



PROMOTION OF
BREASTFEEDING IN
COUNTRIES WISHING TO
JOIN THE EUROPEAN
UNION: Analysis of
national activities for the
promotion of
breastfeeding

Written by: Dr Joceline Pomerleau

Nutrition and Food Security Programme
WHO Regional Office for Europe
Scherfigsvej 8, 2100 Copenhagen
Denmark

ABSTRACT

A questionnaire developed by the Steering Committee of the EU funded project "Promotion of breastfeeding in Europe. EU project contract N. SPC 2002359" was sent to those countries wishing to join the European Union in January 2003. Participating countries included Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovenia and the Slovak Republic.

The purpose of the questionnaire was to gather information on the work that is currently being done in each of the countries regarding the promotion of breastfeeding. The information will be used together with results from EU Member States. Together this information, from 25 Member States, represents a major step towards the development of a Blueprint for Action to promote the prevalence of breastfeeding in Europe. The Blueprint for Action is expected to be finalized in summer of 2004.

Keywords

BREAST FEEDING
INFANT NUTRITION
HEALTH PROMOTION
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QUESTIONNAIRES
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Gratitude is also extended to the WHO Nutrition Counterparts for their assistance in arranging and coordinating the collection of data and to those people and organisations consulted (See Annex 1), of the following EU accession countries: Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovenia and the Slovak Republic.

The results in this document together with similar results for EU Member States represent a step towards the development of a Blueprint for Action to promote the prevalence of breastfeeding in Europe. This Blueprint for Action is expected to be finalized in the summer of 2004.

Foreword

To invest in breastfeeding is to invest in health. Therefore, we are extremely grateful to Nutrition Counterparts in Ministries of Health in the EU Accession countries, who invested time to find the information on breastfeeding in their countries and to return the completed questionnaires. We hope that the information collated in this document, on the breastfeeding situation in Accession countries, provides a useful tool to compare situations between the current EU countries and the new EU countries.

It is timely to make this comparison between existing and new EU Member States. This comparison now will allow the impact (of candidate countries joining the EU) on breastfeeding national policies to be assessed. Each Member State should have: appointed a national breastfeeding coordinator; established a multi-sectoral breastfeeding committee; ensured that all maternity facilities practice all *Ten Steps to Successful Breastfeeding*; taken action to give effect to the principles and aims of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions; and enacted legislation protecting the breastfeeding rights of working women.

Both WHO and UNICEF were called upon to encourage and support national authorities in planning, implementing, monitoring and evaluating policies related to protecting, promoting and supporting breastfeeding. We hope that this report will assist national authorities in this process and we are ready to assist Member States to ensure that their efforts are sustained and enhanced. Comments and recommendations are welcomed regarding this report and also suggestions on how the questionnaire could be improved as we hope to repeat the exercise in the future and so continue to monitor trends and achievements.

We encourage policy makers to use this report as a tool to measure the level of implementation of breastfeeding policies in an enlarged EU. For example: how much of a country's health budget is devoted to the BFHI and breastfeeding protection, promotion and support? How many staff are employed in committees and do they meet regularly to discuss clear aims and objectives and evaluate outcomes (e.g. prevalence of exclusive breastfeeding)? Have governments made a public commitment and has any head of state told the nation that by investing in breastfeeding, the health of the nation will improve.

The results from this report will be used together with those from all EU Member States within the EU project "Promotion of breastfeeding in Europe. EU project contract N. SPC 2002359". This project is coordinated by the Unit for Health Services Research and International Health (Istituto per l'infanzia IRCCS Burlo Garofolo, Trieste, Italy), a WHO Collaborating Centre. One of the results of this EU funded project will be a Blue Print for Action to promote the prevalence of breastfeeding in Europe.

The WHO Regional Office for Europe looks forward to being able to use this Blueprint and incorporate it within its activities in implementing the Global strategy on infant and young child feeding.

Dr Aileen Robertson, Ph.D.
Regional Adviser for Nutrition
World Health Organisation
Regional Office for Europe, Copenhagen

1. Briefly outline the features of your national health system that you think might have a bearing on the promotion of breastfeeding

Country	Briefly outline the features of you national health system that you think might have a bearing on the promotion of breastfeeding
Bulgaria	<ul style="list-style-type: none"> • Promotion of breastfeeding is an obligation of the general practitioners (GP) according to the agreement between GP and Health Insurance Fund. • Promotion of breastfeeding is an obligation of the specialists in Neonatology according to the National Medical Standards of Neonatology. • Promotion of breastfeeding is an important aspect of the activities of the specialists in Nutrition and Dietetics from the Department of Nutrition at the National Centre of Hygiene, Medical Ecology and Nutrition including training of physicians and nurses, public education, policy development etc. • Promotion of breastfeeding is included in the activities of public education of the National Centre of Public Health. • Promotion of breastfeeding is included as important aspect of nutrition education activities of the specialists in Nutrition and Dietetics from the Departments for Health Promotion and Disease Prophylactics at the 28 regional Hygiene and Epidemiology Inspectorates.
Czech Rep	-
Estonia	<p>The Ministry of the Social Affairs has the main role on developing policy and strategy regarding promotion of breastfeeding. The National Institute for Health Development (NIHD) was organized as a result of the merging of three separate governmental agencies (The Centre for Health Promotion and Education, The Institute of Experimental and Clinical Medicine and the Public Health and Social Training Centre) in January 2003. The main task of the NIHD is to be the implementary agency for Health Promotion programmes and to be a national local point for international collaboration.</p>
Hungary	-
Latvia	<ul style="list-style-type: none"> • National Breastfeeding Committee • Latvian IBFAN association • Baby Friendly Hospitals • Health Promotion Centre • Food Centre • Association of Midwives • Association of Gynaecologists and Obstetricians • Association of Paediatricians • Association of GPs
Lithuania	<p>The Lithuanian Health Programme, 1997-2010 (1998 adopted by Lithuanian Parliament):</p> <ul style="list-style-type: none"> • Target: by the year 2010 to reduce the infant mortality rate by 30% • Strategy: achieve the breastfeeding of 40% babies for a period of 4-6 months; establish early breastfeeding in all delivery units and combined mother delivery wards; provide easily accessible and qualified pregnant care, delivery care and counselling for family planning <p>The National Infant Feeding Programme was officially adopted and approved by the government on 9 November, 1994</p>

Country	Briefly outline the features of you national health system that you think might have a bearing on the promotion of breastfeeding
Malta	<p>The Health Division is the governmental organization, which is responsible for the management of the national health service and the general hospital that houses Malta's largest maternity section. The administration of the hospital is semi-autonomous and its policies are implemented by the health care professionals working within this institution. This hospital has not yet been designated baby friendly.</p> <p>The Primary Health Care Department is responsible for the health services provided within the community through health centres of which there are 8 in total. Well baby clinics operate on a roster basis in each of these centres with a team of paediatricians and nurses.</p> <p>Private maternity services are also available on the island but account for only a few of the births in Malta.</p>
Poland	<p>Organizational scheme of mother and child care in Poland:</p> <ul style="list-style-type: none"> • Central Level: Ministry of Health – National Institute of Mother and Child • Regional Level: Medical Academies - Institute of Paediatrics and Institute of Obstetrics and Gynaecology Regional Insurance Agency • Voivodship Level: Voivodship Department of Health – Integrated Voivodship – Maternity Wards and Voivodship specialist out-patient clinics Voivodship Supervisor of Mother and Child Health • Peripheral Level: Mother and child health centres Hospitals Maternity ward <p>The Regional Insurance Agency pays for health services on all levels of care. At the moment the policies and practices supporting breastfeeding are not taken into consideration in the standards of care accepted by the Agency. The system is in the stage of transformation and is looking at the standards of EU, but there are no good examples of payment for services supporting breastfeeding.</p>
Romania	<p>The primary health care system is based on the private practice of family doctors who have contracts (fee for service) with the National Health Insurance House (in dispensaries). In their list of services consultations of pregnant women, new mothers and newborns are mandatory items. A large proportion of family doctors work with a nurse. The family doctor has great authority, especially in rural areas. Women also tend to respect advice given by the nurse. In several circumstances (young doctors/experienced nurses, commuting doctors/local nurses) the nurse's word has more weight than the doctor's. Ideally breastfeeding promotion can be initiated from the first visit of the pregnant woman, continued and sustained after childbirth. At this level information, education and counselling, as well as printed materials could be provided. The main constraints are due to the fact that medical personnel do not have enough time and, sometimes, lack of education and counselling skills. Although printed materials are distributed according to their availability.</p> <p>The secondary health care system is provided by outpatient units (policlinics). Pregnant women arrive here in general for a speciality check (obstetrics-</p>

Country	Briefly outline the features of you national health system that you think might have a bearing on the promotion of breastfeeding
	<p>gynaecology) and are referred by the family doctor. If the pregnancy is normal and the women have a good relationship with the family doctor, they do not spend a lot of time there and are only like to see the specialist a couple of times. However, especially in the large cities and towns, women tend to go directly to the ob-gyn doctors, and bypass the visit to the family doctor. In these situations the doctors who are monitoring the pregnancy are likely to assist the delivery. At this level information, education and counselling, as well as printed materials could be provided. The secondary health care units also have more nurses in their staff, therefore more personnel that can provide counselling. As in the situation of the primary health care units, the constraints are due to the fact that medical personnel do not have enough time and, sometimes, lack of education and counselling skills. Printed materials are distributed according to their availability.</p> <p>The tertiary health care system is represented by the hospitals. If the pregnancy is normal and the childbirth uncomplicated the women stay 3-4 days before going home. In spite of the reduced amount of time spent here this is the ideal place where women initiate breastfeeding, learn the correct breastfeeding techniques and receive information, counselling and printed materials. They are referred to their family doctor for more information.</p> <p>Another institution with a bearing on the promotion of breastfeeding is the Ministry of Health and Family. It is the governmental fund provider for IEC activities and materials, for organizing the rooming in system in maternity hospitals and wards, as well as the initiator of national policy in breastfeeding.</p> <p>An autonomous structure, under the coordination of Ministry of Health and Family, is the National Centre for Health Promotion, which is in charge of producing and distributing educational materials through its county structures.</p> <p>At the county level the County Direction of Public Health represents the health authority. In its structure is a Department of Health Promotion, representing the National Centre for Health Promotion. It has the responsibility of distributing health promotion materials, monitoring the distribution and results.</p>
Slovak Rep	<p>Incorporating the breastfeeding promotion activities, BFHI in the National Health Promotion Programme with financial assistance to support local advocacy, training of health workers and production of relevant materials.</p> <p>BFHI, BF promotion started as the one of the main tasks of the Slovak Committee for UNICEF. In 1996 the first five hospitals were awarded as Baby Friendly Hospitals (BFH).</p> <p>Breastfeeding Rate (BFR) indicates, that the implementation of the ten steps helped to increase BFR of infants in 1-6 month.</p> <p>In districts with BFH (5054 infants) was BFR 15 to 20% higher than in the non-BFH districts (5439 infants).</p>
Slovenia	<p>Every pregnant woman is invited to pre-maternal schools where breastfeeding is highly promoted. This service is provided free of charge.</p> <p>The National Health System offers one-year maternity leave, which has a theoretical positive influence on breast-feeding duration.</p> <p>There are regular periodical health care preventive visits for all infants and small children at paediatric or private dispensaries. Visits are scheduled at the age of: 1, 2, 3, 6, 9 and 12 months; at 18, 24 and 36 months.</p> <p>During these visits doctors and medical nurses obligatory collect data about (breast-) feeding.</p> <p>Medical and preventive care is free of charge for children.</p>

2. Policy and planning

2.1 Availability in country for the promotion of breastfeeding and rating against stated criteria.

Criteria: Start breastfeeding immediately after birth:

Country	Legislation and rating	National Policy and rating	Local Policies and rating	Recommendations and rating
Bulgaria	Yes	Yes	Yes	Yes – very good
Czech Republic	No	No	No	Yes – draft
Estonia	No	Yes (rating 99%)	Yes (rating 99%)	Yes (rating 99%)
Hungary	No	No	No	Yes
Latvia	No	Yes	Yes	In preparation
Lithuania	No	Yes	No	No
Malta		Yes		
Poland	No	Yes	Yes	Yes
Romania	No	No	No	Yes
Slovak Republic	No	Yes	Yes	Yes
Slovenia	No	No	No	Yes – rating: high

Criteria: Breastfeed exclusively for about six months:

Country	Legislation and rating	National Policy and rating	Local Policies and rating	Recommendations and rating
Bulgaria	No	Yes	Yes	Yes – good
Czech Republic	No	No	No	No
Estonia	No	Yes (rating 99%)	Yes (rating 99%)	Yes (rating 99%)
Hungary	No	No	No	Yes
Latvia	No	Yes	Yes	-
Lithuania	No	Yes	No	Yes
Malta		Yes		
Poland	No	Yes	Yes	Yes
Romania	No	No	No	No
Slovak Republic	No	Yes	Yes	Yes
Slovenia	No	No	No	Yes – rating: medium

Criteria: Continue breastfeeding up to two years and beyond:

Country	Legislation and rating	National Policy and rating	Local Policies and rating	Recommendations and rating
Bulgaria	No	No	No	No
Czech Republic	No	No	No	No
Estonia	No	No	No	Yes
Hungary	No	No	No	No (Yes up to one year)
Latvia	No	Yes	Yes	In preparation
Lithuania	No	Yes	Yes	Yes
Malta		Yes		
Poland	No	Yes	Yes	Yes
Romania	No	No	No	No
Slovak Rep	No	Yes	Yes	Yes
Slovenia	No	No	No	Yes – rating: low

Criteria: Implement the Ten Steps for Successful Breastfeeding:

Country	Legislation and rating	National Policy and rating	Local Policies and rating	Recommendations and rating
Bulgaria	Yes	Yes	Yes	Yes – very good
Czech Republic	No	No	No	Yes - draft
Estonia	No	Yes	Yes	Yes
Hungary				Yes
Latvia	No	Yes	Yes	Yes
Lithuania	No	Yes	No	Yes
Malta		Yes		
Poland	No	Yes	Yes	Yes
Romania	No	No	No	Yes
Slovak Rep	No	Yes	Yes	Yes
Slovenia	No	No	No	Yes – rating: medium to high

2.2 Laws/policies/recommendations

Country	Are these laws/policies/recommendations routinely communicated to those managing/implementing relevant activities?	If yes, how and by who?
Bulgaria	Yes	<ul style="list-style-type: none"> • By the National Breastfeeding Committee – courses, breastfeeding week, education materials, newsletters; • By the National Association of Neonatology – annual national conferences, neonatal days; • By the National Centre of Hygiene, Medical Ecology and Nutrition – courses for specialists, public education; • By the National Center of Public Health – education materials; • By the Departments for Health Promotion and Disease Prophylactics at the 28 regional Hygiene and Epidemiology Inspectorates – public education.
Czech Rep	Yes	By means of newsletters and annual conferences of the Neonatological Association, and by quarterly journals issued by the Lactation Centre c/o Thomayer Teaching Hospital in Prague
Estonia	Yes	By the Estonian Union of Midwives, the Estonian Society of Paediatricians, and by the Estonian Perinatal Association
Hungary	No	
Latvia	No	
Lithuania	Yes	Lithuanian Health Programme, 1997-2010 National Food and Nutrition Action Plan 2003-10
Malta	Yes	Documents are sent by post by the Health Promotion Department
Poland	Yes	<p>Coordinator of National Breastfeeding Programme:</p> <ul style="list-style-type: none"> - recommended policy and practice documents - different training sessions for voivodships health care system supervisors, neonatologists, gynaecologists, paediatricians, midwives, nurses. <p>National Breastfeeding Committee:</p> <ul style="list-style-type: none"> - recommendations for practices and BFHI implementation <p>National Obstetrics & Gynaecology Supervisor:</p> <ul style="list-style-type: none"> - policy document
Romania	No	

Country	Are these laws/policies/recommendations routinely communicated to those managing/implementing relevant activities?	If yes, how and by who?
Slovak Rep	Yes (but not laws, recommendations)	<ul style="list-style-type: none"> - Recommendations dealing with BF are one part of conferences, seminars, several training workshops for health care practitioners. - by Prof. Dluholucký , Prof. Šimurka, Haľamová – BFHI-coordinators
Slovenia	Yes	During BFHI educational UNICEF courses for medical personal working in BF Hospitals, monitored later by external assessors during re-evaluation visits at maternity departments.

2.3 Adherence to laws/policies/recommendations

Country	Is adherence to these laws/policies/Recommendations routinely monitored and enforced ?	If yes, how and by who?
Bulgaria	No	
Czech Republic	No	
Estonia	No	
Hungary	No	
Latvia	No	
Lithuania	No	
Malta	No	
Poland	Yes	Irregular countrywide surveys of maternity hospital practices conducted now under the Programme of Perinatal Care Improvement.
Romania	No	
Slovak Republic	Yes	Report of BF rate yearly. By assessment BF Rate in all regions of Slovakia. (Dluholucký, Šimurka, Haľamová - in National breastfeeding committee.)
Slovenia	Yes	During BFHI educational UNICEF courses for medical personal working in BF Hospitals, monitored later by external assessors during re-evaluation visits at maternity departments.

2.4 National government plans to promote breastfeeding

Country	Is there a national government plan to promote breastfeeding?	If yes, what are the main objectives and targets for 2002 (or the most recent year)?
Bulgaria	No	
Czech Republic	Yes	<p>The establishment of the committee for child and adolescent care, including working group on nutrition is in the process of negotiation at the Ministry of Health (Dr. Truellová). The National Breastfeeding Committee is intended to become part of the committee. There is a will to implement the breastfeeding promotion programme in a systematic way under the coordination and responsibility of the Ministry of Health. Currently, the draft of standards of the care for breastfeeding mother and child based on WHO/UNICEF recommendations are discussed in professional associations (neonatological, gynaecological and paediatric). Further step is the approval of the Ministry of Health and implementation of the standards.</p> <p>The details on the development of the national policy on breastfeeding, activities of the National Breastfeeding Committee are available in the review prepared by Dr. Simberská (NatCom UNICEF Prague in 2000) – see Review Questionnaire 2002.doc.</p>
Estonia	Yes	<p>http://www.ti.ttu.ee</p> <p>The Estonian Health Forum was held on 4 April 2002 where the Estonian Health Policy was introduced (Estonian Health Policy is under development now). The Estonian Healthy Nutrition Action Plan a sub-document of the Estonian Health Policy and includes that regarding nutritional situation and problems, tasks and priorities and planned activities in 2002-2007 for infants and small children. Healthy Nutrition Action Plan does not have separate funding from state budget.</p>
Hungary	Yes (www.eszcsn.hu)	<p>2005 – 70% exclusive BF at 6 months 2008 – 80% exclusive BF at 6 months</p>
Latvia	Yes Strategy of Public Health, adapted by the	<p>Target for 2010: at least 60% of infants should be exclusively breast fed at six months of age.</p>

Country	Is there a national government plan to promote breastfeeding?	If yes, what are the main objectives and targets for 2002 (or the most recent year)?
	Cabinet of Ministers 06/03/01 www.lm.gov.lv	
Lithuania	Yes Draft only	-
Malta	No	
Poland	No	
Romania	Yes	-
Slovak Republic	No	
Slovenia	Yes – National plan for promotion of breastfeeding is included in draft version of national food and nutrition strategy which is still under preparation at MoH	<ul style="list-style-type: none"> • To spread BFHI to all maternity departments in Slovenia. • To centralize data acquisition for duration of breastfeeding in Slovenia. • To include the International Code of Marketing of Breast milk substitutes into state legislation and implement it. • To broaden BFHI into baby friendly healthy facility initiative – adjusted principles of the “Ten steps to” for outpatient clinics, paediatric wards, private health facilities and so on. • To prolong average exclusive breastfeeding duration in Slovenia (50% exclusively breastfed infants at the age of 4 months). • To organise educational courses for breastfeeding consultants at medical facilities. • To support and promote breastfeeding and scientific research about lactation and mothers milk.

Section 2 – Observations and comments

Country	Observations and comments:
Bulgaria	<p>Until now only IBFAN has performed one national survey in 2000/2001. It is planned in the national programme for improvement of nutrition of infants and small children including the aspect of breastfeeding promotion that is under development in the frames of our national Food and Nutrition Action Plan.</p> <p>A national governmental programme for improvement of nutrition of infants and small children including the aspect of breastfeeding promotion is under development in the frames of our national Food and Nutrition Action Plan.</p>
Hungary	<p>Exclusive BF rate at 6 months=34.1% in 2001</p> <p>Exclusive BF rate at 4 months=61.9% in 2001</p>

Country	Observations and comments:								
Lithuania	<p>Importance to promote breastfeeding is stated in the National Health Programme, but further strategies of achieving the goal are not developed. Disjointed activities are being initiated by some local communities, but there is no clear state position on the issue, co-ordination and motivation for HC institutions.</p> <p>Draft National Food and Nutrition Action Plan is planned to be confirmed 2003 third quarter by Government.</p>								
Poland	<p>There is no clear policy statement and official document supported by the Ministry of Health. The development of recommendation documents and the implementation of recommended policies and practices on the different levels of health care system are left to the individual personal decision. The Breastfeeding Promotion Programme was founded by the Ministry of Health but has limited financial support.</p>								
Romania	<p>Even in the absence of a written official document, breastfeeding is initiated in maternity hospitals and wards in a large proportion (95-98% of infants are breastfed when leaving the maternity unit). Unfortunately the children are introduced to other fluids (fruit juice, teas) very early so we cannot speak of exclusive breastfeeding in Romania and no data is provided to monitor if there are any attempts to exclusive breastfeeding.</p> <p>The implementation of the Ten Steps for Successful Breastfeeding is recommended and applied mainly in maternity units designated as Baby Friendly Hospitals and in the ones aspiring to designation. It is also recommended by professional associations (nurses, neonatologists) to their members as routine practice, but again there is no official document supporting this.</p> <p>The National Committee for Breastfeeding Promotion has only recently been officially appointed (December 2002); therefore the National Strategy for Breastfeeding Promotion is under development and is estimated to be ready as a first draft by end of May 2003. Some provisions in the support of breastfeeding are made under the National Health Programme No 3: Health of Child and Family (support for organized rooming in more maternity units, breastfeeding IEC materials development and distribution, in cooperation with UNICEF).</p>								
Slovenia	<p>National policy is under preparation. National plan for promotion of breastfeeding is included in the draft version of National Food and Nutrition Strategy, which is still under preparation at the Ministry of health (draft is not translated in English yet).</p> <p>Reported breastfeeding (BF) and exclusive breastfeeding (EBF) rates (summary table):</p> <table border="1" data-bbox="507 1738 1487 1886"> <thead> <tr> <th data-bbox="507 1738 751 1816"></th> <th data-bbox="751 1738 995 1816">Within 1 hr Of birth</th> <th data-bbox="995 1738 1240 1816">At discharge BF</th> <th data-bbox="1240 1738 1487 1816">Median duration</th> </tr> </thead> <tbody> <tr> <td data-bbox="507 1816 751 1886">Slovenia</td> <td data-bbox="751 1816 995 1886">85% (2002)</td> <td data-bbox="995 1816 1240 1886">96% (2000)</td> <td data-bbox="1240 1816 1487 1886">>5 months (1994)</td> </tr> </tbody> </table>		Within 1 hr Of birth	At discharge BF	Median duration	Slovenia	85% (2002)	96% (2000)	>5 months (1994)
	Within 1 hr Of birth	At discharge BF	Median duration						
Slovenia	85% (2002)	96% (2000)	>5 months (1994)						

3. Management

3.1 National coordinator/committee for breastfeeding

Country	Is there a national coordinator for breastfeeding?	Is there a national breastfeeding committee	If yes, does the committee have an advisory, and/or decision-making role?
Bulgaria	Yes	Yes	Advisory role
Czech Republic	Yes	Yes	Advisory and decision-making roles
Estonia	Yes	No	
Hungary	Yes	Yes	Advisory role
Latvia	Yes	Yes	Advisory role
Lithuania	No	Yes	Advisory role
Malta	No	Yes	Advisory role
Poland	Yes	Yes	Advisory role
Romania	Yes	Yes	Advisory role
Slovak Rep	Yes	Yes	Advisory and/or decision-making roles
Slovenia	No	Yes	Advisory role

See Annex 2 for country list of national breastfeeding committee members.

