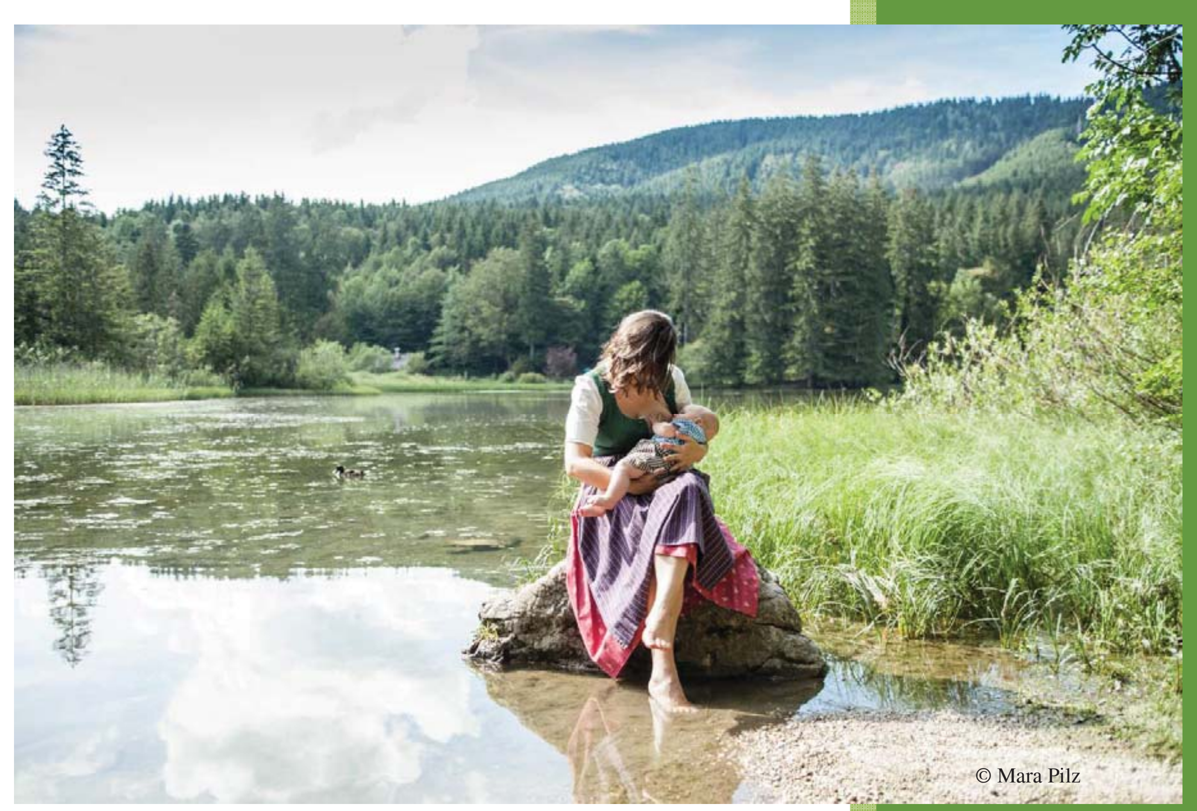
Assessment Report



Report

International Baby Food Action Network (IBFAN) Asia
BP-33, Pitam Pura, Delhi-110034, India
Phone: 91-11-27343608, 42683059 Fax : 91-11-27343606,
E-mail: info@ibfanasia.org , wbti@worldbreastfeedingtrends.org
Website : www.worldbreastfeedingtrends.org

The World Breastfeeding Trends Initiative (WBT*i*)

Name of the Country: Austria

Year : 2018

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Expressions of Thanks:

In the World Breastfeeding Trends Initiative (WBTi), we see a great opportunity to survey the nutritional situation for infants and young children in Austria and to improve it where necessary. We are particularly pleased that new opportunities for networking have resulted from this project which – hopefully - we can expand further in the future.

Thanks to IBFAN Asia for making the training and the technical documents for this initiative available and, thereby, making it possible for us to participate in this worldwide initiative.

We also thank:

- The Federal Ministry for Labour, Social Affairs, Health and Consumer Protection in Austria
- The Austrian Baby-Friendly Hospitals Initiative
- The Austrian Agency for Health and Food Safety (AGES)
- The Austrian Midwives Committee
- The La Leche League Austria
- The Working Group "Young Children, Breastfeeding Mothers and Pregnant Women"
- The European Institute for Breastfeeding and Lactation EISL
- Elizabeth Horman – Translation
- Stefanie Rosin – Translation
- Mara Pilz – Foto
- Nadine Veselčić – Foto
- Christoph Rossmeisl – Graphik
- Zsuzusa Bauer - Graphik

WBTi Working Group:

Andrea Hemmelmayr, IBCLC
WBTi Co-ordinator for Austria
On behalf of the Association of International Board Certified Lactation Consultants in Austria (VSLÖ)

Melanie Bruckmüller, M.A.
Austrian Agency for Health and Food Safety, Inc. - AGES

Dr. Birgit Dieminger-Schnürch
Austrian Agency for Health and Food Safety, Inc. - AGES

Astrid Loidolt
BFHI, Health Austria Inc

Dr. Beate Pietschnig
Pediatrician

Romana Wagner
Austrian Midwifery Committee (ÖHG)
ÖHG, Board Member/Breastfeeding Sub-Committee

Abbreviations Used in This Report

AFS	Working Group "Young Children, Breastfeeding Mothers and Pregnant Women"
AGES	Austrian Association of Breastfeeding and Lactation Consultants
AG KISS	Working Group on Nutrition of Young Children, Breastfeeding Mothers and Pregnant Women
ARVs	Antiretroviral drug
BFHI	Baby-Friendly Hospital Initiative
BMASGK	Federal Ministry of Labour, Social Affairs, Health and Consumer Protection
BMI	Federal Ministry of the Interior
EISL	European Institute for Breastfeeding and Lactation
FAO	Food and Agriculture Organization of the United Nations
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
IBCLC	International Board Certified Lactation Consultant
IBFAN	International Baby Food Action Network
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IYCF	Infant and Young Child Feeding
IFE	Infant and Young Child Feeding in Emergencies
LLL	La Leche League
MSG	Mother Support Groups
NCDs	Non-communicable diseases
NGOs	Non Governmental Organizations
NEK	National Nutrition Commission
REVAN	Health-Promotion Programme - Eat right from the beginning!
SIDS	Sudden Infant Death Syndrome
WHO	World Health Organisation

World Breastfeeding Trends Initiative (WBT*i*)

Background

The World Breastfeeding Trends Initiative (WBT*i*) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for 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 WBT*i* 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 WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

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

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

Each indicator used for assessment has the following components;

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria as subsets 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 the Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identifying achievements and gaps in policies and programmes to implement the 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 a random household survey that is national in scope.

