function at 30 years



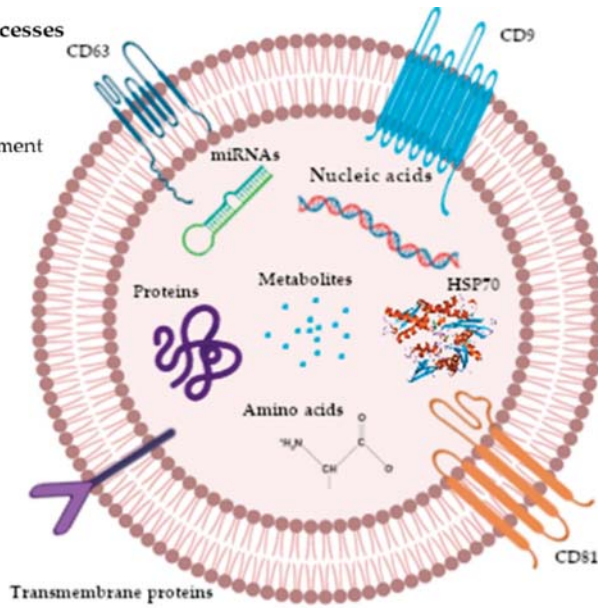
↑ Vascular reactivity



Jarvisalo MJ, Eur J Clin Nutrition 2009

Roles in biological processes

- Angiogenesis
- Coagulation
- Immune system development and regulation
- Antigen presentation
- Inflammation
- Cell proliferation
- Cell differentiation
- Apoptosis



Roles in diseases

- Cancer
- Neurodegenerative diseases
- Infections
- Autoimmune diseases

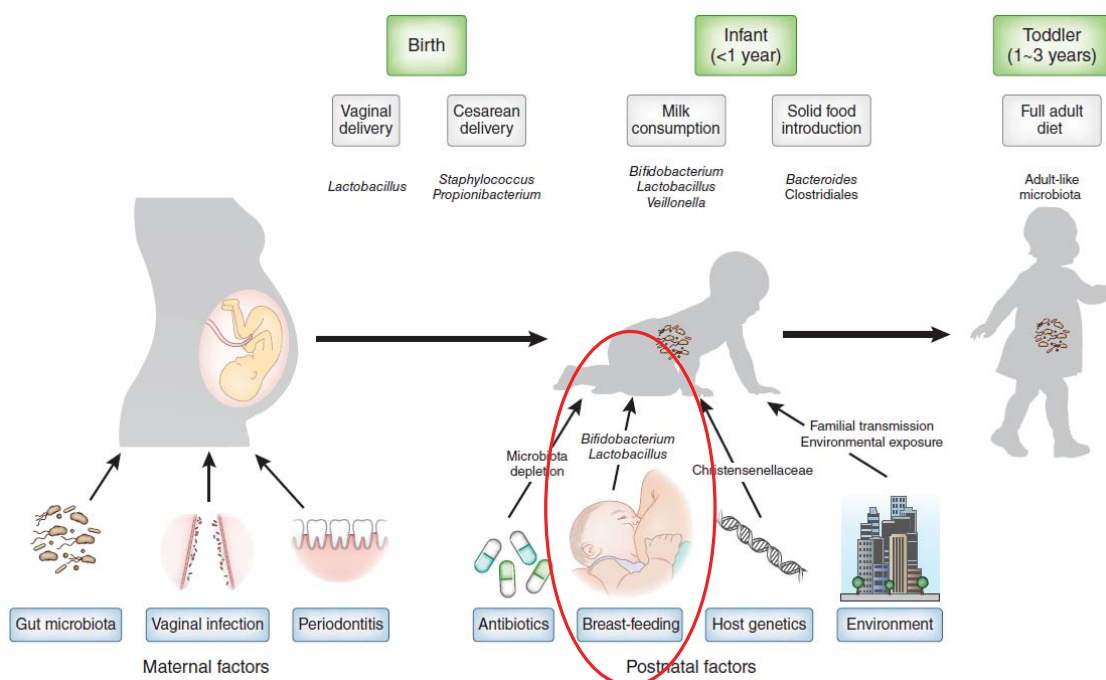
> 1000 different microARN in the breast milk :

- Adaptation to preterm birth;
- Reduce adverse events caused by stress;
- Promote microbiota diversity,
-

