



World Breastfeeding Trends Initiative (WBTi)

Assessment Report Germany





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The World Breastfeeding Trends Initiative (WBTi)

GERMANY 2018

Introduction

We are grateful for the opportunity to participate in WBTi and include Germany in the global action for breastfeeding protection, promotion and support in the sense of IYCF, as a sustainable approach to be followed up continuously. My team and I hope that this report will bring about change to take breastfeeding protection, promotion and support in Germany to the next level.

Dr. Stefanie Rosin Country Coordinator WBTi Germany Berlin, Germany
<http://www.stillberatung-rosin.de/english/about-me/>

About WBTi

World Breastfeeding Trends Initiative (WBTi)

Background

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBTi 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)
<ol style="list-style-type: none">1. National Policy, Programme and Coordination2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)3. Implementation of the International Code of Marketing of Breastmilk Substitutes4. Maternity Protection5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)6. Mother Support and Community Outreach7. Information Support8. Infant Feeding and HIV9. Infant Feeding during Emergencies10. Mechanisms of Monitoring and Evaluation System	<ol style="list-style-type: none">11. Early Initiation of Breastfeeding12. Exclusive breastfeeding13. Median duration of breastfeeding14. Bottle feeding15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi 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 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 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. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding . This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding 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 analyzed, 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

Germany is a Western European highly industrialized country with a population of nearly 83 million people. 2016 official statistics stated 890,721 pregnancies and 792,000 live births, representing an increase of 7.4% compared with 2015. There are 1,951 hospitals, of which 709 had maternity services in 2016, with a decrease of 40% maternity facilities in hospitals since 1991 (= 477 less in total). There are about 137 birthing centers in Germany. As of 2018, there are about 24,000 midwives, about 1,400 IBCLCs, a few hundred other trained lactation counsellors, and about 500 counsellors providing peer support (LLL+AFS).

In Germany, BFHI was founded in 1992 and NBC was founded in 1994. Besides these foundations, IYCF was never on the agenda of German policies as a comprehensive approach. A great deal of the work for breastfeeding protection, promotion and support is done as voluntary and unpaid work, without sufficient political support and funding. The WBTi report will show the situation in detail.

Assessment process followed by the country

The WBTi Germany team has conducted the research on the indicators in small sub-groups and by individuals, to be compiled and discussed. The process lasted for nearly half a year, starting in December 2017 and being accomplished by the end of May 2018. All team members submitted their assessment of the indicators assigned, and provided their feedback, as deemed important, to the final version.

List of the partners for the assessment process

Uta Reich-Schottky, DAIS

<http://www.ausbildung-stillbegleitung.de/>

Vera Hesels, BFHI Germany

<https://www.babyfreundlich.org/>

Elien Rouw, NBC, BOD Academy of Breastfeeding Medicine

<http://www.bfr.bund.de/cm/343/mitglieder-der-nationalen-stillkommission-am-bfr.pdf> ; <http://www.bfmed.org/assets/DOCUMENTS/2018-ABM-Membership-Brochure.PDF>

Dr. Elena von der Lippe, RKI/KiGGS

https://www.rki.de/EN/Home/homepage_node.html

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We are most grateful for the support of Aktionsgruppe Babynahrung e.V. (AGB), member of IBFAN, where the project was allocated in Germany.

<https://www.babynahrung.org/>

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Assessment Findings

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 ?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results ✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	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
1.3) A national plan of action developed based on the policy	2	1
1.4) The plan is adequately funded	2	1
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	1 ✓
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	1
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	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	0.5
Total Score	__/10	1_/10

Information Sources Used (please list):

1. Website National Breastfeeding Committee (NBC=NSK in Germany):
http://www.bfr.bund.de/de/nationale_stillkommission-2404.html
2. Reply of the German Federal Government to the request „20 Jahre NSK“ (20 years of NBC)
<http://dip21.bundestag.de/dip21/btd/18/027/1802706.pdf>
3. “Healthy start” („Gesund ins Leben“)
<https://www.gesund-ins-leben.de/inhalt/ueber-uns-29345.html>

4. Recommendations for nutrition and exercise of infants and breastfeeding mothers
https://shop.aid.de/assets/downloads/free/3291_2016_akt_he_saeugling_x000.pdf
5. National Health target Healthy at Birth, subgoal 3.2
“The ratio of breastfeeding mothers and breastfeeding duration have increased”
<http://gesundheitsziele.de/>
6. Website of the Federal Office for health education with information on infant feeding
<https://www.kindergesundheit-info.de/themen/ernaehrung/0-12-monate/>
7. “Healthy start” (“Gesund ins Leben”) Baby puree schedule)
<https://www.gesund-ins-leben.de/inhalt/brei-fahrplan-29435.html>
8. Examples for conflicts of interest of NBC and “Healthy start” („Gesund ins Leben“) members
<https://www.aerzteblatt.de/pdf.asp?id=180178>
<http://www.nutricia-forum-muttermilchforschung.org/nfm/de/wissenschaftspreis/wissenschaftspreis.html>
<http://www.pebonline.de/mitglieder/>
http://www.klinikum.uni-muenchen.de/Kinderklinik-und-Kinderpoliklinik-im-Dr-von-Hauerschen-Kinderspital/download/inhalt/Stoffwechsel-Ernaehrung/Biosketch-Koletzko_2014-111.pdf

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

The German Government has not released an authoritative and binding strategy in Germany for infant and young child feeding, comprising the elements mentioned in Annex 1. However, there are several projects and recommendations (e.g. NBC recommendations, „action recommended by the project „Gesund ins Leben” “, National Health Goals).

