The pan European approach to breastfeeding

Protection, Promotion and Support of Breastfeeding in Europe: A Blueprint for Action. Developed and written by participants of the project Promotion of Breastfeeding in Europe (2004, EU Project Contract N. SPC 2002359). European Commission, Directorate Public Health and Risk Assessment, Luxembourg.

Launched on 18 June, 2004.

What is this blueprint?

The blueprint is a 34 page, practical public health tool aimed at further protecting, promoting and supporting breastfeeding. The tool can be used in any country or region across Europe. It is the result of an EU-funded project, involving 29 countries, that outlined a model plan, identifying actions that a national or regional policy on breastfeeding should include. Each suggested intervention on breastfeeding is supported by graded evidence of proven effectiveness. It concentrates on the following areas: policy, planning, communication, information, education, training, protection, promotion, support, monitoring and research. The key recommendations are summarized in Table 1.

Under each area, the tool: (1) recommends key objectives (77 in total); (2) suggests agencies, groups or individuals responsible for implementation; and (3) identifies output and outcome measures. Recommended interventions can be adapted by individual countries or regions to fit different national and regional health structures. This blueprint does not recommend specific Europe wide operational strategies. It is also not a binding blueprint; nor is it a EU commission policy.

Why is the blueprint needed?

Despite difficulties in interpreting available data, it is clear that breastfeeding rates and practices in EU countries fall short of WHO and UNICEF recommendations and goals. Even where initiation rates are high, there is a marked fall-off in breastfeeding in the first 6 months, and the exclusive breastfeeding rate at 6 months is low throughout Europe.

Services and structures to support breastfeeding vary across Europe. Not all countries have national policies and plans, and even when these are in place, they are sometimes not acted upon, or they may be incompatible with universally agreed recommendations. In many countries, training for health professionals does not give them the appropriate skills to support breastfeeding, some countries do not have laws to give working women the right to breastfeed regularly or to express milk, and voluntary breastfeeding support groups are not widely available nor integrated with local health care services.

Who developed the blueprint?

This was written by a group of European breastfeeding experts and relevant stakeholder groups, including mothers. The group analysed breastfeeding rates and practices in all 29 countries, reviewed breastfeeding interventions and assessed the research and evidence supporting them. The blueprint was developed as a logical extension to a number of European projects, proposals and resolutions on breastfeeding, including the 2000 EUROMED project which strongly recommended the development and implementation of an EU plan on breastfeeding. It also included an EU (December 2000) Council resolution on Nutrition and Health, where breastfeeding was officially recognized as a priority.

What is the expected outcome of the blueprint?

The blueprint has several goals which include: (1) improving breastfeeding practices in health services and social institutions; (2) increasing the exclusivity and duration rates of breastfeeding in accordance with the WHO Global Strategy on Infant and Young Child Feeding; (3) helping mothers feel more confident, empowered and satisfied with their breastfeeding experience; and (4) improving and equipping health workers with the skills to effectively support, promote and protect breastfeeding.

Table 1. Summary of the recommendations included in the EU blueprint

Key area	Summary of key objectives in the EU blueprint
Policy and planning	Each country should have: a National policy on breastfeeding based on the Global Strategy on Infant and Young Child Feeding; policies for socially disadvantaged groups; published recommendations and practice guidelines by professional associations based on national policy; government departments and health authorities should develop long and short-term plans; national and regional breastfeeding coordinators, supported by national/regional committees; adequate funding and staffing identified to implement the plans.
Information, education and communication	Within each country there should be: consistent key messages in breastfeeding promotion programmes; access to high quality and independent information on infant feeding; face-to-face counselling provided by adequately trained health workers, peer counsellors and support groups; no advertising or promotion to the general public by manufacturers and distributors of breastmilk substitutes under the scope of the International Code of Marketing of Breastmilk Substitutes.
Training	Each country (at national, regional and local level) should: develop and review training for health professionals on breastfeeding issues; develop and review course textbooks and training materials; provide evidence-based courses on breastfeeding and lactation management; recommend relevant health care workers to attend accredited advanced lactation management courses, encourage e-networking amongst breastfeeding specialists.
Protection, promotion and support	Within each country there should be: enforcement and independent monitoring of International Code of Marketing of Breastmilk Substitutes, maternity protection laws that enable all working mothers to exclusively breastfeed their babies for six months; promotion of breastfeeding as the norm across all levels of the health and social system; commitment to meeting best standard practices in all maternity and child care services; access to breastfeeding support services for all women; encouragement and strengthening of collaborative local and community projects between voluntary and statutory services.
Monitoring	Each country should establish a monitoring system evaluating breastfeeding rates, health care practices, and policy implementation.
Research	Each country should encourage comprehensive breastfeeding research programmes based on agreed priorities and agendas independent of commercial interests.

How can the blueprint be used?

This blueprint is aimed at all people who have important roles in protecting, promoting and supporting breastfeeding in individual countries. Implementation and evaluation of the blueprint will be up to policy makers at national and local level. Public health, social and educational authorities will be able to apply relevant aspects of the blueprint in their national and regional breastfeeding policies and initiatives. No extra funding is available with this blueprint so national, regional and local funding and resources should be identified to implement policy and action plans comprehensively.

It is now hoped that the blueprint will be enthusiastically adopted, utilized, and appropriately resourced by individual countries so as to achieve a European wide improvement in breastfeeding.

Available in full from website: http://europa.eu.int./comm/heath/ph_projects/2002/promotion/promotion_2002-18_en.htm

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Reference

EU Project on Promotion of Breastfeeding in Europe (2004) *Protection, Promotion and Support of Breastfeeding in Europe: A Blueprint for Action*. European Commission, Directorate Public Health and Risk Assessment: Luxembourg.