Exosomes in the breast milk

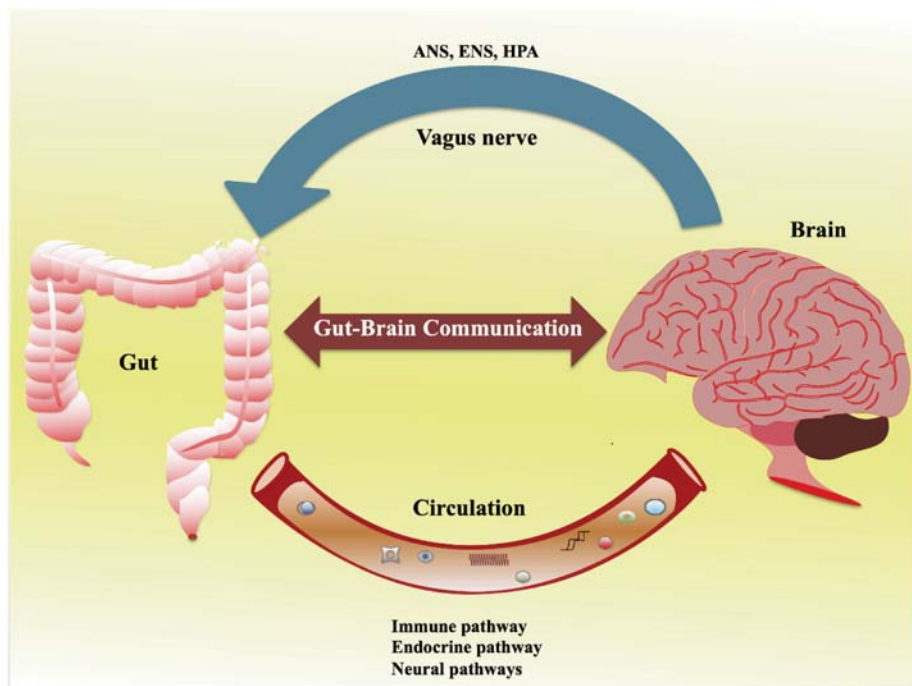
C De La Torre Gomez, Front Genet 2018

Determinants of microbiota



Tamburini S et al. Nature Medicine 2016

Gut - microbiota - brain axis



K Suganya, *Int. J. Mol. Sci.* 2020

DOHaD : « Developmental Origin of health and diseases »



Environmental determinants

Critical window

Life trajectory

-  Educational practices, Parents-infants interaction, Language
-  Toxic stress
-  Addictions
-  Life style
-  **Breastfeeding**
-  Toxicants exposure



Health capital & psychosocial skills:

- Cognitive
- Social
- Emotionnal

Non communicable diseases:

- Neurodevelopmental disorders
- Allergy
- Cardiovascular diseases
- Metabolic diseases (obesity, diabetes)

The first 1000 days

Environmental determinants

Critical window

Life trajectory

-  ↑ attachment
-  Decrease in stress
-  Breast milk benefits
-  Coparent involvement
-  Microbiota



↑ Health capital & psychosocial competencies:

- Cognitive
- Social
- Emotionnal



↓ Non communicable diseases:

- Neurodevelopmental disorders
- Allergy
- Cardiovascular diseases
- Metabolic diseases (obesity, diabetes)

The first 1000 days



BFHI promotes attachment behavior

Oxytocin Neurons



Parents – infants bonding
Caregiving behavior

BFHI strengthens parenting skills

- I perceive and I am sensitive to the need of my baby ;
- I know the way to secure and reassure my baby ;
- I can learn from my errors and misinterpretation



**...and I can do all of this even
if I am stressed !**



BFHI supports proximal parenting

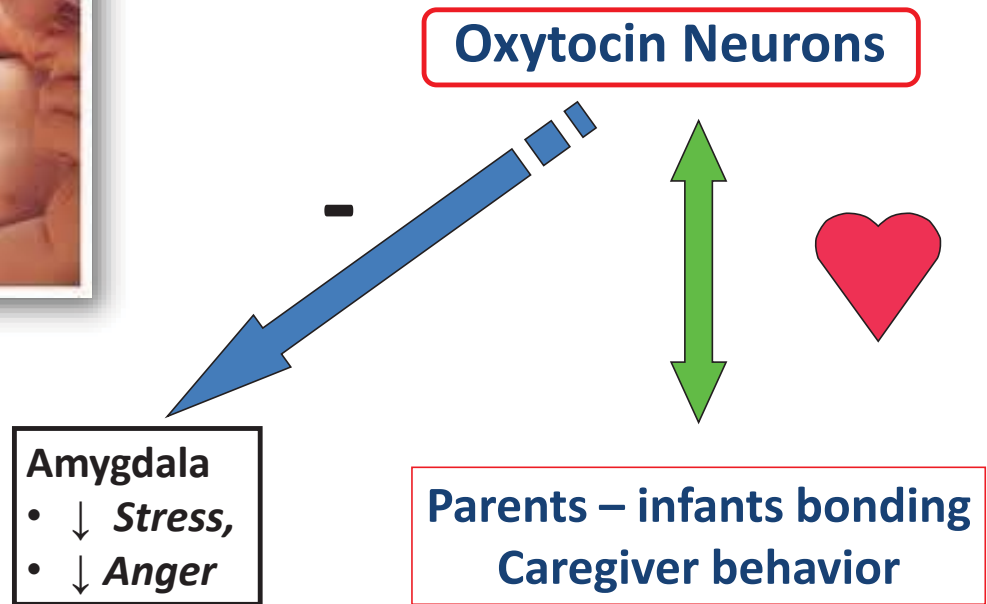


- Early skin to skin,
- Avoid systematic procedures
- Support the parents in the breastfeeding will in particular : preterm baby, baby with malformation, palliative care





Breastfeeding decreases the stress, the stress responses and the impact to stress



Breastfeeding duration	N (%)	Physical abuse (%)		
		None	Non-maternal	Maternal
4 or more months	2616 (40)	98.4	0.7	0.9
Less than 4 months	2584 (39)	96.0	1.4	2.6
Not at all	1421 (21)	94.7	1.8	3.6
Total N	6621 100	6399	81	141

Breastfeeding > 4 months :
Associated with decreased infant abuse and shaken baby syndrome

Breastfeeding decreases the risk of postnatal depression



Postnatal depression

- May reduce sensitivity to the baby's needs
- May alter the response to baby's needs



- Impairs mother – infant bonding,
- Impairs mother – infant synchrony,
- Impairs caregiving



« Toxic » stress
(Chronic, repeated,
unpredictable)



