World Breastfeeding Trends Initiative (WBTi)

Assessment Report

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WBTi
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Report

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The World Breastfeeding Trends Initiative (WBT*i*)

Italy
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Introduction

Adequate nutrition of infants and young children is fundamental for their future health and wellbeing. Consequently, it has a significant impact on public health. The Global Strategy for Infant and Young Child Feeding and the Innocenti Declaration are internationally recognized as key elements of any plan aimed at improving infant and young child feeding (IYCF) practices, and breastfeeding in particular. Countries that have implemented the Global Strategy and the Innocenti Declaration show great improvements in breastfeeding rates. When multi-level interventions are combined, a multiplier effect can be observed as a result.

The World Breastfeeding Trends Initiative (WBTi) toolkit was developed by the International Baby Food Action Network (IBFAN) to help countries systematically evaluate breastfeeding and IYCF policies and practices. WBTi assessments and reports are turned out through a collaborative effort by organizations, associations and NGOs, to highlight successes, identify gaps and build consensus on recommendations for action.

A total of 93 countries worldwide have used the WBTi toolkit and completed the report so far. Most of these countries are clearly committed to global agreements, but there is variation in monitoring and implementation. The objectives of the WBTi report in Italy are to:

- provide an assessment of the implementation of the Global Strategy, IYCF policies and Baby Friendly Initiatives;
- highlight successes, identify gaps, and build consensus on recommendations for action;
- compile data on breastfeeding initiation, exclusivity and duration; and
- bring together key organizations and associations involved in maternal and child health to collaborate on monitoring the implementation of the Global Strategy.

The World Breastfeeding Trends Initiative (WBT*i*)

Background

The World Breastfeeding Trends Initiative (WBT*i*) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for IYCF at national level. The tool is based on two global initiatives, the first is WABA's Global Participatory Action Research tool (GLOPAR) and the second the WHO's "IYCF: A tool for assessing national practices, policies and programmes". The WBT*i* is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal IYCF practices. The WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	**Part –II deals with infant feeding practices (indicator 11-15)**
1. National Policy, Programme and Coordination 2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Mother Support and Community Outreach 7. Information Support 8. Infant Feeding and HIV 9. Infant Feeding during Emergencies 10. Mechanisms of Monitoring and Evaluation System	11. Early Initiation of breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBT*i* web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has the following components:

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.

- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

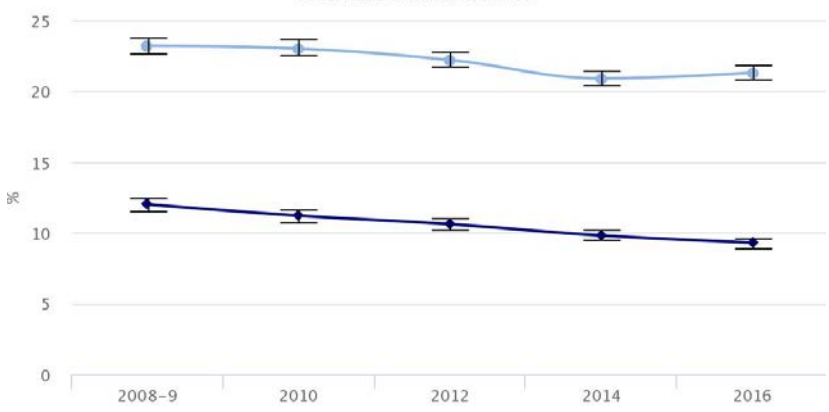
Part I: A set of criteria has been developed for each target, based on Global Strategy for IYCF (2002) and the Innocenti Declaration on IYCF (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for IYCF. This shows how a country is doing in a particular area of action on IYCF.

Part II: IYCF Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analysed, it is then entered into the web-based toolkit through the 'WBT*i* Questionnaire'. Further, the toolkit scores and colour rate each individual indicator as per **IBFAN Asia's Guidelines for WBT*i*.**

Background

Italy has a population of slightly more than 60 million people. The total fertility rate is very low; only 1.34 children per woman in 2016, which is lower for Italian women (1.26) than for foreign ones (1.97). As a result, the number of births is low and decreasing: about 473,000 in 2016 and 464,000 in 2017. Life expectancy, however, is very high: 82.7 years in 2015, which places it second in Europe after Spain (83.0). A major contributor to such a high life expectancy is the low infant mortality rate, which has remained at less than 3 per 1000 live births since 2015, albeit with regional disparities (rates in southern regions are 30-70% higher than in the north). But Italy is also one of the countries where childhood overweight and obesity are among the highest in Europe, although they have been slowly decreasing. Figure 1 shows the trend in the rates of overweight (light blue) and obesity (blue) among children eight year of age between 2008/09 and 2016. In spite of the overall decrease, a north to south increasing gradient remains.



Breastfeeding is recognized as the norm for infant feeding and is considered a strategic public health responsibility, not only a matter of lifestyle choice (1,2). The short-, medium- and long-term health implications of breastfeeding for children, mothers and society have been well documented (3-5). Optimal breastfeeding practices are associated not only with a lower risk of acute disease (childhood gastrointestinal infections, otitis media, asthma, respiratory disease and sudden infant death syndrome) (7,8), but also with reduction of non-communicable diseases (obesity, cardiovascular diseases and diabetes mellitus). Breastfeeding may represent also a 'window of opportunity' for obesity prevention (9), by tackling childhood obesity in Europe, especially in Italy, through breastfeeding programmes (10). Furthermore, obesity contributes to 2-8% of health costs and 10-13% of deaths in Europe (11). Given the documented health and economic consequences, and limited success of treatment approaches to obesity, the protection, promotion and support of breastfeeding has been identified as a public health strategy and priority to support adequate nutrition as well as to contribute to the prevention of childhood overweight/obesity and other non-communicable diseases later in life.

The WHO recommends exclusive breastfeeding (EBF) for the first 6 months of life, followed by introduction of complementary food along with continued breastfeeding up until 2 years or beyond as a public health measure (12). This global recommendation is recognized by European organizations, institutions, and scientific communities (13). In 2002, WHO Member States adopted the Global Strategy for IYCF (hereafter, the Global Strategy), which advocates for comprehensive national policies that protect, promote, and support IYCF practices. The Global Strategy integrates the International Code of Marketing of Breastmilk Substitutes (hereafter the Code) (14). Moreover, the Innocenti Declaration (15), the Baby Friendly Hospitals Initiative (BFHI) (16), the WHO

Maternal, Infant and Young Child Nutrition Implementation Plan (17), the World Health Assembly Global Targets for Nutrition 2025 (18), and the Global Breastfeeding Collective (19), collectively play an important role in improving breastfeeding prevalence and monitoring progress.

Breastfeeding practices in Italy, especially exclusive breastfeeding rates, are far from complying with the WHO recommendations. Data from several local studies in the past 10 years show that the percentage of infants exclusively breastfed at around 6 months range between 5% and 10%, a rate lower than those reported in some eastern and northern European countries (range around 20-30%). The Table below offers an overview of existing breastfeeding, IYCF and BFHI policies in Italy. Figure 2 shows the distribution of Baby Friendly Hospitals, Communities and undergraduate programs of study, as well as those that are on the way to becoming Baby Friendly, in 2017 (20-22).

National breastfeeding, IYCF or nutrition policy	Yes	Only a breastfeeding policy, no IYCF. No clear implementation national programme, some regions adopt Baby Friendly Initiatives, other support actions in line with it.
National breastfeeding or IYCF committee	Yes/No	Only a technical board, not a real committee
Number of Baby Friendly Hospitals	26	There is a national commitment to Baby Friendly Initiative, but not a mandatory obligation for all maternity hospitals
Reported % of births in designated Baby Friendly hospitals and maternities (23)	5.7%	More in Northern and Central Italy than in Southern = inequality
Monitoring of breastfeeding rates	Yes/No	Collection of data on breastfeeding practices is limited to few regions that collect them periodically. There is no national monitoring system (only an experimental system to collect data at the time of vaccination, at 3, 5,11 and 18 months, in a sample of regions).

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18. WHO. Global Targets 2025 to improve maternal, infant and young child nutrition. WHO, Geneva, 2014 http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/
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Assessment process followed by the country

Two Italian professionals attended a 3-day International Training Meeting (one in Geneva, May 2015, and one in Vilnius, December 2017) and learned how to plan the WBTi assessment and report. The WBTi indicators, methods and scoring system were subsequently discussed with IBFAN Italy working groups (doctors, nurses, midwives, lawyers, mothers), and then assigned for development to individuals based on specific interests or skills. Finally, the draft results were revised in pairs.

By the end of November 2017, before the second professional attended the training in Vilnius, a first draft had been developed and shared by email within the Italian Coalition for IYCF (CIANB), comprised of 10 associations and groups of mothers, to raise consensus about recommendations, identify further gaps and check if there had been any important changes in the national situation since the process had started. All the participants involved in the IBFAN Italy working group and the members of CIANB are free from conflicts of interests, abide by the Code, and helped develop the WBTi report following the required methodology. Finally, the two trained professionals compared their drafts and discussed how to activate a larger group of professionals.

A formal contract between IBFAN Italy and IBFAN Asia was signed in January 2018. Given the tight schedule, the two coordinators agreed to update the indicators in light of the available literature. In April 2018, the new draft was revised by the IBFAN Working Group in pairs to prepare the final text. The consolidated report was sent to IBFAN Asia at the beginning of May 2018 for a first assessment with respect to the coherence of approach, and to the following institutions:

- Technical Board on Breastfeeding of the Ministry of Health
- Italian National Committee for UNICEF
- Network of Baby Friendly Hospitals and Communities
- Movimento Allattamento Materno Italiano

The publication of the report is planned for the end of September and its launch for dissemination to the public is scheduled for October 2018 in Rome. During this event, the WBTi report will be explained and discussed, with emphasis on the need for monitoring and updating over time, in order to assess changes and develop new recommendations. Ideas for concrete implementation of the recommendations will also be elicited, in an attempt to involve as many institutions, practitioners, mothers and parents as possible. It is envisaged that the WBTi exercise should be repeated at intervals of 3-5 years. Finally, it would be important to seek an agreement at a European level among countries that have joined the WBTi, to discuss and possibly implement activities and strategies at a wider level.

List of the partners for the assessment process

IBFAN Italia coordinated the development of the report, with help from:

- ACP – Associazione Culturale Pediatri
- AICPAM – Associazione Italiana Consulenti Professionali in Allattamento Materno
- La Leche League Italia
- MAMI – Movimento Allattamento Materno Italiano
- IL MELOGRANO Centri Informazione Maternità e Nascita
- MIPPE – Movimento Italiano Psicologia Perinatale
- Creattivamente ostetriche
- GIFA – Geneva Infant Feeding Association (Alessia Bigi)
- Scuola Universitaria Superiore Sant'Anna, Pisa (Anna Murante)
- Save the Children Italy
- Italian Committee for UNICEF
- UPPA – Un Pediatra Per Amico
- Ministero della Salute, Tavolo tecnico operativo interdisciplinare per la promozione dell'allattamento al seno (TAS)

Assessment Findings

Indicator 1: National Policy, Programme and Coordination

Key question: *Is there a national IYCF/breastfeeding policy that protects, promotes and supports optimal IYCF and the policy is supported by a government programme? Is there a mechanism to coordinate like National IYCF committee and a coordinator for the committee?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** ✓ ***Check any one***
1.1 A national IYCF/breastfeeding policy has been officially adopted/approved by the government	1	√
1.2 The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond	1	√
1.3 A national plan of action developed based on the policy	2	0
1.4 The plan is adequately funded	2	0
1.5 There is a National Breastfeeding Committee/IYCF Committee	1	0
1.6 The national breastfeeding (IYCF) committee meets, monitors and reviews on a regular basis	2	0
1.7 The national breastfeeding (IYCF) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	0
1.8 Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level	0.5	0
Total Score	**2/10**	

Information Sources Used (please list):

1. Linee di indirizzo nazionali sulla protezione, la promozione ed il sostegno dell'allattamento al seno. Gazzetta Ufficiale N. 32 del 7 Febbraio 2008 http://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=25229
2. Ministero della Salute. Decreto Istitutivo del Tavolo Tecnico Operativo Interdisciplinare per la promozione dell'allattamento al seno (TAS). Roma, 12 December 2012. TAS was renewed with ministerial decrees on 19 January 2015 and 18 May 2017. www.salute.gov.it/portale/temi/p2_6.jsp?id=3894&area=nutrizione&menu=allattamento
3. Piano Nazionale di Prevenzione 2014 – 2018 (prorogato al 2019 con Accordo Stato-Regioni del 21 dicembre 2017)

4. Allattamento al seno nelle strutture sanitarie in Italia. Report sulla survey nazionale 2014 http://www.salute.gov.it/imgs/C_17_pubblicazioni_2256_allegato
5. Rapporto Supplementare CRC I diritti dell'infanzia e dell'adolescenza in Italia. 3° Rapporto Supplementare alle Nazioni Unite sul monitoraggio della Convenzione sui diritti dell'infanzia e dell'adolescenza in Italia, anno 2016-2017. 6 dicembre 2017 http://www.gruppocrc.net/IMG/pdf/rapportocrc-x2017.pdf
6. I diritti dell'infanzia e dell'adolescenza in Italia. 9° Rapporto di aggiornamento sul monitoraggio della Convenzione sui diritti dell'infanzia e dell'adolescenza in Italia, anno 2015-2016. 8 giugno 2016 http://www.gruppocrc.net/IMG/pdf/ixrapportocrc2016.pdf

Conclusions ***(****Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed):*

The National Policy is consistent with the principles of the Global Strategy, but does not provide a detailed operational plan and budget for its implementation. The policy is only about breastfeeding and does not extend to the feeding of infants and young children. It recommends exclusive breastfeeding for six months and continued breastfeeding for one year and beyond (not two years and beyond as in the Global Strategy). Approved in 2007, the policy has not been revised since, nor has it been monitored for its implementation.

There is no Coordinator, with full authority, nor a National Breastfeeding/IYCF committee, as requested by the Innocenti Declaration, but there is an interdisciplinary technical board for the promotion of breastfeeding (known as TAS). Its main purposes are scientific consulting and advocacy of breastfeeding.

The National Prevention Plan 2014 – 2018 (extended to 2019 with an agreement between the government and the Italian Regions on 21 December 2017) promotes breastfeeding, and has the collection of regional data on breastfeeding for planning and advocacy purposes as one of its objectives. However, there is no national analysis of funds allocated to breastfeeding programmes and health workers' training, as stated by the National Policy.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. Recommendation to breastfeed for one year and beyond, as opposed to two years and beyond.
2. Lack of a National Action Plan, with dedicated resources and funds.
3. Lack of a Breastfeeding Committee to monitor the implementation of the National Policy.
4. Poor link between TAS and regional and local health authorities.
5. UNICEF and NGOs not part of TAS, with the exception of La Leche League (supposed to represent all other NGOs).

Recommendations *(List actions recommended to bridge the gaps):*

In the absence of a National Breastfeeding/IYCF Committee, recommended actions are to:
1. Set up official operational links between the TAS and the Board of the National Prevention Plan, which coordinates and monitors policies in support of breastfeeding.
2. Allocate dedicated funds for the implementation of breastfeeding programmes proposed by the Board of the National Prevention Plan (currently, Italian Regions use the funds of the National Prevention Plan at their discretion for their planned projects).