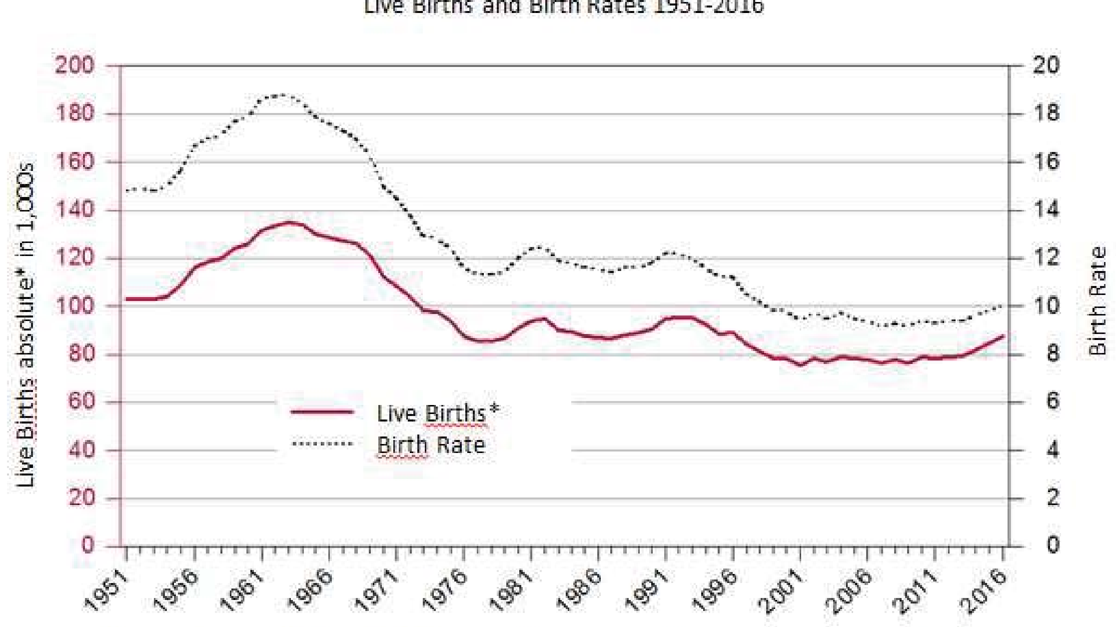
Once the information about the indicators is gathered and analysed, it is then entered into the web-based toolkit through the ' WBT*i* Questionnaire'. Furthermore, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBT*i***

Background:

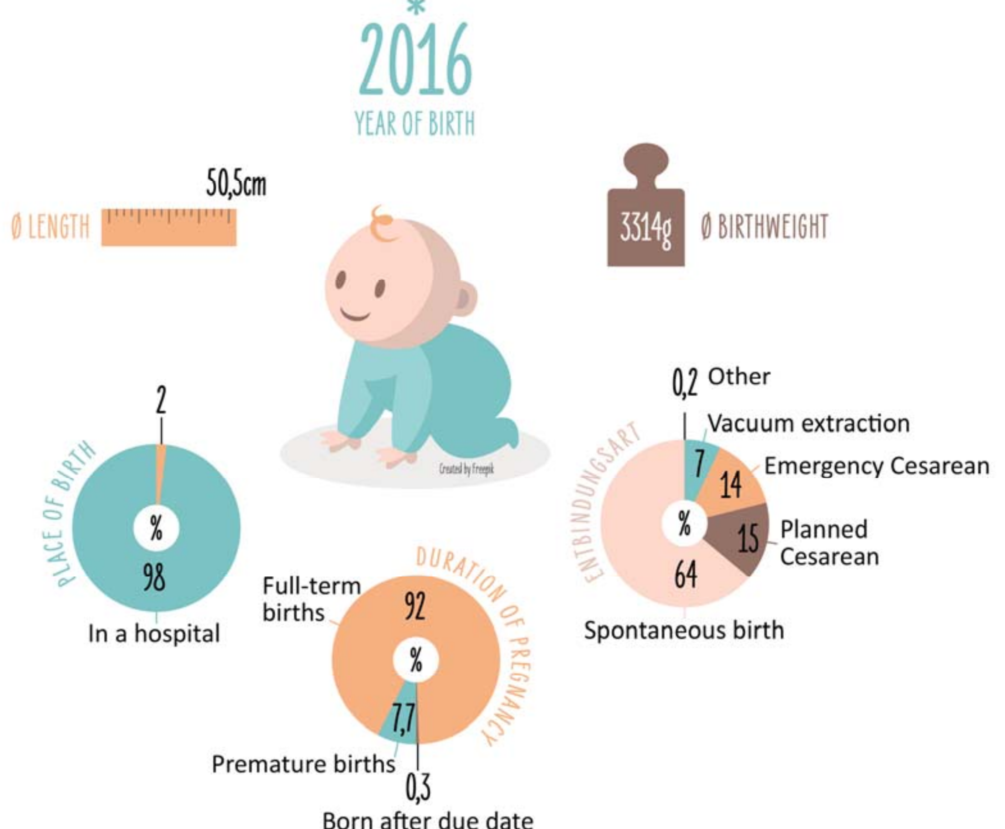
1. Republic of Austria – Population statistics and statistical data on births

Statistical data of Statistics Austria from the year 2016:

In the year 2016, Austria had 8,739,806 residents. The number of residents shows a slight upwards tendency. Explainable through the influx of migrants and the positive birth rates, there were 8,068 more births than deaths. Thus, in 2016, 87,675 children were born alive, a plus of 3.9% compared to the year 2015. The birth rate has continually increased since the year 2007. On average 1.53 children are born per woman.



The average age of the mother at the birth of her baby was 30.7 years in 2016. A first time mothers was, on average, 29.2 years old at the birth of her child. Per 1,000 births, 3.3 stillbirths were registered and the infant death rate was 3.1 babies/1,000 births. Thereby, a large proportion of these children died in the perinatal period. Post-perinatal (28th day of life to 1 year) 0.8 children/1,000 births died. That amounted to a total of 66 children in the year 2016

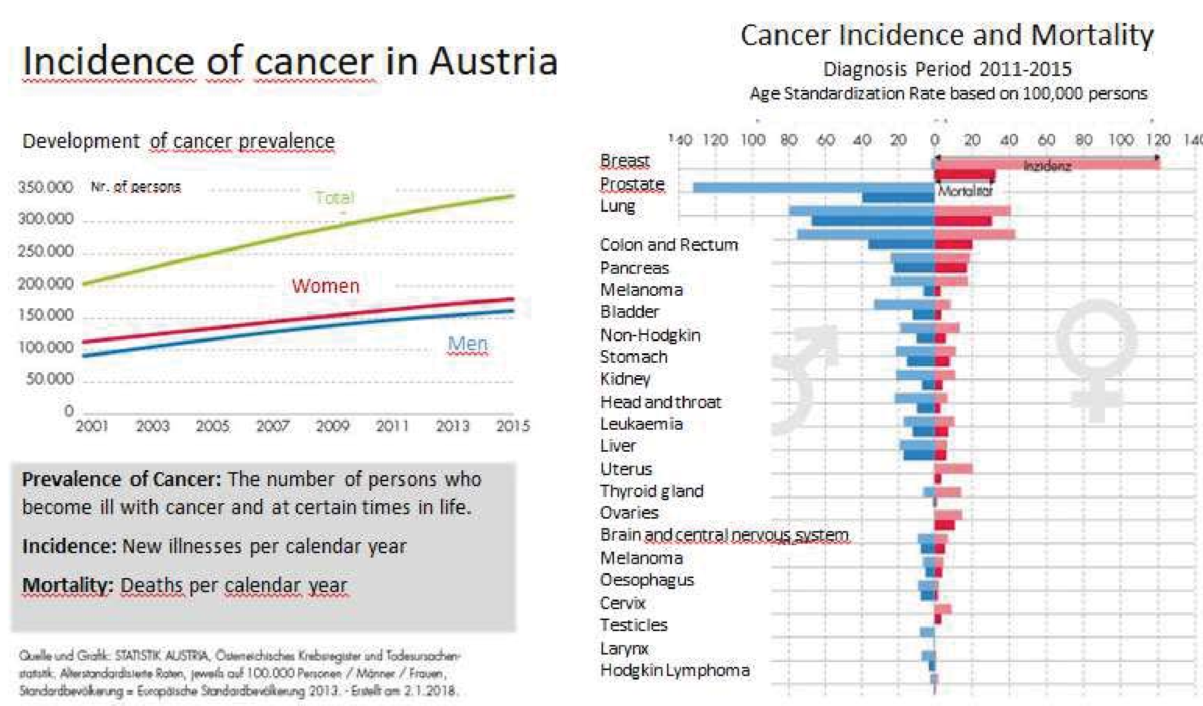


Source: STATISTIK AUSTRIA, Q Statistics Austria - Statistics of Natural Population Movement, live-born with mother's inland residence in Austria. Generated on 14.07.2017. Premature 22+0 until 36+6; Full-term 37.0 until 41+6; Born after due date 42+0 or more. Duration of pregnancy given in completed weeks and days.