- **↑ neurodevelopmental disorders:**
 - Attention deficit disorder;
 - Learning delay;
 - Autism spectrum disorders;
 - Behavioral disorders;
 - Anxiety
- **Non communicable diseases:**
 - Allergy
 - Diabetes/obesity
 - Cardiovascular diseases

Babenco, Neurosci Biobehavior Rev 2015
Boyce, Pediatrics 2021

N=1034 mother - child dyads

Executive dysfunction

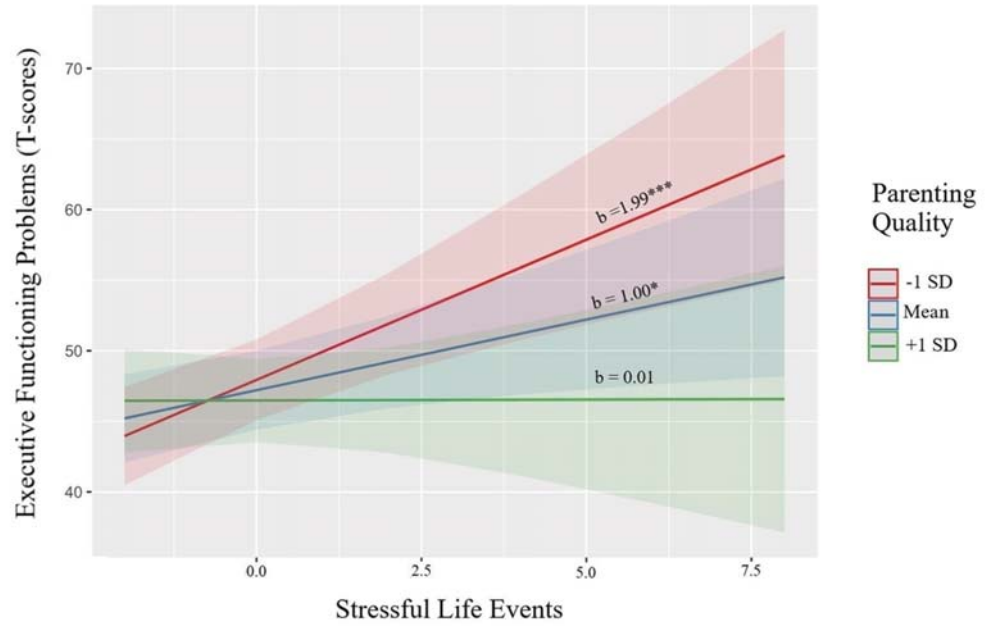


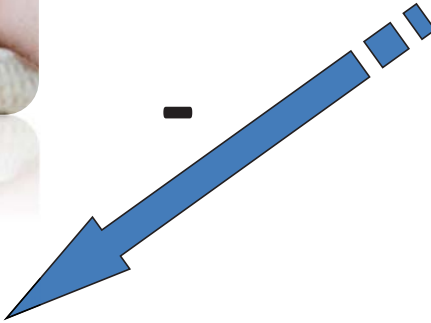
FIGURE 1 | Parenting quality moderates the association between maternal prenatal stressful life events and child executive functioning problems.

Ahmad SI et al, Front Psychiatr 2022





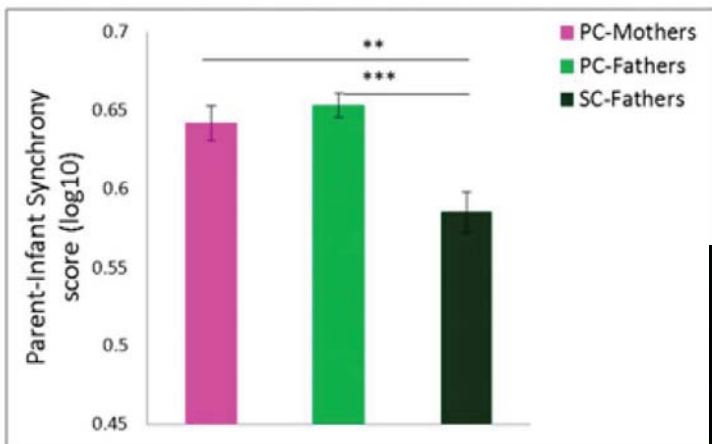
Oxytocin Neurons



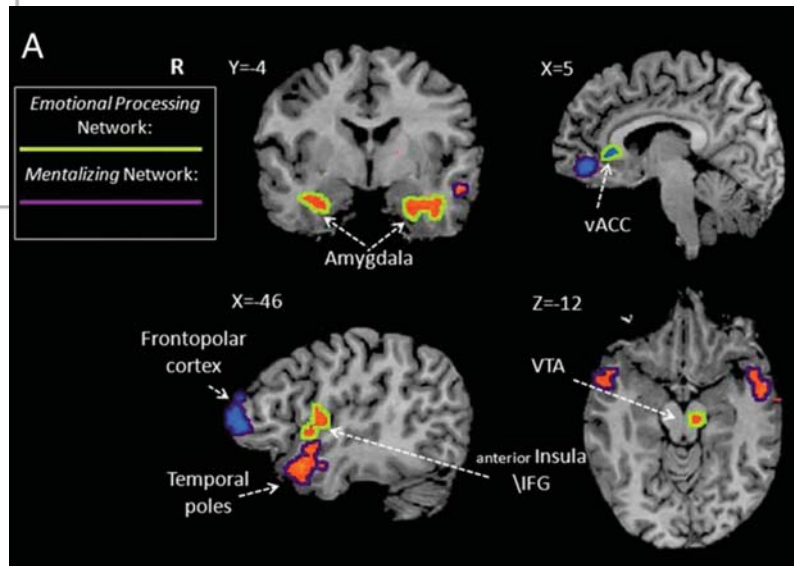
Amygdala

- ↓ *Stress*,
- ↓ *Anger*

**Parents – infants bonding
Caregiving behavior**



The fathers may have similar parenting skills



E Abraham, PNAS 2014



I. Formuler un discours de santé publique cohérent pour les 1000 premiers jours

Step 1B Written policies are a means for ensuring the consistency of care and the sustainability of evidenced-based practices. Policies create a mechanism for accountability and equity in care.