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding[1])

Key questions:

- *What percentage of hospitals and maternity facilities that provide maternity services have been designated as "Baby Friendly" based on the global or national criteria?*
- *What is the quality of BFHI program implementation?*

Guidelines – Quantitative Criteria

2.1) 26 out of 513 hospitals (both public & private) and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly"in the last 5 years 5%

Guidelines for scoring		
Criteria	**Scoring**	**Results** **√ Check only one which is applicable**
0	0	
0.1 - 20%	1	√
20.1 - 49%	2	
49.1 - 69%	3	
69.1-89%	4	
89.1 - 100%	5	
Total rating	**1/5**	

1 The Ten Steps To Successful Breastfeeding: The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

Guidelines for scoring		
Criteria	**Scoring**	**Results √ Check that apply**
2.2 BFHI programme relies on training of health workers using at least 20 hours training programme	1.0	√
2.3 A standard monitoring system is in place	0.5	√
2.4 An assessment system includes interviews of health care personnel in maternity and post-natal facilities	0.5	√
2.5 An assessment system relies on interviews of mothers	0.5	√
2.6 Reassessment systems have been incorporated in national plans with a time bound implementation	1.0	√
2.7 There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	√
2.8 HIV is integrated to BFHI programme	0.5	√
2.9 National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	√
Sub-total Score	**5/5**	
Total Score	**6/10**	

Information Sources Used (please list):

1. https://www.UNICEF.it/print/1147/ospedali-e-comunita-amiche-dei-bambini-materiali-utili.htm
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6. Estensione del BFH sui servizi territoriali Comunità Amica dei bambini http://www.UNICEF.it/doc/5848/comunita-amiche-dei-bambini.htm
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13. Linee di indirizzo nazionali sulla protezione, la promozione ed il sostegno dell'allattamento al seno http://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=25229
14. Ministero della Salute. Opuscolo per le madri. Mamma che latte http://www.salute.gov.it/imgs/C_17_opuscoliPoster_250_allegato.pdf
15. Ministero della Salute. Opuscolo per le madri. Allattare al seno, un investimento per la vita http://www.salute.gov.it/imgs/C_17_opuscoliPoster_303_allegato.pdf
16. Allattamento al seno e uso del latte umano. Position statement 13/09/2015 www.salute.gov.it/imgs/C_17_pubblicazioni_2415_allegato.pdf
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18. I diritti dell'infanzia e dell'adolescenza in Italia. 9° Rapporto di aggiornamento sul monitoraggio della Convenzione sui diritti dell'infanzia e dell'adolescenza in Italia, anno 2015-2016. 8 giugno 2016 http://www.gruppocrc.net/IMG/pdf/ixrapportocrc2016.pdf

Conclusions ***(****Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed):*

In Italy there are 26 Baby Friendly Hospitals, 7 Baby Friendly Communities, 3 Breastfeeding Friendly University courses (2 midwifery, 1 paediatric nursing), and over 600 Baby Pit Stops (areas where mothers can breastfeed when they are on the go) designated by UNICEF Italy. Although the Baby Friendly Hospital Initiative (BFHI) and the Baby Friendly Community Initiative (BFCI) are mentioned in official documents of the Ministry of Health as a reference for evidence-based practices, there is no plan to implement these initiatives at national level. BFHI/BFCI designation is not mandatory for hospitals or local health authorities. Provincial or regional programmes to promote BFHI/BFCI designation have been established and managed at a sub-national level as a result of agreements between UNICEF Italy and regional or metropolitan area administrations (e.g. Veneto in 2017, Tuscany in 2014, Milan and Liguria in 2016). As noted in other sections of this report, it is critical to amend the pre- and in-service training curricula of health professionals who assist mothers, newborn infants and children (medical doctors, residents, midwives, nurses, paediatric nurses, psychologists, etc).

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. Baby Friendly Hospitals, Baby Friendly Communities and Breastfeeding Friendly University courses are relative few and are located mostly in the centre/north of Italy. There are no Baby Friendly facilities in the south of Italy, though many are on the way and even more show interest in the initiatives.

2. There is no official agreement on Baby Friendly Initiatives between the Ministry of Health and UNICEF Italy.
3. There are no dedicated national funds to implement BFHI in all maternity hospitals and BFCI in all community health care centres.
4. There is no governmental acknowledgment of the Baby Friendly Hospital/Community status (e.g., inclusion of the 10/7 steps in quality assurance and accreditation systems, budget plans and other type of incentives).

Recommendations *(List action recommended to bridge the gaps):*

1. A national agreement between the Ministry of Health and UNICEF Italy is needed to implement the BFHI/BFCI Initiatives at national level.
2. Dedicated national funds are necessary to implement the BFHI in all maternity hospitals and the BFCI in all community health care centres.
3. Benchmark of health facilities according to breastfeeding rates and compliance with the 10/7 steps should be included in the National Plan on Outcomes (Piano Nazionale Esiti, PNE http://www.salute.gov.it/portale/temi/p2_6.jsp?id=2905&area=programmazioneSanitariaLea&menu=vuoto).

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key question: *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

Guidelines for scoring		
Criteria (*Legal Measures that are in Place in the Country*)	**Scoring**	**Results**
3a: Status of the International Code of Marketing		✓ (*Check that apply. If more than one is applicable, record the highest score.)*
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	√
3.8 All articles of the Code as law	5	
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation a) Provisions based on at least 2 of the WHA resolutions as listed below are included b) Provisions based on all 4 of the WHA resolutions as listed below are included	5.5 6	
3b: Implementation of the Code/National legislation		✓ ***Check that apply***
3.10 The measure/law provides for a monitoring system	1	√
3.11 The measure provides for penalties and fines to be imposed to violators	1	√
3.12The compliance with the measure is monitored and violations reported to concerned agencies	1	

3.13 Violators of the law have been sanctioned during the last three years	1	
Total Score (3a + 3b)	**6/10**	

Information Sources Used (please list):

1. DM 9 April 2009, n. 82, issued by Ministry of Labour, Health and Social Policies in agreement with the Ministry of Economic Development, implementing Directive 2006/141/EC, published in the Official Gazette on 7 July 2009 http://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=29174
2. **D.lgs. 19 May 2011 n.84, Sanctions for violations of** DM 9 April 2009, n. 82 www.altalex.com/documents/leggi/2011/08/30/decreto-legislativo-19-05-2011-n-84
3. Ministry of Health. Marketing of infant foods: violations of D.M. 82/2009 http://www.salute.gov.it/imgs/C_17_pubblicazioni_2416_allegato.pdf
4. WHO. Marketing of breast-milk substitutes: National Implementation of the International Code Status report 2016. World Health Organization, Geneva, 2016 http://apps.who.int/iris/bitstream/10665/206008/1/9789241565325_eng.pdf?ua=1&ua=1
5. Directive 2006/141/CE http://eur-lex.europa.eu/legal-content/IT/TXT/?uri=URISERV%3Asa0011
6. Cattaneo A et al. Advertisements of follow-on formula and their perception by pregnant women and mothers in Italy. Arch Dis Child 2015;100:323–8 doi:10.1136/archdischild-2014-306996
7. Cattaneo A et al. What's that 2? Medico e Bambino 2016;35:177-182 https://www.medicoebambino.com/?id=1603_177.pdf

Conclusions: ***(****Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)*:

Italy, like most EU countries, only applies the Directives of the European Commission (EC). Governments may go beyond EC directives and may fully integrate the International Code into national laws, if there is a political will to do so, and as requested by NGOs,. The new EC regulations, which are expected to go into effect in 2020, will still be weaker than the Code, and Member States will have fewer opportunities to go beyond.

Gaps: *(List gaps identified in the implementation of this indicator)***:**

1. The marketing of follow-on and toddler formula is not regulated. These products confuse parents and consumers, as they are labelled exactly like infant formula. In addition, health and nutrition claims are allowed. Even the marketing of baby foods, bottles and teats is not regulated.
2. Governments lack the political will to go beyond the EC directives and to integrate all the provisions of the Code into national laws.
3. There is no public national monitoring of Code violations, nor a structured way to notify and sanction violations, or even an indication about where fines should be paid, if applied. So far, however, no fines have been applied since the publication of D.lgs. 19 May 2011 n.84 that establishes them.
4. Manufacturers and distributors of products covered by the Code are allowed to sponsor all types of medical education and other activities of health professional associations.
5. In general, politicians, health managers and health professionals lack awareness, information and training about the Code.

6. Promotion of products covered by the Code to mothers and families via internet, social networks and online media is widespread and rapidly increasing.

Recommendations: *(List action recommended to bridge the gaps):*

1. The Italian government should fully integrate the Code into national laws, enforce its application following the 2016 WHO guidance on ending the inappropriate promotion of foods for infants and young children, and set up an independent monitoring system of Code violations.
2. Politicians and administrators should be made aware of the importance of the Code and of their role in its implementation, including better legislation, monitoring and financing.
3. Training and technical competence on the Code should be extended to all health professionals involved, including their pre-service undergraduate education.
4. Health professionals should ask their professional associations to sever all financial links with manufacturers and distributors of products covered by the Code, in order to avoid conflicts of interest.
5. The participation and role of NGOs in the TAS should be reinforced.

Indicator 4: Maternity Protection

Key question: *Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labour Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?*

Guidelines for scoring		
Criteria	**Scoring**	**Results: Check ✓ that apply**
4.1 Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	 0.5 1 1.5 2	 √
4.2 Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	 0.5 1	 √
4.3 Legislation obliges private sector employers of women in the country to *(more than one may be applicable)* a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks	 0.5 0.5	 √ √
4.4 There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. *(more than one may be applicable)* a. Space for Breastfeeding/Breastmilk expression b. Crèche	 1 0.5	 √
4.5 Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	 0.5 1	 √
4.6 *(more than one may be applicable)* a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	 0.5 0.5	 √ √
4.7 Paternity leave is granted in public sector for at least 3 days.	0.5	√
4.8 Paternity leave is granted in the private sector for at least 3 days.	0.5	√
4.9 There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	√

4.10 There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	√
Total Score:	**8/10**	

Notes

4.2 There are important differences in treatment between the various categories of workers, and even between parents belonging to the same work category. There are specific disciplines for employees, those who are self-employed and para-subordinate or freelance workers.

4.3 There are specific disciplines for employees, those who are self-employed and para-subordinate or freelance workers. In order to make the protections more homogeneous, the legislator gradually extended the forms of protection established for employees to other types of workers; this operation appears to be not yet fully completed, however, and does not seem to sufficiently take into account the needs of parents who belong to different working categories.

4.4 Article 70 of Law 448 of 2001 provides for the establishment of a fund for the creation of crèches in the workplace in order to facilitate working parents in meeting their professional and family needs. In reality, however, the legislation remains poorly applied due to the difficulties related to obtaining the limited financial support or the loans related to this type of project.

4.7 Paternity leave means that the father can stay at home with the baby for the entire duration of the maternity leave or for the residual part that would have been left to the employed mother in specific cases. In order to foster a culture of greater sharing of child care duties within the couple, the last pension reform mandated that employed fathers have the right to request four consecutive paid days of absence from work during , the first 5 months of the child's life. Legislative Decree no. 80/2015 (one of the four measures of the Jobs Act) also provides for the father to request paternity leave even if the mother is an independent worker.

4.8 The law is aimed at all employees, including those of public administrations, of private employers, para-subordinate workers as well as those with an apprenticeship contract and members of cooperative societies.

4.9 But only up to 7 months from birth; the prohibition of night work covers only the first year of life of the child.

4.10 But only during the first year of life; e.g. women cannot be transferred from their place of work. Breastfeeding breaks are doubled in the case of twins or multiple births and adoption or custody of at least two children, even non-siblings, even if they became part of the family on different dates.

Information Sources Used (please list):

Italian and European reference legislation:

1. http://www.inps.it/portale/default.aspx?lastMenu=5689
2. http://www.inps.it/portale/default.aspx?itemdir=11528
3. https://www.inps.it/nuovoportaleinps/default.aspx?itemdir=50585
4. https://www.inps.it/nuovoportaleinps/default.aspx?itemdir=46863
5. https://www.inail.it/cs/internet/docs/alg-donna-salute-e-lavoro-la-lavoratrice-in-gravidanza.pdf
6. http://www.wikilabour.it/Print.aspx?Page=Maternit%C3%A0%20-%20Tutele%20e%20diritti
7. http://www.patronato.acli.it/interrompere-il-congedo-di-maternita-se-il-neonato-e-ricoverato/
8. http://presidenza.governo.it/USRI/magistrature/norme/dlvo151_2001.pdf
9. https://www.icmontecompatri.gov.it/attachments/article/254/testo_unico_maternita.pdf
10. http://www.salute.gov.it/imgs/C_17_opuscoliPoster_167_allegato.pdf
11. http://www.salute.gov.it/imgs/C_17_opuscoliPoster_159_ulteriorialleg ati_ulteriorealleg ato_2_alleg.pdf
12. http://arnone.de.unifi.it/mami/altrepag/legital.html
13. http://www.parlamento.it/parlam/leggi/deleghe/01151dl.htm
14. http://ec.europa.eu/employment_social/empl_portal/SSRinEU/Your%20social%20security%20rights%20in%20Italy_it.pdf
15. https://quifinanza.it/lavoro/asili-aziendali-situazione-italia/101729/
16. Law n. 448 of the 28.12.2001 (Financial law 2002)
17. WABA. Status of maternity protection by country. WABA, Penang, 2013 www.waba.org.my/whatwedo/womenandwork/pdf/mpchart2013.pdf

Conclusions ***(****Summarize which aspects of the legislation are appropriate, and which aspects need improvement and why. Identify areas needing further analysis)*****:**

There is no provision in national legislation for the establishment of nursing facilities at the workplace and/or nursery schools in the workplace. The protection of working women is guaranteed for mothers who are hired as employees, not in the same way for women who work as independent professionals.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. **Day care** (e.g. in universities) or areas for expressing and storing of breastmilk for working mothers are not established in public or private settings, with the rare exception of some companies, despite the fact that Law 448 of 28.12.2001 (financial law 2002) establishes a fund for nursery schools as part of the estimates of the Ministry of Labour and Social Policies (ex art. 70 - provisions relating to nursery schools). This law is not applied because public and private companies that could enjoy these services are few (only about 20).
2. There is plenty of undeclared black market labour, much of which done by women.
3. All categories of workers today have social-security mandated maternity and paternity protection, in case of childbirth, as well as adoption and custody of a child. There are persisting differences among different categories of workers; for example, those registered for separate pension fund management will be given a compensation only after a minimum of three months of contributions, while for other workers and employees the indemnity is guaranteed from the first day of work. In addition, for workers who are self-employed or registered for separate pension fund management, the period of parental leave is shorter than that for female workers and employees. Finally, no daily breastfeeding break is provided for these workers.
4. There are no benefits for the protection of female high school or university students.
5. The provision of spaces for lactation or childcare would probably entail costs for employers. It might be useful to think about having companies pool their resources to guarantee this right at reduced cost.
6. The prohibition of being assigned to dangerous tasks only applies for the first 7 months after delivery, forcing mothers to stop breastfeeding in some cases (e.g. for workers in contact with toxic chemicals).
7. The prohibition of working night shifts applies only for the first year after delivery.
8. To guarantee employment protection for permanent workers during the lactation period, they cannot be transferred from their workplace for one year.
9. In case of premature birth or the birth of a sick child, the working mother is allowed to suspend maternity leave and to resume work for the period in which the child is hospitalized.

Recommendations *(List action recommended to bridge the gaps):*

1. According to the commitment made by the Ministry of Health in the 2007 National Policy on Breastfeeding, steps should be taken to enable working mothers to breastfeed as long as they wish, adapting appropriate working time and methods for continuation of breastfeeding.
2. Maternity protection should be extended also to atypical and precarious workers in order to avoid discrimination and increase inequalities.
3. In case of hospitalization of the newborn, maternity leave should be prolonged to encourage the presence of the mother in the ward next to the child, rather than favouring the return of the mother to work.
4. In case of hospitalization of the mother, there should be the possibility of keeping the child with her, at least in the first six months of life.
5. A greater number of welcoming environments and spaces for breastfeeding and expression of breastmilk in the workplace and/or childcare spaces should be planned and established.

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Key question: *Do care providers in these systems undergo skills training, and do their pre-service education curriculum support optimal IYCF; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place*?