About 1.5% of the children were born as multiples.
7.7% of the children were born before the due date.
The large majority – 98% - of Austrian women give birth in the hospital; about 2% give birth at home.
The Cesarean rate in the year 2016 was 29%

Breast Cancer in Austria:

Breastfeeding or not breastfeeding has a direct influence on breast cancer incidence in women. Breast cancer is the most frequent malignant illness among Austrian women. The risk for an Austrian woman to become ill with breast cancer up to the age of 75 is 7.5%. The risk of dying from breast cancer up to the age of 75 is 1.7%.



2. Breastfeeding in Austria – an Overview

The last study conducted on infant feeding in Austria dates back to the year 2006. Currently, a survey on infant feeding and breastfeeding behaviour is being conducted on behalf of the Federal Ministry for Labour, Social Affairs, Health and Consumer Protection in Austria.

With the 2006 survey, the maternity departments were queried, on the one hand, – 74 of 100 departments took part in the survey – and, on the other hand, a survey of 700 mothers was conducted.

The results from the year 2006:

Part I: Obstetrical departments:
74 out of 100 obstetrical departments in Austria participated.

- 70% vaginal births, 23,5% Caesarean section, 6% vacuum or forceps, 7% premature infants.
- 1,5% of the mothers discharged less than 24 hours after birth (ambulatory birth)
- Medical support is available in an optimal way, more personnel are available during the day than at night-time.
- Medical facilities include surgical standby in 100% of the birth clinics, intensive care ward (adults) in 90%, paediatric ward 53% and neonatology intensive care ward in 40%.
- Rooming-in is standard in 93% of the obstetrical departments.
- 80% of the birth clinics have certified lactation consultants.
- In 23% of the obstetrical departments, all staff members have attended at least a three-day breastfeeding seminar.
- Early postpartum nutrition: Ad libitum feeding > 90% of the birth clinics.
- Initial breastfeeding rates 93.2%.
- Skin contact between mother and the newborn (>20 minutes) is routinely offered in 80% of the obstetrical departments.
- Information concerning breastfeeding and infant nutrition is given to the mothers mainly by midwives and paediatric nurses.
- In 60% of the obstetrical departments advertisements for infant formulas are distributed to the mothers.
- In BFHI clinics the figures on breastfeeding promotion, breastfeeding seminars for staff members, breastfeeding recommendations and breastfeeding at discharge are significantly better than in non-BFHI-hospitals.

Part II: Infant feeding survey of the mothers:
700 mothers interviewed longitudinally.

- Initial breastfeeding rates were 93.2% overall.
- Exclusive and overall breastfeeding rates were 60% and 72% resp. at 3 months, 10% and 55% resp. at 6 months and <1% and 16% resp. at 12 months.
- Significant influences: maternal age, smoking, parity, birth and timing of breastfeeding decision.
- 82.5% of mothers make the decision to breastfeed before they become pregnant.
- Over 90% of the mothers know about breastfeeding advantages for their baby's health.
- Main reason for early supplementation is fear of starving the baby.
- Evaluation of breastfeeding information: Main sources of information are midwives and paediatric nurses, followed by books and folders (especially the folder from the Ministry of Health)
- Information given by the paediatrician shows the highest influence on breastfeeding behaviour.
- Asked for the best timing for breastfeeding information, most mothers would prefer to be informed during pregnancy.
- Breastfeeding crises occur frequently, mostly at the beginning of the breastfeeding period. About 50% of the mothers perceive a lack of milk. In the first three months, most mothers tend to solve the problem by feeding more often. Later on, mothers tend to introduce formula into the infant's diet or cease breastfeeding at all. The perceived lack of milk leads to the maternal feeling of insufficiency and fear of starving the baby. Here, improved information can help to solve the problem.
- Solids are introduced at 5 months by 20% of the mothers, at six months by 38%. Mostly, the first solids consist of mashed vegetables or fruits. Gluten is mostly introduced after the age of 6 months.

3. Significance of Breastfeeding in Countries with a Western Living Standard:

Breastfeeding and mother's milk are the species-specific feeding for a (human) infant and the logical and physiological follow-up of a pregnancy. Mother and baby need necessary basic conditions in order to fully utilize the health-related potential. Breastfeeding has a significance for mother and baby that should not be underestimated. There are a great number of scientific studies, especially on the health effects of "breastfeeding versus not-breast-feeding", which are of very different quality and have different results. However, most studies consider only a small sample and, obviously, studies can only offer statistical numbers so that an inference for an individual mother-baby-pair is possible only to a limited extent.

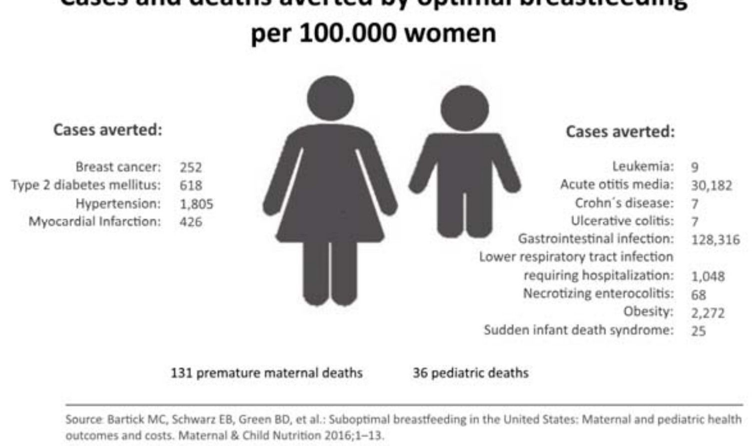
Optimal breastfeeding and presumed effects on morbidity and mortality in the USA:

The study by Bartick et al, assumes that optimal breastfeeding would then be achieved if 90% of mothers were to follow the WHO recommendations on breastfeeding – in other words, 6 months of exclusive breastfeeding and, afterwards, continuing to breastfeed, along with complementary feeding, up to two years or beyond.

90-95% of all breastfeeding pairs would have the physical foundation – with appropriate professional breastfeeding support – for such breastfeeding phases. The actual numbers for breastfeeding frequency and duration are well below that.

The study applies very well to Austrian conditions because the USA and Austria count as countries with Western living standards and good medical care. The breastfeeding rates in the USA are similar to those in Austria (although the last Austrian survey is from the year 2006). The study calculates the data on the basis of 100,000 births. In Austria there are about 80,000 births annually.

Figure 3 succinctly describes the outcome of this US study. It is clearly shown that in Western countries, the significance of breastfeeding for the mother's health is seriously underestimated.