I. Formuler un discours de santé publique cohérent pour les 1000 premiers jours

I.1 Interactions de l'enfant avec les personnes et le monde qui l'entourent favorise son développement cognitif et affectif

Step 4. Immediate and uninterrupted skin-to-skin care helps stabilize the mother and infant post birth.

Step 7. Rooming-in enables mothers and families to learn their infant's cues for feeding and other needs.

Step 10. Ongoing support is essential to help them achieve their goals





I. Formuler un discours de santé publique cohérent pour les 1000 premiers jours

I.2 Un mode de vie et un environnement sains posent les fondements d'une meilleure santé tout au long de la vie et d'un meilleur développement de l'enfant / Allaitement maternel

Step 5. Breastfeeding is a learned skill between mother and infant,

Step 6. Exclusive breastfeeding is the best and healthiest option for mothers and babies,

Step 1A. Health professionals' judgement must NOT be influenced by commercial pressures

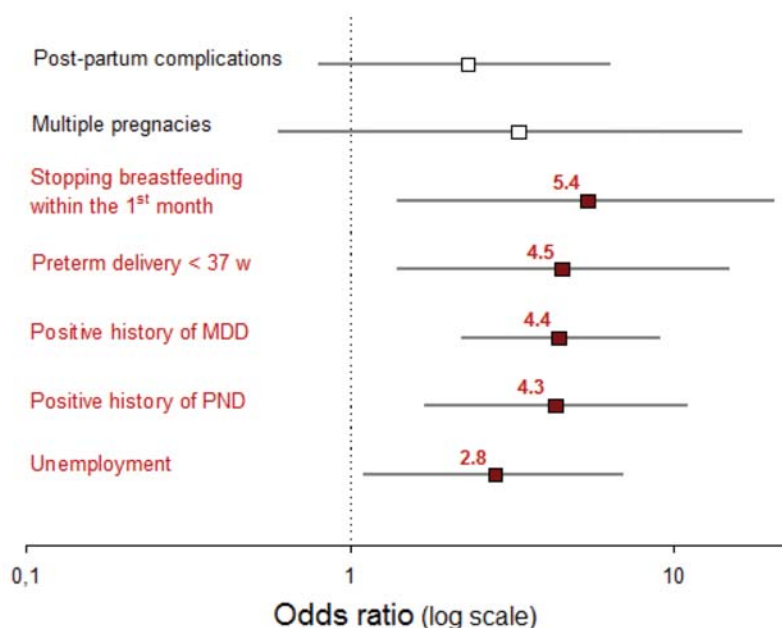


BFHI is a key component of the first 1000 days program



Les marqueurs de risque de DPN et les faux positifs

Odds ratio with 95% Confidence Intervals
for the main risk-markers of Postnatal Depression



EVA > chez les femmes algiques
p=0.005

alors que la **douleur** n'est pas associée à + de DPN à 8 semaines

Jardri et al.,
J Psychosom Obstet Gynaecol 2010



Joint Action Prevent Non-Communicable Diseases

WELLBEING FOR ALL

JA PreventNCD

WP6 – Task 6.5

Baby-Friendly Community and Health Services (BFC&HS)

Angela Giusti - National Institute of Health, Italy

Anne Bærug and Ann-Magrit Lona – Norwegian Directorate of Health

Background

- Cancer and other non-communicable diseases (NCDs) constitute a **large proportion** of the total burden of disease in Europe
- A large part of this disease burden can be **prevented**.
- OECD points to the fact that, despite a positive decrease over time, the burden of cancer in Europe is **devastating**, and marked with strong inequalities
- During the COVID-19 pandemic, the issue of increased risk due to underlying NCDs has become evident
- The costs of NCDs and cancer care are very high both for the individuals affected and for society at large. The monetary costs are expected to **grow further**.
- Furthermore, the projected increase in **older citizens** and a relative decline in working age, exacerbate the necessity to prevent NCDs to reduce the care burden and thereby contribute to addressing the major staffing challenges

Overall aim and specific objectives

Overall aim:

To **reduce the burden** of cancer and other NCDs and common risk factors, **both at a personal and societal level**, and support MSs by taking a **holistic approach** for the prevention of cancer and other NCDs, through **coordinated action**

Specific objectives:

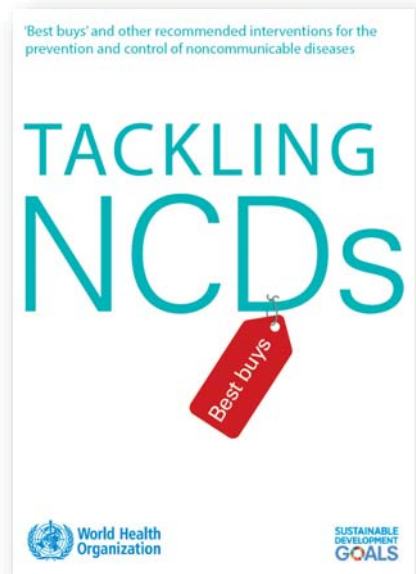
To **improve joint capacities** of MSs to plan and implement cancer and other NCD prevention policies and activities both at a national, regional, and local level.