3.2 Government provision of funds to support national committees

Country	Does the government provide regular or irregular funds to support the activities of the national committee (if any)?	If yes, what is the latest figure?
Bulgaria	No funds	
Czech Republic	Irregular	Budget for 2003 currently negotiated
Estonia	No	
Hungary	No	-
Latvia	Irregular	10,000 Ls in 2002
Lithuania	Not funds	Not funds
Malta	Regular	-
Poland	Irregular	Not possible to find out
Romania	Regular	About 3950 USD
Slovak Republic	Not by the government. Financial support activities were provided by UNICEF	
Slovenia	Irregular	1000 EU per year

3.3 Representation of national bodies/institutions on national committees

Country	Which national bodies and/or institutions are represented on the national committee (if any)?											Other
	1	2	3	4	5	6	7	8	9	10	11	
	1=Government departments 7=Health professional associations 2=Medical Schools 8=Nursing/midwifery schools 3=Women/mothers support groups 9=BF support groups 4=Infant food manufacturers 10=NGOs 5=Public health experts 11=UNICEF 6=Nutritionists											
Bulgaria	x	x			x						X	
Czech R	x	x			x	x	x			x	x	Pharmaceutical association, midwifery association, representatives of the Baby-Friendly Hospitals
Estonia	-	-	-	-	-	-	-	-	-	-	-	-
Hungary	x	x	x		x	x	x	x	x	x	x	
Latvia	x	x			x		x	x	x	x	x	Journalists, WHO Liaison Office
Lithuania	x		x			x	x				x	
Malta	x		x			x		x	x			
Poland			x		x	x			x	x	x	Persons from designated BFH, parents' magazine
Romania	x				x		x	x		x	x	WHO
Slovak R	x	x	x		x	x	x		x	x	x	
Slovenia	x	x	x		x		x	x	x		X	WHO

3.4 Main recent accomplishments of national committees

Country	What are the main recent accomplishments of the national committee?
Bulgaria	Integration of breastfeeding education in the curricula of medical colleges (nursing/midwifery schools) Establishment of post graduate training for period of time 2 years for nurses/midwives as "Consultant on breastfeeding, healthy nutrition and dietetics"
Czech Republic	2001 – establishment of the Lactation Centre (a training centre) and National Hotline and Outpatient Service c/o 1 st Baby-Friendly Hospital in CR (Thomayer Teaching Hospital in Prague 4) 2002 – a proposal of the National Breastfeeding Committee c/o National Committee UNICEF to the Ministry of Health to establish a multisectoral committee on infant and young child feeding in order to implement the WHO global strategy on infant and young child nutrition, incl. breastfeeding promotion January – February 2003 – negotiations of the Head of the National Breastfeeding Committee with the Ministry of Health
Estonia	-

Country	What are the main recent accomplishments of the national committee?
Hungary	Does not work at present.
Latvia	Organized Breastfeeding Week in October 2002 Coordination of Baby Friendly Hospital movement Produced educational materials about breastfeeding National Breastfeeding strategy under preparation
Lithuania	-
Malta	So far the national committee has drawn up recommendations for the Health Division to highlight the key areas that must be given attention.
Poland	<p>“Baby Friendly Hospital” programme – 50 designated hospitals. Training packet for hospitals: how to implement “10 Steps”. Training sessions in hospitals – 18-hour courses. Dissemination via the Internet of the latest information concerning lactation (www.laktacja.pl). Training programme for peer counsellors and leaders of mother-to-mother support groups. Breastfeeding Bulletin – 3-4 issues a year. Breastfeeding website : www.laktacja.pl</p>
Romania	<p>The National Committee is under reorganization. The members have so far succeeded in creating four working groups:</p> <ul style="list-style-type: none"> - For developing the national strategy and national action plan - Support BFHI - For legislative improvements (adopting the Code as a law, implement and monitor its provision) - For IEC and training activities <p>The first three have already met and began their activity.</p>
Slovak Republic	November 2002, Annual Report 2002, Plan of Activities of Breastfeeding Promotion/ BFHI for 2003
Slovenia	<ul style="list-style-type: none"> • 8 x Regional UNICEF 18-hour courses for BFH personnel between 1997 and 2000. • Translation and publishing of: 18-hour course guidelines, 40-hour course guidelines for participants; publishing the book “Successful breast-feeding for good health of children and mothers” author Dr.Silvestra Hoyer, a copy of which is given free to all pregnant women in Slovenia each year from 1996 (7 reprints so far, 20.000 copies per year), published video film about breast-feeding (30 min.), circulated to all maternity departments as an educational tool for mothers and personal, design of promotion posters for breast-feeding, the “Ten steps to...”. • Celebration of the “Breast-feeding week” in the first week of October 2002.

Section 3 Observations and comments

Observations and comments:	
Country	Comments
Bulgaria	<p>The National Breastfeeding Committee and Coordinator for Breastfeeding are very active.</p> <p>Currently the members of the National Breastfeeding Committee are representatives of a limited number of bodies/institutions. The members of the committee are to be updated in a few months. Currently the Committee uses additional representatives of other related bodies/institutions in connection with their activities (nutritionists, IBFAN etc.)</p>
Estonia	<p>* Heili Varendi comment:</p> <p>We have organized with support of UNICEF several seminars and training courses on breastfeeding topics; we have promoted ideas of baby-friendly hospital initiative and assessed one hospital as BFH; we have promoted breastfeeding among medical staff and forwarded WHO recommendations to the staff.</p> <p>We have translated and printed course materials for teaching UNICEF 40-hour and 18-hour courses for medical staff and counsellors. Also some training courses have been performed and this is continuing.</p> <p>We arranged a roundtable in March 2002 to discuss the possible national strategy on breastfeeding support – we could not break through the idea about national breastfeeding strategy and policy. The participants agreed that breastfeeding support needs more attention but we could not see any effects by today from the governmental side.</p> <p>As I am not the official national coordinator and am working fulltime at the hospital and as there is not any financial support for breastfeeding promotion from UNICEF since 2001, we cannot go further even with teaching courses</p> <p>The motherhood and children are not included in the current health care programmes but are mentioned in the health programme by 2015.</p>
Hungary	<p>The National BF Committee was re-organized in 1999. It worked for 2 years. After elections (new government) the work stopped, but there is a promise from the new Minister of Health to start the work again.</p>
Lithuania	<p>The National Breastfeeding Committee is in fact a group for implementation of the BF initiatives. It has no legal status and members are working on voluntary basis. As all suggestions from the group should be passed through the expertise of the national chief specialists and approved by the Ministry of Health, they do not have pathways to be implemented into practice.</p>
Malta	<p>The terms of reference of the national committee have expired and it is still waiting for further direction.</p>
Romania	<p>The National Breastfeeding Committee's president, is the Minister for Health and Family. The Secretary to the committee acts as the national coordinator for breastfeeding.</p> <p>Dr. Alin Stănescu, Deputy Director - Secretary to the Committee and acting national coordinator for breastfeeding: Institute for Mother and Child Care, 120 Lacul Tei Blvd, Sector 2, Bucharest, email: DR_stanescu@yahoo.com.</p>

Observations and comments:	
Country	Comments
Slovak Rep	<p>The contribution of BF/BFHI promotion to reorient health services on improving the health of infants and mothers has good results in Slovakia. The National Breast Feeding committee is working on a comprehensive plan in breastfeeding promotion, its uptake of maternity facilities and commitment professionals.</p> <p>Full integration of BF/BFHI into national health policies is the most important goal for 2003.</p>

4. Training

4.1 Presence of National Boards to certify quality of pre-service curricula of medical, public health, nutrition, nursing and midwifery schools

Is there a National Board that certifies the quality of pre-service curricula of medical, public health, nutrition, nursing and midwifery schools?					
Country	Medical	Public health	Nutrition	Nursing	Midwifery
Bulgaria	Yes	Yes	Yes	Yes	Yes
Czech Rep	-	-	-	-	-
Estonia	-	-	-	-	-
Hungary	-	-	-	-	-
Latvia	No	No	No	No	No
Lithuania	-	-	-	-	-
Malta	Yes	Yes	Yes	Yes	-
Poland	No	No	No	No	No
Romania	Yes	Yes	Yes	Yes	Yes
Slovak Rep	No	Yes	Yes	Yes	No
Slovenia	-	-	-	-	-

Country	If yes, does it have criteria for training on breastfeeding?	If yes, describe
Bulgaria	Yes	Breastfeeding promoting, protecting and supporting is included in the curricula of post graduate training of physicians in the medical specialities of Neonatology and Nutrition and Dietetics as well as in the curricula of the Medical colleges (nursing/midwifery schools) and in post graduate training for nurses/midwives for "Consultant on breastfeeding, healthy nutrition and dietetics".
Czech Rep	-	
Estonia	[No]	
Hungary	-	
Latvia	-	
Lithuania	No	
Malta	-	
Poland	-	
Romania	Yes	The national centre for postgraduate education for doctors, pharmacists, other university trained personnel and nurses has criteria only for doctors' training and is expected that during 2003 similar criteria will be developed for nurses' postgraduate training.
Slovak Rep	Yes	
Slovenia	No	

4.2 UNICEF Course on Breastfeeding Promotion

Country	Has the 18-hour UNICEF course on Breastfeeding promotion and practice been introduced?	If yes, rate the coverage
Bulgaria	Yes	Medium
Czech Rep	Yes	Low. 1995 – 70 maternity staff trained by Elizabeth Hormann
Estonia	Yes	Low
Hungary	Yes	Low
Latvia	Yes	Low
Lithuania	Yes	Low
Malta	Yes	
Poland	Yes	Low
Romania	Yes	Low
Slovak Rep	-	-
Slovenia	Yes	High

4.3 WHO Course on Breastfeeding Counselling

Country	Has the 40-hour WHO course on Breastfeeding counselling been introduced?	If yes, rate the coverage
Bulgaria	Yes	Medium
Czech Rep	No	
Estonia	Yes	Low
Hungary	No	
Latvia	Yes	Low
Lithuania	Yes	Low
Malta	No	
Poland	No	
Romania	Yes – The course has been used only for training of the National BF trainers engulfed in BFHI	Low
Slovak Rep	Yes	Medium
Slovenia	No	

4.4 Other breastfeeding courses

Country	Have other courses on breastfeeding been introduced?	If yes, give details
Bulgaria	Yes	Courses for training of trainers from medical colleges for integration of lactation management in the curricula with duration of 25 hours each according to the manual of Sandra Lang. In Baby Friendly Hospitals – annually refreshment training courses for the staff.
Czech Rep	Yes	2 day training course on infant feeding coordinated by the NatCom UNICEF Prague: approx. 500 paediatricians trained in different regions. 18 hour course offered by the Lactation Centre c/o Thomayer Teaching Hospital: approx. 180 health professionals trained since 1999 approx. 100 mothers – lactation counsellors trained since 2001
Estonia	No	
Hungary	Yes	Modular course for BF promotion. Hungarian Association for BF organisers.
Latvia	Yes	Curricula for medical doctors and public health specialists in Medical Academy Courses for Baby Friendly hospital staff Courses for staff of “Young parents schools” Courses for GP postgraduate education
Lithuania	No	
Malta	No	
Poland	Yes	NGO Association for Promotion of Natural Birth and Breast Feeding has started training programme for preparing IBCLC certified consultants.
Romania	Yes	The Institute for Mother and Child Care and the Nursing Association have developed and implemented postgraduate training for family practitioners, gynaecologists and nurses.
Slovak Rep	Yes	Mother to Mother support groups organise NatCom UNICEF adapted training courses in counselling skills. (shortened: “Breastfeeding counselling. A training course. Participants Manual”. WHO/UNICEF 1993.
Slovenia	Yes	Every two years National Committee for Breastfeeding Promotion organises national symposium on a variety of aspects of breastfeeding in Slovenia. There are usually more than 120 participants (doctors, nurses, midwives, lay people). 1. Laško: “Breast-feeding at the break of millennium”, 1.-2. October 1999 2. Laško: “Breast-feeding in a new millennium”, 12.-13. October 2001

Country	Have other courses on breastfeeding been introduced?	If yes, give details
		3. Laško: 10. – 11. October 2003 (in preparation).

4.5 Updates on new research

Country	Are trained health professionals kept informed on new research findings through newsletters or other means?
Bulgaria	Yes
Czech Republic	Yes <ul style="list-style-type: none"> • a quarterly magazine issued by the Lactation Centre • a website managed by the Lactation Centre (www.kojeni.cz) • twice yearly meetings of the Lactation League (established in 1998)
Estonia	Partly
Hungary	Yes
Latvia	No
Lithuania	Yes
Malta	Yes
Poland	Yes. The main source of information is: Breastfeeding Bulletin 3-4 times a year, papers in medical press, conferences, Breastfeeding Week celebration materials and sessions.
Romania	Yes – Yearly communication of findings of the National Nutrition Surveillance Program and distribution of UNICEF newsletters
Slovak Republic	Yes, through newsletters, conferences, workshops
Slovenia	Yes -

Section 4 Observations and comments

Observations and comments:	
Country	Comments
Bulgaria	Newsletters – distributed in all hospitals in the country, Ministry of Health, in all regional Hygiene and Epidemiology Inspectorates, mother to mother groups, NGO.
Estonia	In order to inform trained health professionals of new research findings, meetings of Estonian perinatal and paediatrician societies, as well as postgraduate training courses for nurses, midwives and doctors are taking place and the newspaper of Estonian Association of Paediatricians has been introduced. There is not an official newsletter to reach all staff on a regular basis.
Hungary	In the last decade lactation-management courses were organized for health professionals. Most of the courses were organised by NGOs
Slovenia	Topics on breastfeeding are included in the primary school curriculum on home economics (nutrition: breastfeeding is the best choice nutrition for a new born and infant), and it is included in all curricula

Observations and comments:	
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	<p>of professional health and food processing programmes at secondary, high and university level.</p> <p>All curricula in Slovenia are developed by different commissions at the level of the Ministry of Education, we have no special National Board.</p>
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5 Baby Friendly Hospital Initiative (BFHI)