Brief summary of some study results on the significance of breastfeeding in industrialized countries:

Effects for the breastfed child:

- Any breastfeeding reduces the probability of SIDS cases by 36% (IP et al., 2007)
- Reduction of necrotizing enterocolitis by 58% (Holmann et al., 2006)
- Reduction of otitis media by 43% with exclusive breastfeeding to the 6th month of life. The protective effect is detectable until the 2nd year of life (Bowatte el al. 2015)
- 68% reduction of mal-positioned teeth (Onyeaso and Isekwe, 2008; Peres et al., 2015)
- 26% risk reduction of overweight and adipositas – more strongly in children than by youth. With formerly breastfed adults still 12 percent reduction of overweight and adipositas (Horta et al., 2015)
- 35 percent reduction in type-2-diabetes among formerly breastfed adults (Horta et al. 2015)
- 19 percent reduction of incidence of leukaemia in childhood (Amitay and Keinan-Boker, 2015

Effects for the breastfeeding mother:

- Women who did not have skin-to-skin contact with their baby directly after the birth and could not breastfeed their child in this early phase, had nearly twice the risk of postpartum bleeding – Follow-on problems were maternal anaemia and problems with producing sufficient milk production (Saxton et al., 2015; Sobhy and Mohame, 2004; Chua et al. 1994).
- Reduction in the risk of breast cancer – among women who had the same number of children ever breastfed versus not-breastfed showed a 22 % reduction of becoming ill with breast cancer; Women who had breastfed longer than 12 months over their lifetimes – compared with women who never breastfed – had a 26% reduction in the risk of becoming ill with breast cancer. . (Chowdhury et al. 2015). A meta-analysis of 47 studies found that for every 12 months of breastfeeding over the course of a woman's life there was a 4.3% risk reduction (Collaborative Group Breast Cancer), 2002).
- Reduction of the risk for ovarian cancer of up to 30% (Chowdhury et al. 2015).
- Every year of breastfeeding in the life of a woman reduces the risk of developing type 2 diabetes by 9% (Aune et al., 2014)
- Mothers who have never breastfed, had a 29% increased risk of high blood pressure compared to mothers who breastfed in accordance with national breastfeeding recommendations (Stuebe et al. 2011). The effect of breastfeeding on the blood pressure could be detected long after menopause. (Schwarz et al, 2009). Women who had breastfed for two years over the course of their lives, had a 23% lower risk of developing a coronary heart illness (Stuebe et al. 2009)
- By comparison to mothers who bottle-feed their children, breastfeeding mothers show a lower risk of developing a depression. Even mothers who are already depressive profit from breastfeeding (WABA, LLLI 2017).
- Breastfeeding mothers showed a more sensitive behavioural reaction towards the infants (Tharner et al. 2012; Kim et al. 2011, Britton et al, 2006).

Sources:

Bartick MC, Schwarz EB, Green BD; Suboptimal Breastfeeding in the United States – Maternal and pediatric health outcomes and costs; Maternal & Child Nutrition 2016, 1 – 13

European Institute for Breastfeeding and Lactation – Script "Significance of Breastfeeding – an evaluation of the current studies – March 2017", Dr. Zsuzsa Bauer, Ph.D., biologist.
The studies cited in this are listed here.

- Amitay EL, Keinan-Boker L: Breastfeeding and childhood leukemia incidence: a meta-analysis and systematic review. JAMA Pediatr 2015; 169:e151025
- Aune D, Norat T, Romundstad P, Vatten LJ: Breastfeeding and the maternal risk of type 2 diabetes: a systematic review and dose-response meta-analysis of cohort studies. Nutr. Metab Cardiovas Dis 2014; 24:107-15
- Bowatte G, Tham R, Allen KJ et al.: Breastfeeding and childhood acute otitis media: a systematic review and meta-analysis. Acta Paediatr Suppl 2015; 104:85-95.
- Britton JR, Britton HL, Gronwaldt V: Breastfeeding, sensitivity and attachment. Pediatrics 2006, 18(5) :e1436-43
- Chowdhury R, Sinha B, S Ankar MJ et al.: Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. Acta Paediatr. Suppl 2015; 104:85-95.
- Chua S, Arulkumaran S, Lim I, et al. Influence of breastfeeding and nipple stimulation on postpartum uterine activity. Br J Obstet Gynaecol 1994; 101(9):804-5
- Collaborative Group on Hormonal Factors on Breast Cancer. Breast cancer and breastfeeding: collaborative re-analysis of individual data from 47 epidemiological studies in 30 countries, including 50,302 women with breast cancer and 96973 women without the disease.
- Holmann RC, Stoll BJ, Curns AT, Yorita KL, Steiner CA, Schonberger LB: Necrotising enterocolitis hospitalisation among neonates in the United States, Paediatr Perinatal Epidemiol 2006; 20:498-506
- Horta BL, de Mola CL, Victora CG: Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure, and type-2-diabetes; systematic review and eta-analysis. Acta Paediatr Suppl 2015a; 104:30-37
- Ip S, Chung M, Raman G et al.: Breastfeeding and maternal and infant health outcomes in developed countries. Rockville, MD, USA: Agency for Health Research and Quality, 2007.,
- Kim P, Feldman R, Mayes LC, Eicher V, Thompson N, Leckman JF, Swain JE. Breastfeeding, brain activation to own infant cry and maternal sensitivity. J Child Psychol Psychiatry. 2011; 52 (8):907-15
- Onyesao CO, Isiekwe MC: occlusal changes from primary to mixed dentitions in Nigerian children, Angeln Orthod 2008; 78:64-69. Peres KG, Peres MA, Thomson WM, Broadbent J, Hallal PC, Menezes AB: Deciduous-dentition malocclusion predicts orthodontic treatment

needs later: finding from a population based birth cohort study. Am J Orthod Dentofacial Orthop 2015; 147: 492-98

- Saxton A, Fahy K, Rolfe M, Skinner V, Hastie C: Does skin-to-skin contact and breast feeding at birth affect the rate of primary postpartum haemorrhage?: Results of a cohort study. Midwifery. 2015 Nov; 31 (11): 1110-7
- Sobhy SI, Mohame NA: The effect of early initiation of breastfeeding on the amount of vaginal blood loss during the fourth stage of labour. J Egt Public Health Assoc. 2005; 79 (1-2-): 1-12.
- Stuebe AM, Schwarz EB, Grewen, K, et al.: Duration of lactation and incidence of maternal hypertension: A longitudinal cohort study. Am J Epidemiol 2011; 174:114-1158
- Stuebe AM, Michels KB, Willett WC, et al.: Duration of lactation and incidence of myocardial infarction in middle to late adulthood. Am J Obstet Gynecol. 2009; 200(2):138.e 1-8.
- Tarner A, Luijk MP, Raat H, Ijzendoorn MH, Bakermans-Kranenburg MJ, Moll HA, Jaddoe VW, Hofman A, Verhulst FC, Tiemeier H. Breastfeeding and its relation to maternal sensitivity and infant attachment. J Dev Behav Pediatr. 2012 Jun; 33(5): 396-404
- WABA & LLLI Joint Statement in Celebration of World Health Day (7.April 2017) http://waba.org.my/breastfeeding-and-mental-health/

Statistik Austria Accessed 23.4. 2018

- http://www.statistik.at/web_de/statistiken/menschen_und_gesellschaft/bevoelkerung/index.html
- http://www.statistik.at/web_de/statistiken/menschen_und_gesellschaft/bevoelkerung/geborene/index.html
- http://www.statistik.at/web_de/statistiken/menschen_und_gesellschaft/gesundheit/krebserkrankungen/index.html

Conducting the Evaluation Process in Austria:

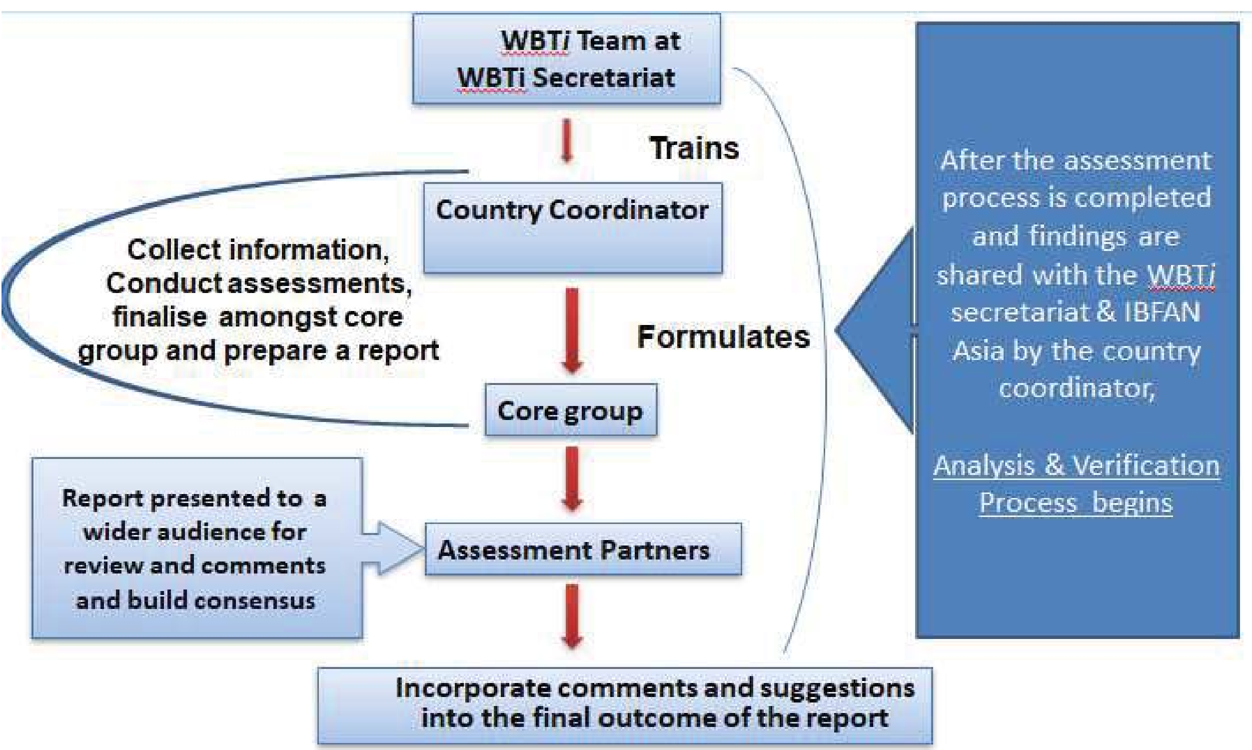
In the fall of 2017, an invitation to take part in a training workshop for WBTi was sent out by IBFAN to European countries. This workshop was organized and financed by IBFAN Asia. Host was the Lithuanian Association of Lactation Consultants.

From the 4th through the 6th of December, representatives from eight European countries met in Vilnius. Lithuania. Represented were: Lithuania, the Netherlands, Slovenia, Malta, Italy, Germany, Ireland and Austria. The training was led by Dr. Shoba Suri (Director of Policy Advocacy BPNI/IBFAN-Asia) and supported by Allessia Bigi (IBFAN Europe).

Andrea Hemmelmayr was present as the Austrian representative. During this workshop, the participants were trained and authorized to evaluate the breastfeeding situation in their own countries and to produce the national evaluation report with the help of WBTi tools.

The VSLÖ made itself available as the sponsoring organisation of the Austrian WBTi survey

The process foreseen for WBTi:



In the first weeks they explored who had interest in and, above all, time, to actively participate in the WTBi survey.

In the end, a group was formed of those who had become very active and were also able to personally participate in the meetings:

- Andrea Hemmelmayr, IBCLC as Co-ordinator and representative of VSLÖ
- Melanie Bruckmüller, M.A. – AGES
- Dr. Birgit Dieminger-Schnürch – AGES
- Astrid Loidolt – BFHI
- Romana Wagner, IBCLC – Representative of the Midwives' Committee

And an expanded "advisory" group who greatly supported them with their commentary and information.

- Dr. Beate Pietschnig, IBCLC
- Anita Schoberlechener, IBCLC – VSLÖ President
- Anne Marie Kern, IBCLC – EISL
- Nicole Dupont, Attorney – AFS

1. Working Meetings – In-Person Meetings /Vienna

On 12.02.2018 the first personal meeting of the working group took place in Vienna. During this meeting the WBTI initiative and the fundamental documents (the International Code of Marketing of Breast-Milk Substitutes, the Innocenti Declaration and the Global Strategy for Feeding of Infants and Young Children) were presented to the members of the working group

At this meeting, the various indicators were distributed to the members of the working group. With Indicators 11-15, there are no studies (no data) in Austria more recent than 5 years ago. Therefore, the questions are NOT able to be answered. Since we know that a survey is planned, these questions will be given by Melanie Bruckmüller, M.A. and Dr. Birgit Dieminger-Schnürch – AGES – to the study leaders in the hope that there will be current numbers on these questions available for the next WBTi survey

All questions for the Federal Ministry for Labour, Social Affairs, Health and Consumer Protection in Austria were collected and delivered by Melanie Bruckmüller, M.A. and Dr. Birgit Dieminger-Schnürch to the Ministry.

2. **Working Meeting – Skype Meeting**

In this meeting, the results found for Indicators 1-10 were collected, assessments were made and the relevant rationales were discussed. The sources of information were identified and the initial comments on conclusions, deficiencies and recommendations were considered.

Information and sources which were still lacking, were drawn up and a second round of questions for the Federal Ministry for Labour, Social Affairs, Health and Consumer Protection was formulated.

3. **Working Meeting – In-Person Meeting/Vienna**

In this meeting, the draft of the report was jointly formulated.

Next Steps: Presentation of the report to the various stakeholders, incorporation of the comments, translation of the final report into English and submission to IBFAN-Asia.

The results of the report will be subsequently presented in the media, the home page of the stakeholders' groups and at diverse events, i.e. the Breastfeeding Congress in Vienna.

List of Partners for the Assessment Process

VSLÖ Verband der Still- und Laktationsberaterinnen Österreichs IBCLC	Austrian Association of Breastfeeding and Lactation Consultants VSLÖ
AGES	Austrian Agency for Health and Food Safety Ltd - AGES
BFHI BABY-FRIENDLY HOSPITAL INITIATIVE ÖSTERREICH	BFHI, Health, Austria, Ltd BFHI, Gesundheit Österreich GmbH
ÖSTERREICHISCHES HEBAMMENGREMIUM	Austrian Midwives Committee
Europäisches Institut für Stillen und Laktation www.stillen-institut.com	European Institute for Breastfeeding and Lactation (EISL)
BUNDESMINISTERIUM FÜR ARBEIT, SOZIALES, GESUNDHEIT UND KONSUMENTENSCHUTZ sozial MINISTERIUM	Federal Ministry for Labour, Social Affairs, Health and Consumer Protection in Austria
LA LECHE LIGA Stillberatung Österreich	La Leche League Österreich
AFS Arbeitsgemeinschaft Freier Stillgruppen Österreich	Working Group “Young Children, Breastfeeding Mothers and Pregnant Women”

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 ?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** ✓ ***Check any one***
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	
1.3) A national plan of action developed based on the policy	2	
1.4) The plan is adequately funded	2	
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	✓
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	
Total Score	**0,5/10**	

Information Sources Used (please list):

1. *Federal Ministry of Labour, Social Affairs, Health and Consumer Protection - BMASGK*

Conclusions *(Summarize which aspects of IYCF policy, programme and co-ordination are appropriate; which need improvement and why; and any further analysis needed):*

- In Austria, there is a Working Group on Nutrition of Young Children, Breastfeeding Mothers and Pregnant Women (AG KISS), which, in turn, is a working group of the National Nutrition Commission (NEK). The NEK is based on §8 of the idgF (amended) Federal Ministry Law, BGBL

1986 Nr. 76/1986. The NEK is staffed intersectorally and advises the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection in all matters of health-related nutritional policy. The working group KISS deals with questions of nutrition (including breastfeeding) in the groups of persons named: External experts on questions about breastfeeding can be invited to the working group at any time. Represented in the working group KISS are lactation consultants, various health, nutrition and informational sectors, such as, for example, International Board Certified Lactation Consultants (IBCLC), nutritionists, gynaecologists, paediatricians, dieticians and social insurance bodies. Moreover, experts from a variety of areas can be invited to the meetings as needed.

On Point 1.1.: Austria has no national strategy for the nutrition and breastfeeding of infants and young children, but does have a breastfeeding recommendation.