There is no comprehensive and binding action plan with allocated funding.

Two panels are tasked with the promotion of breastfeeding, however their competences and cooperation are not clearly defined, while their tasks are partly overlapping.

- The German National Breastfeeding Committee (NBC) „advises the Federal Government, issues guidelines and recommendations and supports initiatives to eliminate existing barriers to breastfeeding”. However, NBC has no authority in decision-making, or to release policies and take binding measures or carry out monitoring. NBC funding and staffing is reduced to a minimum. To lead this institute, only 25% of an employed position is being paid, and there is no separate budget for NBC work (see the reply of the Federal Government above, in the list of links).
- „Gesund ins Leben“ is a „network“ aiming at „communicating consistent information to parents with regards to nutrition and exercise“. To this end, they create information materials and offer crash courses for specialists (e.g. nutritionists), based on the above-mentioned “recommendations for action”. This network has financial resources at its disposal.

The WHO recommendation to exclusively breastfeed for 6 months and continue up to 2 years and beyond is not supported by any official institution including NBC and „Gesund ins Leben“, nor by the Government in Germany (see the above mentioned recommendations for action, the website of BZgA and the baby puree schedule of „Gesund ins Leben“).

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

1. There is no binding national strategy to protect, promote and support breastfeeding, while only fragments of the Global Strategy have been implemented.
2. There is no binding national plan for action to protect, promote and support breastfeeding.
3. The WHO breastfeeding recommendation is not officially supported, neither by NBC nor by other projects or institutions concerned with infant feeding.
4. The National Breastfeeding Committee has no adequate funding, no authority to implement their decisions and minimal staffing.
5. Several leaders / responsible staff of NBC and Gesund ins Leben have conflicts of interest, as documented in the list of information sources.

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

1. An official national strategy comprising the elements mentioned in Annex 1 of the WBTi assessment tool should be developed and released.
2. A plan of action based on this strategy with measurable targets and timelines, with adequate funding should be developed, released and implemented.
3. NBC should be empowered with adequate funding, staffing and authority to implement the action plan.
4. Members of NBC and other organizations for infant and young child feeding should be competent regarding breastfeeding and free of conflicts of interest.

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) 100 out of 690 total hospitals in 2018 (both public & private) and maternity facilities offering maternity services have been designated or reassessed as “Baby-Friendly” in the last 5 years **14,5 %**

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

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ²	1.0	1.0 ✓
2.3) A standard monitoring ³ system is in place	0.5	0.5 ✓
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	0.5 ✓
2.5) An assessment system relies on interviews of mothers.	0.5	0.5 ✓
2.6) Reassessment ⁴ systems have been incorporated in national plans with a time bound implementation	1.0	1.0 ✓
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	0.5 ✓
2.8) HIV is integrated to BFHI programme	0.5	0.5
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	0.5 ✓
Total Score	___/5	<u>4,5</u> /5
Total Score	___/1	<u>5,5</u> /10
	0	

Information Sources Used:

1. Website of the German NGO to support BFHI Germany „Verein zur Unterstützung der WHO/UNICEF-Initiative „Babyfreundlich“ (BFHI) e.V.“: www.babyfreundlich.org
2. Website of the accreditation institute ClarCert
<https://www.clarcert.com/systeme/babyfreundlich/system.html>

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.

3. List of topics on the German BFHI website, question 2.2
https://www.babyfreundlich.org/fileadmin/user_upload/download/Zertifizierung/Geburtskliniken/Themenkatalog_Basisschulung_Geburtsklinik_2017-08-23.pdf
4. Question 2.3 on monitoring through continuous statistics on neonatal nutrition
<https://www.clarcert.com/systeme/babyfreundlich/system/geburtsklinik/stillstatistik.html>

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

In Germany an NGO named „Verein zur Unterstützung der WHO/UNICEF-Initiative „Babyfreundlich“ (BFHI) e.V.“ is charged with national implementation of BFHI. The NGO has translated the global criteria into specifications for national application. Accreditation and regular re-assessments of hospitals are being carried out by an independent certification center.

Their system is transparent and works reliably. Moreover, the NGO engages in PR activities on a regular basis, to spread BFHI further.

A standard Baby-Friendly accreditation of all maternity and pediatric facilities appears difficult, because neither the Government nor the healthcare system supports BFHI:

So far the Federal Government has not planned or taken any measures to increase the number of Baby-Friendly hospitals in Germany. The NGO Baby-Friendly Hospital receives no funding or support from the Federal Government, nor any from Federal State or community level. Hospitals receive no financial support for implementing the Baby-Friendly criteria, e.g. for staff training or competent lactation consulting.

<http://dip21.bundestag.de/dip21/btd/18/027/1802706.pdf>

The German Prevention Act of 2015 does not include the Baby-Friendly accreditation or the promotion of breastfeeding.

https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/P/Praeventionsgesetz/141217_Gesetzentwurf_Praeventionsgesetz.pdf

The mandatory quality standards of obstetric and pediatric hospitals do not include the Baby-Friendly criteria

https://www.g-ba.de/downloads/39-261-1754/2013-06-20_QFRRL_Aenderung_BAnz.pdf

The NBC has released non-binding „information“ on the promotion of breastfeeding in hospitals, that is less stringent than the global criteria.

http://www.bfr.bund.de/cm/343/stillfoerderung_in_krankenhausern.pdf

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

1. Neither the Government nor the healthcare system supports BFHI.
2. Official quality standards for obstetric and pediatric hospitals do not include the Baby-Friendly criteria.
3. When searching for hospitals on websites reflecting the official quality reports, the implementation of Baby-Friendly criteria is not mentioned as relevant healthcare service.
<https://weisse-liste.de/de/>
4. Costs for Baby-Friendly accreditation including training, and time for lactation consulting are not considered in hospital budgeting.
<https://www.bundesgesundheitsministerium.de/krankenhausfinanzierung/?L=0>

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

1. BFH implementation should become an official quality standard in all obstetric / maternity and pediatric hospitals.
2. BFH should be included in the official quality reports and thus be included in quality-related online hospital searches.
3. Hospital budgets should incorporate the costs for BFH implementation, including training and education of hospital staff, and sufficient time for competent lactation consulting on the wards.

