

World Breastfeeding Trends Initiative

The Netherlands · 2023

Executive summary

Introduction

The World Breastfeeding Trends Initiative (WBTi) was developed by International Baby Foods Action Network (IBFAN) Asia. The goal of the initiative is to assess the status of the implementation of the Global Strategy for Infant and Young Child Feeding (WHO, 2003) on a national level. An assessment tool was developed, which allows countries to assess the strengths and weaknesses of their policies and programmes around optimal infant and young child feeding (IYCF). The assessment scores various policy and programme indicators (indicators 1-10) and infant feeding practice indicators (indicators 11-15) and provides an overall score to each participating country. The first WBTi assessment for the Netherlands was conducted in 2022/2023.

Policy indicators

Score 4/10

1. There is no officially **approved policy** on Infant and Young Child Feeding by the Dutch government. The Multidisciplinary Guideline Breastfeeding (*Multidisciplinaire Richtlijn Borstvoeding*) is funded by the government and ratified by most professional associations involved in the promotion, protection and support of breastfeeding. The guideline is based on the Baby Friendly Hospital Initiative (BFHI) 10 steps to successful breastfeeding but diverges somewhat on the recommendations for complementary feeding. One of the gaps identified in this assessment is that there is limited transparency in the specific funding for the promotion, protection and support of breastfeeding due to the structure of birth care and breastfeeding support in the Netherlands.

Score 0/10

2. In the Netherlands, the **Baby Friendly Hospital Initiative** was implemented in 1996 under the name *Zorg voor Borstvoeding* [Care for Breastfeeding]. After more than 20 years of implementation of the BFHI their activities ceased on the 28th of February 2019. Certificates that were issued before that time remained valid for the duration stipulated, but no new certificates were issued, and all existing certificates ultimately lapsed by the end of 2022.

Score 6/10

3. In The Netherlands, the government has enacted legislation or adopted regulations, directives or other legally binding measures covering less than half of the provisions of the **International Code of Marketing of Breastmilk Substitutes (WHO Code)**. The European regulations don't cover marketing of bottles and teats. There is limited regulation of follow-on formula and toddler milks. There is a central body responsible for monitoring adherence to local regulations.

Score 7/10

4. **Maternity protection** is well organised in the Netherlands. In the formal sector, paid maternity and paternity leave, as well as paid pumping/feeding breaks are written into labour laws. Parents can also make use of extensive parental leave (partially paid) until their child is of school going age. There is little or no breastfeeding protection for independent contractors or those in the informal sector.

Score 2/10

5. A wide range of healthcare professions work in the perinatal field, with many different **training programmes** across different sectors. There is no up-to-date overview of all healthcare curricula to be able to compare the topics around infant feeding across different programmes and health professions.

Score 6/10

6. **Counselling services** around infant feeding can improve breastfeeding practices. Parents need access to supportive and respectful information and assistance. In the Netherlands, it is most common for parents to receive information about Infant feeding options from their midwife. It is unclear whether the counselling places an emphasis on exclusive breastfeeding as opposed to mixed feeding. We know that 69% of mothers start breastfeeding their babies, and after two weeks, the percentage of babies being exclusively breastfed has dropped to 56%.

Score 8/10

7. The Netherlands Nutrition Centre (*Voedingscentrum*) is an independent knowledge institute on health, safe and sustainable nutrition subsidised by the government responsible for providing **information and support** about infant and young child feeding. Breastfeeding is, among other topics, one of the subjects of a special campaign on healthy infant and young child feeding focused on (expecting) parents. Information about the effects of not breastfeeding (or risks of artificial infant feeding) is not usually included in information to parents. The focus is on emotionally neutral information about infant feeding options.

Score 6/10

8. In the Netherlands, most people with Human Immunodeficiency Virus (**HIV**) are followed up and will receive Antiretroviral (ARV) treatment. Breastfeeding is actively discouraged in the national guidelines. Mothers who decide to breastfeed, are provided with extensive counselling and provided ARVs. Monitoring of all patients with HIV in the Netherlands is extensive, and this includes monitoring of pregnant and breastfeeding mothers and their children. Counselling focuses on prevention of transmission, not balanced against the risks of formula feeding.

Score 0/10

9. Self sufficiency is a key element in the management of disasters and emergencies. For people who have less capacity to look after themselves, the government relies on spontaneous help from civil society, especially during the time that government assistance has not been scaled up yet. There are no provisions specifically for **infants and young child feeding in emergencies** (IYCF-E) in the national and regional emergency plans.