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

1. *A national strategy for the nutrition and breastfeeding of infants and young children is lacking.*
2. *A national breastfeeding commission for implementing the Global Strategy for Infant and Young Child Feeding (IYCF) is lacking.*
3. *A national action plan with appropriate financing is lacking.*
4. *A national breastfeeding coordinator is lacking*
5. *In the working group KISS, permanent membership of midwives, BFHI, LLL,AFS, paediatric nursing and youth welfare is lacking*

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

1. *Develop a national strategy for the nutrition and breastfeeding of infants and young children.*
2. *Reinstate a multi-professional-staffed breastfeeding commission within the framework of BM/AGES/KISS*
3. *Establish a round table on topics around breastfeeding, based on Germany's model*
4. *Appoint a breastfeeding co-ordinator who will co-ordinate the associations and their actions, thereby enhancing effectiveness with better economic efficiency*
5. *Develop a national action plan on the topic of breastfeeding.*

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

Key questions:

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

Guidelines – Quantitative Criteria

2.1) 16 out of 77 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly"in the last 5 years 21 %

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

Guidelines – Qualitative Criteria

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

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

Quality of BFHI programme implementation:

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

Information Sources Used (please list):

1. *Baby-friendly Hospitals Initiative Österreich – www.ongkg.at/baby-friendly*

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

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[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.

Currently, the proportion of certified facilities is too low. However, the standard for implementation for the certification is very high. The HIV standard was not implemented by the BFHI Advisory Council due to the low prevalence (in Austria). Instead, the criteria for a mother-friendly birth were included in the certification criteria.

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

1. *Currently, incentives for certification are lacking and, thus, there is little growth.*
2. *Currently, too few facilities are certified*
3. *Currently, the BFHI pertains exclusively to obstetrical units.*

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

1. *A further roll-out for increasing the rates of certification would be desirable.*
2. *BFHI programmes should also be implemented in other health facilities, in particular, neonatal units, paediatric hospitals and birth houses/midwifery practices*
3. *Expansion of a "Baby-Friendly Initiative", including pharmacies, doctors' practices, midwives etc., would be desirable.*

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

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

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

[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		✓ *Check that apply*
3.10 The measure/law provides for a monitoring system	1	
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12 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)	**5/10**	

Information Sources Used (please list):

1. *Federal Ministry of Labour, Social Affairs, Health and Consumer Protection – BMASGK*
2. *Decree of the Federal Ministry for Health, Family and Youth on infant formula and follow-on formula BGBl. II Nr. 68/2008 Change BGBl. II Nr. 109/2014 § 11*
3. *State of the code by Country – IBFAN*
4. *Commission Directive 2006/141/EC of 22 December 2006 on infant formulae and follow-on formulae*

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

Full implementation of the Code is lacking. In particular, the inclusion of ALL products which fall under the scope of application of the WHO CODE would be desirable.

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

1. *The Austrian regulations and advertising restrictions refer to infant formula, whereby a wide spectrum of advertising possibilities for all other products addressed in the Code remains for the firms. Follow-on formula is massively advertised, but also special formulas so that, in some cases, the situation arises that parents, inspired by this advertising, use foods for their infants, which are neither age-appropriate nor suitable for their needs, i.e. anti-reflux formula for normal spitting up, "Good-Night Formula (= follow-on formula) etc.*

2. *Advertising and sample packages of infant formula are forbidden, both in retail shops and in the health system. For follow-on products and special formulas, i.e. comfort formula, are*

massively pushed in doctors' practices and mothers' advice centres. Gift packages, in which non-Codex-conform products (for example bottles, baby water, teas) and advertising from manufacturers of such products are still distributed. Advertising to the general public is only forbidden for infant formula but in magazines on infants this is even permitted.

3. *In Austria, there is no contact point to report a violation of the Code. It must, at least, be clearly communicated where violations of the law can be reported.*
4. *It is not transparent whether, in the last three to five years, any violations of the law at all have been reported and prosecuted*
5. *For many medical institutions, there are no alternatives to the gifts of the industry with which, for example, departmental trained is carried out. There is also a lack of information.*

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

1. *Implementation of the full content of the Code (including the total product range in the Code and also paying attention to the obligations of the health care personnel).*
2. *Well-known and easy to reach contact point for reporting of Code violations and/or violations of the law.*
3. *Strategy for documentation and prosecution of reports about violations of the WHO Code.*
4. *Alternatives for covering the costs of departmental training, for example, would be desirable.*

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?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** **Check ✓ that apply**
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	 0.5 **1** 1.5 2	 ✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	 0.5 **1**	 ✓
4.3) Legislation obliges private sector employers of women in the country to *(more than one may be applicable)* a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	 **0.5** **0.5**	 ✓ ✓
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. *(more than one may be applicable)* a. Space for Breastfeeding/Breastmilk expression b. Crèche	 **1** 0.5	 ✓
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	 0.5 **1**	 ✓

4.6) . *(more than one may be applicable)* a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	**0.5** **0.5**	✓ ✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	**0.5**	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	**1**	✓
Total Score:	**7,5/10**	

Information Sources Used (please list):

1. *Status of maternity protection by country / WABA (http://www.waba.org.my/whatwedo/womenandwork/pdf/mpchart2013.pdf)*
2. *Federal Law consolidated: Complete legal provision for the Maternity Protection Law 1979, version from 21.03.2018*

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

Even though the period of maternity protection itself seems relatively short, parents have the possibility of taking parental leave and, thereby, have both an entitlement to continued employment by their employers as well as payment through the child care allowance account. After the leave, parents who have already been employed by their current employers for three years have the possibility of continuing their jobs in parental part-time (in businesses with more than 20 employees up to the child's 7th birthday).

There are the most varied models for paid parental leave. Consequently, parents can individually select the most appropriate model for them. But the variety can also be very confusing

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

1. *The special leave for fathers is common and in most collective labour contracts, but is not, however, legally regulated.*

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

1. *Legal anchoring of the special leave for fathers or further expansion of the "Papa-month".*
2. *Clear explanation of the statutory possibilities for all women in an easy-to-read form.*

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			
	Scoring √ *Check that apply*		
Criteria	**Adequate**	**Inadequate**	**No Reference**
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[6] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. *(See Annex 5b Example of criteria for mother-friendly care)*	2	1	0
		✓	
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[7]	2	1	0
		✓	
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
			✓

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

Information Sources Used (Please list):

1. *Federal Ministry of Labour, Social Affairs, Health and Consumer Protection - BMASGK*
2. *Overall Legal Regulation for Physician Training 2015, Version of 27.02.2018*
3. *University of Applied Sciences, Upper Austria Curriculum for Health Professions and Nursing*
4. *University of Applied Sciences, Midwifery Educational Regulations, 2nd Section, Annex 4.*
5. *Special Basic Training in Child and Youth Care – Austrian Association of Paediatric Nursing*
6. *www.stillen-institut.com*
7. *www.richtigessenvonanfangan.at – Workshops*
8. *The European Association for Children in Hospital (EACH)*
9. *EACH Charter & Explanations https://www.each-for-sick-children.org/*
10. *EISL – European Institute for Breastfeeding and Lactation*

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

Depending on the professional group and the federal state or the training institute, training curricula are very different. It would be desirable for as many persons as possible who work with children or mothers to endeavour to seek IBCLC training (or an equivalent training)

In Austria, there are very good training and continuing education programmes in the area of breastfeeding and lactation. However, many health care workers must pay for this continuing education themselves and get no support from their employers.

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.

No standards and guidelines for mother-friendly childbirth procedures and support for the mother have been developed by BMASGK. However, BFHI, established in 1996, was integrated in 2010 into the Austrian Network of Health-Promoting Hospitals and Health Institutes as the section "Baby-Friendly Hospitals" to secure the infrastructure. From 2010-2013 a roll-out measure was funded by the federal government's contingency reserves, which supported the nation-wide expansion of BFHI. Mother friendliness is a required component of BFHI certification. Currently there are 16 Baby-Friendly hospitals in Austria.

In general, it is possible for a parent to accompany his/her child during an illness. Many hospitals offer extra beds for this, which can be moved next to the patient's bed. Some hospitals have set up special mother-child-rooms.

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

1. *Mandatory and country-wide uniform teaching plans for all health-oriented professional groups, who are working in childbirth preparation and breastfeeding counselling or who work with mothers and babies, are lacking.*
2. *In all professional groups which support mothers and children, there is a need for more well-trained persons – i.e. (IBCLC)*
3. *Due to the federal structure in Austria, uniform regulation and also a survey of the status quo are very difficult.*
4. *Baby and mother-friendly criteria, not only for Baby-Friendly Hospitals, but also for all obstetrical facilities.*
5. *Codex education for all health-care workers (also in the private practice realm!)*

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

1. *Mandatory, uniform and nation-wide teaching plans for all health-oriented professional groups, which are active in childbirth preparation and breastfeeding counselling or who work with mothers and babies.*
2. *Persons who work with mothers and children should be encouraged to take the IBCLC training and the training, certification and re-certification should be financed and supported by the employer.*
3. *Baby and mother-friendly criteria are not only for Baby-Friendly hospitals, but for all obstetrical hospitals.*
4. *Code education for ALL health-care workers or persons who have anything to do with mothers, babies and/or young children*

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 .*

Guidelines for scoring			
Criteria	**Scoring** √ *Check that apply*		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
		✓	
6.2) All women recieve support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
		✓	
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
		✓	
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
		✓	
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	**5/10**		

Information Sources Used (please list):

1. *Mother and Child Pass Regulation, 2nd section §5a*
2. *Midwifery Law, 1. Section §2 and §3*
3. *Federal Child and Youth Services Act 2nd Chapter, 2nd Section §16*
4. *University of Applied Sciences, Midwifery Training Law, 2nd Section, Appendix 4*
5. *University of Applied Sciences, Health Care Professions Upper Austria Curriculum Health and Nursing*
6. http://www.lalecheliga.at/home/ https://www.laleche.org.uk/
7. http://www.oeafs-stillen.at/p/termine-und-veranstaltungen.html
8. http://www.stillen.at

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

The range for German-speaking mothers is sufficient, however not sufficiently well-known. There are deficits as soon as mothers from vulnerable target groups come.
The range of supportive services on obstetrical units varies – sometimes quite significantly.

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

1. *Support services on the obstetrical units are very uneven – even within one unit.*
2. *For women who are illiterate, are from educationally deprived strata and/or who do not speak the local language, there are very few possibilities to get counselling and support.*
3. *No nationwide, comprehensive availability of breastfeeding groups*
4. *Mandatory and nationwide uniform teaching plans for all health oriented professional groups, who work in childbirth preparation and breastfeeding counselling or deal with mothers and babies.*

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

1. *More BFHI hospitals to be able to achieve uniform recommendations*
2. *Every obstetrical unit should name one breastfeeding co-ordinator*
3. *Due to the proven health and also economic significance of breastfeeding, members of all professions, which work with breastfeeding mothers and their children, should acquire basic breastfeeding information (with clearly defined learning goals) during their training.*
4. *More highly qualified personnel in the area of breastfeeding and lactation, i.e. IBCLC*
5. *Improvement of the information on existing offerings, both for parents as well as for skilled personnel.*
6. *A translation system should be developed in which the translators are schooled and trained linguistically, in content, and also in cultural sensitivity*

7. *The offerings for voluntary (foreign language!) breastfeeding groups/breastfeeding counselling must be expanded!*
8. *Mothers from educationally deprived strata breastfeed for significantly shorter periods and less long exclusively, smoke more and have much less interest in it. These (mothers) can only be reached through low-threshold and free offerings.*

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?*

Guidelines for scoring			
Criteria	**Scoring** √ *Check that apply*		
	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
			✓
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
	✓		
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
	✓		
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
		✓	
7.4. IEC programmes (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
		✓	
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
			✓
Total Score:	**4/10**		

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

Information Sources Used (please list):

1. *Midwifery Law, 1, Sections §2, 2.9 and 2.10*
2. *Federal Child and Youth Help Law, 2nd section, 2nd paragraph §16*
3. *Programme "Eat right from the start!" – REVAN - Workshops https://www.richtigessenvonanfangan.at/eltern/workshops/ (German) (https://www.richtigessenvonanfangan.at/en/about-us/ (English)*

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

The state-financed printed forms are currently free of advertising, however it cannot be ruled out that older printed forms with advertisements are still in circulation. There are good state programmes, such as the workshops and videos of the health-promotion programme "Eat right from the beginning!" (REVAN)

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

1. *There is no comprehensive strategy for information, schooling and communication.*
2. *Numerous printed forms from industry are in circulation and are, to some extent, also distributed by the public sector (i.e. from the states or districts).*
3. *There are too few and too little-coordinated actions and programmes for information, schooling and communication on the topic of breastfeeding due to the lack of a national co-ordinator.*
4. *There is no current official document in which attention is called to the risks of formula feeding and of not breastfeeding*

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

1. *Development of a comprehensive strategy for information, schooling and communication.*
2. *Legal ban on the distribution of commercial publications or advertising materials in health institutions and by the public sector*
3. *Appointment of a national breastfeeding co-ordinator*
4. *Pursuant to increasing the breastfeeding rate, it would be necessary to emphasize that not-breastfeeding is connected with an increase in health risks and that infant formula also entails risks*

Indicator 8: Infant Feeding and HIV

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

Guidelines for scoring			
Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
			✓
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
			✓
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
			✓
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
	✓		
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
		✓	
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
		✓	
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
			✓

8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
			✓
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
			✓
Total Score:	**2/10**		

Information Sources Used (please list):

1. *Federal Ministry for Labour, Social Affairs, Health and Consumer Protection in Austria - BMASGK*
2. *Mother-Child Pass Regulation 2. Section §5a.*

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

In general, women with HIV should not breastfeed. However, there are no guidelines on this. In Austria, there are very few pregnant women/mothers with HIV. Therefore, no emphasis is placed on this topic.

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

1. *No guidelines*
2. *Lack of training for all health care professionals*

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

1. *Development of a guideline that takes the Code into account*
2. *Training for all health care professionals*
3. *Appointing a national breastfeeding co-ordinator who is responsible for seeing that the above-mentioned requirements are fulfilled.*

Indicator 9: Infant and Young Child Feeding during Emergencies

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

Guidelines for scoring			
Criteria	**Scoring** √ **Check that apply**		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on 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
			✓
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
			✓
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:	1	0.5	0
a) basic and technical interventions to create an enabling environement 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 unsollicited 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
			✓

9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
			✓
9.5) a) Appropriate orientation and training material on 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.	1	0.5	0
			✓
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
			✓
Total Score:	**0/10**		

Information Sources Used (please list):

1. *Federal Ministry for Labour, Social Affairs, Health and Consumer Protection in Austria - BMASGK*
2. *Federal Ministry of the Interior – BMI (no response)*
3. *Red Cross Austria (no response)*

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

It is, therefore, assumed that there are no guidelines on this topic.

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

1. *No guidelines*

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

1. *Develop national guidelines in accordance with the guidelines, "Infant and Young Child Feeding in Emergencies" developed by the IFE Core Group.*
2. *Develop a list of trained professionals in every federal state.*
3. *Appoint a national breastfeeding co-ordinator*

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?*

Guidelines for scoring			
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
		✓	
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
		✓	
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		✓	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
	✓		
10.5) Monitoring of key 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
			✓
Total Score:	**5/10**		

Information Sources Used (please list):

1. *"Eat right from the beginning!" – REVAN*
   ("Richtig essen von Anfang an!" – REVAN)
   https://www.richtigessenvonanfangan.at/downloads/fuer-expertinnen/programmbezogene-publikationen/evaluierungen/

No English evaluation documents available as yet

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

The health promotion programme, "Eat right from the Start", runs nationwide workshops on the topic of nutrition in complementary feeding age. The workshops are free and available for all, independent of their social status and ethnic background. From 2012 until 2013, a comprehensive evaluation of the topic of complementary feeding was conducted and published in annual reports. The current evaluation surveys the satisfaction of the participants and the potential effects on the target group. AGES is conducting a survey of infant feeding and of breastfeeding behaviour in Austria on behalf of the BMASGK. The last representative survey on this took place in 2006.

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

1. *No anchoring of the evaluation in the health information system of the national health survey (Austrian Nutritional Report)*
2. *No representative survey of the nutrition of pregnant and breastfeeding women in the Austrian Nutritional Report.*

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

1. *Use the synergies with the birth register (recording of the breastfeeding information).*
2. *Surveys of the nutritional behaviour of pregnant women, breastfeeding women, infants and young children should be integrated into the health information system of the national health survey or in the Austrian Nutritional Report.*
3. *Appoint a breastfeeding co-ordinator*

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**	
Initiation of Breastfeeding (within 1 hour)		***Scores***	***Colour-rating***
	0.1-29%	3	**Red**
	29.1-49%	6	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	**Green**

Data Source (including year):

1. *Federal Ministry for Labour, Social Affairs, Health and Consumer Protection in Austria - BMASGK*

Summary Comments :

No data because there is no current survey. AGES is conducting a survey of infant feeding and of breastfeeding behaviour in Austria on behalf of the BMASGK.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed*[10] *in the last 24 hours?............%*

Guideline:

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

Data Source (including year):

1. *Federal Ministry for Labour, Social Affairs, Health and Consumer Protection in Austria - BMASGK*

Summary Comments :

No data because there is no current survey. AGES is conducting a survey of infant feeding and of breastfeeding behaviour in Austria on behalf of the BMASGK.

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

Indicator 13: Median Duration of Breastfeeding

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

Guideline:

Indicator 13	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
Median Duration of Breastfeeding		***Scores***	***Colour-rating***
	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):

1. *Federal Ministry for Labour, Social Affairs, Health and Consumer Protection in Austria - BMASGK*

Summary Comments :

No data because there is no current survey. AGES is conducting a survey of infant feeding and of breastfeeding behaviour in Austria on behalf of the BMASGK. However, this is limited to the first year of life, which is why this indicator also cannot be answered in the future. Thus, it would be all the more important to incorporate this part of the survey into the health information system of the national health survey (Austrian Nutritional Report).

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

Data Source (including year):

1. *Federal Ministry for Labour, Social Affairs, Health and Consumer Protection in Austria - BMASGK*

Summary Comments :

No data because there is no current survey. AGES is conducting a survey of infant feeding and of breastfeeding behaviour in Austria on behalf of the BMASGK.

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	
	Key to rating	***Scores***	***Colour-rating***
Complementary Feeding (6-8 months)	0.1-59%	3	**Red**
	59.1-79%	6	Yellow
	79.1-94%	9	**Blue**
	94.1-100%	10	Green

Data Source (including year):

1. *Federal Ministry for Labour, Social Affairs, Health and Consumer Protection in Austria - BMASGK*

Summary Comments :

No data because there is no current survey. AGES is conducting a survey of infant feeding and of breastfeeding behaviour in Austria on behalf of the BMASGK

Summary Part I: IYCF Policies and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Programme and Coordination	**0,5**
2. Baby Friendly Hospital Initiative	**5,5**
3. Implementation of the International Code	**5**
4. Maternity Protection	**7,5**
5. Health and Nutrition Care Systems	**5,5**
6. Mother Support and Community Outreach	**5**
7. Information Support	**4**
8. Infant Feeding and HIV	**2**
9. Infant Feeding during Emergencies	**0**
10. Monitoring and Evaluation	**5**
Score Part I (Total)	**40**

IBFAN Asia Guidelines for WBT*i*

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 (Total Score 40)	**Yellow** ⇐
61 – 90.9	**Blue**
91 – 100	**Green**

Conclusions *(Summarize the achievements of the various programme components, what areas still need further work)*[11] *:*

- Lack of a national strategy for nutrition and breastfeeding of infants and young children
- Lack of a national breastfeeding commission for the implementation of the Global Strategy for Infant and Young Child Feeding/IYCF.
- Lack of a clear national action plan (and its financing), which also considers breastfeeding sufficiently.
- Lack of a national breastfeeding co-ordinator
- Implementation of BFHI is too limited and applies only to obstetrical units.

[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.

- Lack of implementation of the full content of the International Code of Marketing of Breast-milk Substitutes and a lack of strategy for documentation and prosecution of violations.
- Lack of uniform teaching plans on breastfeeding and infant formula as well as lack of Code training.
- Insufficient possibilities for information and support for vulnerable groups (migrants, educationally disadvantaged women…)
- No strategy for HIV and catastrophic situations
- No on-going monitoring of breastfeeding and nutritional data on infants, no representative survey on the nutritional behaviour of breastfeeding and pregnant women

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

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

IBFAN Asia Guidelines for WBT*i*

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

Scores	Colour-rating
0 – 15 (Total Score 0)	**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] *:*

There is no data on Indicators 11-15 as there is no current survey. The last survey is from the year 2006. AGES is conducting a survey of infant feeding and of breastfeeding behaviour in Austria on behalf of the BMASGK. We had the opportunity to forward the questions to the study directors and hope to have more current data available by the next WBTi survey. Unfortunately, the planned study pertains only to the first year of life.

[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.

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 **(Total Score Part I + Part II = 40)**	**Red**
46 – 90.5	**Yellow**
91 – 135.5	**Blue**
136 – 150	**Green**

Key Gaps

- Lack of a national strategy for nutrition and breastfeeding of infants and young children and lack of a clear national action plan (and its financing), which also considers breastfeeding sufficiently.
- Lack of a national breastfeeding commission for the implementation of the Global Strategy for Infant and Young Child Feeding/IYCF.
- Lack of a national breastfeeding co-ordinator
- Implementation of BFHI is too limited and applies only to obstetrical units.
- Lack of implementation of the full content of the International Code of Marketing of Breast-milk Substitutes and a lack of a strategy for documentation and prosecution of violations.
- Lack of uniform teaching plans on breastfeeding and infant formula as well as a lack of Code training.
- Lack of possibilities for information and support for vulnerable groups (migrants, educationally disadvantaged women…
- No strategy for HIV and catastrophic situations
- No on-going monitoring of breastfeeding and nutritional data on infants, no representative survey on the nutritional behaviour of breastfeeding and pregnant women

Key Recommendations

- Development of a national strategy for nutrition and breastfeeding of infants and young children.
- Implementation of a national breastfeeding commission for the implementation of the Global Strategy for Infant and Young Child Feeding/IYCF
- Development of a clear national plan for infant feeding, giving strong consideration to breastfeeding and mother's milk feeding
- Appointment of a breastfeeding co-ordinator. Launching a round table on breastfeeding promotion on Germany's model
- A relaunch of the roll-out measure for BFHI to increase the number of certified BFHI hospitals
- Full content implementation of the WHO Code (total range of products and responsibilities of health care personnel and health care institutions) – Strategy for monitoring and prosecution of Code violations
- Uniform teaching plans on breastfeeding and infant nutrition, including the WHO Code
- Possibilities for information and support for vulnerable groups (migrants, educationally disadvantaged women…)
- Strategies for appropriate infant feeding in case of HIV or catastrophic situations
- On-going monitoring of breastfeeding and nutritional data for infants, survey on the nutritional behaviour of breastfeeding and pregnant women
- More comprehensive information in school/vocational school….teacher training, better training for all of those employed in the health care system during their basic education