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?*

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

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)

3b: Implementation of the Code/National legislation		✓ <i>Check that apply</i>
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	1 ✓
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	
Total Score (3a + 3b)	__/10	4 /10

Information Sources Used (please list):

1. Verordnung über diätetische Lebensmittel (Diätverordnung)
Regulation on dietetic food
http://www.gesetze-im-internet.de/di_tv/Di%C3%A4tV.pdf

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

The regulation on dietetic food (Verordnung über diätetische Lebensmittel) contains some aspects of Code-related regulations:

- §22a deals with regulations on labeling;
- §25a paragraph 2 limits the advertising of infant formula (only for formula for the first months);
- §25a paragraphs 3,4 and 5 limit indirect advertising in written material;
- §25a paragraph 6 limits the distribution of free items for information or training purposes that are indirectly promoting infant formula or follow-on formula
- §26 paragraph 7 classifies infringements of the above-mentioned paragraphs as misdemeanours.

These regulations can be easily bypassed. Since misdemeanours are pursued by the German Federal States, it is difficult to identify the authority in charge for each case. There is no official monitoring either.

German legislation does not cover the essential elements of the Code and the following WHA resolutions.

Advertisement targets and reaches parents at home and online, as an ubiquitous phenomenon.

Examples:

- Hipp-Babyclub <https://www.hipp.de/index.php?id=681>

- Werbung auf Internetseiten für Eltern - Advertisement on websites for parents:

<https://www.rund-ums-baby.de/>

Another major problem are widespread conflicts of interests within the healthcare system by:

- Sponsoring of continuing education, e.g.

<https://www.hipp-fachkreise.de/vortraege-fortbildungen/webinare-vertont/hipp-symposium-dgkj-hamburg-2016/>

<https://www.hebnews.de/documents/10181//0//Hebammensymposium+2018+Programmflyer.pdf>

<https://www.nestlenutrition-institute.org/education/e-learning/pediatric-nutrition-in-practice-landing>

- Sponsoring by memberships of companies in professional associations, e.g.

<https://www.dggg.de/mitgliedschaft/foerdermitglieder/>

<https://www.dgkj.de/mitgliedschaft/beitraege-und-konditionen/foerdernde-mitglieder/>

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

1. Only a few elements of the Code are covered by the dietetic food regulation (Diätverordnung).
2. There is no official monitoring of Code compliance.
3. We are not aware of any company being fined for infringement of the dietetic food regulation (Diätverordnung).
4. Conflicts of interest by sponsoring of continuing education and professional associations are widespread and are not covered by the regulations.
5. Parents are commonly targeted at home and online by advertising.

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

1. The Code and following WHA resolutions should be comprehensively translated into German law.
2. To prevent conflicts of interest within the healthcare system, sponsoring of continuing education and of professional associations; as well as gifts to healthcare providers by the respective companies should be prevented.
3. Official monitoring of the law representing the Code should be implemented.
4. Violations of this law should be fined severely.

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?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results Check ✓ that apply
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 17 weeks c. 18 to 25 weeks d. 26 weeks or more 	0.5 1 1.5 2	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. <ul style="list-style-type: none"> a. Unpaid break b. Paid break 	0.5 1	0.5 1 ✓
4.3) Legislation obliges private sector employers of women in the country to <i>(more than one may be applicable)</i> <ul style="list-style-type: none"> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks. 	0.5 0.5	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. <i>(more than one may be applicable)</i> <ul style="list-style-type: none"> a. Space for Breastfeeding/Breastmilk expression b. Crèche 	1 0.5	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 1	0.5 1

4.6) . <i>(more than one may be applicable)</i> a. Information about maternity protection laws, regulations, or policies is made available to workers.	0.5	0.5 ✓
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	0.5 ✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	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	0.5 ✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	1 ✓
Total Score:	___/10	8,5 / 10

Information Sources Used (please list):

1. Law to protect mothers at work, during education and training, e.g. university
https://www.gesetze-im-internet.de/muschg_2018/
2. Law granting a certain allowance during parental leave (BEEG)
<https://www.gesetze-im-internet.de/beeg/index.html>
3. Governmental guarantee for daycare under the age of 3 years
<https://www.bundesregierung.de/Content/DE/StatischeSeiten/Breg/Kinderbetreuung/2013-07-19-rechtsanspruch-u3.html>

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

In Germany there is a law for maternity protection (Mutterschutzgesetz -MuSchG), covering many important aspects

4.1 The employer is legally bound to release employed mothers of the obligation to work for 6 weeks before and 8 weeks after birth. Mothers can stay at home for a maximum of 36 months without losing their employed position, with a variety of models of payment possibilities in combination with different part-time work possibilities, which can be partly shared with the fathers.

4.2 During the first 12 postpartum months mothers have the right to paid breastfeeding time, for a minimum of 30 minutes twice a working day (§7 paragraph 2 MuSchG). However, these periods for breastfeeding or expressing milk are not being actively offered to mothers, who have to demand

them. Even though the law provides for paid times of breastfeeding / expressing milk during working hours, mothers tend to not make use of this allowed time, either because they do not know about it, or they do not dare to ask for it.

In our opinion, “breastfeeding breaks” is not the right term in this context, because expressing milk or breastfeeding a baby is not the same as taking a break, but rather taking care of baby.

4.4a The mothers’ claim on adequate rooms for breastfeeding or expressing milk is implicitly covered by two paragraphs of the German maternity protection law (MuSchG). According to §9 paragraph 3 the employer has to make provision, since „the pregnant or breastfeeding mother is entitled to use facilities to sit or lie down and rest.“ §29 paragraph 3 Phrase 3 continues that „the supervising authoritycan advise on details.....to provide rooms suitable for breastfeeding.“.

4.4b Starting from the first birthday, parents are entitled to daycare for their children (Federal Government); however, not necessarily near the workplace. Daycare facilities are not usually equipped to handle expressed milk, while nursery nurses are not trained in this regard either.

4.5 The German maternity protection law (MuSchG) is in general applicable for „each pregnant person, and each person having given birth to a child or is breastfeeding.“ (§1 paragraph 4), except for judges, public officials acknowledged as „Beamte“ and soldiers. (§1 paragraph 3). However, most regulations and provisions are addressed to the employers. For free-lance workers, entrepreneurs or in the informal sector, these regulations and provisions miss their mark, because there is no employer in charge of their implementation.

4.7 and 4.8 Parental leave can be shared between the mother and the father. The father is entitled to be exempt from work for this purpose. (BEEG).

4.10 With regard to gender, there is a general non-discrimination rule. § 17 paragraph 1 phrase 3 MuSchG includes a protection against job dismissal until 4 months after birth, whether or not the mother is breastfeeding.

Gaps :

1. The legal provision for release from work for the purpose of breastfeeding or expressing milk is not granted automatically, only if mothers actively claim a time to breastfeed or express milk. Thus mothers may encounter substantial obstacles within their company when attempting to claim their right for paid time to breastfeed or express milk during working hours.
2. Many daycare facilities are not prepared, trained and equipped to support breastfeeding mothers, and handle and feed expressed breastmilk.

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

1. The provision and entitlement to be released from work for the purpose of breastfeeding or expressing milk has to be communicated comprehensively to all mothers, as a standard procedure.
2. Workplaces need to facilitate combining family and work, by offering improved structures and procedures enabling mothers to make use of their allowed paid time for breastfeeding and/or expressing breastmilk. These structures should be integrated into programmes for work-family balance, such as „Erfolgsfaktor Familie“ of BMFSFJ <https://www.erfolgsfaktor-familie.de/> or the audit work and family, under the umbrella of the German Federal Government: <https://berufundfamilie.de/>
3. Maternity protection (MuSchG) should include safety measures throughout the breastfeeding period. According to the WHO recommendation infants should be breastfed up to 2 years and beyond.
4. Breastfeeding-Friendly daycare needs to become a standard, including facilities for expressed breastmilk, while the staff should be trained to support breastfeeding mothers, and handle and feed breastmilk.

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?

Guidelines for scoring			
Criteria	Scoring		
	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	1	0
		1✓	
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
		1✓	
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	1	0
		1✓	
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
		0.5✓	

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.

5.5) 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
		0.5 ✓	
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ⁸	1	0.5	0
			0 ✓
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
		0.5 ✓	
Total Score:	4,5 / 10		

Information Sources Used (Please list):

1. Recommendations for Mother-Friendly Delivery Care
https://www.babyfreundlich.org/fileadmin/user_upload/download/info_material/Empfehlungen/Empfehlung_MuetterfreundlicheBetreuung_2017-01-31.pdf
2. In-service training in Baby-Friendly Hospitals: www.babyfreundlich.org
1-day basic training: <https://www.gesund-ins-leben.de/inhalt/fortbildungen-terme-29373.html>
Training of breastfeeding support organizations: AZLS www.stillen.de, DAIS www.ausbildung-stillbegleitung.de, EISL www.stillen-institut.com, FBZ Bensberg www.vph-bensberg.de
3. Regulations governing fellowships for the specialist training of physicians (MWBO) as of 2015
http://www.bundesaerztekammer.de/fileadmin/user_upload/downloads/pdf-Ordner/Weiterbildung/MWBO.pdf
4. Co-admission of mothers to hospital in case their child is admitted to the hospital. Federal Center for Health Education (BZgA)
<https://www.kindergesundheit-info.de/themen/krankes-kind/alltagstipps/im-krankheitsfall/krankenhaus/>
5. Rosin SI; Zakarija-Grkovic I: Towards integrated care in breastfeeding support; IBJ 2016.
<https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-016-0072-y>

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.

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

5.1 Physicians' and nurses' curricula include breastfeeding only very marginally. Midwives' training includes breastfeeding to some degree.

5.2 There are Mother-Friendly recommendations for delivery management (see references above), but no official guidelines.

5.3 In-service training for breastfeeding

The regulations for fellowship training for physicians as of 2015 do not broach the issue of breastfeeding at all with respect to pediatricians and neonatologists. The requirements for obstetricians and gynecologists only marginally touch on breastfeeding within the context of „Health Counseling“.

Continuing training of midwives is subject to the Federal states' different regulations; some provide for breastfeeding topics, others don't, there is no obligation to include breastfeeding as a topic.

Nurses receive very marginal training on breastfeeding, except for Baby-Friendly hospitals.

There is in-service training in all Baby-Friendly hospitals and in a few non-accredited hospitals, as it is left up to the discretionary authority of the hospital whether they want to include breastfeeding or not.

Many of these in-service training sessions are sponsored by formula companies or directly conducted by their staff. Such training is recognized by the local health authorities and medical associations (see indicator 3 on the International Code).

5.4 Training on the Code is mainly being conducted within the framework of Baby-Friendly hospitals and by the above-mentioned breastfeeding support organizations, but not on a large scale.

5.5 Breastfeeding is integrated to a certain degree in nutrition training and education on feeding infants and toddlers.

5.6 Co-admission of mothers when their child is admitted to hospital is offered by “many” hospitals, according to BZgA. Admitting infants together with their mothers is less customary. There are a few hospitals striving to avoid mother-infant separation.

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

1. Medical and healthcare education and training in Germany do not include comprehensive breastfeeding issues, which are only included very marginally.
2. Whether breastfeeding topics are included in training and education (outside of BFHI) mainly depends on regional standards and personal interest.
3. Training sessions sponsored by formula companies or directly conducted by their staff are acknowledged by the local health authorities and medical associations (see indicator 3 on the International Code).

4. Breastfeeding is rarely considered a topic to be included in interdisciplinary or multi-disciplinary approaches, thus integrated care within breastfeeding support and the cooperation of healthcare providers in this respect is being neglected.
5. When a mother or an infant is being admitted to hospital, co-admission of the mother is often possible but not routine, while the child accompanying the mother rarely occurs.

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

1. Comprehensive education and training on breastfeeding for all relevant professions offering healthcare for mothers and children.
2. Comprehensive education and training on breastfeeding as binding standards in the regulations for fellowship training to specialise and in the regulations for continuing medical education for all relevant professions offering healthcare to mothers and children.
3. Take measures to ensure that education, training and continuing professional education (CPE) are being conducted without conflicts of interest and in accordance with the International Code.
4. Standardize and facilitate co-admissions for both mothers and children in case one of them is hospitalized.

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 .

<i>Guidelines for scoring</i>			
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 counseling services on infant and young child feeding.	2	1	0
		1 ✓	
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
		1 ✓	
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
		1 ✓	
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	0
			0 ✓
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
		1 ✓	
Total Score:	4 / 10		

Information Sources Used (please list):

1. Entitlement to midwife support
<https://www.hebammenverband.de/index.php?id=785>
2. Shortage of midwives and midwife services
<https://www.unsere-hebammen.de/mitmachen/unterversorgung-melden/>
3. IBCLCs
<http://www.bdl-stillen.de/stillberatungsuche-78.html>
4. Pediatricians: Preventive check-ups for children and adolescents <https://www.kinderaerzte-im-netz.de/vorsorge/>
5. Mother-to-mother support
www.afs-stillen.de www.lalecheliga.de
6. National Center for Early Support Systems (NZFH): Making use of breastfeeding as a resource in the context of early support systems
<https://bib.bzga.de/anzeige/publikationen/titel/Eckpunktepapier%20Stillen%20als%20Resource%20nutzen/>

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

There is no comprehensive strategy to support pregnant and breastfeeding mothers outside the hospital setting.

At healthcare level, pregnant and breastfeeding mothers are in theory entitled to midwife support (see above links). However, midwives are lacking on a large scale, resulting in mothers not receiving midwifery support. (see above link 2). Moreover, midwives may also lack adequate education and training about breastfeeding (see Indicator 5).

The support of an IBCLC has to be paid privately by mothers, and the service is only marginally available. (s.o. Link 3).

Pediatricians carry out preventive check-ups for children. The official check-ups cover only marginally breastfeeding issues. (s.o. Link 4). For conflicts of interest in this respect please see Indicator 3.

Two NGOs, namely Arbeitsgemeinschaft Freier Stillgruppen – Working group of free breastfeeding support groups (AFS) and La Leche League (LLL), train group leaders to support breastfeeding mothers and offer mother-to-mother support groups (see link 5). However, only a few points on the German map are covered by this offer. These groups mainly reach out to their peers, while mothers with migration backgrounds or mothers in difficult circumstances predominantly do not benefit from this offer. These groups are not integrated in or affiliated to regular healthcare services.

The volunteers and specialized professionals of the program „Early Support Systems“ are predominantly not educated or trained in breastfeeding support and breastfeeding issues. The key

issue paper of 2018 named „Stillen als Ressource nutzen im Kontext der Frühen Hilfen“- “Using breastfeeding as a resource in the context of Early Support Systems“ only constitutes a recommendation (see link 6)

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

1. A comprehensive strategy to support pregnant and breastfeeding mothers outside of the hospital setting is lacking.
2. There is a noticeable lack of midwives and midwifery services.
3. There is a noticeable lack of nationwide coverage of cost-free and qualified breastfeeding support in case of breastfeeding difficulties.
4. Programmes for mother-to-mother support are lacking to support mothers with a migration background and in difficult circumstances.

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

1. Develop a comprehensive strategy to support pregnant and breastfeeding mothers outside the hospital setting, to meet the nationwide need for cost-free and qualified breastfeeding support, both by medically trained staff and mother-to-mother support providers, acting in cooperation.
2. As an intermediate step regional support programmes may be developed and extended, including:
 - Breastfeeding promotion in the „Early Support Systems“ community programmes, including staff training;
 - structural promotion of mother-to-mother support, especially for families with migration backgrounds and / or in difficult situations or under difficult circumstances;
 - Upgrade the coverage of midwives and midwifery services, and their education and training in breastfeeding support;
 - Cost-free and qualified counseling for mothers in case of breastfeeding difficulties and questions, e.g. in breastfeeding clinics and by home visits.

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?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√	<i>Check that apply</i>	
	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	0
			0 ✓
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
		.5 ✓	
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
		.5 ✓	
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
		1 ✓	
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	2	1	0
		1 ✓	
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	0	0
			0 ✓
Total Score:	3 / 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 (please list):

1. German Center for Health Education (BZgA): Breastfeeding Information
<https://www.kindergesundheit-info.de/themen/ernaehrung/stillen/>
2. „Healthy start“ („Gesund ins Leben“): Breastfeeding Information“
<https://www.gesund-ins-leben.de/inhalt/stillen-29433.html>
3. National Breastfeeding Committee: Breastfeeding Information
<http://www.bfr.bund.de/de/publikation/stillempfehlungen-61959.html>
4. Milupa: Information for parents to be distributed by midwives
<https://www.hebnews.de/web/guest/elternmemo-auswaehlen>
5. German Center for Health Education (BzGA): Information on formula feeding
<https://www.kindergesundheit-info.de/themen/ernaehrung/0-12-monate/flaschenmilch/>
6. “Healthy start” („Gesund ins Leben“): Information on formula feeding
<https://www.gesund-ins-leben.de/inhalt/saeuglingsnahrung-29434.html>
7. “Healthy start” („Gesund ins Leben“): Breifahrplan (Baby puree schedule)
<https://www.gesund-ins-leben.de/inhalt/brei-fahrplan-29435.html>

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

There is no national strategy to ensure that all information on infant feeding is free of commercial influence and conflict of interest.

The organizations officially established by the Federal Government BZgA, Gesund ins Leben and NBC (NSK) issue information free of advertising, however they are clearly influenced by commercial interests (see information source 7). Moreover, the WHO recommendation to breastfeed exclusively for 6 months is not included in these information materials (see Indicator 1), which contain conflicts of interests (see Indicator 1).

Information material from formula and other baby food companies is freely available everywhere and is being distributed by healthcare services, e.g. by Milupa (see above information source 4).

Information on formula hardly contains any indication of risks and deviates from the WHO recommendation for safe infant formula use (see links 5 and 6).

Activities for World Breastfeeding Week are mainly organized by BFHI and NGOs for breastfeeding support.

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

1. Many materials for information on infant feeding used within healthcare are issued by formula companies or influenced by them.
2. The official breastfeeding recommendations deviate from the WHO recommendation.

3. Recommendations for formula preparation hardly ever mention related nutritional risks. The inherent risk of pathogens is only mentioned in the context of product storage and omits any reference to the risks inherent to the product itself.
4. The Government does not use World Breastfeeding Week to organize large-scale campaigns for information, while breastfeeding-friendliness in society is lacking.

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

1. No distribution of commercially influenced information or materials by healthcare providers.
2. Integration of the WHO breastfeeding recommendation of 6 months exclusive breastfeeding, followed by continued breastfeeding with adequate complementary food up to 2 years and beyond, into the official German breastfeeding recommendations.
3. Risks of formula including preparation and storage should be printed visibly on formula labels.
4. Run large-scale campaigns on all modern media, financed and issued by the Government during World Breastfeeding Week and beyond, to ensure a positive image for breastfeeding, public education and societal support.

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?

<i>Guidelines for scoring</i>			
Criteria	Results		
	✓ <i>Check that apply</i>		
	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	0
		1 ✓	
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
			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
			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
			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
			NA
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
			NA
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
			NA
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of	1	0.5	0

exclusive breastfeeding and continued breastfeeding in the general population.			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
			0✓
Total Score:	1 / 10		

Information Sources Used (please list):

1. Guideline of the Association of Scientific Medical Societies (AWMF) for HIV therapy during pregnancy and for HIV exposed neonates (as of March 2017)
<http://www.awmf.org/leitlinien/detail/ll/055-002.html>
2. Online network of gynecologists: HIV during pregnancy and lactation
https://www.frauenaerzte-im-netz.de/de_hiv-und-aids-hiv-in-der-schwangerschaft-stillzeit_359.html

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

The AWMF guideline of HIV therapy during pregnancy and for HIV-exposed neonates reflects the framework of the WHO guideline, stating: “In Western industrial nations there are generally favorable conditions for administering adapted formula exclusively to HIV exposed neonates, which is generally and furthermore recommended, at the same time restraining from breastfeeding.”

And: „Should an HIV-positive mother in Germany or Austria intend to breastfeed against this recommendation, an individualized procedure becomes necessary. Otherwise the risk of covert or intermittent breastfeeding will arise, bearing an even higher transmission risk“

In Germany about 20 infants of HIV-positive mothers are born annually (Frauenärzte im Netz). Therefore, Germany has no quantitative problem with HIV and breastfeeding. It is only a marginal topic within breastfeeding education or training. There is no routine HIV testing recommendation for pregnant women.

There are no available data on the quality of consultations of HIV positive mothers during pregnancy and lactation.

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

1. None

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

1. None

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?*

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√ Check that apply		
	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	0
			0✓
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	0
			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 counseling by appropriately trained counselors, support for relactation 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	0.5	0
			0✓
	1	0.5	0
			0✓

9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
			0✓
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	0
			0✓
	1	0.5	0
			0✓
Total Score:	0 /10		

Information Sources Used (please list):

1. Federal Office for Civil Protection and Disaster Relief (Bundesamt für Bevölkerungsschutz und Katastrophenhilfe)
<https://www.bbk.bund.de/DE/Ratgeber/VorsorgefuerdenKat-fall/VorsorgefuerdenKat-fall.html>

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

The Federal Office for Civil Protection and Disaster Relief replied to our written request by referring to the above mentioned brochure for self-help. This brochure mentions that babies need special food to be stored for emergencies. So far, the German Federal Government has neither implemented the Global Strategy for Infant and Young Child Feeding nor has considered the WHO IFE criteria for infant feeding in emergencies.

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

1. The country has no 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. 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 not been appointed
3. An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has not been developed and put into effect in most recent emergency situations, covering:

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 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

4. Resources have not been allocated for implementation of the emergency preparedness and response plan

a) Appropriate orientation and training material on infant and young child feeding in emergencies has not been integrated into pre-service and in-service training for emergency management and relevant health care personnel.

b) Orientation and training is not taking place as per the national emergency preparedness and response plan

Recommendations (List actions recommended to bridge the gaps):

1. The country should develop 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. 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 should be appointed

3. An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance should be developed and put into effect in most recent emergency situations, and should cover:

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 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

4. Resources should be allocated for implementation of the emergency preparedness and response plan, including

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

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?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
		1 ✓	
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
			NA
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
			0 ✓
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
			NA
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	0
		1 ✓	
Total Score:	2 /10		

Information Sources Used (please list):

1. National Breastfeeding Committee on monitoring of breastfeeding
<http://www.bfr.bund.de/cm/343/nationale-stillkommission-diskutiert-wege-zu-einem-standardisierten-stillmonitoring-fuer-deutschland.pdf>
2. Research of the National Center of Early Support Systems (Nationales Zentrum Frühe Hilfen NZFH)
 - a) <https://www.fruehehilfen.de/forschung/>
 - b) Prevalence study KiD 0-3: <http://www.bfr.bund.de/cm/343/stillfoerderung-und-fruehehilfen.pdf>

3. KIGGS – Health Survey of children and adolescents Base and Wave1

https://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/GBEDownloads/JoHM_2016_02_diet1b.pdf?blob=publicationFile

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

So far there is no standardized monitoring for breastfeeding in Germany. „Reliable data on breastfeeding behavior in Germany are needed, to be able to promote breastfeeding effectively. This comprises information on breastfeeding initiation, breastfeeding rates including duration and of trends and influencing factors on breastfeeding behavior. These data should be collected in a population-based manner, including groups tending to show low breastfeeding rates” (NBC). In the context of the programme „Early Support Systems” there is research to evaluate support measures for families with children aged 0-3. A few breastfeeding parameters are being collected, too, in the sense of a prevalence study (NZFH Prävalenzstudie). No nationwide, current and differentiated data on infant and young child feeding are currently available, on which to base concrete project planning and evaluation. The health survey of children and adolescents (KiGGS) collects data with health relevance at several years’ intervals retrospectively in a nationwide control sample. Some questions concern breastfeeding behavior.

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

1. There is no nation-wide standardized breastfeeding monitoring in Germany.
2. Due to lack of data, an evaluation of breastfeeding promotion activities is impossible.

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

1. Establish a standardized national monitoring system for breastfeeding.
2. Use available regional data for the planning and evaluation of contemporary breastfeeding promotion activities.

Indicator 11: Early Initiation of Breastfeeding

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

Guideline:

Indicator 11	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores <i>NA</i>	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 (including year): There are no data available in Germany for this indicator on early initiation of breastfeeding.

Summary Comments :

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? **11,9.% in the birth cohort of 2007//2008***

Guideline:

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		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):

Data of exclusive breastfeeding for 6 months are published in KiGGS Baseline and KiGGS Wave 1, according to the respective birth cohorts.

Link:

https://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/GBEDownloads/JoHM_2016_02_diet1b.pdf?_blob=publicationFile

Birth cohort	Exclusive breastfeeding for six months
2001/2002	10,2 %
2003/2004	9,2 %
2005/2006	12,4 %
2007/2008	11,9 %

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? **The average duration was 7.5 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	3 ✓	Red
	18.1-20 ”	6	Yellow
	20.1-22 ”	9	Blue
	22.1- 24 or beyond ”	10	Green

Data Source (including year):

Available data from the KiGGS Studies:

Data on median duration of breastfeeding is not published with the KiGGS surveys. Usually, the average duration of breastfeeding is calculated.

Survey	Average duration of breastfeeding	Link
KiGGS Baseline (2003-2006)	7.5 months	https://link.springer.com/article/10.1007/s00103-014-1985-5
KiGGS Wave 1 (2009-2012)	7.5 months	https://link.springer.com/article/10.1007/s00103-014-1985-5
KiGGS Wave 2 (2014-2017)	Not published yet	

Link:

https://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/GBEDownloads/JoHM_2016_02_diet1b.pdf? blob=publicationFile

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 NA	Colour-rating
Bottle Feeding (0-12 months)	29.1-100%	3	Red
	4.1-29%	6	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

Data Source (including year):

There are no data available in Germany for this indicator on bottle feeding.

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 NA</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

Data Source (including year):

There are no data available in Germany for this indicator on the percentage of infants receiving complimentary foods between 6-8 months of age.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	1
2. Baby Friendly Hospital Initiative	5,5
3. Implementation of the International Code	4
4. Maternity Protection	8,5
5. Health and Nutrition Care Systems	4,5
6. Mother Support and Community Outreach	4
7. Information Support	3
8. Infant Feeding and HIV	1
9. Infant Feeding during Emergencies	0
10. Monitoring and Evaluation	2
Total score	33,5

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 – 60.9	Yellow ✓
61 – 90.9	Blue
91 – 100	Green

Conclusions (Summarize the achievements on the various programme components, what areas still need further work)¹¹ :

Breastfeeding promotion and support is being performed by many actors in different settings – be it in an NGO, association, professional association, in healthcare settings or various official facilities or commissions, leading to achievements to some degree. However, noticeable progress or even a breakthrough in breastfeeding promotion and support is lacking.