5.1 Presence of National BFHI Coordinator

Country	Is there a national BFHI coordinator?	If yes, give name and full address
Bulgaria	Yes	Assist. Prof. Dr. Aneta Popivanova, Clinic of Neonatology, University Hospital of Obstetrics and Gynaecology, 2 Zdrave Street, 1606 Sofia, Tel. + 3592 5166 229, E-mail address: elitsapopivanova@hotmail.com
Czech Rep	Yes	Magdalena Paulová, M.D., PhD. Neonatological Department Teaching Thomayer Hospital, Vídeňská 800
Estonia	Yes	Heili Varendi, Tartu University Children's Hospital, Lunini 6, 51014 Tartu
Hungary	Yes	
Latvia	No	BFH designation group at BF Committee
Lithuania	Yes	Daiva Sniukaite, National Committee for UNICEF
Malta	No	
Poland	Yes	Magdalena Nehring-Gugulska, Email: kukp@laktacja.pl
Romania	No – One will be nominated in the first meeting of NBC in 2003	
Slovak Rep	Yes	Viera Haľamová, M.D., Grösslingova 6, P.O.BOX 52 810 00 Bratislava 1
Slovenia	Yes	Asist. Dr. Borut Bratanič, Dr. Med., Neonatal Unit, Paediatric Department University Medical Centre Ljubljana, Vrazov trg 1, SI 1000 Ljubljana, Slovenia, e-mail: borut.bratanc@mf.uni-lj.si tel.: + 386 1 522 92 74

5.2 Approximate number of hospitals providing maternity services

Country	# of hospitals with maternity services	# of hospitals as BF	Is there any teaching hospital among them?	Are BFHI universal criteria used for designation?	If not, state differences	# of hospitals and facilities with Certificate of Commitment	Approx. # of annual deliveries in the country	% of deliveries in BFH	Is there a plan to reassess designated BFH	Is yes, how often	Is there a Baby Friendly Community Initiative?
Bulgaria		5	Yes	Yes		15	70000 2001: 70171	7.5%	Yes	Annually	Yes
Czech Rep	117	25 (21.4%)	Yes	Yes		0 (0%)	88696 in 2001	22.9%	No		Yes
Estonia	17	1 (5.8%)	No	Yes		1	13000	2%	Yes	Every 2 nd -3 rd year (this coming spring we will reassess)	No
Hungary	100	9 (9%)	Yes	Yes		9 (9%)	90000	11.1%	No		Yes
Latvia	30	4 (13.3%)	No			4 (13.3%)	18-19000	~8%	Yes	1 year after designation and later biennially	No
Lithuania	55	3 (5.5%)	No	Yes		1 (1.8%)			Yes	Every 2 yrs	Yes
Malta	3	0 (0%)	(Yes)	No			4500				No
Poland	434	50 (11.5%)	Yes	Yes		5 (1.2%)	350000	12%	Yes	Monitoring once a year, reassessment once in 4 yrs	No

Country	# of hospitals with maternity services	# of hospitals as BF	Is there any teaching hospital among them?	Are BFHI universal criteria used for designation?	If not, state differences	# of hospitals and facilities with Certificate of Commitment	Approx. # of annual deliveries in the country	% of deliveries in BFH	Is there a plan to reassess designated BFH	Is yes, how often	Is there a Baby Friendly Community Initiative?
Romania	237	10 (4.2%)	Yes	Yes		0 (0%)	250000	5%	Yes	In 2003 will be reassessed all 10 designated BFH. The national action plan (in dev) estimates reassessment every other year	No
Slovak R	72	11 (15.3%)	Yes (3)	Yes		17 (23.6%)	56000	30%	Yes	Every 2 yrs	Yes
Slovenia	14	10 (71.4%)	Yes	Yes		0 (0%)	18000	85%	Yes	Each 2 to 4 yrs	Yes
		0-71% (n=10)	Yes=8 (n=10)	Yes=9 (n=10)		0 (n=3) 1-24% (n=6)	4500-350000	2-85%	Yes=8		6

Section 5 Observations and comments

Observations and comments:	
Country	Comments
Bulgaria	There is a positive tendency of increasing interest by hospitals in BFHI and their willing to join.
Estonia	Heili Varendi comment: We have promoted this idea (by example of UK's experience) – it seems that people have other priorities to deal with.
Hungary	BFHI coordinator: Prof Dr Cholnoky Peter Szombathely Furdo n3. H-9700 BFHI is not followed by the medical profession. Despite this many hospitals have changed their maternity department. Rooming in is used generally. The lack of BF management knowledge is the main obstacle of BFHI.
Lithuania	Maternity units do not seem interested in achieving BFH status, as there is no stimulus from any state institution. The achieved results depend on individual initiatives of HC providers from certified hospitals.
Poland	The fixed and functioning system for reassessment was not developed.
Slovak Republic	The National Committee for UNICEF is the leading force (since 1993) on transforming maternity care practices in BFH. The National Committee for UNICEF believes more action is required at governmental level.

6 International Code

Country	Is the WHO International Code on Marketing of Breast milk Substitutes in effect?	Are national measures being drafted in this sense, i.e. legislation, regulations, etc?	Does the legislation that puts the Code into effect cover all its provisions?	If not, what provisions are not covered?
Bulgaria	Yes	Yes	No	A national regulation related to infant formulae and follow-on formulae harmonised with the Directive 91/321/EEC and corresponding amendments were published in 2001 and is in force. All provisions of the Code that are lacking from the EC Directive are not covered by our legislation.
Czech R	Yes	Yes	No	Articles 4.1, 6.1, 6.5, 6.7, 6.8, 7.1, 7.3, 7.4, 7.5, Articles 8, 11
Estonia	Yes	Yes, partly. The principles of the Code are covered by the legislation (Regulation of Govnt No 436 of 29 Dec. '99 on the foods for special nutritional uses)	No	Foremost, some differences are related to advertising and the giving of information.
Hungary	No	Yes	No	
Latvia	No	Yes (regulation of the cabinet of Ministers on marketing of breast milk substitutes)	No	Promotion and protection of breastfeeding.
Lithuania	Yes	Yes	No	
Malta	No	No		
Poland	Yes		No	7 and 8
Romania	No	Yes	No	None yet covered.
Slovak R	Yes	Yes	yes	
Slovenia	Yes	No	No	

Country	Are the WHA Resolutions reinforcing the Code taken into account in the revision of laws and/or policies?	Is the implementation of the Code and/or national legislation regularly monitored by a public and/or private non-for-profit independent organisation?	What action is taken in case of confirmed infringement of the Code and/or national legislation?
Bulgaria	Yes	Yes	The control bodies under the Ministry of Health are responsible for implementation of our regulation related to infant formulae and follow-on formulae and they are authorised to take corresponding action to our Food law measures.
Czech R	No	Yes	The company is fined upon the complaint to the local department
Estonia	No	Yes	Depending on the degree of infringement of legal act on foods for special nutritional uses, a supervisory official could issue precept, punishable by a fine or suspend the handling.
Hungary	Yes (some)	Yes	NGO calls the attention of Ministry of Health to violations of code.
Latvia	No	Yes (Latvian IBFAN Association does episodic monitoring)	No action.
Lithuania	Yes	Yes	The representatives of the companies and responsible governmental institutions are informed of confirmed infringement of the code.
Malta	Yes	No	-
Poland	Yes	Yes	
Romania	Yes	Yes – IBFAN representative in Romania monitors most evident violations of the Code but there is not a planned or structured effort	None
Slovak R	Yes	Yes	
Slovenia	No	No	

Section 6 Observations and comments

Observations and comments:	
Country	Comments
Bulgaria	IBFAN group is very active in monitoring the implementation of the Code.
Estonia	<p>Food Act, which was adopted on the 25 February 1999 and came into force on 1 January 2000, is a framework act for all foodstuffs. § 14 of the Food Act gives a mandate to Government to adopt secondary legislation on PARNUT. Secondary legislation covers following food groups: infant formulae and follow-on formulae, baby foods for infants and young children, infant and baby foods for special medical purposes. (Legislation in English available through Estonian Legal Translation Centre http://www.legaltext.ee/)</p> <p>Examples of Labelling Requirements:</p> <ul style="list-style-type: none"> • The use of the terms “rinnapiimasarnane” (humanized), “emapiimasarnane” (maternalized), or similar terms is prohibited. • The labelling shall bear the words “pane tähele” (Important Notice) and statement “Rinnapiim on imikule parim. See toidab, kaitseb ja arendab” (Breast milk is best for infants. It nourishes, protects and stimulates development). <p>Examples of requirement for provision of information:</p> <ul style="list-style-type: none"> • The distribution of: samples of infant formulae and follow-on formulae and, of utility articles the practical value of which is connected with the use of the infant formulae are <u>not allowed</u>. • Prohibited: advertising; discount coupons, premiums, or other such special offers; tie-in sales; offers of demonstration of visual advertisement containing instructions of use of infant formulae and any other promotional device. <p>Article is added to the Advertising Act worded as follows: the advertising of infant formulae and follow-on formulae is prohibited.</p> <p>Enforcement authorities: Health Protection Inspectorate: issues licenses for placing on the market of foodstuffs intended for particular nutritional uses. Consumer Protection Board: checks the correctness of labelling and everything connected to advertising and that is prohibited.</p>
Hungary	Formula-regulation is changing at present. Formula and baby food was under the scope of the law concerning medicine, now it will be under the scope of food law. These follow the European Directives and not the International Code. Formula companies violate the international code every day. They send sample and information (marketing) materials to mothers.
Lithuania	EU directives are over the Code requirements. The country legislation system is now being harmonised to EU requirements, so many Code statements were not covered.
Poland	<p>The new Act on Food and Nutrition was passed on May 2001 and is harmonised with EU Directive not with Code. In Article 3 of this Act there is a definition of the infant formula, follow-on formula and milk mixture in accordance with EU Directive.</p> <p>In Article 10 it states that "<i>advertising and promotion of the infant formula and accessories for infant feeding cannot provide information</i></p>

Observations and comments:	
	<p><i>that the feeding by infant formula is equivalent or better than breastfeeding and cannot be distributed at health facilities, and also in mass media, with exceptions of scientific and popular-scientific publications on child care issue</i>". The Minister of Health will describe by separate decree the requirements on advertising of infant formula and accessories, but this has not been carried out yet.</p> <p>The provisions of the Act are only a simply transposition of the EU Directive on infant formula and this means it does not cover all the provisions of the Code.</p> <p>The Polish Consumer Federation voluntarily monitored Code violations. In cases of confirmed infringement, when the national regulations are also violated (e.g. labelling, quality, safety,) the Consumer Federation applies to the Office for Competition and Consumer Protection to correct the infringement. In other cases Consumer Federation informs the producer that they are violating the Code and requests that they obey the Code provisions voluntarily.</p> <p>The Act on Food and Nutrition provides the possibility of penalty, but there is no system for execution.</p>
Slovak Republic	<p>Our strong points:</p> <ul style="list-style-type: none"> • No free samples to mothers • No free and low cost supplies of infant formulas in maternity wards and hospitals • Professional education to health workers (Lectures about Code in all regional courses of BF issues) • Adoption of legislation on International Code on Marketing of BHS. <p>Our weak points:</p> <ul style="list-style-type: none"> • National Health Promotion Program (MoH 2000) does not contain Breastfeeding Promotion Activities • Because of disastrous economic situation organizers of many paediatric conferences have to rely on the financial support from commercial companies (Nestlé, Heinz). • The labelling of formulas does not to comply with the Code. • Many magazines (because of commercial interest) make publicity for formulas.
Slovenia	<p>The monitoring of the Code is currently the private activity of the members of the National Breast-feeding Promotion Committee through direct written communication with offenders (usually magazines, advertising agencies and sometimes broadcasting companies).</p>

7. Legislation for working mothers

7.1 Ratification of International Labour Organisation maternity protection convention

Country	Has the International Labour Organization (ILO) maternity protection convention (MPC183) been ratified?
Bulgaria	Yes
Czech Republic	Yes
Estonia	No
Hungary	Yes
Latvia	No
Lithuania	-
Malta	Yes
Poland	No
Romania	Yes
Slovak Republic	Yes
Slovenia	Yes

7.2 Legislation protecting and supporting breastfeeding among working mothers

Country	Is there a legislation that meets ILO standards for protecting and supporting BF among working mums	If yes, please specify standards				
		Min. of 14 weeks paid leave	Paid maternity leave (at least 2/3 previous earnings)	Entitlement to one or more paid BF breaks daily	Or daily reduction of hours of work to BF	Job protection and non-discrimination for BF workers
Bulgaria	Yes	Yes	Yes		Yes	Yes
Czech R	Yes	Yes	Yes		Yes	Yes
Estonia	Yes	Yes	Yes		Yes	Yes
Hungary	Yes	Yes	Yes		Yes	Yes
Latvia	Yes	Yes	Yes	Yes	Yes	Yes
Lithuania	Yes	Yes	Yes		Yes	Yes
Malta	Yes	Yes				
Poland	Yes	Yes	Yes		Yes	Yes
Romania	Yes	Yes	Yes		Yes	Yes
Slovak R	Yes	Yes	Yes		No	Yes
Slovenia	Yes	Yes	Yes	Partly	Yes	Yes