Score 1/10

10. Monitoring and evaluation (M & E) components should be built into all infant and young child feeding programme activities. Nationally, infant feeding data has been collected in the '*Peiling Melkvoeding*' [*Monitor Milk Feeding*] (Engelse & van Dommelen, 2020). *Peiling Melkvoeding* only reports on milk feeding, not when baby's start with complementary foods. Information on (breast-)feeding during the first week is furthermore collected in Perined, but most of this information is not publicly available. There are no targets for national breastfeeding rates, so it is currently almost impossible to monitor outcomes of programmes.

Practice indicators

- 11.** There is no information available in national data about **initiation of breastfeeding within 1 hour of birth.**
- 12.** In the Netherlands, no structural data is available on the percentage of infants less than 6 months of age who were **exclusively breastfed** in the last 24 hours. Data on the type of milk feeding is collected at the ages of 1 day, 8 days, 2 weeks, 1 month, 3 months, 6 months, 9 months and 12 months.
- 13. Median duration of breastfeeding** can be estimated from existing data sources and is around 2 months, based on information from the *Peiling Melkvoeding 2018*.
- 14.** In the Netherlands, the percentage of babies being **bottle fed** under the age of 12 months is estimated to be higher than 30%, as 29% of babies are not breastfed exclusively at birth, and more than 50% are no longer breastfed from 2 months onwards.
- 15.** In the Netherlands, it is encouraged to start complementary foods between 4 and 6 months ("trial foods") and to include complementary foods as a regular part of the child's diets from 6 months. There are generally no food shortages, and most families will offer **adequate complementary foods** to their child's diet from before 6 months of age and onwards.

Overall outcomes

This WBTi assessment provides a starting point for policy makers to focus on the policy domains with the largest gaps and the most room for improvement.

In this first WBTi assessment for the Netherlands, the total score for the policy indicators for the Netherlands is 40/100 points. While this is mostly in line with the scores of the neighbouring countries, there is room for improvement.

The report shows that certain policy domains like marketing regulations, maternity protection, counselling services, information and support and HIV and infant feeding are reasonably well covered. Other areas, like national policies, education systems, emergencies and monitoring and evaluation need more a more structured approach.

To reach these goals, a national approach is needed. Creating a national Infant and Young Child Feeding policy will create a strong base for supporting, promoting and protecting breastfeeding.

Policy indicators

Targets	Score
1. National Policy, Governance and Funding <i>Nationaal beleid, toezicht en financiering</i>	4
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding <i>Baby Friendly certificeren/Tien stappen naar borstvoeding</i>	0
3. Implementation of the International Code of Marketing of Breastmilk Substitutes <i>Implementatie van de Internationale Code voor het op de markt brengen van vervangingsmiddelen voor moedermelk</i>	6
4. Maternity Protection <i>Bescherming rond zwangerschap en borstvoeding</i>	7
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	2
6. Counselling Services for the Pregnant and Breastfeeding Mothers <i>Begeleiding, advies en ondersteuning voor zwangeren en borstvoedende moeders</i>	6
7. Accurate and Unbiased Information Support <i>Goede en onafhankelijke informatievoorziening</i>	8
8. Infant Feeding and HIV <i>HIV en babyvoeding</i>	6
9. Infant and Young Child Feeding during Emergencies <i>Voeding van baby's en jonge kinderen in noodsituaties</i>	0
10. Monitoring and Evaluation <i>Monitoring en evaluatie</i>	1
Total country score	40/100

Scores	Total country score	Colour rating
0-30.9		
31-60.9	40/100	
61-90.9		
91-100		

Practice indicators

IYCF Practice	Result	Colour rating
Indicator 11: Initiation of Breastfeeding (within 1 hour) <i>Start van borstvoeding (binnen 1 uur)</i>	No data	No data
Indicator 12: Exclusive Breastfeeding under 6 months <i>Exclusief borstvoeding 0-6 maanden</i>	No data	No data
Indicator 13: Median Duration of Breastfeeding <i>Mediane duur van borstvoeding</i>	2 months	Estimate
Indicator 14: Bottle-feeding (0-12 months) <i>Voeden met de fles (0-12 maanden)</i>	>29.1%	Estimate
Indicator 15: Complementary Feeding (6-8 months) <i>Vaste voeding (6-8 maanden)</i>	No data	No data