¹¹ 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.

- There are singular elements of breastfeeding promotion, partly initiated by the German Government; however, there is no comprehensive strategy to include the components mentioned in Annex 1 of indicator 1, and no action plan with measurable goals and timelines.
- Germany needs to adopt the WHO breastfeeding recommendation of 6 months exclusive breastfeeding (no other nutrition or liquid except for the mother's own milk), and continued breastfeeding up to 2 years and beyond with adequate complementary foods.
- There are individual studies on breastfeeding, but no standardized nation-wide monitoring for breastfeeding.
- With regards to content and quality, BFHI is well positioned. However, for a nation-wide implementation, political and financial support is necessary.
- There are several Code-compliant training and education institutions for breastfeeding. Nearly all official medical or care curricula lack relevant and complex breastfeeding issues. Therefore, receiving competent breastfeeding support is a matter of luck.
- In order to protect breastfeeding, the International Code for the Marketing of Breastmilk Substitutes has to be comprehensively implemented. The first step might be to reduce conflicts of interest within the healthcare system, no more gifts and sponsoring of training and education by producers of formula, bottles and teats. Continuing education that is sponsored or conducted by these producers should not be acknowledged as continuing professional education within the healthcare system. Committees issuing breastfeeding recommendations should be free of conflicts of interest. These measures have the potential to eliminate obstacles to successful breastfeeding, enabling mothers to reach their personal breastfeeding goals.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	NA %	0
Indicator 12 Exclusive Breastfeeding for first 6 months	11,9 %	6
Indicator 13 (Median) Average duration of Breastfeeding	7.5 months	3
Indicator 14 Bottle-feeding	NA %	0
Indicator 15 Complementary Feeding	NA %	0
Score Part II (Total)		9

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
31 - 45	Blue
46 – 50	Green

Conclusions (*Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed*)¹² :

Since Germany does not have a standardized monitoring of breastfeeding and infant and young child feeding, only 2 of the 5 indicators could be evaluated, based on collected empirical data.

- Immediate and uninterrupted skin-to-skin contact right after birth represents the standard procedure in the maternity hospitals being accredited as Baby-Friendly, also after Caesarian Sections. Skin-to-skin contact routinely lasts for at least one hour, with the first latch or colostrum feeding usually occurring during this time. For the hospitals without Baby-Friendly accreditation there are no data available on their practice right after birth with regard to skin-to-skin and breastfeeding initiation.

¹² 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.

- The rate of exclusive breastfeeding at 6 months of age between 2001 and 2008 was on average <11%, which is unacceptably low.
- The median of breastfeeding duration was 6 months in total, which is also too low.
- The ratio of bottle-fed children is probably above 90%, with no data available.
- There are also no data available on the proportion of children that receive solids between 6-8 months of age.

To improve breastfeeding protection, promotion and support and infant and young child feeding practices in the sense of the Global Strategy ICYF in Germany, a standardized monitoring of breastfeeding and infant and young child feeding should be introduced nation-wide.

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
91 – 135.5	Blue
136 – 150	Green

Germany scores 33.5 points in Part I and 9 points in Part II, adding up to 42.5 points in total with a red rating.

Key Gaps

Breastfeeding promotion and support is being performed by many actors in different settings – be it in an NGO, association, professional association, in healthcare settings or various official facilities or commissions, leading to achievements to some degree. However, noticeable progress or even a breakthrough in breastfeeding protection, promotion and support is lacking.

- There are singular elements of breastfeeding promotion, partly initiated by the German Government; however, there is no comprehensive strategy to include the components of IYCF (Annex 1 of indicator 1), and no action plan with measurable goals and timelines.
- Germany has not adopted the WHO breastfeeding recommendation yet, of 6 months exclusive breastfeeding (no other nutrition or liquid except for the mother's own milk), and continued breastfeeding up to 2 years and beyond with adequate complementary foods.
- There are individual studies on breastfeeding, but no standardized nation-wide monitoring for breastfeeding.
- With regards to content and quality, BFHI is well positioned. However, for a nation-wide implementation, political and financial support is necessary.
- There are several Code-compliant training and education institutions for breastfeeding. Nearly all official medical or care curricula lack relevant and complex breastfeeding issues. Midwifery and breastfeeding support coverage has substantial gaps, and therefore, receiving competent breastfeeding support is a matter of luck.

In Germany the formula industry is omnipresent including healthcare structures, education and practice. The NBC is understaffed and underfunded. Monitoring, IYCF statistics and Code implementation are negligible, disabling strategic planning and effective action on a national level.

Key Recommendations

The Code should be implemented comprehensively as a law with severe penalties for violations. To reduce conflicts of interest within the healthcare system, gifts and sponsoring of training and education by producers of formula, bottles and teats should be prohibited. Continuing education from these producers should not be acknowledged as continuing professional education within the healthcare system.

The Global Strategy IYCF should be implemented together with standardized monitoring of infant and young child feeding, and a nation-wide action plan in close cooperation with the government; including health and consumer protection ministries. NBC should be free of conflicts of interest and empowered by adequate staff, funds, and authority with an autonomous position in governmental structures, to firmly implement protection, promotion and support into political and healthcare structures, resulting in a nation-wide implementation of integrated breastfeeding support. These measures have the potential to eliminate obstacles to successful breastfeeding, enabling mothers to reach their personal breastfeeding goals.