7.3 Women not covered by legislation

Country	Are there any groups of women not covered by this legislation?	If yes, give details
Bulgaria	No	
Czech Republic	-	
Estonia	No	
Hungary	No	
Latvia	Yes	If the woman is self-employed, she is not covered by the Labour Law and the Labour Protection Law. Such women must regulate their own working hours and labour protection issues. Students and persons who have not paid social taxes are not covered by the legislation concerning paid maternity leave.
Lithuania	Yes	Students (if do not work besides the studies)
Malta	-	
Poland	No	
Romania	Yes	Women who have never worked or are over the unemployment coverage are not covered by this legislation. Also women who have worked in a closed unit cannot benefit for the child rearing paid leave (until child is 2 years).
Slovak Republic	No	
Slovenia		

Section 7 Observations and comments

Observations and comments:	
Country	Comments
Bulgaria	<p>7.1 and 7.2 – the Bulgarian Labour Code, Promulgated State Gazette, Nos. 26 & 27/1986, has been amended 10 times since then, the last one in 2001. Some examples from Bulgarian Labour Code related to the pregnant and lactating women are given below:</p> <p>Leave for Pregnancy, Birth and Adoption - Article 163 of Labour Code (1) (Amended, SG No. 110/1999) Female employees shall be entitled to pregnancy and childbirth leave of 135 days for each child, 45 days of which shall be granted before the date of birth.</p> <p>(7) For the time of the leave under the preceding paragraphs the female employee shall be paid a cash compensation under terms and in amounts specified by a separate law. When the duration of the leave is determined, the mother's surviving children - both natural and adopted - shall be taken into account.</p>

Observations and comments:	
	<p>Leave for Breast-feeding and Feeding a Young Child, Article 166 of Labour Code</p> <p>(1) A female employee who breastfeeds her child shall be entitled to a paid leave for breastfeeding until the child reaches 8 months - 1 hour twice a day or, with her consent, 2 hours together. For a female employee who works at reduced working hours of 7 hours or less this leave shall be 1 hour a day. After the child reaches 8 months this leave shall be 1 hour a day and shall be granted to the employee only in case the medical authorities find that it is necessary for her to continue breastfeeding the child.</p> <p>(2) In case the female employee has twins or a prematurely born child, the duration of the leave under the preceding paragraph shall be 3 hours a day until the child reaches 8 months, and 2 hours a day after the child reaches 8 months, as long as the medical authorities find that breastfeeding should continue. In such cases, in the event that the female employee works at reduced working hours - 7 or less, the initial duration of the leave for breastfeeding the child shall be 2 hours, and after the child reaches 8 months - 1 hour a day. The leave under this paragraph shall be used twice daily, and with the consent of the employee it can be used once daily.</p> <p>(4) The leave under the preceding paragraphs shall be paid by the employer.</p> <p>Job Reassignment for Pregnant and Nursing Mothers, Article 309 of Labour Code</p> <p>(1) A pregnant woman or a nursing mother employed at a job unsuitable for her condition shall be reassigned to another appropriate job or to the same job with alleviated conditions on prescription of the health authorities. Prior to the carrying out of the prescription she shall be relieved of the obligation to carry out work unsuitable for her condition and the employer shall compensate her in the amount of her gross labour remuneration for the month preceding the prescription.</p> <p>(4) The employer, jointly with the health authorities, shall annually designate positions and jobs suitable for pregnant women and nursing mothers.</p> <p>Exercise of Labour Rights and Duties, Article 8 of Labour Code</p> <p>(3) (Amended - SG, No. 25/2001) In the exercise of labour rights and duties no direct or indirect discrimination, privileges or restrictions shall be allowed on grounds of ethnicity, origin, sex, race, skin colour, age, political and religious convictions, affiliation to trade union and other public organizations and movements, family, social and property status and disability.</p> <p>Prohibition for Business Travel, Article 310 (Amended - SG, No. 25/2001)</p> <p>(1) The employer may not send pregnant women on business travel.</p> <p>(2) The employer may not send mothers of children under 3 years of age on business travel without their consent in writing.</p>
Estonia	<p>7.2</p> <p>Based on a certificate for maternity leave, a woman shall be granted pregnancy and maternity leave of 140 calendar days;</p> <p>The health insurance fund shall pay maternity benefit to an insured person as a percentage of his or her average income per calendar day 100 per cent in the event of pregnancy and maternity leave;</p> <p>A person raising a child under one and one half years of age shall be</p>

Observations and comments:	
	<p>granted additional breaks for feeding the child in addition to the general breaks for rest and meals. The additional break section shall be granted at least every three hours with a duration of not less than thirty minutes every time. The duration of a break granted for feeding two or more children of up to one and one half years of age should be at least one hour. If a person so requests, the breaks prescribed for feeding a child shall be added to the breaks for rest and meals, or the working day shall be reduced by the corresponding period of time. Breaks for feeding a child are included in working time and payment of average wages shall be continued for the breaks from state budget funds through the budget of the Ministry of Social Affairs pursuant to the procedure established by the Minister of Social Affairs.</p> <p>It is prohibited for employer to terminate an employment contract with a pregnant woman or a person raising a child under three years of age. Termination of employment contracts with a pregnant woman or a person raising a child under three years of age on the basis of liquidation or bankruptcy of the enterprise or upon breach of duties of an employee is only permitted with the consent of the labour inspector.</p>
Latvia	<p>Maternity protection in labour relations is regulated by the Labour Law (adopted by the Parliament on 20 June 2001, came into force on 1 June 2002). The Labour Law regulates issues on breaks for feeding child, prenatal and maternity leave, as well as the principles of equal rights.</p> <p>The issues concerning maternity pay are regulated by the Law on Maternity and Sickness Insurance (adopted by the Parliament on 6 November 1995 and came into force on 1 January 1997).</p> <p>The health and safety at work of pregnant women and women in the post-natal period is regulated by the Labour Protection Law (adopted by the Parliament on 20 June 2001, came into force on 1 January 2002) and the Cabinet Regulations No.379 (adopted 23 August 2001, came into force on 1 January 2002) "Procedures for the Performance of Internal Supervision of the Working Environment". The Regulations determine the evaluation of working environment risks for work performed by pregnant women and women who have recently given birth. The Regulations give a list of "Working environment risk factors and jobs which may create risk to safety and health of pregnant women and breastfeeding women", as well as a list of "Working environment risk factors the exposure to which of pregnant women and breastfeeding women is prohibited".</p>
Poland	All women having a contracted job are covered by legislation
Romania	
Slovenia	<p>ILO Maternity protection convention is according to our information MPC103, year 1962. Both ILO conventions, MPC103 and MPC138, are ratified and included in Slovenian labour legislation.</p> <p>7.2.</p> <p>In Slovenia there is maternity leave of one year (12 months), 100 % paid. In the new labour law (2002) a one-hour break is included, but not paid. Daily reduction of hours of work for breastfeeding is possible, but also not paid. Job protection and non-discrimination for breastfeeding workers is provided by law (but, unfortunately, in reality the opposite is observed - mostly non reported cases)</p>

Observations and comments:	
	6.3 Every mother is entitled to parent allowance under the provision of having citizenship and permanent residence. If a mother does not fulfil those criteria, she is not covered by Slovenian legislation (problem with refugees and Rome minority).

8. Community outreach, including mother support

8.1 Voluntary organisation support

Country	Are voluntary bodies for mother-to-mother support established?	If yes, describe	Rate their likely coverage	Rate the linkage of these groups with health care service	How do mothers get in touch with these groups?
Bulgaria	Yes	Established in every city where there is BFH. IBFAN group has also established additional network.	Medium	Medium	When mothers leave delivery services they receive from the coordinator nurse/midwife information and contact details for the mother who is the current chief of the mother-to-mother group.
Czech Republic	Yes	The Lactation Centre c/o Thomayer Teaching Hospital in Prague initiated training of mothers – lactation consultants in 2001. At the moment, about 10 mother-to-mother support groups are affiliated to community centres for mothers established in different regions.	Low	Low	
Estonia	Yes	Estonian Union for Breastfeeding Counselling *Non-profit organization: Supportive group of Delivery and Breastfeeding (MTÜ	Low These groups are working mostly in Tallinn. In other places they are mostly	Medium	Through family schools (lectures and the practical lessons for pregnant women and in some counties for young families) The mother-to-mother supportive group

Country	Are voluntary bodies for mother-to-mother support established?	If yes, describe	Rate their likely coverage	Rate the linkage of these groups with health care service	How do mothers get in touch with these groups?
		sünni ja imetamise Eesti tugiühing)	nurse-to-mother groups or almost absent.		information is available through internet, health care professionals recommend. In baby-schooling groups mothers can obtain information.
Hungary	Yes	La Leche League ... many mother-to-mother support groups	Low	Low	Internet www.lll.hu Hotlines Maporin 'Kiswoman' BFHs send the mothers to the groups
Latvia	No		(Very low)	(Medium)	(Through the primary health care)
Lithuania	Yes	Mother-to-Mother BF counselling programmes have been launched by non-profit organisation Pradziu pradzia. Mother to mother support network is established in 5 regions of the country. Local community based BF promotion initiatives continue training BF counselling leaders from breastfeeding mothers. This activity is on voluntary bases and has no funds.	Low	Low	They receive information on Baby Friendly Maternity homes, some primary HC institutions and some other Maternity homes through the country. Sometimes there is advertising in mass media.
Malta	Yes	In Malta, there is one mother-to-mother support group that offers a help-line to mothers and also runs ante-natal programmes	Medium	Low	Mostly by phone
Poland	Yes	<ul style="list-style-type: none"> • Association for Promotion of Natural Birth and Breastfeeding • Milk and Love Club initiated by parent magazine 	Low	Low	The information is disseminated in different ways: advertisements, information in health services, maternity hospitals

Country	Are voluntary bodies for mother-to-mother support established?	If yes, describe	Rate their likely coverage	Rate the linkage of these groups with health care service	How do mothers get in touch with these groups?
		<ul style="list-style-type: none"> • Foundation Give Birth with Dignity 			
Romania	No				
Slovak R	Yes	<p>1st mother to mother support group was established in 1997 – fulfil 10 Steps of BFHI.</p> <p>In 2002 there were 20 mother-to- mother groups in Slovakia. The women work as volunteers in connection with health workers and hospitals.</p>	Medium	Medium	<p>Telephone hotlines</p> <p>Home visits- in complicated situations</p> <p>Interactive presentations at service club meetings</p>
Slovenia	Yes	<p>In Slovenia there are two kinds of mother-to-mother support groups:</p> <ol style="list-style-type: none"> 1. LLLI officially educated and organised groups of mothers in several cities 2. Maternity department controlled mother groups for support, usually led by medical nurses. 	Medium	Medium	<ol style="list-style-type: none"> 1. Written guidelines which are given to mothers at discharge from maternity departments, 2. Posters with phone numbers of LLLI group members are displayed on walls of maternity and paediatric departments

8.2 Health care system support

Country	Does the health care system organise mother-to-mother support groups?	If yes, describe	Rate the likely/ estimated coverage of these groups
Bulgaria	No		
Czech R	Yes	Lactation Centre c/o Thomayer Teaching Hospital and other Baby-Friendly Hospitals provide training of mothers – lactation counsellors and refer mothers to MSG at discharge to the hospital in accordance with the step 10 of the BFHI.	Low
Estonia	Yes	The Estonian Union of Midwives together with Estonian Union for Breastfeeding Counselling organizes 40-hour course breastfeeding training for counsellors (coverage is whole Estonia) and organizes training groups with mother- to mother support groups in Tallinn and other cities. Estonian Union of Midwives has organized counselling system through Internet www.perekool.ee since 2000. The mother- to mother support group is present within the work of the www.perekool.ee - a special chat page is established and monitored by professionals.	Medium
Hungary	Yes	Health visitors organise some groups	Low
Latvia	Yes	In the process of establishment	Low
Lithuania	No		
Malta	No		
Poland	Yes	BFHI designated hospitals initiate mother-to-mother groups as implementation of the tenth step	Low
Romania	No		
Slovak R	Yes in BFHI	National Committee for UNICEF organise educational activities and leaflets for Mother Support Group	Medium
Slovenia	Yes	These groups are led by medical nurses and organise meetings in hospitals or other public places (usually they do not meet in private settings).	Medium

8.3 Training counsellors

Country	Is there training of peer counsellors?	If yes, rate the likely / estimated coverage
Bulgaria	No	
Czech R	Yes	Low
Estonia	No	
Hungary	No	
Latvia	No	
Lithuania	Yes	Low
Malta	Yes	Low
Poland	Yes	Low
Romania		
Slovak R	Yes	Medium
Slovenia	Yes	Medium

Section 8 Observations and comments

Observations and comments:	
Country	Comments
Hungary	Health visitors (paediatric district nurses) contact every pregnant and new mother and promote breastfeeding. There are some lactation clinics for help. There are 21 BCLC in Hungary. La Leche League groups (4) and LLL leaders help many mothers.
Lithuania	All mother-to-mother activities are provided by volunteers and NGOs
Romania	Given the fact that in 2003 all BFH will be reassessed the mothers' support groups will be reorganized within the provisions of Step 10, at least around the 10 maternity hospitals.
Slovenia	Peer counsellors are predominantly trained by LLLI

