



World Breastfeeding Trends Initiative (WBTi)

**Iniciativa Mundial
sobre Tendencias de la Lactancia Mundial-
WBTi**

Informe Nacional

Brasil

**Organiza
IBFAN Brasil**

Coordinación Regional IBFAN LAC
CEFEMINA



in collaboration with
BPNI - IBFAN India



***GBICs Global Breastfeeding Initiative for Child Survival -
Iniciativa Mundial de Lactancia Materna para la Supervivencia
Infantil***

2008



BRAZILIAN REPORT

World Breastfeeding Trends Initiative (WBTi) Indicators 1 to 15

The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

Part 1: Infant and Young Child Feeding Practices

Indicator 1: Early Initiation of Breastfeeding

Key question:

Percentage of babies breastfed within one hour of birth: 42.9%

Indicator 2: exclusive breastfeeding for the first six months

Key question:

Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?: 38.6%

Indicator 3: Median duration of breastfeeding

Key question:

Babies are breastfed for a median duration of how many months?: 14 months

Indicator 4: bottle feeding

Key question:

What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?: 47.1%

Indicator 5: Complementary feeding

Key question:

Percentage of breastfed babies receiving complementary foods at 6-9 months of age?: 99.1%

Data Source:

Ministério da Saúde - **PNDS 2006** - Pesquisa Nacional de Demografia e Saúde da Criança e da Mulher. Brasília/DF. 2008. *Home page:* <http://www.saude.gov.br/pnds2006>

Part II: IYCF Policies and Programmes

Information Sources Used:

1- Core group of IBFAN - Brazil

- 2- MINISTÉRIO DA SAÚDE - **POLÍTICA NACIONAL DE ALIMENTAÇÃO E NUTRIÇÃO**. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Brasília/DF. 2003. <http://nutricao.saude.gov.br/documentos/pnan.pdf>

3- Brazilian legislation

- ESTATUTO DA CRIANÇA E DO ADOLESCENTE (LEI N. 8.069/90)

• Portaria n° 2.051 de 09 de novembro de 2001 Norma Brasileira de Comercialização de Alimentos para Lactentes e Crianças de Primeira Infância, Bicos, Chupetas e Mamadeiras (NBCAL)

• RDC n° 221 de 05 de agosto de 2002 Resolução da Diretoria Colegiada/ANVISA, regulamento técnico sobre promoção comercial e rotulagem de bicos, chupetas, mamadeiras e protetores de mamilo.

• RDC n° 222 de 05 de agosto de 2002 Resolução da Diretoria Colegiada/ANVISA, regulamento técnico para promoção comercial de alimentos para lactentes e crianças de primeira infância.

• LEI 11.265 de 03 de janeiro de 2006 Governo Federal - Regulamenta a comercialização de alimentos para lactentes e crianças de primeira infância e também a de produtos de puericultura correlatos.

• Portaria n° 756 de 16 de dezembro de 2004 Estabelece as normas para o processo de habilitação do Hospital Amigo da Criança e revoga a Portaria Conjunta n° 29 de 22 de junho de 2001.

Legislação trabalhista:

Ministério do Trabalho. **TRABALHO DOMÉSTICO**: Direitos e Deveres. Edição revista em conformidade com as alterações trazidas pela Lei n.º 11.324, de 19 de julho de 2006. Brasília - 2007

Constituição da República de 1988, art. 7º, inciso XXX, in verbis:

XXX - proibição de diferença de salários, de exercício de funções e de critério de admissão por motivo de sexo, idade, cor ou estado civil;

Constituição Federal de 1988 e CLT.

ART. 7º São direitos dos trabalhadores. além de outros:

XVIII - licença à gestante, sem prejuízo do emprego e do salário, com a duração de cento e vinte dias...

Ato das Disposições Transitórias (CF/88).

ART. 10º Fica vedada a dispensa arbitrária ou sem justa causa:

da empregada gestante, desde a confirmação da gravidez até cinco meses após o parto.

CLT ART. 391

Não constitui justo motivo para a rescisão do contrato de trabalho da mulher o fato de haver contraído matrimônio ou de encontrar-se em estado de gravidez.

§ único: Não serão permitidos em regulamentos de qualquer natureza contratos coletivos ou individuais de trabalho, restrições ao direito da mulher ao seu emprego, por motivo de casamento ou de gravidez.

CLT, art. 396: Para amamentar o próprio filho, até que este complete 6 (seis) meses de idade, a mulher terá direito, durante a jornada de trabalho, a 2 (dois) descansos especiais, de meia hora cada um.

Parágrafo único - Quando o exigir a saúde do filho, o período de 6 (seis) meses poderá ser dilatado, a critério da autoridade competente.

O Presidente da República, por meio do Decreto nº 4.377, de 13.09.2002, promulgou a Convenção sobre a Eliminação de Todas as Formas de Discriminação contra a Mulher, de 1979.

Convenção Internacional foi assinada pela República Federativa do Brasil, em Nova York, no dia 31 de março de 1981.

Indicator 6: 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 coordinator?*

Criteria of Indicator 6

	Scoring
6.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	2
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2
6.3) A national plan of action developed with the policy	2
6.4) The plan is adequately funded	0
6.5) There is a National Breastfeeding Committee	1
6.6) The national breastfeeding (infant and young child feeding) committee meets and reviews on a regular basis	1
6.7) The national breastfeeding (infant and young child feeding) committee links with all other sectors like health, nutrition, information etc. effectively	0.5
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5
Total Score	9 / 10

Indicator 7: Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)

Key questions:

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

7B) What is the skilled training inputs and sustainability of BFHI?