To improve data and the **monitoring system** for cancer and other NCDs and their common risk factors

To contribute to **reduced social inequalities** in cancer and other NCDs

To engage with and **support key actors** in the field of cancer and NCD prevention, including decision makers at all levels of government, civil society organizations, professionals, the general population, and patients' groups to facilitate cooperation and joint efforts

A focus on the first 1000 days of life



A focus on the first 1000 days of life



Health determinants area 6: Reduce unhealthy eating, physical inactivity, overweight and obesity among children and adolescents

Unhealthy eating and physical inactivity are risk factors for many non-communicable diseases. Overweight at young age increases the risk of poor health at older age. Overweight and obesity affected nearly one in three children (29% of boys and 27% of girls) in the European Region between 2015 and 2017¹⁸⁵. Early studies from a number of countries in the Region indicate that the prevalence of overweight and obesity and/or mean body mass index has increased in children and adolescents during the COVID-19 pandemic, due to an increase in screen time/sedentary lifestyles and consumption of unhealthy foods.

The availability of high-energy foods and a sedentary lifestyle has contributed to the growth of obesity prevalence¹⁸⁷. For children, the WHO recommends at least 60 minutes of moderate to vigorous physical activity per day. In 2018, only one in four 11 years old and one in seven 15 years old reported these levels of physical activity. Heavy use of mobile devices and the internet, and a lack of safe spaces and equipment to be able to exercise limit the physical activity of adolescents. Good habits regarding physical activity during childhood may be continued in adulthood¹⁸⁸. Another dimension is to protect children and adolescents from exposure to food marketing for fatty, sugary, salty products, whose impact on health and in particular overweight and obesity in children has been demonstrated.

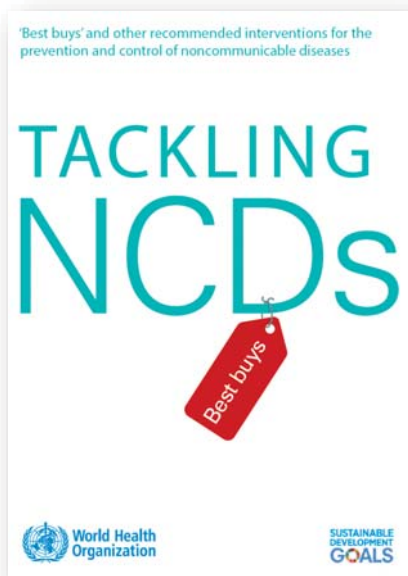
It should be noted that multi-component interventions, e.g., that combine interventions focusing on both healthy eating and increasing physical activity, and stress management, are more effective than interventions that focus on diet or physical activity only¹⁸⁹. These interventions should involve both teachers and parents, including digital components are a promising strategy. Note that including aspects that particularly target girls or boys may be promising.

Policy options include:

- Update public procurement guidelines for purchasing food.
- Provide healthy meals at school and ensure compliance with regulations relating to school canteens.
- Update the regulation of marketing of unhealthy foods and beverages to children below 18 years in accordance with WHO's recommendations and ensure compliance.
- Update and ensure compliance with the regulations related to vending machines and canteens in schools.
- Develop integrate health-promoting approaches in schools, supporting healthy eating and physical activity (from food-related skills in the curriculum to free drinking water to using social media and gamification to nudge behavioural change).
- Develop tax benefits to the promotion of physical activity and active mobility.
- Promote breastfeeding.



A focus on the first 1000 days of life



Guide to interpreting the tables:

Each of the following sections begins with the overarching/enabling policy interventions that are relevant to the specific risk factor or disease

The subsequent tables show 3 categories of interventions:

- Out of the 88 interventions, there are a total of 16 "best buys" – those considered the most cost-effective and feasible for implementation. These are interventions where a WHO Choice analysis found an average cost-effectiveness ratio of ≤ 15 100 per DALY averted in low- and lower middle-income countries. ●●●●
- Other effective interventions for which the WHO Choice analysis produced a cost effectiveness of > 15 100 per DALY averted are shown in the second category. ●●
- The third category shows other recommended interventions that have been shown to be effective but for which no cost-effective analysis was conducted. ●

'Best buys': Effective interventions with cost effectiveness analysis ≤ 15 100 per DALY averted in LMICs
●●●●

Effective interventions with cost effectiveness analysis > 15 100 per DALY averted in LMICs.
●●

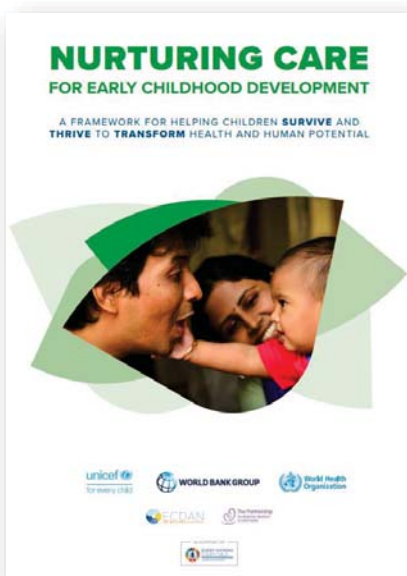
Other recommended interventions from WHO guidance (cost effective analysis not available).
●