Guidelines for scoring			
	Scoring √ *Check that apply*		
Criteria	**Adequate**	**Inadequate**	**No Reference**
5.1 A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country indicates that IYCF curricula or session plans are adequate/inadequate.	2	1√	0
5.2 Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care *(See Annex 5b Example of criteria for mother-friendly care).*	2	1√	0
5.3 There are in-service training programmes providing knowledge and skills related to IYCF for relevant health/nutrition care providers.	2	1√	0
5.4 Health workers are trained on their responsibility under the Code implementation/ national regulation throughout the country.	1	0.5√	0
5.5 Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.).	1	0.5√	0
5.6 In-service training programmes referenced in 5.5 are being provided throughout the country.	1	0.5√	0
5.7 Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5√	0
Total Score:	**5/10**		

Information Sources Used (Please list):

1. http://www.unicef.it/doc/5987/corso-ostetricia-milano-bicocca-amico-allattamento-materno.htm
2. http://www.unicef.it/doc/7858/infermieristica-pediatrica-statale-milano-diventa-corso-amico-allattamento.htm
3. http://www.policlinico.mi.it/news/2017-11-17/445/anche-ostetricia-diventa-un-corso-di-laurea-amico-dellallattamento
4. http://convegno2017.lllitalia.org/images/Carla_Scarsi_-_Lallattamento_nella_letteratura_scientifica_nascita_di_una_cultura.pdf
5. Davanzo R. Allattamento al seno e personale sanitario: la formazione è efficace? https://www.medicoebambino.com/?id=0207_443.pdf
6. Allattamento al seno e uso del latte umano. Position statement 13/09/2015 http://www.salute.gov.it/imgs/C_17_pubblicazioni_2415_allegato.pdf
7. Promozione dell'uso di latte materno nelle UTIN ed accesso dei genitori ai reparti. http://www.salute.gov.it/imgs/C_17_pubblicazioni_2497_allegato.pdf

Conclusions: (*Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis*).

University curricula (for doctors, midwives and nurses) need to be revised to convey essential knowledge about breastfeeding. The practical training of doctors, nurses and midwives is usually carried out in contexts where the promotion and support of breastfeeding are suboptimal, and this situation can undermine their pre-service training.

Gaps: *(List gaps identified in the implementation of this indicator)***:**

1. Only three pre-service courses in Italy are designed as Breastfeeding Friendly by UNICEF Italy. Textbooks and curricula for future healthcare professionals (doctors, paediatricians, family doctors, midwives, gynaecologists, nurses, psychologists) are largely inadequate in relation to infants and young child nutrition.
2. Training programmes to support breastfeeding and mother's friendly care are currently provided only in the facilities on the BFHI/BFCI pathway, with great disparities at national level.
3. Whereas a child admitted to hospital is never separated from parents, in neonatal intensive care units the 24-hour presence of parents is not the rule. The TAS issued recommendations that it should be.
4. If a breastfeeding mother is admitted to hospital, the child is not and will most likely stop breastfeeding.

Recommendations: *(List action recommended to bridge the gaps):*

1. Update the theory and practice of breastfeeding in undergraduate, graduate and post-graduate training for all health care staff, to ensure the well-being of the mother-child dyad and to promote maternal self-confidence.
2. Review the protocols on parental access to neonatal intensive care units, based on scientific evidence demonstrating the benefits of this practice and to protect children's rights.
3. Hospitals should permit the entry of breastfed children, at least until six months of age, in case of maternal admission.

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

Key question: *Are there mother support and community outreach systems in place to protect, promote and support optimal IYCF.*

Guidelines for scoring			
Criteria	**Scoring** √ *Check that apply*		
	Yes	To some degree	No
6.1 All pregnant women have access to community-based ante-natal and post-natal support systems with counselling services on IYCF.	2	1√	0
6.2 All women receive support for IYCF at birth for breastfeeding initiation.	2	1√	0
6.3 All women have access to counselling support for IYCF counselling and support services have national coverage.	2	1√	0
6.4 Community-based counselling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1√	0
6.5 Community-based volunteers and health workers are trained in counselling skills for IYCF.	2	1√	0
Total Score:	**5/10**		

Information Sources Used (please list):

1. Accordo 16 dicembre 2010, ai sensi dell'articolo 9 del DL 28 agosto 1997, n. 281, tra il Governo, le regioni e le province autonome di Trento e Bolzano, le province, i comuni e le comunità montane sul documento concernente «Linee di indirizzo per la promozione ed il miglioramento della qualita', della sicurezza e dell'appropriatezza degli interventi assistenziali nel percorso nascita e per la riduzione del taglio cesareo» (Rep. atti n. 137/CU) (11A00319) (Gazzetta Ufficiale Serie Generale, n. 13 del 18 gennaio 2011) http://www.trovanorme.salute.gov.it/norme/dettaglioAtto.spring%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg**%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg**?id=36591
2. Attuazione delle azioni previste dall'accordo del 16 dicembre 2010 (monitoraggio 31 dicembre 2014) www.salute.gov.it/imgs/C_17_pagineAree_4483_listaFile_itemName_3_file.pdf
3. Azioni regionali su accordo percorso nascita http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=4549&area=qualita&menu=nascita

4. Linee di indirizzo per la promozione e il miglioramento della qualità, della sicurezza e dell'appropriatezza degli interventi assistenziali nel percorso nascita e per la riduzione del taglio cesareo http://www.trovanorme.salute.gov.it/norme/dettaglioAtto.spring%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg**%3bjsessionid=h4mL6rjFbcShuv6t8cpXKg**?id=36591
5. Consultori Familiari http://www.salute.gov.it/portale/temi/p2_6.jsp?id=1933&area=saluteBambino&menu=assistenza
6. Save the Children. Mamme in arrivo http://images.savethechildren.it/IT/f/img_pubblicazioni/img264_b.pdf?_ga=1.69884432.1499233422.1424420332
7. Save the Children. Percorso nascita. Elementi di analisi e proposta https://www.savethechildren.it/sites/default/files/files/uploads/pubblicazioni/percorso-nascite-linee-di-indirizzo.pdf
8. Comunità Amiche dei Bambini UNICEF Italia http://www.unicef.it/doc/5821/comunita-amiche-dei-bambini-in-italia.htm
9. Bettinelli ME et al. Establishing the Baby-Friendly Community Initiative in Italy: Development, Strategy, and Implementation. JHuman Lact 2012;28(3):297-303
10. Macaluso A et al. A Controlled Study on Baby-Friendly Communities in Italy: Methods and Baseline Data. Breastfeed Med 2013;8(2):198-204
11. Cattaneo A et al. on behalf of the BFCI Study Group. Effectiveness of the Baby Friendly Community Initiative in Italy: a non-randomised controlled study BMJ Open 2016;6:e010232
12. Trickey H et al. A realist review of one-to-one breastfeeding peer support experiments conducted in developed country settings. Matern Child Nutr 2017:e12559
13. Salute delle donne e dei bambini migranti: aspetti epidemiologici http://www.epicentro.iss.it/argomenti/migranti/DonneBambiniEpidItalia.asp

Conclusions *(Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis):*

Every mother has the right of to make an informed choice on how to feed her child, based on complete, evidence-based information, free from commercial interests, and with the necessary support that allows her to take a decision.

The public community care facilities are the family centres (*consultori*), established by a 1975 law to protect the reproductive health and wellbeing of women and couples and to give breastfeeding support. Their number decreased from 2097 in 2007 to about 1900 today, with great variations among regions, with some that are not in line with the legislative mandate. They are not always properly financed. It has to be noted that general practitioners and family paediatricians are rarely involved in a proactive way in their activities.

In the seven baby friendly communities designated by UNICEF Italy (Milan, Sondrio, Ancona, Trieste, Roma B, Massa/Carrara, Bergamo) the setting up of a pathway from pregnancy through the first years of life is a requirement. This is focused on mothers and children and promotes an integrated network for breastfeeding support that, in addition to collaboration with birth and family centres, actively involves general practitioners and family paediatricians (also with specific projects e.g. breastfeeding friendly office), pharmacies and the entire community.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. The organization of family centres and their number is not in line with the legislation. Only in some regions are they regularly financed. As a consequence, public breastfeeding support in the community is lacking. Many women are cared for by private gynaecologists during pregnancy; thus, it is difficult to evaluate how they are informed about breastfeeding. Less than half of pregnant women participate in prenatal courses during pregnancy and the access to the services is not easy for a large number of foreign women and/or women in disadvantaged socio-economic situations.
2. Breastfeeding skills for the support and protecting of breastfeeding are insufficient in facilities where health professionals lack basic breastfeeding education (e.g. 20-hour course) or are not on the pathway towards BFHI/BFCI designation.
3. Peer counselling groups are not uniformly present and there is not always cooperation between hospitals, community services and peer counsellors or groups of mothers, as there is not always integration between hospital and family community centres.
4. There is no breastfeeding support at the workplaces and there is a lack of broader family and social support.

Recommendations *(List action recommended to bridge the gaps):*

1. Implement the BFCI on a national scale, so that pregnant women, mothers and parents can have access to evidence-based information, free from conflict of interest, and to a competent and empathic breastfeeding and parenting support. Sustain the role of family care centres in the support of breastfeeding and parenting with adequate budgets.
2. Provide all health professionals involved in the care of pregnant women and mothers with the basic knowledge and skills to protect, promote and support breastfeeding (20-hour course) and proper maternal (from preconception age) and child nutrition, including training on the International Code and supporting continuous education based on professional roles. Monitor the training of health workers involved in prenatal, perinatal and postnatal care over time (at least 80% should have knowledge and skills for breastfeeding counselling).
3. Activate free breastfeeding training for mother-to-mother support groups. Integrate peer counselling proactively in the network of services that offer support to mothers.
4. Activate telephone lines dedicated to breastfeeding support, managed by trained health workers (preferably those with advanced lactation training, such as IBCLC), and promote lactation support in the workplace.

Indicator 7: Information Support

Key question: *Are comprehensive Information, Education and Communication (IEC) strategies for improving IYCF (breastfeeding and complementary feeding) being implemented?*

Guidelines for scoring			
Criteria	**Scoring** √ ***Check that apply***		
	Yes	To some degree	No
7.1 There is a national IEC strategy for improving IYCF that ensures all information and materials are free from commercial influence/potential conflicts of interest are avoided.	2√	0	0
7.2a National health/nutrition systems include individual counselling on IYCF.	1	.5√	0
7.2b National health/nutrition systems include group education and counselling services on IYCF.	1	.5√	0
7.3 IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding.	2	1√	0
7.4 IEC programmes (e.g. World Breastfeeding Week) that include IYCF are being implemented at local level and are free from commercial influence.	2√	1	0
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO guidelines on preparation and handling of powdered infant formula (PIF).	2√	0	0
Total Score:	**8/10**		

Information Sources Used (please list):

1. http://www.salute.gov.it/imgs/C_17_opuscoliPoster_303_allegato.pdf
2. Allattamento al seno e uso del latte umano. Position statement 13/09/2015 http://www.salute.gov.it/imgs/C_17_pubblicazioni_2415_allegato.pdf
3. https://www.genitoripiu.it/sites/default/files/uploads/latte_artificiale_2016_0.pdf
4. http://mami.org/sito/wp-content/uploads/2012/09/Allattamento_Ouscolo_CCM_Latte_Artificiale.pdf
5. Latte in polvere, istruzioni per l'uso: sta meglio il gatto o il figlio. In: Il Codice Violato 2014 http://www.ibfanitalia.org/wp-content/uploads/2012/11/ICV2014-.pdf
6. http://www.salute.gov.it/imgs/C_17_opuscoliPoster_29_allegato.pdf
7. http://www.saperidoc.it/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/792

8. Linee di indirizzo nazionali sulla protezione, la promozione ed il sostegno dell'allattamento al seno http://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=25229
9. Ministero della Salute. Opuscolo per le madri. Mamma che latte http://www.salute.gov.it/imgs/C_17_opuscoliPoster_250_allegato.pdf
10. Ministero della Salute. Opuscolo per le madri. Allattare al seno: un investimento per la vita http://www.salute.gov.it/imgs/C_17_opuscoliPoster_303_allegato.pdf

Conclusions *(Summarize which aspects of the IEC programme are appropriate and which need improvement and why. Identify areas needing further analysis)**:***

There are official documents for families and health professionals, and national social marketing campaigns for the promotion of breastfeeding. The National Health Service identifies the family paediatrician as the provider of advice to parents on feeding their child. The maternal and child health community centres also organize educational groups for mothers and parents.

The risks of bottle feeding are only mentioned in the Position Statement of the Italian Society of Paediatrics. There are no official guidelines about the preparation of powdered infant formula (PIF) to recommend that water be not less than 70ºC, while awareness of this indication is present in various documents. There is no requirement for standard instructions on the labels of PIF, in spite of the fact that an article of the D.M. 82/2009 decree requires that instructions be consistent with WHO safety advice.

The education targeted at parents organized by the National Health Service varies greatly by region. Paediatric care is guaranteed to all children, but paediatricians are not always trained according to the recommendations of the Global Strategy, and therefore mothers often receive contradictory information about feeding their children.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. There is no national policy on IYCF, but only on breastfeeding.
2. There is no widespread information on how to safely reconstitute PIF.
3. There is a lack of homogeneous information and communication, even on institutional sites.

Recommendations *(List action recommended to bridge the gaps):*

1. Disseminate the Ministry of Health's promotional material about breastfeeding.
2. Update recommendations on the preparation of powdered infant formula and make them compulsory in labels.
3. Update all institutional sites with the information provided on the Ministry of Health's website and other validated institutional sites.

Indicator 8: Infant Feeding and HIV

Key question: *Are policies and programmes in place to ensure that HIV-positive mothers are supported to carry out the national recommended Infant feeding practice?*

Guidelines for scoring			
Criteria	**Results** ✓ ***Check that apply***		
	Yes	To some degree	No
8.1 The country has a comprehensive updated policy in line with international guidelines on IYCF that includes infant feeding and HIV.	2√	1	0
8.2 The infant feeding and HIV policy gives effect to the International Code/ National Legislation.	1	0.5√	0
8.3 Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5√	0
8.4 HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1√	0.5	0
8.5 Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1√	0.5	0
8.6 Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1√	0.5	0
8.7 HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0√
8.8 Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0√
8.9 On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0√
Total Score:	**6/10**		

Information Sources Used (please list):

1. Aggiornamento delle nuove diagnosi di infezione da HIV e dei casi di AIDS in Italia al 31 dicembre 2015. Notiziario ISS 2016;29(9):Suppl 1 http://www.epicentro.iss.it/problemi/aids/epidItalia.asp
2. Ministero della Salute. FAQ: HIV e AIDS http://www.salute.gov.it/portale/p5_1_1.jsp?lingua=italiano&id=164
3. Linee Guida Italiane sull'utilizzo dei farmaci antiretrovirali e sulla gestione diagnostico-clinica delle persone con infezione da HIV-1. Dicembre 2015 http://www.salute.gov.it/imgs/C_17_pubblicazioni_2442_allegato.pdf
4. I nuovi Livelli Essenziali di Assistenza (Decreto del Presidente del Consiglio dei Ministri del 12 gennaio 2017; Gazzetta Ufficiale n. 65 del 18/3/2017 Suppl. Ordinario n. 15) http://www.salute.gov.it/portale/esenzioni/homeEsenzioni.jsp
5. Giacometti V et al. HIV in età pediatrica: cosa è cambiato 30 anni dopo. Prospettive in Pediatria 2014;44:26-35
6. Esempio di regolamento regionale per la fornitura di latte artificiale alle neomadri HIV-positive http://www.ausl.re.it/latte-artificiale-i-bimbi-nati-da-madri-sieropositive
7. Guideline. Updates on HIV and infant feeding: the duration of breastfeeding, and support from health services to improve feeding practices among mothers living with HIV. World Health Organization, Geneva, 2016

Conclusions *(Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis):*

Prevalence of HIV in Italy was about 4/10,000 in 2016, with an incidence (new cases) of 5.7/100,000, ranking the country 13 out of 28 EU countries. Numbers are low, but surveillance must be sustained, especially among young heterosexual people. In the past few years, the number of new cases among women was constant, with a slight increase in women 25-29 years of age, which is close to the mean age of the first delivery (32 years).

HIV testing is free of charge, voluntary, anonymous, and is offered to all couples of childbearing age in the pre-conceptional period and to all pregnant women in the course of the first trimester (DPCM 12 January 2017). If the test is positive, ARV treatment is started based on the stage of the infection and disease. ARV treatment is also administered to the newborn infant. If formula feeding is acceptable, feasible and safe, it is recommended for HIV-positive mothers. Formula is supplied free of charge for the first six months. In addition, care and regular controls are ensured before and after birth to both mother and baby, until vertical transmission of HIV is excluded. The supply of formula is managed through local channels, with hospitals and local health authorities within the Baby Friendly Initiative framework abiding by the Code. Training of health workers is based on national guidelines.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. In the national guidelines, breastfeeding is not recommended for HIV-positive mothers, due to the risk of transmission through breastmilk. The statement reads: "Avoid breastfeeding, in agreement with the guidelines of countries where formula feeding is feasible and practical."
2. The national guidelines do not take into account the possibility that newborn infants with HIV-positive mothers treated with ARV may be breastfed at least for six months, with minimum risk of transmission.

Recommendations *(List action recommended to bridge the gaps):*

1. Consider the possibility that HIV-positive mothers who comply with ARV treatment and who have adequate support and follow-up, including ARV treatment for the baby, be allowed to exclusively breastfeed for 6 months, with possible continuation of breastfeeding and complementary feeding for one or two years.

Indicator 9: Infant and Young Child Feeding during Emergencies

Key question: *Are appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies?*

Guidelines for scoring			
Criteria	**Scoring √ Check that apply**		
	Yes	To some degree	No
9.1 The country has a comprehensive policy on IYCF that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0√
9.2 Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding IYCF in emergency situations have been appointed	2	1	0√
9.3 An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: a) basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately trained counsellors, support for re-lactation and wet-nursing, and protected spaces for breastfeeding b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1 1	0.5 0.5	0√ 0√
9.4 Resources have been allocated for implementation of the emergency preparedness and response plan	2	1√	0
9.5 a) Appropriate orientation and training material on IYCF in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel. b) Orientation and training is taking place as per the national emergency preparedness and response plan	1 1	0.5 0.5	0√ 0√
Total Score:	**1/10**		

Information Sources Used (please list):

1. http://www.epicentro.iss.it/focus/terremoti/AlimentazioneInfantile.asp
2. http://www.ospedalebambinogesu.it/documents/10179/631499/Allattamento+e+nutrizione+dei+bambini+in+situazioni+di+emergenza/760666ed-5d84-43e1-85b1-39df1486b95b?t=1461660851324
3. http://files.ennonline.net/attachments/985/ife-media-guide-italiano.pdf
4. http://www.epicentro.iss.it/focus/terremoti/pdf/programma_allattamento_emergenza-1.pdf
5. http://www.protezionecivile.gov.it/jcms/it/indice.wp
6. http://www.osservatoriomigranti.org/assets/files/manuale.pdf
7. http://www.ibfanitalia.org/emergenza-terremoto-e-alimentazione-infantile-cosa-fare-e-soprattutto-non-fare/

Conclusions *(Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis :*

Italy has been affected, even recently, by severe earthquakes. In addition, there are waves of massive immigration of people in difficult circumstances, including mothers, infants and young children, all considered as vulnerable subjects. Global guidelines on IYCF in emergency situations, including protection of breastfeeding, have been translated into Italian. Yet the main Italian body for intervention in case of emergency, Protezione Civile, has not integrated these guidelines into its operational instructions. The same applies to emergency plans predisposed by local administrations.

Gaps *(List gaps identified in the implementation of this indicator)*:

1. National and local guidelines on IYCF in emergency situations (natural and man-made disasters), based on international standards, are lacking.

Recommendations *(List actions recommended to bridge the gaps):*

1. Protezione Civile and all other bodies involved in emergencies (Red Cross, Caritas, NGOs, associations of volunteers, etc.) should adopt and share common guidelines on IYCF based on global standards, including strategies to manage donations of breastmilk substitutes. They should ensure that these guidelines are applied when needed and should train their staff to this effect. Donations of formula should be forbidden or at least discouraged.
2. Training should involve local staff, support personnel, members of associations, i.e. anybody dealing with IYCF during emergencies and thereafter. Media and donors should be fully informed about the guidelines. The aim is to protect, promote and support breastfeeding during emergencies, and to ensure that the supply of humanitarian assistance does not jeopardize breastfeeding practices by abiding with the Code.

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: *Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve IYCF practices?*

Guidelines for scoring			
Criteria	**Scoring ✓ Check that apply**		
	Yes	To some degree	No
10.1 Monitoring and evaluation components are built into major IYCF programme activities.	2	1	0
10.2 Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions.	2	1	0
10.3 Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels.	2	1	0
10.4 Data/Information related to infant and young child feeding programme progress are reported to key decision-makers.	2	1	0
10.5 Monitoring of key IYCF practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
Total Score:	**5/10**		

Information Sources Used (please list):

1. http://www.epicentro.iss.it/ben/2017/gennaio/4.asp
2. http://www.fnco.it/custom/fnco/dettaglio.aspx?IdNews=307
3. http://www.epicentro.iss.it/temi/materno/pdf/RAPPORTO_FINALE_SORVEGLIANZA_BAMBINI_0_2_anni.pdf
4. http://www.epicentro.iss.it/argomenti/allattamento/DocRegioni.asp
5. http://www.santannapisa.it/it/soggetto/management-della-salute-laboratorio-management-e-sanit%C3%A0
6. http://sip.it/wp-content/uploads/2015/10/Position-Statement-15-sett-2015.pdf
7. Allattamento al seno nelle strutture sanitarie in Italia - report sulla survey nazionale 2014 http://www.salute.gov.it/imgs/C_17_pubblicazioni_2256_allegato

Conclusions *(Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis)**:***

A national operational monitoring and evaluation system on IYCF is currently lacking. A pilot project of surveillance in infants and children less than two years of age, coordinated by the National Institute of Health, is being implemented in some regions, within a national project called ParentsPlus. This pilot project includes data collection on breastfeeding at immunization visits, but does not include collection of data at discharge from maternity hospitals.

One region (Friuli Venezia Giulia) established a routine monitoring system on breastfeeding at hospital discharge and at the visit for the second immunization (4—5 months of age) in 1996. After a good start, the system suffers from incompleteness of data collection and from lack of accuracy control. Other provinces and regions (Trento, Emilia Romagna, Toscana, Lombardia) established their own monitoring systems later, either continuous or intermittent, usually based on cross-sectional or longitudinal surveys on the prevalence of breastfeeding. The methods, however, are not fully standardized.

A “certificate of care during labour and delivery" is mandatory for every baby born in a maternity hospital. These certificates are not used, with rare exceptions (e.g., Trento), to monitor breastfeeding rates at discharge.

As with many other health and health care activities and services, there is a gap between regions, especially between north and south, that seems difficult to fill.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. The TAS admits that “Italy currently lacks a validated monitoring and evaluation system to provide accurate data on the establishment and duration of breastfeeding, and in particular of exclusive breastfeeding.”
2. In 2017, the TAS set up a working group to develop a proposal for a national monitoring and evaluation system on breastfeeding, using the definitions and recall periods recommended by WHO and UNICEF. The draft proposal has not been approved yet by all the interested parties, and there is no plan for its finalization and implementation yet.

Recommendations *(List actions recommended to bridge the gaps):*

1. To set up a national monitoring and evaluation system on early initiation, exclusivity and duration of breastfeeding that will allow to gather data considered as essential for the health of the population by WHO, UNICEF and the Ministry of Health.
2. The system currently used in some regions to collect data on breastfeeding at immunization visits on all or a sample of infants, linked with the immunization database that allows to breakdown the results by a number of important variables, could meanwhile be extended to all regions, with priority to the southern ones.
3. In any case, monitoring should be based on the definitions and recall periods recommended by WHO and UNICEF.

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth?36% (2013)*

Guideline:

Indicator 11	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
Initiation of Breastfeeding (within 1 hour)		***Scores***	***Colour-rating***
	0.1-29%	3	**Red**
	29.1-49%	6	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	**Green**

Data Source (including year):

Istat. Gravidanza, parto e allattamento al seno. ISTAT, Rome, 2013
https://www.istat.it/it/files/2014/12/gravidanza.pdf?title=Gravidanza%2C+parto+e+allattamento+al+seno+-+09%2Fdic%2F2014+-+Testo+integrale.pdf

Summary Comments:

The 36% national average hides regional differences (northwest 40.8%, northeast 52.0%, centre 36.4%, south 22.9%). Early initiation is associated with higher rates of ever breastfeeding (94.8% vs 84.1% in mothers with first breastfeed after one hour of birth). It is associated also with a higher mean duration of exclusive (3.9 months vs 3.6 months in mothers with first breastfeed after 24 hours) and any breastfeeding (6.6 vs 5.4 months).