9. Information, Education and Communication (IEC)

9.1 Government budget for IEC

Country	Is there any government budget for IEC?	If yes, how is it used?
Bulgaria	No	
Czech Rep	Yes	The draft is currently being negotiated
Estonia	No	
Hungary		
Latvia	No	
Lithuania	No	
Malta	Yes	These funds are available under the Health Promotion vote which is managed and administered by the Department of Health Promotion
Poland	Yes	In 2001 the National Breastfeeding Committee received the funds and developed education materials for mothers (15 000 leaflets) and health professionals (5 000 brochures).
Romania	Yes	In conjunction with UNICEF and other donors' funds, the government budget is used for a fully fledged breastfeeding IEC campaign (posters, TV and radio spots, flyers and brochures, etc)
Slovak Rep	No	MoH planned budget for implementation of BF/BFHI promotion in years 2003-4
Slovenia	No	

9.2 Main government IEC products

Country	What are the main government IEC products?
Bulgaria	Recommendations designed for physicians, nurses/midwives, nutritionists. Information materials designed for pregnant and lactating women developed by the specialists in the institutions under Ministry of Health.
Czech Rep	Standards for health care Education materials
Estonia	-
Hungary	Some posters and video clips on TV
Latvia	Information materials, posters. www.esi-vesels.lv
Lithuania	-
Malta	Campaigns and initiatives to promote health in its widest context
Poland	
Romania	Posters, flyers, brochures. The TV and radio spots were developed in cooperation with and advertising agency.
Slovak Rep	
Slovenia	

9.3 Assessment of results

Country	Is there any assessment of results?	If yes, give details
Bulgaria	No	
Czech Rep	-	
Estonia	-	
Hungary	-	
Latvia	No	
Lithuania	No	
Malta	Yes	Campaigns routinely evaluated
Poland	No	
Romania	Yes	An evaluation activity is planned to take place after a year from the closure of the Campaign
Slovak Rep	No	
Slovenia	No	

9.4 National activities for the World Breastfeeding Week

Country	Are there national activities for the World BF week?	If yes, in August or October?	Supported by government and/or UNICEF or NGOs (IBFAN group)
Bulgaria	Yes	August	UNICEF and NGOs
Czech Rep	Yes	August	UNICEF and NGOs
Estonia	Yes	October In Tallinn, the mother-to-mother support groups have a meeting for that occasion every year; we have our national perinatal meeting in October and we always have at least one paper about BF.	-
Hungary	Yes	August	Government and NGOs
Latvia	Yes	October	Government, UNICEF, NGOs
Lithuania	Yes	August (particularly) and October	-
Malta	Yes	August and October	Government
Poland	Yes	26 May – 1 June	NGOs
Romania	No		
Slovak Rep	Yes		Government, UNICEF, NGOs
Slovenia	Yes	October	UNICEF

9.5 Government Breastfeeding website

Country	Is there a government BF website?	If yes, give internet address
Bulgaria	No	
Czech Rep	No	www.kojeni.cz is provided by Lactation Centre and supported by UNICEF New York in 2001-2. Websites of the gynaecological and neonatal professional associations also refer to breastfeeding.
Estonia	Yes	www.perekool.ee
Hungary	No	
Latvia	Yes	www.esi-vesels.lv
Lithuania	Yes	
Malta	No	
Poland	No	
Romania	No	
Slovak Rep	No	
Slovenia	No	

Section 9 Observations and comments

Observations and comments:	
Country	Comments
Bulgaria	9.5. The National programme related to promotion of breastfeeding in the frame of our national Food and Nutrition Action Plan (under development) envisages establishment of breastfeeding website.
Hungary	WBW has been celebrated for 10 years. It is in the first week of August. There are celebrations in every city in Hungary. Government participates in the celebrations. NGOs (LLL and Hungarian Association for BF) organizes celebrations. NGOs' publications are the most important sources of BF knowledge in Hungary.
Lithuania	WBW is only NGOs' supported activity. There is NPO Pradziu pradzia breastfeeding website www.pradzia.org , NPO Uz gyvybe has breastfeeding page in their website www.gvybe.lt
Slovenia	There is no special budget for this kind of IEC in Slovenia: Activities are included in the budget of Ministry of Education and less in the budget of Ministry of Health.

10. Monitoring

10.1 Government collection of data

Country	Is there any government collection of data on BF rates?	If yes, is it sample or population based?	What is the periodicity?
Bulgaria	Yes	Population	Yearly
Czech Rep	Yes	Population	Data is collected once a month and once a year there is an evaluation of the data gathered from the report on newborns on discharge from maternity hospitals
Estonia	Yes	Population	Yearly
Hungary	Yes	Population	Yearly
Latvia	Yes	Population	Yearly
Lithuania	Yes	Population	Yearly
Malta	Yes	Population	Every quarter statistics are collected from the maternity ward
Poland	Yes	Population	Irregular
Romania	Yes	National Nutrition Surveillance Programme. Data collected in 22 counties through the National Nutrition Surveillance Programme	Yearly
Slovak Rep	Yes	Population	
Slovenia	No		

10.2 Main indicators for initiation, duration and exclusivity of breastfeeding

Country	What are the main indicators used for initiation, duration and exclusivity of breastfeeding?		
	Indicator	Definition	Latest value (year)
Bulgaria	Number/% of infants exclusively breastfed until the end of 3rd month		2001 – 48.96%
	Number/% of infants breastfed until the end of 6 th month		2001- 35.99%

Country	What are the main indicators used for initiation, duration and exclusivity of breastfeeding?		
	Indicator	Definition	Latest value (year)
Czech Rep	Infant feeding at discharge	Excl. breastfed	90.9 %
	From maternity hospital	BF and supplemented	5.0 %
		Artificially fed	2.6 %
		Parenterally fed	0.8 %
		Not reported	0.7 % No. Infants 88.696
	Upon an examination at the end of the 1 st year of the child, paediatricians report the following data to the Institute for Health Information and Statistics c/o Ministry of Health of the Czech Republic: Exclusive BF for first 6 wks Exclusive BF 6wks-2mths Exclusive BF 3-5 months Exclusive BF 6+months Not breastfed		
Estonia	4550 infants, breastfed at 3 months; %		61% (2001)
	4551 infants, breastfed at 6 weeks, %		82% (2001)
	4552 infants, breastfed at 6 months, %		40% (2001)
Hungary	Exclusive BF at 4 months		61.9%
	Exclusive BF at 6 months		34.7%
Latvia	Duration 4 weeks		32.5% (2000)
	Duration 4 months		25.8% (2000)
	Duration 6 months		20.4% (2000)
	Duration 12 months		8.8% (2000)
Lithuania	3 and 6 months	According to statistical data	
	Exclusive BF	Monitoring every 5 years	
Malta	Breastfeeding within 30 min of delivery		39%
	Infant feeding at time of discharge	Breast only	52%
		Mixed	10%
Poland	Exclusive breastfeeding at maternity hospitals	Infants exclusively breast-fed by their natural mothers from birth to discharge	70,8 % (2002)
	Bottle-fed rate	Infants receiving any food and drink from bottle from birth to discharge	15,1% (2002)

Country	What are the main indicators used for initiation, duration and exclusivity of breastfeeding?		
	Indicator	Definition	Latest value (year)
	Breastfed rate	Infants breastfeeding in 24 hours prior to discharge	97,6% (2002)
	Timely first suckling rate	Infants who first suckled within 1 hour of birth	74,1% (2002)
	Pacifier use rate	Infants who received pacifiers at any time prior to discharge	4,1% (2002)
	Rooming-in rate	Infants rooming-in 24 hours a day , beginning 1h of birth, not separated from mother for more than 1 hour at any time	66,5% (2002)
	Exclusive breastfeeding rate < 4 months	Infants less than 4 months of age exclusively breastfed in the last 24 hours	0,45 (1997)
	Exclusive breastfeeding rate at 4 months	Infants at 4 months of age who are exclusively breastfed	30,5% (1997)
	Exclusive breastfeeding rate < 6 months	Infants less than 6 months of age exclusively breastfed in the last 24hours	0,35 (1997)
	Exclusive breastfeeding rate	Infants at 6 months of age who are exclusively breastfed	8,5% (1997)

Country	What are the main indicators used for initiation, duration and exclusivity of breastfeeding?		
	Indicator	Definition	Latest value (year)
	at 6 months		
	Median duration of breastfeeding	Average duration of breastfeeding in months	more than 6 months (1997)
Slovak Rep	exclusive breastfeeding	no other food, drink (except medicines, vitamins)	2000- at delivery 93%
	(at delivery, end of month 1-3)		1 month 78%
			2 month 65%
			3 month 55%
			6 month 30%
Slovenia			

10.3 Information reporting

Country	Is the information reported regularly	If yes, how often?	What is the time lag?
Bulgaria	Yes	Annually	
Czech Rep	Yes	Monthly	
Estonia	Yes	Yearly	About 6 months
Hungary	Yes	Yearly	
Latvia	Yes	Yearly	
Lithuania	Yes	Yearly	12 months
Malta	Yes		
Poland	No		Not fixed. Previous surveys of maternity hospitals practices and duration of breastfeeding were carried out in 1995
Romania	Yes		
Slovak Rep	Yes	Yearly	1 year
Slovenia			

10.4 Informing health professionals

Country	Is the information fed back regularly to health professionals?	If yes, can they relate it to their local needs?	Is it given to policy and decision makers?
Bulgaria	Yes	Yes	Yes
Czech Rep	Yes	Yes	Yes
Estonia	Yes	Yes	Yes*(see comments)
Hungary	Yes		Yes
Latvia	Yes	Yes	Yes
Lithuania	Yes	Yes	Yes
Malta	Yes	Yes	Yes
Poland	No		Yes
Romania	Yes	Yes	Yes
Slovak Rep	Yes	Yes	Yes
Slovenia	No	[No]	No

Section 10 Observations and comments

Observations and comments:	
Country	Comments
Bulgaria	<p>The current criteria for exclusive breastfeeding, used in collection of information, do not respond to the international ones. Exclusive breastfeeding means that the infants are fed by mother milk and mother milk substitutes are not used, but according to the current practice that has not been changed until now it includes very early introduction of complementary feeding: fruit juice at the end of the 2nd month, fruit-vegetable mash at the end of 4th month, fruit-milk pap and 1/4 hard boiled egg yolk in the 5th month, meat-vegetable mash in the 6th month. These recommendations were established several years ago and these could not be changed due to the resistance of the leading paediatricians in the country until now.</p> <p>Currently, the situation concerning the possibility of decision-making in this aspect is changing and we have planned to update officially through governmental recommendations the requirements concerning complementary feeding of infants.</p>
Estonia	<p>The primary health care staff provide the data in their annual reports. The data are presented in the official Estonian Health Statistics that is available on internet.</p> <p>*Heili Varendi comment: The problem is that there are no data collected that meet the international definitions – our national data reflect all infants who receive breast milk at this age but they are not comparable in the international content – data about exclusive breastfeeding as well as data about breastfeeding longer than 6 months are not collected. The number of infants on real exclusive breastfeeding is actually low (my own conclusion from everyday work with</p>