7C) What is the quality of BFHI program implementation?

7A Quantitative

7.1) 324 out of 4347 total hospitals (both public & private)and maternity facilities offering maternity services have been designated “Baby Friendly” 7.4 %

Rating on BFHI quantitative achievements:

1 / 4

7B Qualitative

*Skilled training input in BFHI programme ____ out of ____ BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services. **No information***

Total Score

0 / 3.5

7C Qualitative

Quality of BFHI programme implementation:

Criteria

7.3) BFHI programme relies on training of health workers	0.5
7.4) A standard monitoring system is in place	0.5
7.5) An assessment system relies on interviews of mothers	0.5
7.6) Reassessment systems have been incorporated in national plans	0
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	0

Total Score

1.5 / 2.5

Total Score 7A, 7B and 7C

2.5

Indicator 8: Implementation of the International Code

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

Criteria	Scoring
8.10) All articles of the Code as law, monitored and enforced	10
Total Score:	10 / 10

Indicator 9: Maternity Protection

Key question: *Is there 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 Indicator 9

Maternity Protection legislation, other policies and practices that protect and support breastfeeding: 7.5 points

Criteria	Points
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave b. 14 to 17weeks – 1 (score)	1
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. b. Paid break - 1 (score)	1
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1
9.5) Women in informal/unorganized and agriculture sector are: There is legislation providing the same protection as women working in the formal sector, but it is not applied or controlled.	0
9.6) Information about maternity protection laws, regulations, or policies is made available to workers. – 0.5 (score)	0.5
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5
9.9) 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
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5
Total Score:	7.5 / 10

Indicator 10: Health and Nutrition Care Systems

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? (See Annexure 1 - Education checklist)

Guidelines

Health provider (pre-service) education: 5 points

Criteria	Scoring
10.1) A review of health provider schools and pre-service education programmes in the country indicates that infant and young child feeding curricula or session plans are adequate/inadequate	0
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	1
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.	1
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	0.5
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1
10.6) These in-service training programmes are being provided throughout the country.	0.5
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1
Total Score:	5 / 10

Indicator 11: 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

Community based initiatives: 1 point

Criteria	Scoring
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	0
11.2) All women have access to support for infant and young child feeding after birth.	0
11.3) Infant and young child feeding support services have national coverage.	0
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	0
11.5) Community-based volunteers and health workers possess correct information and are trained in counseling and listening skills for infant and young child feeding.	1
Total Score:	1 / 10

Indicator 12: Information Support

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

Criteria	Scoring
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	1
12.2) IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2
12.3) Individual counseling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	1
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2
12.5) A national IEC campaign or programme using electronic and print media and activities has channeled messages on infant and young child feeding to targeted audiences in the last 12 months.	2
Total Score:	8 / 10

Indicator 13: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Criteria	Scoring
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	1
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1
13.3) 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 counseling and support.	1
13.4) Voluntary and Confidential Counseling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1
13.5) Infant feeding counseling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	0
13.6) Mothers are supported in making their infant feeding decisions with further counseling and follow-up to make implementation of these decisions as safe as possible.	0
13.7) 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.	0
13.8) 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.	0
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1
Total Score:	5 / 10

Indicator 14: Infant Feeding during Emergencies

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

Criteria	Scoring
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	0
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	0
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	0
14.4) Resources identified for implementation of the plan during emergencies	0
14.5) Appropriate teaching 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.	0
Total Score:	0 /10

Indicator 15: Mechanisms of Monitoring and Evaluation System

Key question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Scoring
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	1
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	1
15.3) Adequate baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	1
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	1
15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	1
Total Score:	5 / 10

Summary part 1: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 1 Starting Breastfeeding (Initiation)	42.9 %	6
Indicator 2 Exclusive Breastfeeding for first 6 months	38.6 %	6
Indicator 3 Median duration of Breastfeeding	14 months	3
Indicator 4 Bottle-feeding	47.1 %	3
Indicator 5 Complementary Feeding	99.1 %	10
Score Part 1 (Total)		28

Guideline:

Scores (Total) Part-I	Colour-rating	Grading
0 - 15	Red	D
16 - 30	Yellow 28	C
31 - 45	Blue	B
46 – 50	Green	A

Summary Part II: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	9
2. Baby Friendly Hospital Initiative	2.5
3. Implementation of the International Code	10
4. Maternity Protection	7.5
5. Health and Nutrition Care	5
6. Community Outreach	1
7. Information Support	8
8. Infant Feeding and HIV	5
9. Infant Feeding during Emergencies	0
10. Monitoring and Evaluation	5
Score Part 2 (Total)	53

BFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 6-15) are calculated out of 100.

Scores	Colour- rating	Grading
0 - 30	Red	D
31 - 60	Yellow 53	C
61 - 90	Blue	B
91 – 100	Green	A

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

BRAZILIAN Score Part 1 (Total)	28
BRAZILIAN Score Part 2 (Total)	53
BRAZILIAN Score Total	81

Total score of infant and young child feeding **practices; policies and programmes (indicators 1-15)** are calculated out of 150. Countries are then graded as:

Scores	Colour- rating	Grading
0 - 45	Red	D
46 – 90	Yellow 81	C
91 - 135	Blue	B
136 - 150	Green	A