

CONFIDENTIAL

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THE COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL
RIGHTS

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**REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN AUSTRIA**



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Breastfeeding: key to child and maternal health

The 1'000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape the health and wellbeing of the child. The scientific evidence is unambiguous: *exclusive breastfeeding for 6 months followed by timely, adequate, safe and appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond*, provides the key building block for child survival, growth and healthy development¹. This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)².

Breastfeeding is key during this critical period and it is the single most effective intervention for saving lives. It has been estimated that optimal breastfeeding of children under two years of age has the potential to prevent 1.4 million deaths in children under five in the developing world annually³. In addition, it is estimated that 830.000 deaths could be avoided by initiating breastfeeding within one hour from birth⁴. Mother's breastmilk protects the baby against illness by either providing direct protection against specific diseases or by stimulating and strengthening the development of the baby's immature immune system. This protection results in better health, even years after breastfeeding has ended.

Breastfeeding is *an essential part of women's reproductive cycle*: it is the third link after pregnancy and childbirth. It protects mothers' health, both in the short and long term, by, among others, aiding the mother's recovery after birth, offering the mother protection from iron deficiency anaemia and is a natural method of child spacing (the Lactational Amenorrhea Method -LAM) for millions of women that do not have access to modern form of contraception.

Infant and young child feeding and human rights

Several international instruments make a strong case for protecting, promoting and supporting breastfeeding, and stipulate the right of every human being, man, woman and child, to optimal health, to the elimination of hunger and malnutrition, and to proper nutrition. These include the International Covenant on Economic, Social and Cultural Rights (CESCR), especially article 12 on the right to health, including sexual and reproductive health, art. 11 on the right to food and art. 6, 7 and 10 on the right to work, the Convention on the Rights of the Child (CRC), especially article 24 on the child's right to health, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in particular article 1 and 5 on gender discrimination on the basis of the reproduction status (pregnancy and lactation), article 12 on women's right to health and article 16 on marriage and family life. Adequately interpreted, these treaties support the claim that **'breastfeeding is the right of every mother, and it is essential to fulfil every child's right to adequate food and the highest attainable standard of health.'**

As duty-bearers, *States* have the obligation to create a protective and enabling environment for women to breastfeed, through protecting, promoting and supporting breastfeeding.

¹ IBFAN, What Scientific Research Says?, <http://www.ibfan.org/issue-scientific-breastfeeding.html>

² WHO 2002, Global Strategy on Infant and Young Child Feeding, <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html>

³ UNICEF, <http://www.childinfo.org/breastfeeding.html>

⁴ Save the Children 2012, *Superfoods for babies: how overcoming barriers to breastfeeding will save children's lives*.

1) General situation concerning breastfeeding in Austria

WHO recommends early initiation of breastfeeding (within an hour from birth), exclusive breastfeeding for the first 6 months, followed by continued breastfeeding for 2 years or beyond, together with adequate and safe complementary foods.

Globally, more than half of the newborns are not breastfed within one hour from birth, less than 40% of infants under 6 months are exclusively breastfed and only a minority of women continue breastfeeding their children until the age of two.

Rates on infant and young child feeding:

Early initiation = Proportion of children born in the last 24 months who were put to the breast within one hour of birth

Exclusive breastfeeding = Proportion of infants 0–5 months of age who are fed exclusively with breast milk

Continued breastfeeding at 2 years = Proportion of children 20–23 months of age who are fed breast milk

Complementary feeding = Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

General data⁵

Total numbers of children in Austria:

– Infants under 12 months:	78'000
– Children under 2 years:	156'000
– Children under 5 years:	387'000

Under five mortality rate (per 1000 live births) 4,2 (2010)

Infant mortality rates (per 1000 live births) 4 (2010)⁶

Neonatal mortality rate (per 1000 live births) 2 (2010)³

Annual number of births 74'000

C-section (%) 24

Maternal mortality (per 100'000 mothers)

– Adjusted 2006-2010 ²	5
– Due to pregnancy or birth (2001)	6.6

Breastfeeding data⁷

The last data on breastfeed have been collected in 2005 – 2006. The topic of this statistics was only infant feeding.

	2005
Early initiation of breastfeeding	93,2 %
Children exclusively breastfed at:	
– 0 months	67%
– 3 months	60%
– 6 months	10%
Children who are breastfed with complementary foods (6 months)	76,9%
Still breastfeeding at 12 months	16%

⁵ Statistik Austria 2012

⁶ UNICEF 2012, State of the World Children 2012

⁷ Data from "Säuglingsernährung heute" 2006

In the last years many pediatricians recommend again earlier introduction of solids so it would be important to collect new data on exclusive breastfeeding as many more infants may be receiving solids earlier than the recommended 6 months. There are no regional differences in breastfeeding rates.