Observations and comments:																																																																																	
	<p>infants). We have discussed this point at round table – we need new indicators for breastfeeding that take into account whether the baby exclusively breastfed or not. The response from statisticians was positive, the responsible persons from the Ministry of Social Affairs should give new national indicators for collecting the data according to the internationally accepted definitions and age groups.</p>																																																																																
Hungary	National Health System guarantees the data collection and analysis.																																																																																
Slovak Republic	<p>Breastfeeding Rate in Slovakia (1-6 month)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>At delivery</th> <th>1 month</th> <th>3 month</th> <th>6 month</th> </tr> </thead> <tbody> <tr> <td>1980</td> <td>88,2</td> <td>61,7</td> <td>22,6</td> <td>6,2</td> </tr> <tr> <td>1990</td> <td>91,0</td> <td>60,0</td> <td>42,0</td> <td>24,6</td> </tr> <tr> <td>2000</td> <td>93,0</td> <td>78,0</td> <td>55,0</td> <td>30,0</td> </tr> </tbody> </table>	Year	At delivery	1 month	3 month	6 month	1980	88,2	61,7	22,6	6,2	1990	91,0	60,0	42,0	24,6	2000	93,0	78,0	55,0	30,0																																																												
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Slovenia	<p>One of the main priorities of National Breastfeeding Promotion Committee is establishment of official and regular statistical gathering of data about breast-feeding in Slovenia.</p> <p>At the moment data are collected for whole Slovenia for mothers and their children at discharge from maternity departments after delivery by the “Perinatal Information System of the Republic of Slovenia (PIS RS)” which was set up in 1986.</p> <p>Results for past 8 years are attached below, Table 1. From table it could be seen that on average more than 96% from maternity hospitals discharged infants are breast-fed.</p> <p>Table 1. Data on breast-feeding at discharge from maternity departments in Slovenia (PIS RS 2002)</p> <table border="1"> <thead> <tr> <th>Years</th> <th>Live born</th> <th>Breast-fed (BF)</th> <th>%</th> <th>Partially BF</th> <th>%</th> <th>Not BF at all</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>1993</td> <td>20135</td> <td>18576</td> <td>92.3</td> <td>781</td> <td>3.8</td> <td>778</td> <td>3.9</td> </tr> <tr> <td>1994</td> <td>19707</td> <td>18267</td> <td>92.7</td> <td>726</td> <td>3.6</td> <td>713</td> <td>3.6</td> </tr> <tr> <td>1995</td> <td>19108</td> <td>17355</td> <td>90.8</td> <td>959</td> <td>5</td> <td>782</td> <td>4</td> </tr> <tr> <td>1996</td> <td>18905</td> <td>17023</td> <td>90.0</td> <td>1179</td> <td>6.2</td> <td>703</td> <td>3.7</td> </tr> <tr> <td>1997</td> <td>18120</td> <td>16052</td> <td>88.6</td> <td>1392</td> <td>7.7</td> <td>676</td> <td>3.7</td> </tr> <tr> <td>1998</td> <td>17897</td> <td>16092</td> <td>89.6</td> <td>1270</td> <td>7.1</td> <td>532</td> <td>3.0</td> </tr> <tr> <td>1999</td> <td>17499</td> <td>15228</td> <td>87.0</td> <td>1802</td> <td>10.3</td> <td>469</td> <td>2.7</td> </tr> <tr> <td>2000</td> <td>18223</td> <td>16707</td> <td>91.7</td> <td>1086</td> <td>6.0</td> <td>430</td> <td>2.4</td> </tr> <tr> <td>8 yrs</td> <td>149594</td> <td>135300</td> <td>90.4</td> <td>9195</td> <td>6.1</td> <td>5083</td> <td>3.4</td> </tr> </tbody> </table>	Years	Live born	Breast-fed (BF)	%	Partially BF	%	Not BF at all	%	1993	20135	18576	92.3	781	3.8	778	3.9	1994	19707	18267	92.7	726	3.6	713	3.6	1995	19108	17355	90.8	959	5	782	4	1996	18905	17023	90.0	1179	6.2	703	3.7	1997	18120	16052	88.6	1392	7.7	676	3.7	1998	17897	16092	89.6	1270	7.1	532	3.0	1999	17499	15228	87.0	1802	10.3	469	2.7	2000	18223	16707	91.7	1086	6.0	430	2.4	8 yrs	149594	135300	90.4	9195	6.1	5083	3.4
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11.3 Action taken to target disadvantaged groups

Country	What action is taken to target disadvantaged groups?
Bulgaria	-
Czech Rep	The programme for improving health care and hygiene in immigrants is being prepared
Estonia	-
Hungary	-
Latvia	-
Lithuania	-
Malta	-
Poland	No programme developed for disadvantaged groups so far.
Romania	There are several governmental projects targeting disadvantaged groups but none is specifically dedicated to BF
Slovak Rep	In several districts training programmes for Roma mothers were introduced in cooperation with the Slovak Com. Training included: UNICEF
Slovenia	

Section 11 Observations and comments

Observations and comments:	
Country	Comments
Bulgaria	Currently there is no special attention concerning the breastfeeding of women from disadvantaged groups. All women in Bulgaria use the same rights regulated by the National Labour Code. In our national programme for breastfeeding promotion in the frames of the national Food and Nutrition Action Plan we have included special activities towards socially deprived women that include in Bulgaria mainly gypsy minority group.
Malta	Health inequalities are still not given the merited attention by the health care system
Slovak Republic	Basic child care Hygiene Successful breastfeeding Infant nutrition.
Slovenia	Disadvantaged groups are mostly Rome minority and refugees. Their problems are solved mostly through regional centres for social work, in local communities and with special programmes.

Annex 1

People/Organisations Consulted To Obtain The Information

Bulgaria:

- Mrs. Jechka Karaslavova, Executive Director of Bulgarian National Committee for UNICEF
- Mrs. Tatiana Marinova, Expert in health statistics, Department of Health Resources, Analysis and Prognosis, National Centre of Health Information
- Dr. Elena Perchinska, Expert in Paediatrics and Public Health, Ministry of Health
- Assist. Prof. Dr. Aneta Popivanova, National Coordinator of Breastfeeding, University Hospital of Obstetrics and Gynaecology, Clinic of Neonatology
- Mrs. Plamenka Markova, National ILO Correspondent, Ministry of Labour and Social Policy
- Dr. Rumiana Modeva, President of Bulgarian IBFAN group

Czech Republic:

- Magdalena Paulová, M.D., PhD. National Breastfeeding Coordinator, Head, National Breastfeeding Committee, Head, Neonatological Department, Thomayer Teaching Hospital Prague 4 (1st Baby – Friendly Hospital in CR, training centre for lactation management)
- Anna Mydlilová, M.D. Head, Lactation Centre and National Breastfeeding Hotline and Outpatient Service, affiliated to the Neonatological Department, Thomayer Teaching Hospital Prague 4
- Rosa Šimberská, PhD. Programme Coordinator of the National Committee for UNICEF Prague
- Iva Truellová, M.D., Department for Mother and Child Care, Division of Health Care, Ministry of Health, Czech Republic
- Mr. Binder, Institute of Health Information and Statistics of the Czech Republic

Estonia:

- Sirje Vaask, Health Care Department, Estonian Health Insurance Fund
- Reet Raukas, M.D, Head of Neonatal Dept. East-Tallinn Central Hospital
- Ave Liitmäe, Ministry of Social Affairs
- Haidi Kanamäe, Ministry of Agriculture, Estonia
- Heili Varendi, M.D., Dr. Med. Science, (non-official) national breastfeeding coordinator at UNICEF Estonia, neonatologist, Tartu University Clinics

Hungary:

- Ministry of Health, Social and Family Affairs, Hungary
- National Committee of UNICEF
- Hungarian Association for Breastfeeding
- LA LECHE League, Hungary

Latvia :

- Velga Braznevisa, Head of Nutrition Department, Latvian Food Centre,
- Irena Kondrate, Chairperson of National Breastfeeding Committee
- Ieva Ranka, President of Latvian IBFAN Association
- Imants Lipskis, Department of Labour, Ministry of Welfare
- Valda Krumina, Department of Health, Ministry of Welfare
- Ilze Straume, Department of Environmental Health, Ministry of Welfare
- Daina Biezaite, WHO Liaison office
- Ilze Doskina, UNICEF National committee

Lithuania

- Roma Bartkeviciute, Head of Division, National Nutrition Centre,
- Daiva Sniukaite, Director , Non-profit organisation “Pradziu pradzia”
- Birute Obeleniene, Director, Publishing Information Centre for Life,
- Dr.Giedra Leviniene, Assoc. Prof. (Kaunas Medical University), Lithuanian Breastfeeding Support Society,
- Jovile Vingraite – postgraduate studies in Medical Faculty, Vilnius University

Malta: Not given

Poland:

- Kazimiera Nosowska, Department Analyses and Statistics, Ministry of Health, Responsible for coordination of the programme: Perinatal Care Improvement, Miodowa 15, 00-246 Warsaw Phone: 48 22 634-94-05
- Magdalena Nehring-Gugulska, Secretary of National Breastfeeding Committee, Kasprzaka 17a , 01-211 Warsaw, Phone/fax 4822 6328218, www.laktacja.pl, kukp@laktacja.pl
- Hanna Mojska, adiunct, National Food and Nutrition Institute, 61/63 Powsinska , 02-903 Warsaw, Fax 48 22 842 11 28, hmojska@izz.waw.pl
- Jan Oleszczuk. Prof. Head : Dept. of Obstetrics and Perinatology, University School of Medicin in Lublin – Coordinator of Perinatal Care Improvement Programme, Jaczewskiego 8 str. 20-954 Lublin, Phon: 48 81 742-52-27 Fax : 48 81 742-52-35
- Elzbieta Szadzinska, IBFAN’s member, Consumer Federation, Plac Powstancow Warszawy 1/3, Phon : 48 22 827-11-73

Romania: Not given

Slovak Republic:

- Pavol Šimurka M.D., General Consultant of Ministry of Health for Pediatrics
- Svetozár Dluholucký M.D., Professor of Pediatrics, University Trnava
- Head of Slovak Pediatric Society
- Katarína Vicianová M.D., Slovak IBFAN Group PROVITA
- František Bauer M.D., PhD., Perinatal Centre, University Trnava

Slovenia:

- National Committee for Breast-Feeding Promotion of Slovenia
- Ministry of Health
- Institute of Public Health of the Republic of Slovenia
- Ministry of Labour, Family and Social Welfare
- Ministry of Education, Science and Sport
- National Institute for Education

Annex 2

MEMBERS OF NATIONAL BREASTFEEDING COMMITTEE

Bulgaria:

- Coordinator: Assist. Prof. Dr. Aneta Popivanova, Clinic of Neonatology University Hospital of Obstetrics and Gynaecology, 2 Zdrave Street, 1606 Sofia, Tel. + 3592 5166 229, E-mail address: elitsapopivanova@hotmail.com
- Dr. Jechka Karaslavova, Executive Director of Bulgarian National Committee for UNICEF
- Emilia Velinova, Coordinator of Bulgarian National Committee for UNICEF
- Dr. Vaska Stancheva, Lecturer, South-West University, Blagoevgrad
- Dr. Jana Staneva, Head, Department of Neonatology, BFH, Vratca
- Assoc. Prof. Dr. Vania Nedkova, pediatrician, Medical University, Pleven
- Dr. Elena Perchinska, paediatrician, Ministry of Health
- Dr. Snejana Aleksandrova, neonatologist, BFH, Dobrich
- Dr. Danail Dacov, Head, Obstetrics and Gynaecology Clinic, City Hospital, Stara Zagora
- Dr. Nicolai Radulov, specialist in obstetrics and gynaecology, Medical Centre, Pernik

Czech Republic:

- National Coordinator: MUDr. Magdalena Paulová, CSc., Head, Neonatological Department, Thomayer Teaching Hospital (1st Baby-Friendly Hospital in CR), Vídeňská 800, 140 59 Prague 4 Krč
- MUDr. Petr Bloudíček, Head, Paediatric Department, Hospital Znojmo (BFH)
- MUDr. Anna Klimová, Institute of Preventive Medicine, Medical Faculty, University of Masaryk, Brno
- Ivana Königsmarková, Head, Czech Association of Midwives, Prague
- MUDr. Eva Kudlová, CSc. Institute of Hygiene and Epidemiology, 1st Medical Faculty of Charles University in Prague
- MUDr. Zdeňka Lišková, Neonatological Department, Municipal Hospital Ostrava-Fifejdy, (BFH)
- PhDr. Zdena Maxová, psychologist, private consultant
- MUDr. Dana Müllerová, Institute of Hygiene, Medical Faculty of Charles University Plzeň
- MUDr. Anna Mydlilová, Lactation Centre, National Hotline and Outpatient Service for Breastfeeding, Neonatological Department, Thomayer Teaching Hospital Prague
- MUDr. Henrietta Nazari, gynaecologist, Brno
- MUDr. Dagmar Schneidrová, CSc. - ANIMA-Prague IBFAN Group, Breastfeeding Resource Centre, 3rd Medical Faculty, Charles University, Prague
- PharmDr. Helena Součková, Chamber of Pharmacists, Prague
- MUDr. Zdeňka Sýkorová-Bartáková, Head, Neonatological Department, Military Hospital, Plzeň (BFH)
- MUDr. Věra Ševčíková, Association of Paediatricians, Prague
- Věra Valtrová, CSc. 1st Children Clinic, Teaching Hospital Motol, Prague
- PhDr. Rosa Šimberská, NatCom UNICEF, Prague
- MUDr. Iva Truellová, Division of Health Care, Department for Mother and Child Care, Ministry of Health of the Czech Republic

Hungary: Not given

Latvia:

- National Coordinator: Irena Kondrate, PhD, Head, Department of Health Education, Health Promotion Centre, phone: +371 7240446 fax: +7240447, e-mail: irena.vvc@parks.lv, Address: Skolas 3, Riga, LV-1010 Latvia
- Ilze Doskina, Executive Director, Latvian National UNICEF Committee
- Valda Krumina, Department of Health, Ministry of Welfare
- Ieva Ranka, President, Latvian IBFAN Association
- Aiga Rurane, WHO Liaison officer
- Antra Kupriska, President, Latvian Association of Midwives
- Ilze Straume, Department of Environmental Health, Ministry of Welfare
- Ilona Gulbe, paediatrician, Riga Maternity Home
- Daiga Grinberga, Health Promotion Centre
- Lelde Vancovica, Public Health expert
- Jevgenia Livdane, Medical Academy
- Vineta Veja, Medical Statistics, Register of newborns
- Vita Belavniece-Jirgena, journalist

Lithuania:

- National Coordinator: D. Sniukaite, Non Profit Organization “Pradziu pradzia”,
- Armonaviciene, Ministry of Health
- Astrauskiene, Public Health Service under Ministry of Health
- R. Bartkeviciute, National Nutrition Centre under Ministry of Health
- V. Basys, Vilnius University
- G. Leviniene, Kaunas Medical University
- E. Markuniene, Coordinator of Baby Friendly Hospital activity in Kaunas
- R. Nadisauskiene, Lithuanian Obstetrics Society
- G. Siupsinskas, Lithuanian Obstetrics Society
- Z. Zailskiene, Lithuanian Obstetrics Society (Kaunas district)