'Best buys' and other recommended interventions

<p>'Best buys': effective interventions with cost effectiveness analysis (CEA) ≤ 15 100 per DALY averted in LMICs</p> <p>●●●●</p>	<p>Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals¹</p> <p>Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided</p> <p>Reduce salt intake through a behaviour change communication and mass media campaign</p> <p>Reduce salt intake through the implementation of front-of-pack labelling²</p>
<p>Effective interventions with CEA > 15 100 per DALY averted in LMICs</p> <p>●●</p>	<p>Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain³</p> <p>Reduce sugar consumption through effective taxation on sugar-sweetened beverages</p>
<p>Other recommended interventions from WHO guidance (CEA not available)</p> <p>●</p>	<p>Promote and support exclusive breastfeeding for the first 6 months of life, including promotion of breastfeeding</p> <p>Implement subsidies to increase the intake of fruits and vegetables</p> <p>Replace trans-fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal policies or agricultural policies</p> <p>Limiting portion and package size to reduce energy intake and the risk of overweight/obesity</p> <p>Implement nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to increase the intake of fruits and vegetables</p> <p>Implement nutrition labelling to reduce total energy intake (kcal), sugars, sodium and fats</p> <p>Implement mass media campaign on healthy diets, including social marketing to reduce the intake of total fat, saturated fats, sugars and salt, and promote the intake of fruits and vegetables</p>



A focus on the first 1000 days of life



- ✓ Breastfeeding protection, promotion and support
- ✓ The Baby-Friendly Hospital Initiative
- ✓ The International Code of Marketing of Breast-milk Substitutes, and the accompanying guidance

ENABLING ENVIRONMENTS FOR NURTURING CARE

JA-preventNCD – key figures

95,5 MEUR total

EC contribution:
76,5 MEUR

25
countries

98
pilots

60
tasks

113
subtasks

98
partners

10
work
packages

4 years > Jan 2024 – Dec 2027

WP 01 Coordination

Lead: DOH, Norway (Linda Grantund)
Co-lead: NIPH, Norway (Knut-Inge Klepp)

WP 02 Dissemination and communication

Lead: DOH, Iceland (Solveig Karlsdottir)
Co-lead: DOH, Norway (Live Bøe Johannessen and Anita Thorolvsen Munch)

WP 05
Regulation
and taxation

Lead: NIPH,
Norway (Arnfinn
Helleve)
Co-lead: DGOH,
Portugal (Maria
João Gregório)

WP 06
Healthy living
environment

Lead: FISABIO,
Spain (Rosana
Peiro)
Co-lead: HZJZ,
Croatia (Anja
Đurić) and SUM,
Poland (Katarzyn
a Brukalo)

WP 07
Social
inequalities

Lead: ISS, Italy
(Raffaella
Bucciardini)
Co-lead: NNGYK,
Hungary (Peter
Csizmadia)

WP 08
Monitoring

Lead: RSYD,
Denmark (Emil
Hostrup)
Co-lead: ISS,
Italy (Giovanni
Capelli)

WP 09
Health in all
policies

Lead: CSF,
Finland (Eeva
Ollila)
Co-lead: DOH,
Iceland (Dora
Gudmundsdottir)

WP 10
Identify indi-
viduals at risk

Lead: Sciensano,
Belgium (Marc Van
Den Bulcke)
Co-lead: RSYD,
Denmark (Torben
Hansen)

WP 03 Evaluation

Lead: INSP, Romania (Carmen Ungurean)
Co-lead: TBC

WP 04 Sustainability

Lead: NIJZ, Slovenia (Mojca Gabrijelcic)
Co-lead: Sciensano, Belgium (Gabrielle Schittecatte)



Co-funded by
The European Union



Joint Action Prevent Non-Communicable Diseases
WELLBEING FOR ALL

WP6 – Task 6.5 *Baby-Friendly Community and Health Services (BFC&HS)*

Who we are?

Leaders of Task 6.5



*Angela
Giusti*
ITALY



*Francesca
Zambri*
ITALY



*Anne
Bærug*
NORWAY



*Gry
Hay*
NORWAY

WP6 – Task 6.5

Baby-Friendly Community and Health Services (BFC&HS)

Specific objective →

to implement the Best Practice (BP) “Baby-friendly community health services” and pilot action in new settings (BFC&HS), **to improve breastfeeding rates** as a contribution to reducing the incidence of cancer and other NCDs later in life, starting from the first 1000 days of life (pregnancy to 0-2 years), with a focus on social and health inequalities.

Target groups:

- Pregnant women, partners, mothers, fathers, babies and young children, families
- Health, social and educational professionals
- School and university students
- Emergency coordination teams and volunteers
- NGOs

Settings of implementation:

- counties, municipalities, neighborhoods
- educational settings (day care, kindergartens and schools; university/college)
- workplace
- health and social services
- digital environment

T6.5 Baby-Friendly Community and Health Services (BFC&HS)

Best Practice and Pilots

Implementing Countries: Slovenia, Spain (Valencia), Italy, Norway, Greece, Ukraine + Lithuania

BFC&HS action will provide context analysis and mapping of the present situation

- Task 6.5.1 - Implementation of the BFC health services
- Task 6.5.2 - Adapt an e-learning program for capacity building
- Task 6.5.3 - Special attention to creation of Breastfeeding-friendly environment in all settings
- Task 6.5.4 - Promotion of Nurturing Care Framework
- Task 6.5.5 - Involving community, regional and national stakeholders

**WHO/UNICEF Baby-Friendly
Hospital Initiative;**

**Ten steps to successful
breastfeeding**

**But today,
mothers deliver
– then depart**



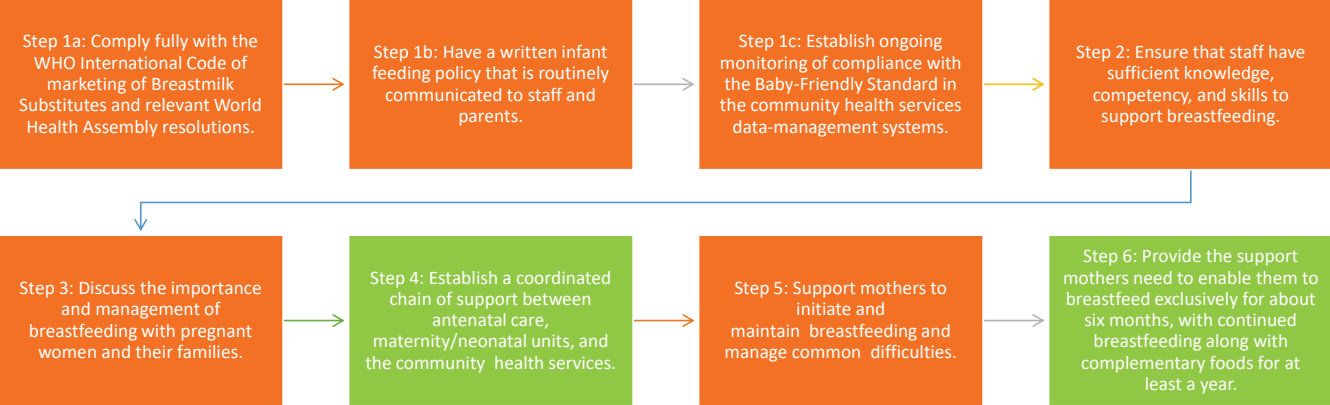
The Baby-Friendly Community Health Services – strengthening breastfeeding support after hospital discharge



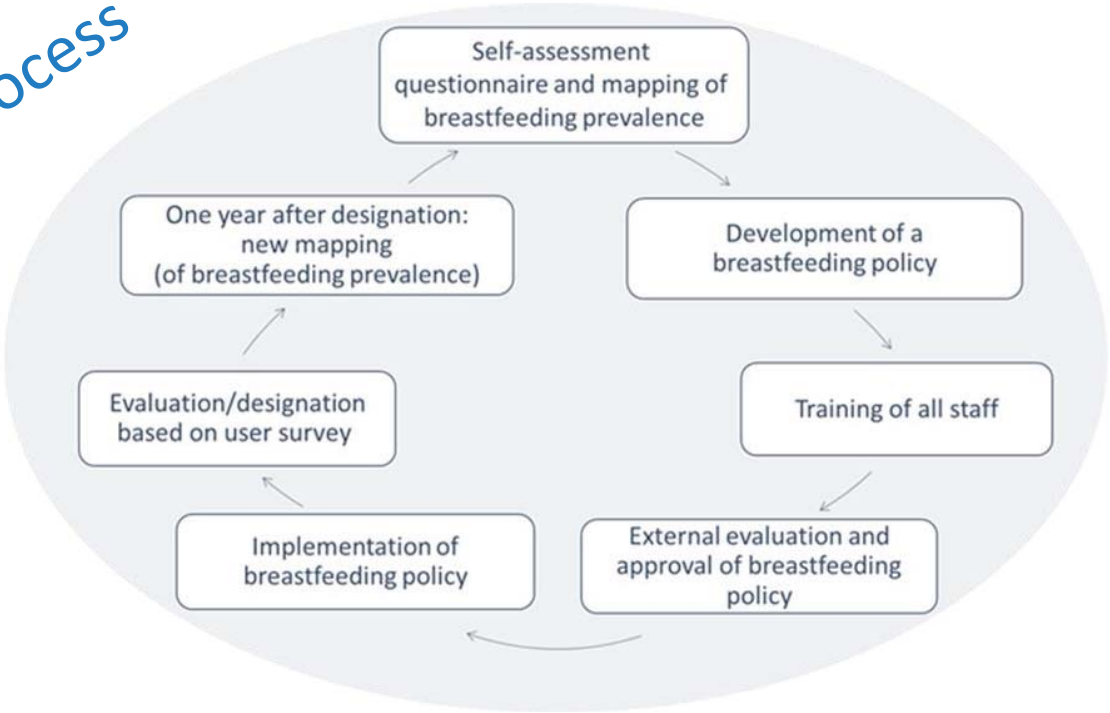
- Documented effectiveness
- Possible replicability to other settings
- Sustainability
- Ethically soundness, relevance, stakeholder participation
- Cost-effectiveness

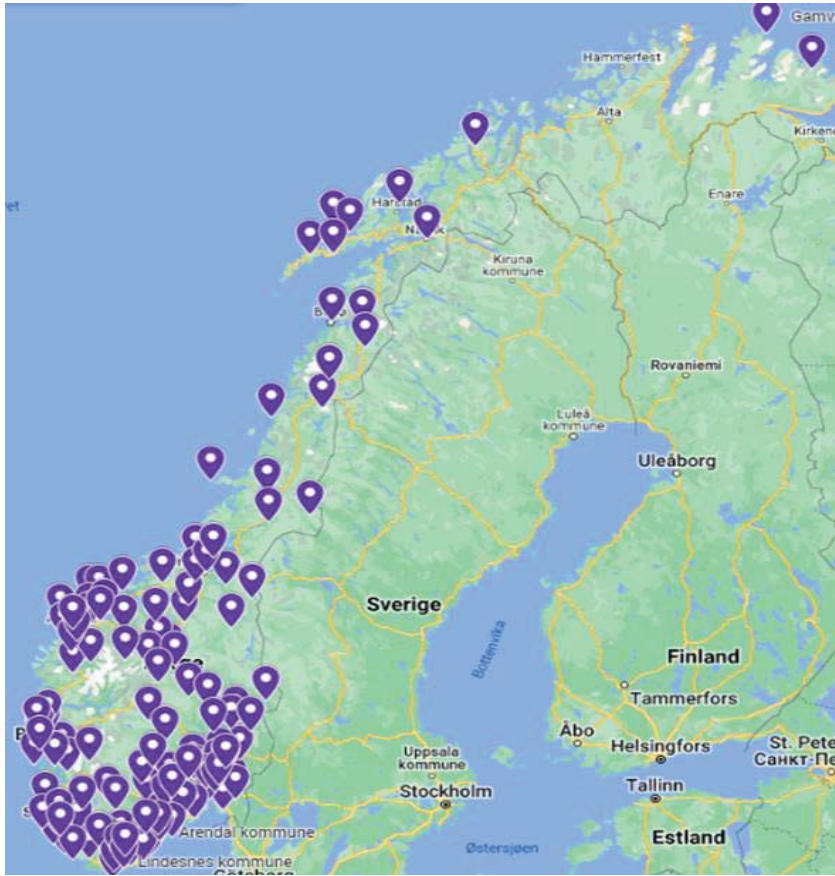
EU “Best Practice” for the prevention of NCDs in 2022

The BFCH: Six Steps for a Baby-friendly community health service



The process





Factors contributing to the success

- Breastfeeding coordinator at national level
- Governmental support and national policy/action plan
- The Baby-friendly standard established for hospitals
- The Baby-friendly community health services is a continuum of care
- Implementation support from the BF coordinator: Tools, guidance and evaluation /designation
- No external funding needed for the implementation in the municipalities
- Integrated in ordinary quality work in the health service



Health personnel report that BFI in community has improved their self-efficacy. Lactation counselling is now much more interesting, fun and rewarding.

MANY WOMEN DO NOT BREASTFEED FOR AS LONG AS THEY WOULD LIKE

TO MAKE BREASTFEEDING WORK, WE NEED:

- Trained health workers** providing breastfeeding counselling during pregnancy, at birth, and for the next two years.
- Paid time off** for breastfeeding or providing breastmilk after returning to work.
- Adequate paid parental leave** after the birth of a baby.
- Investment in breastfeeding support programmes.**
- Partners and families** to support and encourage the breastfeeding mother.
- Protection from formula marketing** that undermines confidence in breastfeeding.

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World Health Organization

2 STAFF COMPETENCY

Hospitals support mothers to breastfeed by...

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

World Health Organization unicef

BreastfeEducation

AN E-LEARNING COURSE ON BREASTFEEDING COUNSELLING FOR STUDENTS AND HEALTH PROFESSIONALS



Short introduction to: BreastfeEducation

AmmE-læring

HelseDirektoratet TRONDHEIM KOMMUNE NTNU

You can register and explore the course.

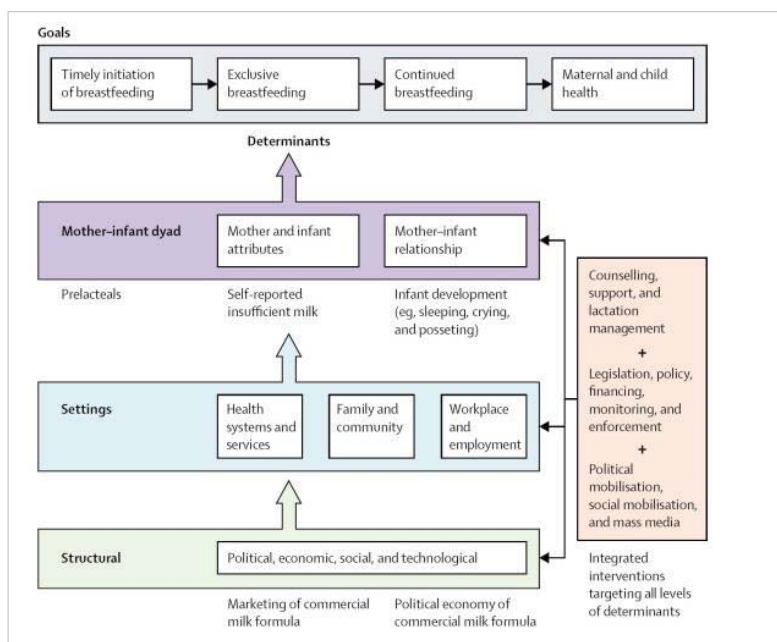
- However, please note that BreastfeEducation is a replica of the Norwegian online course, and not all content has been translated into English yet.
- To access the course, you need to start by registering as a user with your chosen username and password



WP6 – Task 6.5

Baby-Friendly Community and Health Services (BFC&HS)

Create a Breastfeeding-friendly environment in all settings



The protection, promotion and support of breastfeeding in ALL European countries?



«If we change the beginning of the story, we can change the whole story»

Dimitri Christakis



Instructions

Go to

www.menti.com

Enter the code

3694 1235



Or use QR code