Factors that influence on the duration of breastfeeding were:

- Age of mother
- Nicotine consumption during pregnancy
- First or multiple births
- Birth conditions
- Decision to breastfeed

2) International Code on Marketing of Breastmilk Substitutes

Evidence clearly shows that a great majority of mothers can breastfeed and will do so if they have the accurate and full information and support, as called for by the Convention on the Rights of the Child. However, direct industry influence through advertisements, information packs and contact with sales representatives and indirect influence through the public health system; submerge mothers with incorrect, partial and biased information. *The International Code of Marketing of Breastmilk Substitutes (the Code)* has been adopted by the World Health Assembly in 1981. It is a minimum global standard aiming to protect appropriate infant and young child feeding by requiring States to regulate the marketing activities of enterprises producing and distributing breastmilk substitutes in order to avoid misinformation and undue pressure on parents to use such products when not strictly necessary. Even if many countries have adopted at least some provisions of the Code in national legislation, the implementation and enforcement are suboptimal, and violations of the Code persist.

Austria has adopted the *EU Directive 2006/141/EC on infant formulae and follow-on formulae*, as a measure to implement the International Code of Marketing of Breastmilk Substitutes. This directive contains only a few of the provisions of the Code.

There is no mechanism for systematically monitoring the violations of the Code in Austria. (See annex for examples of violations of the Code in Austria).

The CESCR should inquire further on the current situation of the marketing provisions as well as related violations, and recommend that the government develop a comprehensive policy to promote, protect and support optimal feeding of infants and young children.

3) Baby Friendly Hospital Initiative (BFHI) and training of health workers

Lack of support to breastfeeding by the health care system and its health care professionals further increase difficulties in adopting optimal breastfeeding practices. The Baby Friendly Hospital Initiative (BFHI), which consists in the implementation by hospitals of the 'Ten steps for successful breastfeeding', is a key initiative to ensure breastfeeding support within the health care system. However as UNICEF support to this initiative has diminished in many countries, the implementation of BFHI has significantly slowed down. Revitalization of BFHI and expanding the Initiative's application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children represents an appropriate action to address the challenge of adequate support.

12 hospitals (12%) were certified as “baby-friendly” out of a total of 100 maternity clinics in Austria.

There is no difference between private and public clinics. BFHI initiative received last year a new organizational structure, which we hope will lead to a significant improvement. ONGKG (Österreichisches Netzwerk gesundheitsfördernder Krankenhäuser und Gesundheitseinrichtungen) is the new organizer of BFHI.

4) Maternity protection for working women

The main reason given by majority of working mothers for ceasing breastfeeding is their return to work following maternity leave. It is therefore necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy to breastfeed; this should not be considered the mother’s responsibility, but rather a collective responsibility. States should adopt and monitor an adequate policy of maternity protection in line with ILO Convention 183 (2000)⁸ and ILO Recommendation 191 that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

4.100.000 women live in Austria, of which 1.550.000 are working.

Maternity protection applies to female employees/workers and homeworkers⁹. However, it does not completely cover self-employed women. There are regulations that allow them to get help for their company or farm or if not possible a low budget of € 26.97 per day.

Maternity leave is granted for 16 weeks - 8 weeks before and 8 weeks after delivery. This is lower than the ILO minimum recommended duration of 18 weeks and with only 8 weeks of leave after birth women are not provided with optimal conditions for exclusive breastfeeding during the first 6 months of the child’s life.

The amount of maternity leave benefits is 100 % of the average daily wage earned over the last 13 weeks (or 3 months) before the start of the maternity leave, minus the statutory deductions. Maternity leave is covered by statutory social insurance.

Breastfeeding breaks are provided for in the law. If the mother is working for more than 4 ½ hours she can make a breastfeeding break for 45 minutes if she is working for 8 or more hours she can make 2 x 45 minutes breaks or one break of 90 minutes.

The time off for breastfeeding must be granted without loss of pay.

⁸ ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

⁹ Maternity Protection Act, Mutterschutzgesetz 1979, as amended to 2007.

5) HIV and infant feeding

The HIV virus can be passed from mother to the infant through pregnancy, delivery and breastfeeding. The 2010 *WHO Guidelines on HIV and infant feeding*¹⁰ call on national authorities to recommend, based on the AFASS¹¹ assessment of their national situation, either breastfeeding while providing antiretroviral medicines (ARVs) or avoidance of all breastfeeding. The Guidelines explain that these new recommendations do not remove a mother's right to decide regarding infant feeding and are fully consistent with respecting individual human rights.

The prevalence of HIV/AIDS in Austria in 2009 was 0.3%. Women with HIV should feed their babies with infant formulas.

6) Government measures to protect and promote breastfeeding

The **Innocenti Declarations**¹² have identified operational targets for governments, which include:

- Appoint a breastfeeding coordinator and established a multisectoral national breastfeeding committee;
- Ensure that every facility providing maternity services fully practices the Ten Steps to Successful Breastfeeding;
- Take action to give effect to the principles and aim of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety;
- Enact imaginative legislation protecting the breastfeeding rights of working women;
- Develop, implement, monitor and evaluate a comprehensive policy on infant and young child feeding;
- Promote timely, adequate, safe and appropriate complementary feeding;
- Provide guidance in feeding infants and young children in exceptionally difficult circumstances.

National measures:

A comprehensive nutritional program has been put in place: *Österreichische Beikostempfehlungen 2010 – Initiative Richtig Essen von Anfang an*.