Poland

Institutions (and numbers) represented on Breastfeeding Committee

- Ministry of Health (2)
- UNICEF (3)
- Consumer Federation (2)
- Child Rights Committee (2)
- Friends of Children Association (3)
- WHO Liaison Officer
- Institute of Mother and Child (10)
- Institute of Food and Nutrition (3)
- Medical Academies (15)
- BFHs (30)
- Women/mother support groups (5)
- Others (16)

Romania:

- Dr. Daniela Bartoş, Minister, President of the Committee, The Ministry of Health and Family
- Dr. Mihai Horga, Director, Direction of Social and Family Assistance, The Ministry of Health and Family
- Dr. Alin Stănescu, Deputy Director, Secretary of the Committee, Institute for Mother and Child Care
- Dr. Silvia Stoicescu, Head of Neonatology Section in the Department of Obstetrics-Gynaecology, Institute for Mother and Child Care

- As. Maria Frunză, Head Nurse of Neonatology Section in the Department of Obstetrics-Gynaecology, Institute for Mother and Child Care
- Dr. Octavian Luchian, Director, The Public Health Institute, Bucharest
- Dr. Dana Fărcăşanu, Deputy Director, Institute of Health Services Management
- Prof. Dr. Decebal Hudiţă, President, The National Society of Obstetrics and Gynaecology:
- Dr. Sever Cristian Oană, President, The National Society for Family Medicine / General Practice
- Dr. Ana Culcer, Head, Neonatology Section, Clinic of Obstetrics-Gynaecology, Teaching Hospital Bucharest
- Dr. Mihaela Badea, Teaching Hospital Bucharest
- Dr. Maria Stamatina, Head, Neonatology Section, Clinic of Obstetrics-Gynaecology I, Cuza Vodă Hospital, Iaşi:
- Dr. Rodica Mitea, Head, Neonatology Section, Clinic of Obstetrics-Gynaecology I, County Hospital, Cluj Napoca:
- As. medical principal Gabriela Bocec, President, Nursing Association, Romania
- Special UNICEF Representative in România (has to be appointed in early 2003)
- Dr. Victor Olsavsky, WHO Liaison Officer for Romania, WHO

Slovak Rep:

- National Coordinator: Svetozár Dluholucký M.D., PhD. Professor, NsP F.D. Roosevelta, Nám. L. Svobodu č.1 Banská Bystrica
- Kamila Tóthová, M.D.
- Viera Haľamová, M.D.
- Helena Drobná, M.D. Assoc. Prof.
- Mária Lavothová
- Renáta Krusová
- Anna Kardošová, M.D. PhD.
- Anna Vajová, M.D.
- František Bauer, M.D. PhD.
- Miroslav Kaňa

Slovenia:

- Dunja Obersnel Kveder, MD, BSC, gynaecologist. City council of Ljubljana, Department for health.
- Lucka Kastelic. Ministry of Labour, Family and Social Welfare.
- Dr. Silvestra Hoyer, RN, Prof. High School for Health, University of Ljubljana
- Andreja Domjan, MD, neonatologist. Gynaecological Department, University Medical Centre, Ljubljana, Neonatology.
- Gordana Njenjic, nurse. Gynaecological Department, University Medical Centre, Ljubljana, Parent Education Unit
- Borut Bratanic, MD, PhD, neonatologist. Paediatric Department, Neonatal Unit, University Medical Centre, Ljubljana
- Jozica Maucec Zakotnik, MD. Ministry of Health
- Martin Bigec, MD, paediatrician. Paediatric Dispensary, Maribor
- Manja Pasek, RN. Paediatric Dispensary, Maribor
- Zlata Felc, MD, PhD neonatologist. Gynaecology and Obstetric Department, General Hospital, Celje, Neonatal Unit
- Jana Elouissi, Prof. LLLI
- Andreja Tekauc Golob, MD neonatologist. Gynaecology and Obstetric Department, Teaching Hospital, Maribor, Neonatal Unit
- Vesna Kerstin Petric, MD. WHO Slovenia
- Vensna Savnik. UNICEF Slovenia
- Brigita Krasevec, RN Outpatient Health Centre, Ljubljana
- Rok Kosen, SD, stomatologist, Preventive Unit, University Medical Centre, Ljubljana.

Annex 3

BREASTFEEDING QUESTIONNAIRE

PROMOTION OF BREASTFEEDING IN COUNTRIES WISHING TO JOIN EU

QUESTIONNAIRE ON NATIONAL ACTIVITIES FOR THE PROMOTION OF BREASTFEEDING

The purpose of this questionnaire is to gather information on what is currently being done in each of the countries wishing to join the European Union. The information you provide will be used to produce a breastfeeding policy document to accompany the WHO food & nutrition action plan. We shall compare what is currently being done in the EU accession countries with EU countries based on the information provided by you.

Country: _____ Date: _____

Person in charge of the questionnaire:

Qualification:

Position:

Full address:

Phone: _____ Fax: _____ E-mail: _____

Use the most recently available information to fill in the questionnaire; whenever possible, specify the period to which the information refers. Send the completed questionnaire and any other relevant document to Aileen Robertson, WHO Europe.

Table of contents

1. Policy and planning
2. Management
3. Training
4. Baby Friendly Hospital Initiative (BFHI)
5. International Code
6. Legislation for working mothers
7. Community outreach, including mother support
8. Information, education, communication
9. Monitoring
10. Disadvantaged groups

Please list the people/organisations you consulted to get the information:

- 1.
- 2.
- 3.
- 4.
- 5.

Use this box to briefly outline (the) features of your national health system that you think might have a bearing on the promotion of breastfeeding.

1. Policy and planning

Some definitions:

- Legislation: laws passed by national or local parliaments, decrees issued by ministries.
- Policy: short statements on what providers and/or users of health services should do.
- Recommendations: long referenced documents on what health professionals should do.

1.1. In the table below, tick (the box on) what is available in your country for the promotion of breastfeeding and roughly rate it against the stated criteria. Write any other comment you might have in the box at the end of this section.

Please attach a copy (or insert internet address) of any national (not local) document.

Criteria	Legislation	National policy	Local policies	Recommendations
Start breastfeeding immediately after birth	Yes <input type="checkbox"/> No <input type="checkbox"/> Rating:			
Breastfeed exclusively for about six months	Yes <input type="checkbox"/> No <input type="checkbox"/> Rating:			
Continue breastfeeding up to two years and beyond	Yes <input type="checkbox"/> No <input type="checkbox"/> Rating:			
Implement the Ten Steps for Successful Breastfeeding	Yes <input type="checkbox"/> No <input type="checkbox"/> Rating:			

1.2. Are these laws, policies and recommendations routinely communicated to those managing and implementing relevant activities? Yes No

1.2.1. If yes, how and by who?

1.3. Is adherence to these laws, policies and recommendations routinely monitored and enforced? Yes No

1.3.1. If yes, how and by who?

1.4. Is there a national government plan to promote breastfeeding? Yes No

If yes, please attach a copy or insert internet address

1.4.1. If yes, what are the main objectives and targets for 2002 (or the most recent year)?

Observations and comments:

2. Management

- 2.1. Is there a national coordinator for breastfeeding? Yes No
- 2.2. Is there a national breastfeeding committee? Yes No
- 2.2.1. If yes, does the committee have an advisory and/or a decision-making role?
- 2.3. Does the government provide regular or irregular funds to support the activities of the national committee (if any)?
- 2.3.1. If yes, what is the latest figure?
- 2.4. Which national bodies and/or institutions are represented on the national committee (if any)?
- | | |
|---|---|
| <input type="checkbox"/> government departments | <input type="checkbox"/> health professional associations |
| <input type="checkbox"/> medical schools | <input type="checkbox"/> nursing/midwifery schools |
| <input type="checkbox"/> women/mothers support groups | <input type="checkbox"/> breastfeeding support groups |
| <input type="checkbox"/> infant food manufacturers | <input type="checkbox"/> NGOs |
| <input type="checkbox"/> public health experts | <input type="checkbox"/> UNICEF |
| <input type="checkbox"/> nutritionists | <input type="checkbox"/> other |
- 2.5. What are the main recent accomplishments of the national committee (if any)?

Please attach a list of the current members of the national committee (if any), including name and full address of the national coordinator (if any).

Observations and comments:

3. Training

3.1. Is there a National Board that certifies the quality of pre-service curricula of medical , public health , nutrition , nursing , and midwifery schools?

3.1.1. If yes, does it have criteria for training on breastfeeding? Yes No

3.1.2. If yes, describe.

3.2. Has the 18-hour UNICEF course on Breastfeeding promotion and practice been introduced? Yes No

3.2.1. If yes, rate the coverage: high medium low

3.3. Has the 40-hour WHO course on Breastfeeding counselling been introduced? Yes No

3.3.1. If yes, rate the coverage: high medium low

3.4. Have other courses on breastfeeding been introduced? Yes No

3.4.1. If yes, give details.

3.5. Are trained health professionals kept informed on new research findings through newsletters or other means? Yes No

Observations and comments:

4. Baby Friendly Hospital Initiative (BFHI)

4.1. Is there a national BFHI coordinator? Yes No

If yes, give name and full address

4.2. Approximate number of hospitals providing maternity services:

4.3. Number of hospitals designated as Baby Friendly:

4.4. Is there any teaching hospital among them? Yes No

4.5. Are BFHI universal criteria used for designation? Yes No

4.5.1. If not, state differences.

4.6. Number of hospitals and facilities that have a Certificate of Commitment:

4.7. Approximate number of annual deliveries in the country:

4.8. Percentage of deliveries in Baby Friendly Hospitals:

4.9. Is there a plan to reassess designated Baby Friendly hospitals? Yes No

4.9.1. If yes, how often?

4.10. Is there a Baby Friendly Community Initiative? Yes No

Observations and comments:

5. International Code

- 5.1. Is the WHO International Code on Marketing of Breastmilk Substitutes in effect?
Yes No
- 5.2. Are national measures being drafted in this sense, i.e. legislation, regulations, etc?
Yes No
- 5.3. Does the legislation that puts the Code into effect cover all its provisions?
Yes No
- 5.3.1. If not, what provisions are not covered?
- 5.4. Are the World Health Assembly (WHA) Resolutions reinforcing the Code taken into account in the revision of laws and/or policies? Yes No
- 5.5. Is the implementation of the Code and/or national legislation regularly monitored by a public and/or private non-for-profit independent organisation? Yes No
- 5.6. What action is taken in case of confirmed infringement of the Code and/or national legislation?

Observations and comments:

6. Legislation for working mothers

6.1. Has the International Labour Organization (ILO) maternity protection convention (MPC138) been ratified? Yes No

6.2. Is there a legislation that meets the ILO standards for protecting and supporting breastfeeding among working mothers? Yes No

6.2.1. If yes, please specify standards:

- Minimum 14 weeks of paid maternity leave
- Paid maternity leave (at least two-thirds of previous earnings)
- Entitlement to one or more paid breastfeeding breaks daily
- or daily reduction of hours of work to breastfeed
- Job protection and non-discrimination for breastfeeding workers

6.3. Are there any groups of women not covered by this legislation? Yes No

6.3.1. If yes, give details:

Observations and comments:

8. Information, Education and Communication (IEC)

8.1. Is there any government budget for IEC? Yes No

8.1.1. If yes, how is it used?

8.2. What are the main government IEC products?

8.3. Is there any assessment of results? Yes No

8.3.1. If yes, give details.

8.4. Are there national activities for the World Breastfeeding Week? Yes No

8.4.1. If yes, in August or October ?

8.4.2. Supported by government and/or UNICEF and/or NGOs ?

8.5. Is there a government breastfeeding website? Yes No

If yes, give internet address

Observations and comments:

9. Monitoring

9.1. Is there any government collection of data on breastfeeding rates? Yes No

9.1.1. If yes, is it sample or population based?

9.1.2. What is the periodicity?

9.2. What are the main indicators used for initiation, duration and exclusivity of breastfeeding?

Indicator	Definition	Latest value (year)

9.3. Is the information reported regularly? Yes No

9.3.1. If yes, how often?

9.3.2. What is the time lag?

9.4. Is the information fed back regularly to health professionals? Yes No

9.4.1. If yes, can they relate it to their local needs? Yes No

9.4.2. Is it given to policy and decision makers? Yes No

Observations and comments:

10. Disadvantaged groups

10.1. Is there a government policy targeting disadvantaged groups? Yes No

10.2. Is information on breastfeeding gathered by:

<input type="checkbox"/> age of the mother	<input type="checkbox"/> area of residence
<input type="checkbox"/> income of the family	<input type="checkbox"/> occupation of the mother
<input type="checkbox"/> education of the mother	<input type="checkbox"/> employment status
<input type="checkbox"/> ethnicity	<input type="checkbox"/> other

10.3. What action is taken to target disadvantaged groups?

Observations and comments: