



World Breastfeeding Trends Initiative (WBTi)

Assessment Report





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Report



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The World Breastfeeding Trends Initiative (WBTi)

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Introduction

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World Breastfeeding Trends Initiative (WBTi):

Introduction:

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) launched the Infant and Young Child Feeding Global Strategy (IYCFGS) in May 2002. This Global Strategy, based on scientific evidence, emphasizes the importance of nutrition in the first months and years of life and the fundamental role that proper feeding practices play in achieving optimal health. It calls for the particular importance for infants of exclusive breastfeeding for the first 6 months and, along with other healthy, safe and accessible foods, for up to 2 years of age or older. The Global Strategy is intended to act, identify and intervene with social impact, positively ensuring and emphasizing the importance of breastfeeding support for mothers, families and society. The IYCFGS provides a guide to interventions with proven positive impact that, through their implementation and provide families with the support they need to play their key roles in child feeding. Furthermore, it explicitly defines the obligations and responsibilities that governments, organizations and other agencies have in this regard.

The IYCFGS is the result of a broad participatory process aimed at alleviating the tragic burden on children worldwide resulting from poor feeding practices. The strategy conforms with the World Declaration and Plan of Action for Nutrition, critically reviews the scientific evidence and epidemiological data and renews its commitment to continue along the initiated path by supporting the implementation of the IHAN and adhering to the International Code of Marketing of Breast-milk Substitutes. It also stresses the need for comprehensive national infant and young child feeding policies. Policies that include guidelines to protect adequate infant and young child feeding in exceptionally difficult circumstances, and that health services protect, promote and support exclusive breastfeeding for the first 6 months and timely and adequate complementary feeding without interruption of breastfeeding thereafter for at least 2 years.

Emphasizing the validity of a well-structured project, the World Health Assembly adopted the IYCFGS and recommended that Member States implement it, and adapt it to their national situation, in order to ensure optimal nutrition for all infants and young children.

What is WBTi?

The Global Initiative on Breastfeeding Trends (WBTi) is an innovative initiative developed by IBFAN Asia to assess the status and milestones achievements of the IYCFGS implementation at the national level. This assessment tool is based on the WABA's global initiatives tool: GLOPAR and the WHO tool: "Infant and Young Child Feeding: A tool for assessing national practices, policies and programs". The WBTi is designed to help countries assess the strengths and weaknesses of their policies and programs for the promotion, protection and support of the best practices in child feeding, assess the implementation of the strategies and policies defined by the Global Strategy at national level, identify benchmarks, strengths and weaknesses and, based on the results, design strategies and make recommendations to improve child nutrition and nutrition. In short, a WBTi report contains an inventory of breastfeeding policies and measures and an Action Plan to improve and monitor breastfeeding rates.

The WBTi report also documents the initiatives collected in each country through common indicators for all countries of the world, documenting the efficiency and individual progress of each country and allowing comparisons between countries.

These reports and scores provided by the countries are incorporated into a free database accessible to all, which allows for the comparison of countries and the visualization of progress and improvements in the indicators in each country.

Why WBTi in Spain?

Best practices in child nutrition and nutrition are a public health issue that affects society as a whole. Breastfeeding is an essential part of the reproductive cycle of women and as such its adequate function should be protected by Health Systems. Breastfeeding is the normal and expected way of nutrition and nurture for the newborn, infant and young child. Human lactation and adequate nutrition for newborns, infants and young children are essential to preserve the full development of every child's potential and in the protection of health and prevention of short-, medium- and long-term illnesses in both children and women. However, does Spain protect the nutrition and feeding of its children? And as a result, are its indicators adequate in this area?

Spain is a country in the South-west of Europe, with a total population of 46,549,045 inhabitants (July, 1st 2017), 51% women and a GDP per cápita of \$25.000 (2017). We have a crude birth rate of 8.8/1000 inhab., a fertility rate of 1.34, life expectancy at birth is 83.11, a negative population growth (Gross birth rate:-2.4) , the mother's average age at birth of 30,8 years, infant mortality rate: 2.68/1000 live births. There is a density of nurses/midwives of 51.1/100,000 and a rate of doctors to habitants of 39.57/100,000, there is free and universal health coverage . The Indicators of achievement of the Millennium Development Goals and other goals related to maternal and child health are summarized in Table 1.

Table 1. Achievement of MDG			
MDG	Rate	Year	Reference
MDG 1. Nutritional status of under age 5			
T-1C. Low weight birth rate	No data	2017	http://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_AnnexB.pdf?ua=1
T-1C Prevalence of underweight children under 5 years of age	No data	2017	http://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_AnnexB.pdf?ua=1
MDG 4. Reduce child mortality			
T 4A.4.1. Under five mortality rate (1000 live births)	3,4 (3,1-3,6)	2015	Spain statistics summary. At WHO web page: http://apps.who.int/gho/data/node.country.country-ESP?lang=en
T-4a. 4.2 Infant mortality rate	2,8 (2,6-3,0)	2015	Spain statistics summary. At WHO web page:

(0 to 1 year of age/1000 births)			http://apps.who.int/gho/data/node.country.country-ESP?lang=en
MDG 5. Improve maternal health			
T 5A. 5.1 Maternal mortality ratio (100.000 deliveries)	5 (4-6)	2017	http://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_AnnexB.pdf?ua=1
T5B.5.2. Proportion of births attended by skilled health personnel	no data (high)	2017	http://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_AnnexB.pdf?ua=1.1 Probably near to 100%. Covered by National health Care system
T5B.5.5. Antenatal care coverage	no data (high)	2017	http://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_AnnexB.pdf?ua=1 . No official data, however antenatal coverage is under universal health care and is a right for every woman, coverage is high
Other related markers			
Neonatal mortality rate (0-28 d/1000 births)	2,1(1,8-2,3)/1000	2015	Spain statistics summary. At WHO web page: http://apps.who.int/gho/data/node.country.country-ESP?lang=en
Obesity rate in children	26,1	2015	http://www.aecosan.msssi.gob.es/AECOSAN/docs/documentos/nutricion/observatorio/Estudio_ALADINO_2015.pdf
Overweight rate in childre	19,1	2015	http://www.aecosan.msssi.gob.es/AECOSAN/docs/documentos/nutricion/observatorio/Estudio_ALADINO_2015.pdf

Spain has one of the lowest infant and neonatal mortality rates in the world. Every woman and child have universal access to health care (including preventive care) and the maternal and infant and child mortality is very low.

The Baby Friendly Initiative in Spain (called IHAN) is the NGO that leads the Baby Friendly strategy of WHO and UNICEF. This NGO brings together representatives of all the stakeholders involved in breastfeeding and birth care, from scientific associations (Paediatrics, Midwives, Nursing, Family Doctors), mothers' associations (La Liga de la leche, Amamanta, FEDALMA) and other scientific associations (APILAM, ACPAM), as well as a representative of the Ministry of Health and of UNICEF. In Spain the BFI is directed to Hospitals and Primary health Care Centers and at the end of 2017 30% of Spanish hospitals were working towards BFI accreditation. Mother to mother breastfeeding support groups are a growing reality and the number of breastfeeding promotion and training activities (for mothers and professionals) grows every year. A breastfeeding national congress takes place every two years held by BFI-Spain, and nearly everywhere in Spain, the WBW is celebrated yearly. However, when looking at international reports, there are still many indicators where Spain does not present figures and breastfeeding rates are measured too infrequently and are still far from international recommendations.

Spanish law protects the right to maternity leave for working women, who currently have the right to 16 weeks' maternity leave for each birth, 2 more weeks if the birth is multiple. Of these 16

weeks, the first 6 after delivery, are mandatory for the mother, but the rest can be enjoyed by the father or before the birth at the end of the gestation. Fathers have the right to paternity leave of between 2 and 4 weeks after birth .

The International Code of Marketing of Breastmilk Substitutes is partially included in the Spanish Law, but there is no regulatory development of it and its monitoring is non-existent . IBFAN is not present in Spain.

Scientific evidence is robust on the positive impact of breastfeeding on women and infants' health on every country, including HGDP as ours. The loss of opportunity to breastfeed or to breastfeed for long periods of time is also related to significant health risks for women, with 78% of preventable premature deaths in women having been shown to occur from myocardial heart attack, breast cancer, diabetes mellitus or hypertension years after the breastfeeding period⁵, . Studies among infants in countries with conditions similar to ours show that infants who are not breastfed are exposed to higher risks of morbidity (acute lymphocytic leukemia, acute otitis, ulcerative colitis, Crohn's disease, gastrointestinal infection, lower respiratory tract infection and obesity), in the short, medium and long term, and mortality (necrotizing enterocolitis and sudden neonatal death syndrome).

A recent doctoral thesis study showed significant increases in pharmaceutical spending and consumption of health resources generated only in the first 6 months of life among infants who had not been exclusively breastfed during this period. It was calculated that if 50% of infants in Spain, had been exclusively breastfed in Spain, €1,255,769 could have been saved in 6 months . In addition, breastfeeding has been significantly related to best children's development potential, better school results and a higher probability of rising on social scale , . Although malnutrition in Spain appears to be a marginal problem (although unknown because there are no official figures for underweight or undersized children), our main malnutrition problem in children derives from overweight and obesity. Spain has an overweight rate of 26.1% and obesity of 19.1%, using the WHO graphs as a reference (Aladdin Study) . As stated officially "childhood obesity is a public health problem with significant repercussions on health and high prevalence in Spain, which makes intervention essential”.

If we try to assess the situation of breastfeeding in Spain we find that the most recent figures are from the 2011 National Health Survey. Data were collected from a small sample of mothers of children under 4 years of age who were asked about infant feeding at 6 weeks, 4 and 6 months. There are no data collected on breastfeeding at baseline, median duration of breastfeeding nor on complementary feeding or breastfeeding rates beyond 6 months. Some important studies assessing children nutrition and feeding such as the Aladdin study, led by the Ministry of Health, do not even mention among the risk factors for childhood obesity the low rates of breastfeeding and its short duration despite there is demonstrated evidence of their relation , , . Even though we lack national statistics for breastfeeding initiation, several local studies and reports from Hospitals on their way towards BFHI accreditation show that nearly 80% of Spanish women start breastfeeding and would like to do so for more than a few weeks. And there is also enough evidence that many women are abandoning breastfeeding much earlier than they had planned and desired, due to a lack of social, cultural and health system support.

In the last years, efforts from NGO`S, mother support groups and groups of professionals have multiplied in support of breastfeeding and there have been some advances among authorities. Short-lived breastfeeding is a reality in our country where opinions are divided among those who feel there is insufficient support and those for whom this support is not needed in our country with good infant health indicators.

However, BFI-Spain is convinced that our children and women do not deserve avoidable risks and preserving breastfeeding is not only necessary in our country and working for a better future for us all. Although the lack of data collection on nutrition and various diseases may make the need less visible, every action that promotes and protects breastfeeding will yield also important economic, social and environmental revenues.

This WBTi report in Spain is necessary to make visible the achievements and areas for improvement, the obstacles and opportunities in the protection, promotion and support of breastfeeding and the best infant feeding practices. In this way, we hope to be able to count on a practical reference point that will allow us to show which objectives to pursue in a preferential manner and which policies are necessary, which aspects of the IYCFGS are not applied in our country and which strategies could help its development. And all with the ultimate goal of improving maternal and child health.

WBTi. A collaboration project.

The WBTi report has a collaborative methodology; each country should develop it among all those working on breastfeeding, ministry authorities, health professionals and mothers' groups. This report requires the creation of a working group with government representatives, health professionals and users. In Spain, the IHAN brings together all these participants in its National Committee, which is why it was considered that this was the ideal group for the preparation of this report. In March 2017, the IHAN presented the indicators that make up the WBTi report to its National Committee. Different members of the working group sought the information and developed the different indicators. Some sources of information were difficult to find, and we also detected areas where our country does not collect national data in a systematic and representative way.

Once all the information was collected, it was agreed among all the members of the National Committee who, being representatives of different associations in the country, could request consensus with the members of each association.

Once the revision was completed, the IHAN Executive Committee gave its approval so that the WBTi report could be published.

One of the spokespersons of the group, Salomé Laredo (spokesperson for the support group AMAMANTA) was appointed WBTi leader and coordinated the data collection and its inclusion in the report. A final revision and the resulting report were accomplished by the national coordinator of IHAN, M^a Teresa Hernández-Aguilar and the WBTi coordinator.

Development of the WBTi report.

The WBTi identifies 15 indicators in two parts and each indicator has a specific meaning.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 11. Early Initiation of Breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

Each member of the team carried out the evaluation of the data on the 15 indicators. The data have been incorporated into the questionnaire using the web-based WBTi toolkit ©, which is specifically designed to fulfill this purpose. The application objectively quantifies the data to provide a colour-coded rating in red, yellow, blue or green. The application has the ability to generate visual maps or graphical charts to assist in the progressive promotion of the breastfeeding situation at all levels, p. national, regional and international.

Each indicator used for the evaluation has the following components;

- The key question that must be investigated
- Background information on why the practice, policy or programme component is important.
- A list of key criteria as a subset of questions to consider to identify achievements and areas for improvement, with guidelines for rating, colour grading, and to rank in this way how well the country is doing.

Part I: It contains a set of criteria for each goal, based on the Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Responses to these can lead to identifying achievements and gaps in policies and programmes so that the Global Strategy for Infant and Young

Child Feeding can be implemented. This shows how a country is doing in a particular area of infant and young child feeding action.

Part II: Infant and young child feeding practices in this part request practice-specific numerical data based on national scope survey data.

Once the information on the indicators has been collected and analyzed, it is entered into the web-based toolkit through the "WBTi Questionnaire", where each individual indicator is scored and coloured according to IBFAN Asia's guidelines for WBTi.

Indicator 1: National Policy, Programme and Coordination

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

Criteria	Scoring
1.1) A national infant and young child feeding/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
1.4) The plan is adequately funded	2
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5
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
Total Score	0/10

Information Sources Used:

1. Ministerio de Sanidad, Servicios Sociales e Igualdad: www.msssi.es

Conclusions:

In Spain there is no Committee for breastfeeding with representatives of various sectors (government departments, non-governmental organizations and health professionals). There are some regional and local initiatives that address infant and young child feeding.

Gaps

- 1.- There is no National Policy on Infant and Young Child Feeding.
- 2.- There is no National Committee for breastfeeding or infant feeding.
- 3.- There is no national authority for breastfeeding or infant feeding.

Recommendations:

1. The government should adopt a comprehensive policy on the feeding of infants and young children.
2. The government should establish a national plan to promote, protect and support breastfeeding (as has been done with other issues of great importance to public health, see the national plan against AIDS, national plan against smoking, or the national plan against drug addiction.
3. The government should appoint a National Maternal Breastfeeding Committee and a national coordinator.

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding¹)

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) 86 out of 486 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years 21%

Criteria	Scoring
0	0
0.1 - 20%	1
20.1 - 49%	2
49.1 - 69%	3
69.1-89 %	4
89.1 - 100%	5
Total rating	2 / 5

Guidelines – Qualitative Criteria

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

Quality of BFHI programme implementation:

Criteria	Scoring
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ²	<u>1</u>
2.3) A standard monitoring ³ system is in place	<u>0.5</u>
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	<u>0.5</u>
2.5) An assessment system relies on interviews of mothers.	<u>0.5</u>
2.6) Reassessment ⁴ systems have been incorporated in national plans with a time bound implementation	<u>1.0</u>
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	<u>0.5</u>
2.8) HIV is integrated to BFHI programme	0.5
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	<u>0.5</u>
Total Score	4.5/5
Total Score	6.5/10

Information Sources Used:

1. www.ihan.es
2. Evaluation program IHAN Spain.
3. National Coordinator BFHI Spain.

Conclusions:

There is a BFHI program in Spain with a standardized monitoring system, and interviews with health professionals and mothers who contribute to the evaluation system. There is also a program subject to deadlines to increase the number of hospitals and a BFHI health centers in the country, although, nevertheless, the BFHI must be implemented on a larger scale.

² IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

³ **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers’ feeding practices.

⁴ **Reassessment** can be described as a “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

Gaps:

Greater involvement of the National Authorities is necessary in the promotion and support of the IHAN strategy together with a National Policy. With a national Breastfeeding authority that incorporated the IHAN strategy as a priority, it would allow rapid progress toward maternity change.

Recommendations:

Incorporate the IHAN strategy into the National Policy and the IHAN coordinator into the National Breastfeeding Committee, as well as increase funding and official support for the strategy.

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?*

Criteria	Scoring
3a: Status of the International Code of Marketing	
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	<u>4</u>
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 ⁵ <ul style="list-style-type: none"> 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
3b: Implementation of the Code/National legislation	
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	<u>1</u>
3.12 The 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

⁵ Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

Information Sources Used:

1. <http://www.boe.es/buscar/doc.php?id=BOE-A-2008-9289>
2. <http://www.boe.es/boe/dias/2008/05/30/pdfs/A25121-25137.pdf>
3. http://apps.who.int/iris/bitstream/10665/206008/1/9789241565325_eng.pdf?ua=1

Conclusions:

Despite the fact that in Spain there are many provisions of the law adopted directly from the Directive of the European Commission 2006/141 / EC of December 22, 2006 on milk of infants and milk transition, this law is not imposed, nor its compliance is monitored.

Gaps:

- 1.- The Spanish legislation based on the Code, and the relevant provisions of the AMS resolutions subsequent to the Code, is partial, focusing on infant formulas and follow-on formulas. There are aspects of the Code that have not been legislated as prepared for small children, bottles or teats.
- 2.- There is no official monitoring of the legally established Code.

Recommendations:

- 1.- Extend the scope of the legislation in force to the entire Code and the relevant provisions of the resolutions of the AMS after the Code.
- 2.- Conduct communication campaigns and dissemination of the Code and the relevant provisions of the resolutions of the AMS after the Code.
- 3.- Require governments to monitor the application of the Code and the relevant provisions of the resolutions of the AMS after the Code.
- 4.- To encourage non-governmental organizations, professional groups, institutions and interested individuals to feel obliged to point out, to the attention of the manufacturers or distributors, the activities that are incompatible with the principles and objective of the Code, and the relevant provisions of the AMS resolutions subsequent to the Code, so that appropriate measures can be taken and they also inform the competent governmental authority.

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 Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?*

Criteria	Scoring
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave <ul style="list-style-type: none"> a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more 	0.5 <u>1</u> 1.5 2
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. <ul style="list-style-type: none"> a. Unpaid break b. Paid break 	0.5 <u>1</u>
4.3) Legislation obliges private sector employers of women in the country to <ul style="list-style-type: none"> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks. 	0.5 <u>0.5</u>
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. <ul style="list-style-type: none"> a. Space for Breastfeeding/Breastmilk expression b. Crèche 	1 0.5
4.5) Women in informal/unorganized and agriculture sector are: <ul style="list-style-type: none"> a. accorded some protective measures b. accorded the same protection as women working in the formal sector 	0.5 <u>1</u>
4.6a. Information about maternity protection laws, regulations, or policies is made available to workers. <ul style="list-style-type: none"> b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided. 	<u>0.5</u> <u>0.5</u>
4.7) Paternity leave is granted in public sector for at least 3 days.	<u>0.5</u>
4.8) Paternity leave is granted in the private sector for at least 3 days.	<u>0.5</u>
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	<u>0.5</u>

longer pregnant or breastfeeding.	
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1
Total Score:	6/10

Information Sources Used:

1. <http://www.inmujer.gob.es/conoceDerechos/preguntas/lactancia.htm#duracionPermiso>

2. <https://www.webconsultas.com/embarazo/vivir-el-embarazo/aspectos-legales-del-embarazo/permiso-de-maternidad-2330>

Conclusions

The appropriate aspects are:

- The legislation provides for a maternity leave of 16 weeks and a paternity leave of 2 to 4 weeks, both in the case of birth and adoption, in both the public and private sectors.
- The lactation permit consists of 1 hour of absence from work that can be divided into two fractions (two half hours) or the worker can choose to enjoy this permit as a reduction of their working day in half an hour; Or you can choose to accumulate it in full days (the latter option when provided by the collective agreement or the company agrees).
- There is legislation that provides for the protection of health in pregnant women and nursing mothers through changes in their work or paid leave until their licenses end.
- There are legal channels to go to the Court in case the legislation is not fulfilled by the company.

Gaps :

1. The period of maternity leave is limited, taking into account the recommendations of WHO and UNICEF to have exclusive breastfeeding during the first six months of the baby.
2. There is no national legislation regarding the adaptation of workplaces for the extraction of milk by working mothers or nurseries.

Recommendations

1. A revision of maternity leave is necessary to increase its duration.
2. Legislation that includes the adaptation of workplaces for the extraction of milk and nurseries.

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 infant and young child feeding; 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?

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 ⁶ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	<u>1</u>	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.	<u>2</u>	1	0
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ⁷	2	<u>1</u>	0
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	<u>0.5</u>	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	<u>0.5</u>	0

6 Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

7 The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ⁸	1	<u>0.5</u>	0
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	<u>0.5</u>	0
Total Score:	6/10		

Information Sources Used:

1. *Annex II Royal Decree 1393/2007 of October 29 BOE 260 10/30/2007.*
2. *Health Program for the Promotion and Prevention of Child Health available at: www.Aepap.org/biblioteca/programa-de-salud-infantil*
3. *National Sexual and Reproductive Health Strategy of the Ministry of Health, Social Services and Equality.*
4. *Care from birth. Recommendations based on tests and good practices. Strategy of Attention to Normal Labor of the Ministry of Health, Social Services and Equality.*
5. *Clinical Practice Guideline on Breastfeeding-Health Guide. (2017).*

Conclusions:

The programs for obtaining a degree in medicine, nursing and midwifery include breastfeeding, artificial lactation and complementary feeding in their curricula. Although there has been an improvement in content in recent years, the training obtained by graduates is still insufficient in many cases and little updated in the majority (in the indicated studies the whole subject of breastfeeding, artificial and complementary feeding is performed in two hours maximum).

The strategy of Sexual and Reproductive Health is the result of consensus between scientific and professional societies, social organizations and user population, experts and representatives of the autonomous communities.

In the child health promotion and prevention program, the psychophysical development of the baby is monitored, but the type of breastfeeding is not collected regularly or compulsorily, nor are specific measures to support breastfeeding included.

There is no national plan on toilet training for breastfeeding and infant feeding.

Health workers throughout the country do not receive training on their responsibility according to the implementation of the Code and national regulation.

The content and skills related to infant feeding are incorporated theoretically into the program, but there is no training program as such on breastfeeding and healthy child feeding for the health professionals responsible for this program.

Breastfeeding is included in the NAOS program, although the indicators on breastfeeding that are collected are those of the national health survey (latest data from 2011) and training on 1000-day

⁸ Training programmes can be considered to be provided “throughout the country” if there is at least one training programme in each region or province or similar jurisdiction.

newborn care for workers of health, is taught and subsidized by the infant feeding industry throughout the country.

In 2017, the Spanish Ministry of Health publishes a clinical practice guide on breastfeeding that is a work of several years, carried out by professionals of recognized prestige throughout the country, whose dissemination has been scarce due to economic reasons and lack of interest.

Gaps:

1. The training of doctors, nurses and midwives is incomplete, both in undergraduate studies and in specialized studies in theoretical and practical aspects.
2. There are no official training requirements in breastfeeding for health professionals.
3. There are no training plans on breastfeeding and infant feeding or the Code.

Recommendations:

1. Expand, update and improve the contents of the training programs on breastfeeding and feeding of the newborn and young child for health professionals of the different levels in the degree and postgraduate programs.
2. Include official training requirements in breastfeeding for access to jobs for professionals with responsibility for maternal or child health.
3. Idem on the Marketing Code of Substitutes.

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 infant and young child feeding .

Criteria	Scoring		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	<u>1</u>	0
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	<u>1</u>	0
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	<u>2</u>	1	0
6.4) Community-based counseling 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	<u>0</u>
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	<u>1</u>	0
Total Score:	5/10		

Information Sources Used:

1. List of support groups. www.ihan.es
2. www.msssi.es
3. Web pages of the autonomous communities where breastfeeding workshops are included in the health portfolio of Health Centers.

Conclusions :

Spain has a National Public Health System with universal coverage that includes preventive care and health promotion services during pregnancy, delivery, puerperium, breastfeeding and childhood. These services, in all the autonomous communities, are offered in Primary and Hospital Care.

In addition, in the last twenty years, a network of mother-to-mother support groups has developed exponentially throughout the national territory. These are volunteer groups that spontaneously organize and receive support from the IHAN but lack other institutional support. In some autonomous communities, interparent support has been incorporated into the portfolio of health center services.

Support groups should have institutional recognition in the same way that volunteers and health workers should receive training for the feeding of infants and young children.

Gaps:

- 1.- Practical absence of implication of the Public Administrations in the regulated formation of professionals.
2. Lack of motivation by health personnel. Great burden of assistance work.
3. Attitudes of health professionals who do not adapt to the current recommendations of promotion, protection and support for breastfeeding.
4. Many hospitals accredited in specialist training continue without offering specific training in breastfeeding.

Recommendations:

Enact, develop and implement a national policy on breastfeeding and infant feeding that includes indications for the training of professionals and volunteers and official support measures for groups of breastfeeding mothers.

Indicator 7: Information Support

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

Criteria	Scoring		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	<u>0</u>
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	<u>0.5</u>	0
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	2	<u>0.5</u>	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	<u>1</u>	0
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	<u>2</u>	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). ⁹	2	1	<u>0</u>
Total Score:	4/10		

⁹ to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Information Sources Used:

<https://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/home.htm>. There is no official strategy to disseminate this type of material.

Conclusions:

There is no national IEC strategy to improve the feeding of infants and young children that ensures that information and materials do not contain any commercial influence or possible conflicts of interest.

Although there is individual guidance but without specific and updated guidance on breastfeeding.

Gaps:

There is no specific national campaign for breastfeeding and good practices of feeding infants and young children.

Recommendations:

The creation of a national IEC strategy to improve the feeding of infants and young children is necessary.

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?

Criteria	Results		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	<u>0</u>
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	<u>0</u>
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	<u>0</u>
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	<u>0</u>
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	<u>0</u>
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.	<u>1</u>	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	<u>0</u>
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.	<u>1</u>	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	<u>0.5</u>	0
Total Score:	2.5/10		

Information Sources Used:

Acta Paediatr Esp. 2005; 63: 321-327

Conclusions:

There is no national policy consistent with international guidelines on the feeding of infants and young children, including infant feeding and HIV.

Gaps:

There are no information campaigns on the feeding of infants and young children, including infant feeding and HIV.

Recommendations:

The inclusion of international guidelines on infant feeding and HIV in a national breastfeeding policy is necessary.

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?*

Criteria	Scoring		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	<u>0</u>
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	<u>0</u>
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: <ul style="list-style-type: none"> a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding 	1	0.5	<u>0</u>
	<ul style="list-style-type: none"> 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	0.5
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	<u>0</u>

9.5) a) Appropriate orientation and training material on infant and young child feeding 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	0.5	<u>0</u>
	1	0.5	<u>0</u>
Total Score:	0/10		

Information Sources Used:

<http://www.proteccioncivil.es/sistema-nacional>. It is based on the Law of the National Security System <https://www.boe.es/boe/dias/2015/07/10/pdfs/BOE-A-2015-7730.pdf>, which shows that Civil Protection, as an instrument of public safety policy, it is the public service that protects people and goods, guaranteeing an adequate response to the different types of emergencies and catastrophes caused by natural causes or derived from human action, whether accidental or intentional, but it does not specify the feeding situation of the children and infants.

Conclusions:

In recent years in Spain there have been no major disasters or natural disasters, the Civil Protection System, includes the protocols for action in cases of occurrence, but there is no information on the type of action for services emergency, health professionals or members of the public on the protection and promotion of breastfeeding and the use and proper management of breast milk substitutes and complementary feeding.

Gaps:

There is no comprehensive policy for the feeding of infants and young children that include infant feeding in emergencies.

Recommendations:

The Spanish authorities should develop a comprehensive policy for the feeding of infants and children in emergencies and incorporate it into the plans contemplated by the National Law of National Security

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 infant and young child feeding practices?

Criteria	Scoring		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	<u>0</u>
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	<u>0</u>
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	<u>0</u>
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	<u>0</u>
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	<u>0</u>
Total Score:	0/10		

Information Sources Used :

<https://www.aeped.es/sites/default/files/documentos/201602-lactancia-materna-cifras.pdf>

Conclusions:

In Spain there is no official monitoring and monitoring system for breastfeeding suitable. The existing data so far mainly come from surveys performed by health professionals at the regional level and in a timely manner, which does not allow a correct national assessment or a temporary follow-up. The data that is available at the are extracted from the National Health Surveys (ENS) that, since 1995 they include questions regarding breastfeeding. With them, prevalence data of LM for months,

but neither the indicators nor the methodology recommended by the WHO, which makes comparison with other countries difficult.

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

There is no monitoring and evaluation system that collects, analyzes and uses data periodically, which could be used to improve feeding practices for infants and young children.

Recommendations:

Include indicators related to the practice of breastfeeding in the computer systems of the Health Centers of Primary Health Care, in particular:

- percentage of newborns who received breastfeeding in the first hour of life,
- percentage of children breastfed exclusively until 6 months of age.

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth?...NA.....%*

Guideline:

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

Data Source:

<https://www.aeped.es/sites/default/files/documentos/201602-lactancia-materna-cifras.pdf>

Summary Comments :

There is no data collection system to know the data of the beginning of breastfeeding during the first hour of life.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹⁰ in the last 24 hours?

Guideline:

Indicator 12	Key to rating adapted from WHO tool	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	Red
	11.1-49%	<u>6</u>	Yellow <u>28.5</u>
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source:

National Health Surveys 2012. National Institute of Statistics. Ministry of Health, Social Services and Equality.

Summary Comments :

This percentage, which, a priori, gives a very positive picture of the situation of breastfeeding in our country are very far from those recommended by WHO since they include both children who are exclusively breastfed and those who combine it with other foods.

In fact, the percentage of children who eat only breast milk at the age of six months is 28.5%, a figure similar to that of the rest of Europe but far from that recommended by the WHO-UNICEF, which insists that up to that age Babies should only ingest breast milk, and make it an important part of their diet until they are two years old.

¹⁰ Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 13: Median Duration of Breastfeeding

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

Guideline:

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

Data Source:

www.ine.es. National Health Survey 2011.

www.aeped.es. Breastfeeding in figures.

Summary Comments :

According to the data extracted from the ENS, the LM rate in Spain (including LME and partial) at 6 weeks has remained fairly stable with global figures around 71%, while a progressive increase has been observed over the last 15 years. of the LM figures at 3 (66.5% in the year 2012) and 6 months of life (46.9%) 14 (figure 4). Both in the last ENS and in a Survey on Breastfeeding Habits in Spain 7, an average duration of the LM in our country of 6 months is collected. On the other hand, the percentage of SML at 6 months in 2012 was around 28.5%, similar to the European global figures, but far from the recommendations of the WHO-UNICEF.

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?*

Guideline:

Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Bottle Feeding (0-12 months)	29.1-100%	<u>3</u>	Red <u>71.5</u>
	4.1-29%	6	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

Data Source:

National Health Survey 2011/2012 (published on March 14, 2013), of the National Institute of Statistics.

Summary Comments :

Taking into account that the percentage of babies breastfed in Spain during the first six months is 71.5 %, the rest of the babies have received breastfeeding together with a bottle or have been exclusively fed with artificial lactation.

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?*

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding (6-8 months)	<i>Key to rating</i>	<i>Scores</i>	<i>Colour-rating</i>
	0.1-59%	3	Red
	59.1-79%	6	Yellow
	79.1-94%	9	Blue
	94.1-100%	10	Green 97%

Data Source:

1.- Indicators of lactation in PHASE 2 D of all the CS of Department 9 of Valencia: 100% of a population of 6578 children under 2 years introduced solid food at 6-8 months.

2.- 96% in CS of Fuensalida (Toledo), population 2631.

3.- 100% in CS Santa Mónica, population 3598, under two years.

4.- 96% in CS Barrio del Pilar (Madrid).

5.- Professional position of the AEPap and PrevInfad feeding documents: exclusive breastfeeding for 6 months. Incorporation of solids from the 6th month.

6.- Doctoral thesis: "Dietary habits of Spanish and Chilean infants:
http://www.tdx.cat/bitstream/handle/10803/2428/TESIS_ASANTAMARIA.pdf.

Summary Comments :

In Spain, 97% of breastfed children start complementary feeding at six months and a percentage of 3% starts between 6 and 9 months.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	0
2. Baby Friendly Hospital Initiative	6.5
3. Implementation of the International Code	5
4. Maternity Protection	6
5. Health and Nutrition Care Systems	6
6. Mother Support and Community Outreach	5
7. Information Support	4
8. Infant Feeding and HIV	2.5
9. Infant Feeding during Emergencies	0
10. Monitoring and Evaluation	0
Total Score:	35

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	Colour- rating
0 – 30.9	Red
31 – 60.	Yellow <u>35</u>
61 – 90.9	Blue
91 – 100	Green

Conclusions:

The total of the points obtained in the first section is 36 out of 100 total, the color coding according to IBFAN Asia is yellow. The sections with the lowest score that must be implemented are those corresponding to national policies, programs and coordination, infant feeding and HIV and infant feeding in emergencies, together with the monitoring and evaluation systems.

The sections corresponding to the Baby Friendly Hospital Initiative, the implementation of the International Code of Breast-milk Substitutes, the protection of maternity, the Health and Nutrition Care system, the support to mothers and Community assistance and the informative support they are the best valued in the case of Spain.

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	0	0
Indicator 12 Exclusive Breastfeeding for first 6 months	28.5 %	6
Indicator 13 Median duration of Breastfeeding	6 meses	3
Indicator 14 Bottle-feeding	71.5 %	3
Indicator 15 Complementary Feeding	97 %	10
Score Part II (Total)		22

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	Red
16 – 30	Yellow <u>22</u>
31 - 45	Blue
46 – 50	Green

Conclusions:

The total score of Spain in infant feeding practices is 25 that correspond to a yellow rating. The best valued practice is the introduction of complementary feeding during breastfeeding, practices such as exclusive breastfeeding during the first six months and the average duration of breastfeeding make it necessary to implement it, and perhaps the most urgent aspect to solve is the one related to breastfeeding. early initiation of breastfeeding since there is no collection system that allows us to collect this important data.

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding **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 <u>57</u>
91 – 135.5	Blue
136 – 150	Green

Conclusions:

The score obtained by Spain is 58.5 total points corresponding to a yellow classification.

Main gaps:

1.- In Spain, there is no National Policy on Infant and Young Child Feeding, nor a National Committee on Breastfeeding or Infant Feeding with representation of all the parties involved, nor a National Authority for Breastfeeding or Infant Feeding. .

2.- Greater involvement of the National Authorities in the promotion and support of the BFHI strategy is necessary, together with a National Policy with a national Breastfeeding authority that incorporates the BFHI strategy as a priority, allowing rapid progress towards change in the maternities

3.- The Spanish legislation, based on the Code, and on the relevant provisions of the AMS resolutions subsequent to the Code, is partial; focusing on infant formulas and follow-on formulas. There are aspects of the Code that have not been legislated as prepared for young children, bottles or teats and there is no official monitoring of the legally established Code.

4.- The period of maternity leave is low, following the recommendations of the WHO and UNICEF to have exclusive breastfeeding during the first six months of the baby and there is no national legislation regarding the adaptation of workplaces for the extraction of milk from working mothers and nurseries.

5.- The training of doctors, nurses and midwives is incomplete, both in undergraduate studies and in specialization in theoretical and practical aspects. There are no official training requirements for breastfeeding for health professionals, nor are there training plans on breastfeeding and infant feeding or the Code.

6.- Practical absence of implication of the Public Administrations in the regulated formation of professionals. Lack of motivation on the part of the health personnel that supports a large workload.

The attitudes of health professionals do not adapt to the current recommendations of promotion, protection and support to breastfeeding and currently, many hospitals accredited in training of specialists continue without offering specific training in breastfeeding.

7.- There is no national policy consistent with international guidelines on the feeding of infants and young children, including infant feeding and HIV.

8.- There is no comprehensive policy for the feeding of infants and small children that include infant feeding in emergencies.

9.- There is no monitoring and evaluation system that collects, analyzes and uses data periodically, which could be used to improve the feeding practices of infants and young children.

10.- There is no data collection system to know the data on the start of breastfeeding during the first hour of life.

11.- The situation of breastfeeding in our country are very far from those recommended by the WHO at the beginning and at six months.

Main recommendations:

1.- The government must adopt a comprehensive policy on the feeding of infants and young children that promotes a national plan for the promotion, protection and support of breastfeeding (as has been done with other issues of great importance to health public, see national plan against AIDS, national plan against smoking, or the national plan against drug addiction) appointing a National Breastfeeding Committee and a national coordinator.

2.- We must incorporate the IHAN strategy to the National Policy and the IHAN coordinator to the National Breastfeeding Committee and also increase funding and official support for the strategy.

3.- Extend the scope of the legislation in force to the entire Code and the relevant provisions of the resolutions of the AMS after the Code, conduct communication campaigns and dissemination of the Code and the relevant provisions of subsequent resolutions of the AMS to the Code requiring governments to monitor the application of the Code and the relevant provisions of the AMS resolutions subsequent to the Code.

4.- It is necessary to review maternity leave to increase its duration as well as legislation to include the adaptation of workplaces for the extraction of milk and nurseries.

5.- Expand, update and improve the contents of the training programs on breastfeeding and feeding of the newborn and the small child for health professionals of the different levels in the degree and postgraduate programs. Include official training requirements in breastfeeding for access to jobs for professionals with responsibility for maternal or child health and perform the same action on the Substitute Marketing Code.

6.- To enact, develop and implement a national policy on breastfeeding and infant feeding that includes indications for the training of professionals and volunteers and official support measures for groups of breastfeeding mothers.

7.- It is necessary to create a national IEC strategy to improve the feeding of infants and young children.

8.- The inclusion of international guidelines on infant feeding and HIV in a national breastfeeding policy is necessary.

9.- The Spanish authorities must elaborate a comprehensive policy for the feeding of infants and children in emergencies and incorporate it into the plans included in the National Law of National Security.

10.- Indicators related to the practice of breastfeeding should be included in the computer systems of the Health Centers of Primary Health Care, in particular:

- percentage of newborns who received breastfeeding in the first hour of life,
- percentage of children breastfed exclusively until 6 months of age.

Main conclusions:

The WBTi Report of Spain for 2018 has positive scores on several indicators, especially in the following:

- 2 (Friend of Children Hospital Initiative)
- 3 (Implementation of the International Code of Substitutes)
- 4 (Protection of Maternity)
- 5 (Health and Nutrition Care System)
- 6 (Support for Mothers and Community Assistance)
- 7 (Informative Support).

The score of indicator 8 and indicator 9 are exceptional, refer to the programs and policies implemented on feeding practices of infants and young children of mothers with HIV + / AIDS and infant feeding during emergencies and although are rare situations in our country, we are not exempt from having a procedure that regulates these situations.

The score of Spain is low in the indicators:

- 1 (Policy, Programs and National Coordination)
- 10 (Monitoring Mechanisms and Evaluation Systems)
- 11 (Early initiation of breastfeeding)
- 13 (Average duration of breastfeeding)
- 14 (Bottle feeding)

It is in these fields of work where we have a wide margin for improvement.

The national average of 6 months of breastfeeding is positive but efforts should be made to increase it.

The lack of a National Committee for breastfeeding is a worrisome situation, since Spain needs the existence of this committee.

The priority of the next 3 years, until a new evaluation by the World Initiative on Trends of Breastfeeding (WBTi) for Spain is to improve in all these aspects.