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?* ***42.7% (2013)***

Guideline:

Indicator 12	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
		Scores	***Colour-rating***
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	**Red**
	11.1-49%	6	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	Green

Data Source (including year):

Istat. Gravidanza, parto e allattamento al seno. ISTAT, Rome, 2013
https://www.istat.it/it/files/2014/12/gravidanza.pdf?title=Gravidanza%2C+parto+e+allattamento+al+seno+-+09%2Fdic%2F2014+-+Testo+integrale.pdf

Summary Comments:

The 42.7% national average hides regional differences (north and centre 45.0%, south 37.9%), as well as differences by maternal education (49.1% for mothers with higher education level – at least a degree – and 40.0% for the others). The rate of exclusive breastfeeding decreases with the baby's age: 48.7% at 0-1 months, 43.9% at 2-3 months, 38.6% at 4-5 months, 5.5% at 6-12 months. The percentage for any breastfeeding in infants less than 6 months of age is 77.3%, down to around 30% at 12 months.

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* ***8.3 (2013)***

Guideline:

Indicator 13	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
Median Duration of Breastfeeding		***Scores***	***Colour-rating***
	0.1-18 months	3	**Red**
	18.1-20 months	6	Yellow
	20.1-22 months	9	**Blue**
	22.1- 24 months or beyond	10	Green

Data Source (including year):

Istat. Gravidanza, parto e allattamento al seno. ISTAT, Rome, 2013
https://www.istat.it/it/files/2014/12/gravidanza.pdf?title=Gravidanza%2C+parto+e+allattamento+al+seno+-+09%2Fdic%2F2014+-+Testo+integrale.pdf

Note. The source reports mean as opposed to median duration of breastfeeding. This variation does not affect the score.

Summary Comments:

Once again, the national average hides regional differences: northwest 8.5, northeast 8.6, centre 9.1, south 8.2. The mean duration of any breastfeeding has been increasing over time: 6.2 months in the year 2000, 7.3 in 2005. The mean duration of exclusive breastfeeding in 2013 was 4.1 months (northwest 4.2, northeast 4.3, centre 4.2, south 3.9). As far as continued breastfeeding is concerned, 19.3% of mothers breastfeed their children at 12-15 months of age.

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?* ***NA***

Guideline:

Indicator 14	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
Bottle Feeding (0-12 months)		**Scores**	**Colour-rating**
	29.1-100%	3	**Red**
	4.1-29%	6	**Yellow**
	2.1-4%	9	**Blue**
	0.1-2%	10	**Green**

Data Source (including year):

No data available for this indicator.

Summary Comments:

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?*
73% (2013)

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding (6-8 months)	***Key to rating***	***Scores***	***Colour-rating***
	0.1-59%	3	**Red**
	59.1-79%	6	Yellow
	79.1-94%	9	**Blue**
	94.1-100%	10	Green

Data Source (including year):

Istat. Gravidanza, parto e allattamento al seno. ISTAT, Rome, 2013
https://www.istat.it/it/files/2014/12/gravidanza.pdf?title=Gravidanza%2C+parto+e+allattamento+al+seno+-+09%2Fdic%2F2014+-+Testo+integrale.pdf

Note. The source does not report this indicator. However, upon request, one of the authors re-analysed the raw data to provide the requested numerator and denominator.

Summary Comments:

The value of this indicator was calculated from raw data upon requests. Breakdown by region or other variables is not available, but differences similar to those reported for other indicators are likely.

Summary Part I: Infant and Young Child Feeding Policies and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Programme and Coordination	**2**
2. Baby Friendly Hospital Initiative	**6**
3. Implementation of the International Code	**6**
4. Maternity Protection	**8**
5. Health and Nutrition Care Systems	**5**
6. Mother Support and Community Outreach	**5**
7. Information Support	**8**
8. Infant Feeding and HIV	**6**
9. Infant Feeding during Emergencies	**1**
10. Monitoring and Evaluation	**5**
Score Part I (sub-total)	**52**

IBFAN Asia Guidelines for WBT*i*

Total score of IYCF policies and programmes (indicators 1-10) are calculated out of 100.

Scores	**Colour- rating**
0 – 30.9	**Red**
31 – 60.9	**Yellow**
61 – 90.9	**Blue**
91 – 100	**Green**

Conclusions *(Summarize the achievements on the various programme components, what areas still need further work)*[2]*:*

The summary score for Part I (IYCF policies and programmes) places Italy at a level that is higher than the basic one, but far from optimal. Except for maternity protection and information support, gaps need to be filled in for all other areas. Some of the recommended remedies only need political

[2] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

commitment to be put in place (e.g. implementation of the Code), while others need allocation of human, material and financial resources (e.g. Baby Friendly Initiatives). It is hoped that the present report will stimulate policy and decision makers, as well as health and social managers and workers at national, regional and local level, make commitment to changes in the direction of better protection, promotion and support of IYCF, and more specifically of breastfeeding.

Summary Part II: Infant and young child feeding practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (early initiation)	36%	**6**
Indicator 12 Exclusive Breastfeeding for first 6 months	42.7%	**6**
Indicator 13 Median duration of Breastfeeding	8.3	**3**
Indicator 14 Bottle-feeding	NA	**0**
Indicator 15 Complementary Feeding	73%	**6**
Score Part II (sub-total)		**21**

IBFAN Asia Guidelines for WBT*i*

Total score of IYCF Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	**Red**
16 - 30	**Yellow**
31 - 45	**Blue**
46 – 50	**Green**

Conclusions *(Summarize which IYCF practices are good and which need improvement and why, any further analysis needed)*[3]*:*

As with Part I, the summary score for Part II (IYCF practices) places Italy at a level that demands commitment for much improvement. Interventions are urgently needed to increase early initiation, exclusivity and duration of breastfeeding, as well as timely, adequate and safe complementary feeding. In addition, efforts are needed to set up a standard monitoring and evaluation system with a national coverage. This will allow improvements in current regional and local monitoring systems and for closing the gap between northern and southern regions.

[3] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Total of Part I and Part II (indicator 1-15): Infant and Young Child Feeding Practices, Policies and Programmes

Total score of IYCF practices, policies and programmes (indicators 1-15) are calculated out of 150. Countries are then rated as:

Scores	Colour- rating
0 – 45.5	Red
46 – 90.5	Yellow
91 – 135.5	Blue
136 – 150	Green

Conclusions

The total score for Parts I and II is 73/150, i.e. midway between 0 and 150. The glass is half full, but also half empty.

Key Gaps

1. The national policy is old and needs an update to cover IYCF in addition to breastfeeding.
2. A national plan on protection, promotion and support of breastfeeding and IYCF is lacking.
3. Financial resources to implement IYCF activities are scarce and unevenly distributed.
4. The current Technical Board on Breastfeeding (TAS) does not act as a National Breastfeeding Committee.
5. Baby Friendly Initiatives are not extended throughout the country and there is a north/south divide.
6. National legislation does not include all the provisions of the International Code and its enforcement is not monitored.
7. Instructions on product labels for the preparation, storage and handling of powdered infant formula differ by brand and are unsafe.
8. Current maternity protection provisions do not apply to all working mothers and are not applied in all workplaces.
9. Most undergraduate and graduate courses for health professionals provide insufficient and inadequate training on IYCF and breastfeeding.
10. National and local guidelines on IYCF in emergency situations (both natural and man-made disasters), based on international standards, are lacking.
11. A national system for monitoring and evaluation of IYCF practices is lacking.

Key Recommendations

1. Establish a National Breastfeeding Committee, as envisaged by the Innocenti Declaration, to update the national policy and stimulate the development of a national plan, which will then be adapted at regional and local levels with adequate resources.
2. Include the Baby Friendly Initiatives in the national action plan and extend their reach to cover primarily southern regions, with adequate funding.
3. Fully integrate the Code into national laws and enforce its application as envisaged by the 2016 WHO guidance on ending the inappropriate promotion of foods for infants and young children.
4. Standardize the instructions for the preparation, storage and handling of powder infant formula in product labels, based on WHO/FAO 2006 standards.
5. Extend maternity protection measures to all working mothers and all workplaces.
6. Update curricula for undergraduate and graduate education of health professionals and motivate undergraduate and graduate courses to become Breastfeeding Friendly.
7. Adopt and implement global guidelines for IYCF in emergency situations.
8. Develop and put in place a national system for monitoring and evaluation of IYCF practices.