There is a special program for young child feeding designed by AGES (Österreichische Agentur für Gesundheit und Ernährungssicherheit GmbH), which is owned by the Republic of Austria.

There are trainings on breastfeeding for health workers - if they are willing to participate. HIV is mentioned but no big issue.

¹⁰ 2010 *WHO Guidelines on HIV and infant feeding*: http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf

¹¹ Affordable, feasible, acceptable, sustainable and safe (AFASS)

¹² At the 1990 WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative" the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding was developed and adopted, by all WHO and UNICEF Member States. To mark the 15th anniversary of the adoption of the Innocenti Declaration, a wide coalition of international organizations and governments organized a conference in 2005 which led to the second Innocenti Declaration. For more information: <http://innocenti15.net/>

7) Obstacles

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

- The rate of exclusive breastfeeding at 6 months, the age recommended by the World Health Organisation, is very low – 10%
- In the last years unfortunately the Austrian Breastfeeding Commission was dissolved. This was justified on the basis of the improved implementation of BFHI and the existence of recommendations about infant and young child feeding by AGES. There will be also new training for mothers about nutrition which are free of charge (AGES) – but Lactation consultants are not specifically included in these training programs, so it seems as if breastfeeding information is no main topic in this training program.
- Because of different recommendations (by a great number of pediatricians) about the appropriate time of starting solids, there is need for new statistics about exclusive breastfeeding, as more infants may be starting solids earlier than the recommended 6 months.
- There are still problems with the implementation and enforcement of WHO International Code of Marketing of Breastmilk Substitutes and especially with the lack of monitoring of the code. Violations persist (see Annex for details).
- There is need for more training of health workers which should be included in their basic-training.
- Maternity leave is of 16 weeks, which is lower than the ILO minimum recommended duration of 18 weeks. There are only 8 weeks of leave after birth, which do not provide women with optimal conditions for exclusive breastfeeding during the first 6 months of the child's life.

8) Recommendations on breastfeeding by Committee on the Rights of the Child

The **Convention on the Rights of the Child** has placed breastfeeding high on the human rights agenda. Article 24¹³ mentions specifically the importance of breastfeeding as part of the child's right to the highest attainable standard of health. Better breastfeeding and complementary feeding practices, the right to information for mothers and parents, the protection of parents by aggressive marketing of breastmilk substitute products – through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes (WHO/UNICEF, 1981) - as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

At the last review in September 2012, the CRC Committee made the following recommendations in its Concluding Observations to Austria (CRC/C/AUT/CO/3-4):

(para 48) *“The Committee is concerned by the low rate of exclusive breastfeeding for the first six months, and at the absence of a mechanism for systematically monitoring violations of the*

¹³ “States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: [...] (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.” Art 24.2 (e), CRC

International Code of Marketing of Breastmilk Substitutes. The Committee is further concerned by the low number of hospitals that are certified as baby-friendly.”

(para 49) ***“The Committee recommends that the State party:***

(a) Strengthen its awareness-raising efforts on the importance of breastfeeding and promote exclusive breastfeeding of children up to the age of 6 months;

(b) Strengthen the monitoring of existing marketing regulations relating to breast-milk substitutes and ensure that such regulations are monitored on a regular basis and action is taken against those who violate these regulations; and

(c) Increase the number of maternity hospitals that meet the required standards and are certified as baby-friendly under the Baby-Friendly Hospital Initiative (BFHI).”

9) Recommendations

The CESCR Committee should ask the government about the state of the implementation of the recommendations by the CRC Committee, in particular in para 49.

We recommend to the CESCR Committee to reiterate the recommendations of the CRC Committee in relation to breastfeeding (See para 63 of CRC/C/EGY/3-4 on the Baby-Friendly Hospital initiative, awareness raising on breastfeeding, exclusive breastfeeding to 6 months, and effective implementation of marketing regulations).

In addition, we would like to propose these further recommendations for consideration by the CESCR Committee:

- The Breastfeeding Commission should be reintroduced. One of its main goals should be to conduct sufficient and adequate monitoring of the International Code of Marketing of Breastmilk Substitutes.
- New statistical data about exclusive breastfeeding are needed.
- Involve lactation consultants in information and training concerning infant and young child feeding.
- Introduce adequate scientific information about breastfeeding in the basic-training of health workers done by Lactation consultants.
- Extend duration of maternity leave to 18 weeks in order to enable mothers exclusively breastfeed for longer time.

About the International Baby Food Action Network (IBFAN)

IBFAN is a 33-year old coalition of more than 250 not-for-profit non-governmental organizations in more than 160 developing and industrialized nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes. IBFAN is committed to the Global Strategy on Infant and Young Child Feeding (2002) – and thus to assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes (International Code) and relevant resolutions of the World Health Assembly (WHA)³ to the fullest extent, and to ensuring that corporations are held accountable for Code violations. In 1998 IBFAN received the Right Livelihood Award *“for its committed and effective campaigning for the rights of mothers to choose to breastfeed their babies, in the full knowledge of the health benefits of breastmilk, and free from commercial pressure and misinformation with which companies promote breastmilk substitutes”*.