WBTi

WORLD BREASTFEEDING TRENDS INITIATIVE

Assessment Report Germany 2023

IBFAN defending breastfeeding

bpni putting child nutrition at the forefront of social change

Aktionsgruppe Babynahrung (AGB) - Member of IBFAN

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Assessment Report

GERMANY 2023

Introduction

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

Dr. Stefanie Rosin ***Country Coordinator WBTi Germany*** ***Berlin, Germany***

http://www.stillberatung-rosin.de/english/about-me/

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https://www.babynahrung.org/

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Website: www.worldbreastfeedingtrends.org

Acronyms

ABM	Academy of Breastfeeding Medicine (bfmed.org)
AFS	Arbeitsgemeinschaft Freier Stillgruppen (afs-stillen.de)
AWMF	Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF) e. V. (awmf.org)
AZ	Ausbildungszentrum für Laktation und Stillen (stillen.de)
BDL	Berufsverband Deutscher Laktationsberaterinnen (bdl-stillen.de)
BFH	Baby-friendly Hospital
BFHI	Baby-friendly Hospital Initiative (babyfreundlich.org)
DAIS	Deutsches Ausbildungsinstitut für Stillbegleitung (ausbildung-stillbegleitung.de)
ELACTA	European Lactation Consultants Alliance (elacta.eu)
GiL	Gesund ins Leben (https://www.gesund-ins-leben.de/info/healthy-start-young-family-network/)
GSIYCF	Global Strategy for Infant and Young Child Feeding (available at who.int)
IBCLC	International Board Certified Lactation Consultant (iblce.org)
IBFAN	International Baby Food Action Network (ibfan.org)
IYCF	Infant and Young Child Feeding (Global Strategy available at: who.int)
IYCF-E	Infant and Young Child Feeding in Emergencies (iycfehub.org)
International Code, The Code	The International Code of marketing of breast-milk substitutes (available at: who.int)
LLL	La Leche League (lalecheliga.de ; llli.org)
MRI	Max Rubner-Institut (mri.bund.de)
NA	Not available (Data for this indicator are not available)
NBC	National Breastfeeding Committee (mri.bund.de/de/themen/nationale-stillkommission/)
NGO	Non-Governmental Organisation
RKI	Robert Koch-Institut (rki.de)
UNICEF	United Nations International Child Emergency Fund (unicef.de)
WABA	World Alliance for Breastfeeding Action (waba.org.my)
WHA	World Health Assembly (available at who.int)
WHO	World Health Organization (who.int)

The World Breastfeeding Trends Initiative (WBT*i*)

About WBT*i*

The Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN) South Asia and the World Breastfeeding Trends Initiative (WBT*i*) Global Secretariat launched the innovative tool in 2004 at a South Asia Partners Forum.

The WBT*i* assists countries to assess the status and benchmark the progress in implementation of the *Global Strategy for Infant and Young Child Feeding* in a standard way. It is based on the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBT*i* programme calls on countries to conduct their assessment to measure strengths and weaknesses on the ten parameters of policy and programmes that protect, promote and support optimal infant and young child feeding (IYCF) practices. It maintains a Global Data Repository of these policies and programmes in the form of scores, color codes, report and report card for each country The WBT*i* assessment process brings people together and encourages collaboration, networking and local action. Organisations such as government departments, UN, health professionals, academics and other civil society partners (without Conflicts of Interest) participate in the assessment process by forming a core group with an objective to build consensus. With every assessment countries identify gaps and provide recommendations to their policy makers for affirmative action and change. The WBT*i* Global Secretariat encourages countries to conduct a re-assessment every 3-5 years for tracking trends in IYCF policies and programme.

Vision & Mission

The WBT*i* envisages that all countries create an enabling environment for women to be successful in breastfeeding their babies optimally at home, health facilities or at work places. The WBT*i* aspires to be a trusted leader to motivate policy makers and programme managers in countries, to use the global data repository of information on breastfeeding and IYCF policies and programmes. WBT*i* envisions serving as a knowledge platform for programme managers, researchers, policy makers and breastfeeding advocates across the globe. WBT*i*'s mission is to reach all countries to facilitate assessment and tracking of IYCF policies and programmes through mobilising local partnerships without conflicts of interest and building a data repository for advocacy.

Ethical Policy

The WBT*i* works on 7 principles of IBFAN and does not seek or accept funds donation, grants or sponsorship from manufacturers or distributors and the front organisations of breastmilk substitutes, complementary foods, infant and young child feeding related products like breast pumps, or any such organization that has conflicts of interest.

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, Governance and Funding 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. Counselling services for the pregnant and breastfeeding mothers 7. Accurate and Unbiased Information Support 8. Infant Feeding and HIV 9. Infant and Young Child Feeding during Emergencies 10. Monitoring and Evaluation	1. Timely Initiation of Breastfeeding within one hour of birth 2. Exclusive Breastfeeding for the first six months 3. Median duration of Breastfeeding 4. Bottle-Feeding 5. Complementary Feeding-Introduction of solid, semi-solid or soft foods

Each indicator used for assessment has following components;

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria for assessment as subset of questions to be considered in identifying strengths and weaknesses to document gaps.
- Annexes for related information

Part I: Policies and Programmes: The criteria of assessment have been developed for each of the ten indicators, based on the *Global Strategy for Infant and Young Child Feeding* (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005) as well as updated with most recent developments in this field. For each indicator, there is a subset of questions. Answers to these can lead to identification of the gaps in policies and programmes required to implement the *Global Strategy*. Assessment can reveal how a country is performing in a particular area of action on Breastfeeding /Infant and Young Child Feeding. Additional information is also sought in these indicators, which is mostly qualitative. Such information is used in the elaborate report, however, is not taken into account for scoring or colour coding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random national household surveys. These five indicators are based on the WHO's tool for keeping it uniform. However, additional information on some other practice indicators such as 'continued breastfeeding' and 'adequacy of complementary feeding' is also sought.

Scoring and Colour-Coding

Policy and Programmes Indicator 1-10

Once the information on the 'WBT*i* Questionnaire 'is gathered and analysed, it is then entered into the web-tool. The tool provides *scoring* of each individual sub set of questions as per their weightage in the indicators 1-10 (policies and programmes). Each indicator has a maximum score of 10. Total score of ten indicators has a maximum score of 100.

The web tool also assigns *Colour- Coding* (Red/Yellow/Blue/Green) of each indicator as per *the WBTi Guidelines for Colour- Coding* based on the scores achieved.

In the part II (IYCF practices)

Indicators of part II are expressed as percentages or absolute number. Once the data is entered, the tool assigns *Colour coding* as per the *Guidelines.*

The WBT*i* Tool provides details of each indicator in sub-set of questions, and weightage of each.

Global acceptance of the WBT*i*

The WBT*i* met with success South Asia during 2004-2008 and based on this, the WBT*i* was introduced to other regions. By now more than 100 countries have been trained in the use of WBT*i* tools and 97 have completed and reported. Many of them repeated assessments during these years.

WBT*i* has been published as BMJ published a news in the year 2011, when 33 country WBT*i* report was launched[1]. Two peer reviewed publications in the international journals add value to the impact of WBT*i*, in Health Policy and Planning in 2012 when 40 countries had completed[2], and in the Journal of Public Health Policy in 2019[3] when 84 countries completed it. Further publications specifically on the situation in Europe have appeared in the International Breastfeeding Journal in 2020[4] and in Maternal & Child Nutrition in 2022.[5] The detailed reports on several countries or regions, including the European WBT*i* countries, have been published on the official WBT*i* website.

The WBT*i* has been accepted globally as a credible source of information on IYCF polices and programmes and has been cited in global guidelines and other policy documents e.g WHO National

[1]BMJ 2011;342:d18doi: https://doi.org/10.1136/bmj.d18 (Published 04 January 2011)
[2]https://academic.oup.com/heapol/article/28/3/279/553219
[3]https://link.springer.com/article/10.1057/s41271-018-0153-9
[4]https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-020-00282-z
[5]https://onlinelibrary.wiley.com/doi/10.1111/mcn.13425

Implementation of BFHI 2017[6] and IFE Core group's Operational Guidance on Infant Feeding in Emergencies, 2017[7].

Accomplishment of the WBT*i* assessment is one of the seven policy requirements in the Global Breastfeeding Collective (GBC), a joint initiative by UNICEF & WHO to accelerate progress towards achieving the WHA target of exclusive breastfeeding to 50% by 2030. The Global Breastfeeding Scorecard for tracking progress for breastfeeding policies and programmes developed by the Collective has identified a target that at least three-quarters of the countries of the world should be able to conduct a WBT*i* assessment every five years by 2030.[8] The report on implementation of the International Code of Marketing for Breastmilk Substitutes also used WBT*i* as a source. The Global database on the Implementation of Nutrition Action (GINA) of WHO has used WBT*i* as a source.[9] Global researchers have used WBT*i* findings to predict possible increase in exclusive breastfeeding with increasing scores and found it valid for measuring inputs into global strategy.[10] Other than this PhD students have used WBT*i* for their research work, and New Zealand used WBT*i* for developing their National Strategic Plan of Action on breastfeeding 2008-2012.

[6] https://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/ ·
[7] https://www.ennonline.net/attachments/3028/Ops-Guidance-on-IFE_v3-2018_English.pdf ·
[8] https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017.pdf?ua=1 ·
[9] https://extranet.who.int/nutrition/gina/
[10] https://academic.oup.com/advances/article/4/2/213/4591629 ·

The WBT*i* Guidelines for Colour-Coding (Part I and II)

Table 1: WBT*i* Guidelines for Colour-Coding for Individual indicators 1-10

Scores	*Colour-coding*
0 – 3.5	**Red**
4 – 6.5	**Yellow**
7 – 9	**Blue**
> 9	**Green**

Table 2: WBT*i* Guidelines for Colour-Coding 1-10 indicators (policy and programmes)

Scores	*Colour-coding*
· · - 30.9	**Red**
· · · - 60.9	**Yellow**
· · · - 90.9	**Blue**
· · · - 100	**Green**

Table 3: WBT*i* Guidelines for Colour-Coding Individual indicators 11-15 (Practices)

WBTi Guidelines for Indicator 11 (Initiation of breastfeeding {within 1 hour})

Percentage (WHO's key)	*Colour-coding*
0.1-29%	**Red**
29.1-49%	**Yellow**
49.1%-89%	**Blue**
89.1-100%	**Green**

WBTi Guidelines for Indicator 12 (Exclusive Breastfeeding {for first 6 months})

Percentage (WHO's key)	*Colour-coding*
0.1-11%	**Red**
11.1-49%	**Yellow**
49.1-89%	**Blue**
89.1-100%	**Green**

WBTi Guidelines for Indicator 13 (Median Duration of Breastfeeding)

Months (WHO's key)	*Colour-coding*
0.1-18 months	**Red**
18.1-20 months	**Yellow**
20.1-22 months	**Blue**
22.1-24 months	**Green**

WBTi Guidelines for Indicator 14 (Bottle-feeding {0-12 months})

Percentage (WHO's key)	*Colour-coding*
29.1-100%	**Red**
4.1-29%	**Yellow**
2.1-4%	**Blue**
0.1-2%	**Green**

WBTi Guidelines for Indicator 15 (Complementary Feeding {6-8 months})

Percentage (WHO's key)	*Colour-coding*
0.1-59%	**Red**
59.1-79%	**Yellow**
79.1%-94%	**Blue**
94.1-100%	**Green**

Background

Germany is a Western European highly industrialized country with over 83 million inhabitants. Official statistics from 2021 list 795,500 live births.[11] *Obstetric institutions decreased by 43% since 1991.*[12] *In 2020, there were approximately 27,000 midwives,*[13] *approximately 1,400 lactation and breastfeeding consultants IBCLC,*[14] *approximately 500 breastfeeding specialists*[15]*, approximately 200 DAIS breastfeeding consultants,*[16] *and 430 breastfeeding consultants in mother-to-mother support groups (160 LLL*[17] *+ 270 AFS).*[18]

In Germany, the Baby Friendly initiative was started in 1992, and a National Breastfeeding Committee was first established in 1994. In 2022, permanent positions have been established at the Max Rubner Institute for the National Breastfeeding Commission and other breastfeeding promotion activities. A National Breastfeeding Promotion Strategy has been in place since 2021. Much of the work to protect, promote and support breastfeeding in Germany is done as voluntary and unpaid work, without sufficient political support and funding. The following WBTi report will provide details on this.

As of May 2023, a total of 98 countries have conducted and published their WBTi evaluations. In 2020, Switzerland joined in, so there are currently 19 WBTi countries from Europe, namely: Armenia, Austria, Belgium, Bosnia and Herzegovina, Croatia, France, Germany, Georgia, Italy, Lithuania, Macedonia, Moldova, Malta, Portugal, Spain, Switzerland, Turkey, Ukraine, and the United Kingdom. Currently, Germany ranks last in Europe and 95th in the world. The evaluation on which this ranking is based is broken down in detail below into 2 main parts according to a total of 15 indicators, documented with links, and presented with regard to the gaps in coverage and the need for action.

[11] https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Geburten/_inhalt.html
[12] https://www.bundestag.de/resource/blob/844764/ac656a16f259978b379e41f649f39865/WD-9-012-21-pdf-data.pdf
[13] https://de.statista.com/statistik/daten/studie/159664/umfrage/hebammen-und-entbindungspfleger-in-deutschland-seit-2000/
[14] https://iblce.org/about-iblce/current-statistics-on-worldwide-ibclcs/
[15] · https://www.stillen.de/
[16] https://www.ausbildung-stillbegleitung.de/index.php/kontakte?start=180
[17] https://www.lalecheliga.de/ueber-uns/
[18] https://www.afs-stillen.de/fuer-muetter/eine-stillberaterin-finden/

Assessment process followed by Germany

The WBTi team in Germany provided the research on the individual indicators in small subgroups or in individual research. Then the results were compiled and discussed. This process took place from February 2023 to mid-August 2023. During this process, all team members submitted their research results for the indicator assigned to them, and then gave their feedback on the overall results according to their own assessment, which was included in the final version.

In addition to the core team, this report incorporates data, feedback and suggestions from the RKI, NBC, and GiL.

List of partners for the assessment process in Germany in 2023

Name	Affiliation	Link
Utta Reich-Schottky	*DAIS*	*http://www.ausbildung-stillbegleitung.de/*
Vera Hesels	*BFHI*	*https://www.babyfreundlich.org/*
Elien Rouw	*NBC member, President-Elect of ABM*	*https://www.bfmed.org/board-of-directors https://www.mri.bund.de/de/themen/nationale-stillkommission/mitglieder/*
Magdalena Stosik	*AFS*	*https://www.afs-stillen.de/*
Charlotte Scherzinger	*Gynecologist*	*https://mira-praxis.de/team/*
Christiane Stange	*LLL board*	*https://www.lalecheliga.de/*
Erika Nehlsen	*Education Center for Lactation and Breastfeeding*	*https://www.stillen.de/*
Dr. Monika Berns	*Charité University hospital*	*https://neonatologie.charite.de/metas/person/person/address_detail/dr_monika_berns*

A warm thank you to the Aktionsgruppe Babynahrung e.V. (AGB), member of IBFAN, where WBTi is officially affiliated in Germany *https://www.babynahrung.org/*

Cordial thanks to all team members for contributing their time and effort on a voluntary and unpaid basis, and also to the NBC, GiL and RKI for contributing feedback, comments and statistical data. Thank you, La Leche League Germany for sponsoring our print material! *www.lalecheliga.de*

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Assessment Findings

Part I: IYCF Policies and Programmes

In Part I, each question has possible score of 0-3 and each indicator has a maximum score of 10. Once information about the indicators is entered, the achievement on the particular target indicator is then rated i.e. Red, Yellow, Blue and Green based on the guidelines.

Indicator 1: National Policy, Governance and Funding

Key question/s: *Is there a national breastfeeding/ infant and young child feeding policy that protects, promotes and supports optimal breastfeeding and infant and young child feeding (IYCF) practices? Is the policy supported by a government programme? Is there a plan to implement this policy? Is sufficient funding provided? Is there a mechanism to coordinate like e.g National breastfeeding committee and a coordinator for the committee?*

Criteria for Assessment – Policy and Funding	· ***Check all that apply***	
1.1) A national breastfeeding/infant and young child feeding policy/guideline(stand alone or integrated) has been officially approved by the government	· Yes = 1 ✓	· No=0
1.2) The policy recommends initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	· Yes = 1	· No=0 ✓
1.3) A national plan of action is approved with goals, objectives, indicators and timelines	· Yes = 2	· No = 0 ✓
1.4) The country (government and others) is spending a minimum of per child born on breastfeeding and IYCF interventions[19] a. no funding b. < $1 per birth c. $1-2 in funding per birth d. $2-5 in funding per birth e. at least $5 in donor funding per birth	√ Check one which is applicable · 0 · 0.5✓ · 1 · 1.5 · 2.0	
Governance		
1.5) There is a National Breastfeeding/IYCF Committee	· Yes = 1 ✓	· No = 0
1.6) The committee meets, monitors and reviews the plans and progress made on a regular basis	· Yes = 2	· No = 0 ✓
1.7) The committee links effectively with all other sectors like finance, health, nutrition, information, labor, disaster management,	· Yes = 0.5	· No = 0 ✓

[19]Enabling Women To Breastfeed Through Better Policies And Programmes – Global Breastfeeding Scorecard, 2018 https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018-methology.pdf?ua=1

agriculture, social services etc.		
1.8) The committee is headed by a coordinator with clear terms of reference, regularly coordinating action at national and sub national level and communicating the policy and plans.	· Yes = 0.5 ✓	· No = 0
Total Score	**__3__/10**	

Additional useful information

1. What is the amount of money currently being spent annually on the breastfeeding and IYCF interventions? This is unknown. At the Max Rubner Institute (MRI), a certain number of positions are provided for the NSK office and for coordinating the breastfeeding strategy (mention in the breastfeeding strategy, see links below). The GiL network also receives funds for staff and for communication measures related to the breastfeeding strategy (also see links below).
2. How many babies are born each year? According to the Federal Statistical Office, the figure in 2022 was 739,000 (https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Geburten/_inhalt.html)
3. Is the food industry/representative a part of the breastfeeding/IYCF committee? Yes, as stated in Indicator 4 and proven with links, members of both GiL and NBC have conflicts of interest with the baby food industry. However, the industry is not an official member.

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. National Strategy for the promotion of breastfeeding (Nationale Strategie zur Stillförderung): https://www.bmel.de/DE/themen/ernaehrung/gesunde-ernaehrung/schwangerschaft-und-baby/stillstrategie.html

2. National Health Target „Health around birth“ Partial goal 3.2 „The proportion of breastfeeding mothers and breastfeeding duration have increased” (Nationales Gesundheitsziel „Gesundheit rund um die Geburt“ Teilziel 3.2 „Der Anteil stillender Mütter sowie die Stilldauer sind erhöht“) http://gesundheitsziele.de/

3. Guideline for the care of newborns in the maternity hospital (S-2k-Leitlinie zur Betreuung von Neugeborenen in der Geburtsklinik) https://register.awmf.org/de/leitlinien/detail/024-005

4. S3 guideline for duration of breastfeeding and interventions to promote breastfeeding. Registration: https://register.awmf.org/de/leitlinien/detail/027-072

5. Recommendations for action "Nutrition and exercise for infants and breastfeeding women" https://gesund-ins-leben.de/fuer-fachkreise/gesund-leben-in-der-stillzeit/handlungsempfehlungen/

6. Funding: National breastfeeding strategy: https://www.bmel.de/DE/themen/ernaehrung/gesunde-ernaehrung/schwangerschaft-und-baby/stillstrategie.html

7. Website National Breastfeeding Committee NBC (Homepage Nationale Stillkommission NSK): https://www.mri.bund.de/de/themen/nationale-stillkommission/

8. Rules of procedure of the NBC: tasks and goals §1, coordinator (chair) §3 https://www.mri.bund.de/fileadmin/MRI/Themen/Stillkommission/PDFUA-NSK_G-Ordnung_bfrei.pdf

9. „Healthy start“ („Gesund ins Leben“): https://www.gesund-ins-leben.de/netzwerk-gesund-ins-leben/
10. Conflicts of interest of NBC members and of „Healthy start“ – examples:
https://www.aerzteblatt.de/pdf.asp?id=180178
https://www.milupa4med.at/news/nutricia_forum.phpf

Conclusions *(Summarize which aspects of Indicator-1 i.e. IYCF policy, plan and funding are appropriate; which need improvement and why; and any further analysis needed)**:***

- Since 2021, there is a National Breastfeeding Strategy in Germany (see link 1).
- There is no detailed action plan with indicators for checking the achievement of (intermediate) goals and no timetable for this strategy.
- The recommendation of the WHO to exclusively breastfeed for 6 months and to continue breastfeeding in addition to complementary food up to the age of 2 years and beyond is not supported in the official recommendations in Germany.

Example: The official "Recommendations for action" from the GiL network recommend starting complementary feeding "at the beginning of the 5th month at the earliest and at the beginning of the 7th month at the latest".
An S3 guideline is currently being developed to review the evidence of the WHO breastfeeding recommendation for exclusive breastfeeding in the first 6 months, since German recommendations deviate from the WHO recommendation.

- The National Health Target “Health Around Birth” aims for an overall improvement in breastfeeding rates, without mentioning concrete numbers. Some guidelines include breastfeeding support elements.
- There are two committees commissioned with breastfeeding promotion, NBC and GiL, whose fields of activity partially overlap. Both are responsible for professional recommendations on infant nutrition.
- The National Breastfeeding Committee amongst other tasks is responsible for "the development of state-of-the-art statements and recommendations for political and legislative action by the Federal Government" (Article 1 of the Rules of Procedure). The NBC has a purely advisory function, not an executive function
- The GiL network was commissioned by the Federal government to develop and implement a “communication strategy to promote breastfeeding”.” (National Strategy, p. 23) The GiL network disseminates the “recommendations for action” mentioned above.

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

1. *The National Breastfeeding Promotion Strategy does not contain a binding action plan with defined indicators to check whether (intermediate) goals have been achieved.*
2. *The WHO nutritional recommendation on breastfeeding is not officially supported. The National Strategy contains only a review mandate for exclusive breastfeeding for six months, thus delaying the implementation of 6 months exclusive breastfeeding.*
3. *The National Breastfeeding Committee (NBC) has no powers to act, issue directives or have any other powers.*

4. *Some of the responsible persons and organizations both in the NBC and in the Scientific Advisory Board of the GiL network have conflicts of interest..*

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

1. The German breastfeeding recommendation should be aligned with the WHO recommendation
2. The national breastfeeding promotion strategy should be supplemented by a national action plan with defined indicators to check whether (intermediate) goals have been achieved.
3. This action plan should also include steps to implement the WHO Breastfeeding Recommendation and Code and to prevent or effectively regulate conflicts of interest.
4. The members of the NBC and GiL should be free from conflicts of interest.

Indicator 2: Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding

Key questions

- *What percentage of hospitals/maternity facilities are designated/ accredited/awarded for implementing the ten steps within the past 5 years?*
- *What is the quality of implementation of BFHI?*

Quantitative Criteria for assessment

2.1) _100___ out of _670_ total hospitals(both public &private) offering maternity services that have been designated/accredited/awarded for implementing10 steps within the past 5 years ___15__%

Criteria for assessment	· **Check 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 score 2.1	**__1_/ 5**

Qualitative Criteria for assessment

Criteria for assessment	· **Check that apply**	
2.2) There is a national coordination body/mechanism for BFHI / to implement Ten Steps with a clearly identified focal person.	· Yes = 1 ✓	· No=0
2.3) The Ten Steps have been integrated into national/ regional/hospital policy and standards for all involved health professionals.	· Yes = 0.5	· No=0✓
2.4) An assessment mechanism is used to accreditate/designate/award the health facility.	· Yes = 0.5 ✓	· No=0

Criteria for assessment	· Check that apply	
2.5) Provision for the reassessment [20] have been incorporated in national plans to implement BFHI/ Ten Steps including a standard monitoring system.	· Yes = 0.5 ✓	· No=0
2.6) The accreditation/designation/awarding process for BFHI/implementing the Ten Steps includes assessment of knowledge and competence of the nursing and medical staff.	· Yes = 1	· No=0 ✓
2.7) The assessment process relies on interviews of mothers.	· Yes = 0.5 ✓	· No=0
2.8) The International Code of Marketing of Breastmilk Substitutes is integrated to BFHI / hospital designation programme	· Yes = 0.5 ✓	· No=0
2.9) Training on the Ten Steps and standard of care are included in the pre-service curriculum for nurses, midwives and doctors and other involved health care professionals.	· Yes = 0.5	· No=0 ✓
Total Score (2.2 to 2.9)	**__3__/5**	

Total Score (2.1 to 2.9)	**_____4__/10**

Additional information: Can you explain the process in the country and how it is aligned to the earlier or revised ten Steps and if it relies on national or international criteria (see Appendix: indicators for monitoring.

Please describe the deviations from the international criteria.

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. Website of the German non-profit organisation to support BFHI Germany www.babyfreundlich.org
2. Website of the certifying body ClarCert https://www.clarcert.com/systeme/babyfreundlich/system.html

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

[20] **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 baby friendly 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.

The Association for the Support of the WHO/UNICEF Baby-Friendly Initiative (BFHI) e.V., in consultation with UNICEF Germany, has taken on the task of certifying hospitals in accordance with the international BFHI requirements. The Baby-Friendly Initiative has a contact person and appropriate structures to implement the 10 Steps at the national level. It has translated the 10 Steps with the Global Criteria into a national set of requirements. The certifications and regular recertifications of the hospitals are carried out by an independent certification body. The system is transparent and functions stably. The association conducts regular public relations work to further disseminate BFHI.
However, a nationwide implementation of BFHI is difficult to achieve, because there is neither support for BFHI from the government nor from the healthcare system:
- The Federal government has not taken or planned any action to increase the number of Baby-Friendly hospitals in Germany. The Baby-Friendly Initiative receives no financial or other support from the federal, state, or local governments.
http://dip21.bundestag.de/dip21/btd/18/027/1802706.pdf
- The National Strategy for Breastfeeding Promotion merely includes a general statement on the 10 steps to be implemented "in the long term," The Baby-Friendly Initiative cooperates with every governmental body and with every institution of the self-government in the health system that takes steps to implement the 10 steps, and supports this intention of the National Strategy.
- There is no financial support for hospitals to implement the Baby-Friendly criteria with staff training and qualified breastfeeding counseling.
- The national health goal "Health around Childbirth" only calls for the introduction of mandatory breastfeeding guidelines in all hospitals and healthcare facilities at the community level, but not for the implementation of the Baby-Friendly initiative in all hospitals and obstetric facilities.
https://gvg.org/wp-content/uploads/2022/01/GZgeburt_07_2017_bf.pdf
- In the binding quality requirements for maternity and children's hospitals adopted by the Federal Joint Committee (G-BA), there are no specifications for implementing the Baby-Friendly criteria.
https://www.g-ba.de/richtlinien/41/T

- The German government has not taken or planned any measures to increase the number of baby-friendly hospitals in Germany. The registered non-profit association to support BFHI receives no financial or other support from the federal, state or local governments.
http://dip21.bundestag.de/dip21/btd/18/027/1802706.pdf
- The National Strategy for Breastfeeding Promotion merely includes a general statement on the 10 steps to be implemented "in the long term". The Baby-Friendly Initiative cooperates with every governmental body and with every institution of the self-government in the health system that takes steps to implement the 10 steps and supports this intention of the National Strategy.
- There is no financial support for hospitals to implement the Baby-Friendly criteria with staff training and qualified breastfeeding support.

- The national health goal “Around Birth” only calls for the introduction of mandatory breastfeeding guidelines in all hospitals and community settings, but not for the implementation of the Baby-Friendly initiative in all hospitals and other obstetric institutions https://gvg.org/wp-content/uploads/2022/01/GZgeburt_07_2017_bf.pdf
- The binding quality requirements for maternity and children's hospitals adopted by the Federal Joint Committee (G-BA) do not include or specify the implementation of the Baby-Friendly criteria. https://www.g-ba.de/richtlinien/41/

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

1. There is no official support for BFHI from the government and the healthcare system.

2. There is a lack of inclusion of Baby Friendly in the quality requirements of maternity and pediatric hospitals.

3. Hospital search engines based on official quality reports do not include implementation of Baby Friendly criteria as a medical and healthcare service, see https://weisse-liste.de/de/

4. Training and certification costs in the field of lactation and breastfeeding support and time spent on breastfeeding counseling are neither being considered in hospital planning nor funding. https://www.bundesgesundheitsministerium.de/krankenhausfinanzierung/?L=0

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

The federal government and the decision-making bodies in the healthcare system should cooperate to implement the following recommendations for action:

1. The implementation of BFHI should be part of the quality requirements for maternity and pediatric hospitals and other obstetric institutions.

2. The implementation of BFHI should be included in the quality reports, and thus also in the hospital search engines.

3. The costs of implementing BFHI in hospitals and other obstetric institutions, both including training and education of staff on breastfeeding support, and qualified breastfeeding counseling, must be adequately considered in the planning and financing of all hospitals and other obstetric institutions.

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

Key questions: *Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions in effect and implemented in the country? Has any action been taken to monitor and enforce the above?*

Criteria for Assessment (*Legal Measures that are in Place in the Country***)**	
	Score
3a: Status of the International Code of Marketing √ *Check that applies upto the questions 3.9. If it is more than one, tick the higher one.*	
3.1 No action taken	· 0
3.2 The best approach is being considered	· 0.5
3.3 Draft measure 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 World Health Assembly (WHA) resolutions subsequent to the Code are included in the national legislation[21] **a.** Provisions based on 1 to3 of the WHA resolutions as listed below are included ***b.*** Provisions based on more than 3 of the WHA resolutions as listed below are included	· 5.5 · 6
Total score 3a	**3**

[21]Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.
Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
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)
Ending inappropriate promotion of foods for infants and young children (WHA 69.9)

3b: Implementation of the Code/National legislation *Check that applies. It adds up to the 3a scores.*	
3.10 The measure/law provides for a monitoring system independent from the industry	. 1
3.11 The measure provides for penalties and fines to be imposed to violators	. 1 ✓
3.12The 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 3b	**1**

Total Score (3a + 3b)	**_4_/10**

Additional Information

1. How often you see the violations of the Code or National law? (Attach some examples) *Code violations are commonplace, examples see below*
2. Has your country taken any steps that strengthen the Code implementation? *No*
3. How is the Code information disseminated among the health workers? (List some examples) *Not at all, except for training in BFHI facilities*

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. EU regulation on Dietetic Food (Diet regulation) http://www.gesetze-im-internet.de/di_tv/Di%C3%A4tV.pdf
2. EU Commission Delegated Regulation (EU) 2016/ 127 - of 25 September 2015 - supplementing Regulation (EU) No 609/ 2013 of the European Parliament and of the Council with regards to the specific compositional and informational requirements for infant formulae and follow-on formulae, and with regards to the information to be provided concerning the feeding of infants and young children. http://eur-lex.europa.eu/legal-content/DE/TXT/PDF/?uri=CELEX:32016R0127&from=DE

Conclusions *(Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)*
Few aspects of the Code are included in the Dietetic Food Regulation:

- Only a few advertising restrictions are included in the EU Regulation, and these are almost exclusively for infant formulae. Since the EU regulations have direct legal force in the member countries, the Dietary Regulation is now only valid in those areas not covered by the EU regulation. This applies to Section 26 (7) of the Dietary Regulation, according to which violations are classified as administrative offenses.

- The requirements of the EU Regulation are easy to circumvent. Since the prosecution of administrative offenses lies with the individual Federal states, it is difficult to determine the responsibility in the event of any violations.
- There is no official monitoring. Legislation omits key elements of the Code and related WHA resolutions.
- Advertising of follow-on formula and other products for infants up to 36 months is not regulated.
- Conflicts of interest are also not regulated.
- Advertising to parents locally and via the Internet is ubiquitous, especially advertising to engage the parents' sympathy. Examples:

Hipp-Babyclub https://www.hipp.de/index.php?id=681 advertises "Look forward to our personal gifts for you and for your baby, weekly tips for pregnancy and countless discounts from exclusive partners."
Aptaclub/Aptacare www.aptaclub.de/beratung.html offers free advice on all baby and parenting topics.

A major problem is the widespread conflict of interest in the healthcare system, among others through sponsorship of continuing education, e.g.

http://www.hipp-fachkreise.de/vortraege-fortbildungen/vortraege/hipp-symposium-dgkj-oegkj-2022/
http://hebnews.de/fortbildungen/nutricia-global-virtual-conference-2023-transforming-lives-with-specializes-nutrition-1300-1700
https://www.nestlenutrition-institute.org/education/e-learning/pediatric-nutrition-in-practice-landing

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

https://www.dggg.de/mitgliedschaft/foerdermitglieder/
https://www.dgkj.de/mitgliedschaft/beitraege-und-konditionen/foerdernde-mitglieder/

Gaps *(List gaps identified in the implementation of this indicator)***:**
1. Only a few elements of the Code are covered by the EU regulation.
2. There is no official monitoring of compliance with the code.
3. We are not aware of any company having received a regulatory penalty for violating the EU Regulation.
4. Conflicts of interest through sponsorship of training and professional associations and gifts to healthcare professionals are not reflected in the regulations and are widespread.
5. Advertising to parents on site and via the internet is ubiquitous.
6. The National Breastfeeding Promotion Strategy only provides information about the Code and mentions "considering" whether to implement more Code recommendations.

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

1. The Code with the associated WHA resolutions should be comprehensively implemented into national legislation. The WHO Europe model law for the European region could be used for this purpose, also at the EU level.
2. In particular, conflicts of interest among healthcare workers should be prevented by prohibiting gifts and sponsorship of continuing education and professional associations.
3. No persons with relevant conflicts of interest should participate in guideline commissions and in committees issuing breastfeeding recommendations.
4. Code compliance should be monitored by official bodies.
5. Code violations should be tangibly punished.

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 mothers working in the informal sector?*

Criteria for Assessment	Scores
4.1) Women covered by the national legislation are protected with the following weeks of paid maternity leave: a. Any leave less than 14 weeks b. 14 to 17 weeks c. 18 to 25 weeks d. 26 weeks or more	*Tick one which is applicable* · a=0.5 · b=1 · c=1.5 · d= 2 ✓
4.2) Does the national legislation provide at least one breastfeeding break or reduction of work hours? a. Unpaid break b. Paid break	*Tick one which is applicable* · a=0.5 · b=1 ✓
4.3) The national legislation obliges private sector employers to a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	*Tick one or both* · a=0.5 ✓ · b=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. a. Space for Breastfeeding/ Breastmilk expression b. Crèche	*Tick one or both* · a=1 ✓ · b=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	*Tick one which is applicable* · a=0.5 · b=1
4.6) a. Accurate and complete information about maternity protection laws, regulations, or policies is made available to workers by their employers on commencement.	*Tick one or both* · a=0.5 ✓

b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	· b=0.5
4.7) Paternity leave is granted in public sector for at least 3 days.	*Tick one which is applicable* · YES ✓ · NO
4.8) Paternity leave is granted in the private sector for at least 3 days.	*Tick one which is applicable* · YES ✓ · NO
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.	*Tick one which is applicable* · YES ✓ · NO
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	*Tick one which is applicable* · YES ✓ · NO
Total Score	**__8_/10**

Any additional information

Please provide information on the current situation regarding paternity leave and its relation to maternity leave. *See conclusions*

Does the financial allocation for paternity leave affect the maternity leave? *No*

How best maternity leave is positioned in the context of optimal breastfeeding protection? *See below recommendations*

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. Law on the Protection of Mothers at Work, in Training and education, and during studies.
https://www.gesetze-im-internet.de/muschg_2018/

2. Law on parental allowance and parental leave (BEEG)
https://www.gesetze-im-internet.de/beeg/index.html

3. Collective agreement for the public service
https://www.der-oeffentliche-sektor.de/infoundrat/infothek/1482

4. Federal government: legal entitlement to early childhood education and childcare allowance *https://www.bmfsfj.de/bmfsfj/aktuelles/alle-meldungen/rechtsanspruch-auf-fruehkindliche-foerderung-und-betreuungsgeld-in-kraft-getreten-100292*
5. National strategy for breastfeeding promotion *https://www.bmel.de/DE/themen/ernaehrung/gesunde-ernaehrung/schwangerschaft-und-baby/stillstrategie.html*
6. General equality Act *https://www.gesetze-im-internet.de/agg/*
7. Mohr et al. (2023) Discrimination experiences of parents working in the context of pregnancy, parental Leave and care of dependents *https://www.antidiskriminierungsstelle.de/SharedDocs/forschungsprojekte/DE/Studie_DiskrErf_fuersorgender_Erwerbstaetiger.html*

Conclusions *(Summarize which aspects of the legislation are appropriate, and which aspects need improvement and why. Identify areas needing further analysis)***:**
In Germany, there is a Maternity Protection Act (MuSchG) regulating many details.
4.1 The employer is obliged to release the employed mother from work for two protection periods: 6 weeks before and 8 weeks after the birth. Likewise, both parents, if they are employees*, are entitled to up to 36 months each. Furthermore, both parents can receive parental allowance, a transfer payment dependent on net income for at least 2 months up to a maximum of 24 months.
4.2 The mother is entitled to paid leave for breastfeeding breaks for the first 12 months after the birth. (§7 para. 2 MuSchG "The employer shall release a breastfeeding woman at her request during the first twelve months after childbirth for the time required for breastfeeding, but at least twice daily for half an hour or once daily for one hour. In the case of continuous working hours of more than eight hours, a breastfeeding period of at least 45 minutes shall be granted twice at the woman's request or, if no breastfeeding facilities are available in the vicinity of the place of work, a breastfeeding period of at least 90 minutes shall be granted once. The working time shall be considered continuous if it is not interrupted by a rest break of more than two hours."). However, this time off is not granted automatically, but only "upon request." In practice, this means that many mothers do not take advantage of these breaks for breastfeeding, because they are either unaware of their right to paid breastfeeding breaks or/and do not dare to take advantage of this right, in order not to jeopardize their employment.
4.4a The mother's right to suitable spatial conditions for breastfeeding or expressing breast milk is implicitly regulated in two paragraphs of the MuSchG. According to §9 para. 3, the employer must "ensure that the pregnant or breastfeeding woman can lie down, sit down and rest under suitable conditions during breaks and work interruptions." The third sentence of §29(3) states, "in particular, the supervisory authority may .... order details ... on the provision of premises suitable for breastfeeding."
4.4b After their infant's first birthday, parents have a legal right to a childcare place for their child (Federal government), which does not have to be close to the workplace. Daycare centers and nursery nurses are often neither equipped nor trained for the care of breastfed children and the feeding of breast milk.

4.5 The MuSchG applies in principle "to every person who is pregnant, has given birth to a child or is breastfeeding." (§1 paragraph 4), except for female judges, civil servants and soldiers (§1 paragraph 3). However, most of the requirements are addressed to employers. Where, as in the case of the self-employed or in the informal sector, no official employer is responsible, the relevant provisions lead to no avail.
4.7 and 4.8 Both parents are entitled to up to 36 months of parental leave each (BEEG).
4.10 General prohibitions of discrimination on the grounds of gender apply (General equality law - Allgemeines Gleichstellungsgesetz AGG). However, a recent study by the Federal Anti-Discrimination Agency showed that more than half of mothers experience material disadvantages at work as a result of pregnancy and parental leave (Mohr et al. 2023).
§ 17 paragraph 1 sentence 3 of the German Maternity Protection Act (MuSchG) stipulates a ban on termination of employment until four months after the birth, regardless of whether the mother is breastfeeding.

Gaps *(List gaps identified in the implementation of this indicator)* **:**
1. Breastfeeding breaks from work are not granted automatically but only "on request". Many mothers encounter considerable obstacles in the company when trying to obtain time off for breastfeeding.
2. Many daycare centers and nursery nurses are not prepared for the care of breastfed children and the feeding of breast milk. Often a place in the daycare center is not available or not reliable.
3. The prohibition of discrimination is not sufficiently implemented.
4. All of the above is lacking in the informal sector.

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

1 Comprehensive information must be provided on the right to get time off from work for breastfeeding and breast milk collection.

2. At the company level, the conditions for breastfeeding breaks from work must be improved and standardized in the structures and processes. The important thing here is that the employer or, if applicable, the workers' council should approach the mothers and inform and encourages them to take time off for breastfeeding on a regular basis, and as a standardized procedure. The National Strategy for the Promotion of Breastfeeding recommends the development of a guideline on "Breastfeeding Friendliness in the Workplace". This should be developed promptly to implement the recommendations for action.

Further options for developing standardized procedures can be through programs for the compatibility of work and family, such as the program "Success Factor Family" of the BMFSFJ https://www.erfolgsfaktor-familie.de/ or the Audit Beruf und Familie (Work and Family Audit), which is under the auspices of the Federal Government https://berufundfamilie.de/

3. When implementing the Maternity Protection Act (MuSchG), the protection against risks at the workplace should be ensured and maintained for the entire duration of breastfeeding.

According to the WHO nutrition recommendation on breastfeeding, children should be breastfed until the age of two years or beyond.

4. Breastfeeding-friendly childcare should be expanded throughout the country comprehensively.
5. The parental allowance should also enable women with a low income to take parental leave.
6. Parents must be better protected against discrimination on the grounds of parenthood.
7. All of the above has to be implemented in the informal sector as well.

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Key question: *Do care providers in the health and nutrition care systems undergo training in knowledge and skills, and do their pre-service education curricula support optimal infant and young child feeding; do these services support mother-friendly and breastfeeding-friendly birth practices, do the policies of health care services support mothers and children, and are health workers trained on their responsibilities under the Code?*

Criteria for assessment	· *Check that apply*		
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[22] indicates that IYCF curricula or session plans are adequate/inadequate	(> 20 out of 25 content/skills are included) · 2	(5-20 out of 25 content/ skills are included) · 1	Fewer than 5 content/skills are included) · 0 ✓
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been disseminated to all facilities and personnel providing maternity care.	(Disseminate to > 50% facilities) · 2	(Disseminate to 20-50% facilities) · 1	No guideline, or disseminated to < 20% facilities · 0 ✓
5.3) There are in-service training programmes available providing knowledge and skills related to IYCF for relevant health/nutrition care providers.[23]	Available for all relevant workers · 2	Limited Availability · 1 ✓	Not available · 0
5.4) Health workers are trained on their responsibilities under the Code and national regulations, throughout the country.	Throughout the country · 1	Partial Coverage · 0.5 ✓	Not trained · 0
5.5) Infant and young child feeding information and skills are integrated, as appropriate, into training programmes not covered in 5.1 but where the care providers may have some contact with families with infants and young children.(Training programmes such as diarrhea control, HIV, NCDs, Women's Health etc.)	Integrated in > 2 training programmes · 1	1-2 training programmes · 0.5	Not integrated · 0 ✓

[22]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.

[23]The types of health providers that should receive training may vary from country to country, but should include providers who care for mothers and children in fields such as pediatrics, OB-Gynae, nursing, midwifery, nutrition and public health.

5.6) In-service training programmes referenced in 5.5 are being provided throughout the country.[24]	Throughout the country · 1	Partial Coverage · 0.5	Not provided · 0 ✓
5.7) Health policies provide for mothers and babies to stay together when one of them is hospitalised.	Provision for staying together for both · 1	Provision for only to one of them: mothers or babies · 0.5 ✓	No provision · 0
Total Score	**___2___/10**		

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each).*

1. Guideline on vaginal birth https://register.awmf.org/assets/guidelines/015-083m_S3_Vaginale-Geburt-am-Termin_2021-01_1.pdf

2. In-service training in baby-friendly hospitals www.babyfreundlich.org

One-day basic training courses: https://www.gesund-ins-leben.de/inhalt/fortbildungen-termine-29373.html

In-service trainings from various organizations: AZLS www.stillen.de, DAIS www.ausbildung-stillbegleitung.de , EISL www.stillen-institut.com, FBZ Bensberg www.vph-bensberg.de

3. Model of continuing training regulations for physicians (MWBO) as of 2022 https://www.bundesaerztekammer.de/themen/aerzte/aus-fort-und-weiterbildung/aerztliche-weiterbildung/muster-weiterbildungsordnung

4. Co-admission of the mother during hospitalization of the child: https://www.krankenhaus.de/aufenthalt/wenn-das-kind-ins-krankenhaus-muss-darauf-sollten-sie-achten/

https://www.bundestag.de/resource/blob/669364/6c08428499dca2abb91ec84c5ca954d5/WD-9-075-19-pdf-data.pdf

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

5.1 Breastfeeding topics are still (almost completely) absent from medical and nursing training and education curricula. The training of midwives includes breastfeeding topics in general, but not sufficiently.

5.2 There is a mother-friendly S3 guideline in support of vaginal birth. However, this is only a recommendation, not a binding guideline. There is a great deal of difficulty in implementing the guideline, mainly due to a lack of staff.

[24]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. Partial could mean more than 1 provinces covered.

5.3 In-service training on breastfeeding topics
In the “model continuing education regulations” for physicians of 2022, the topic of breastfeeding is not mentioned at all as a requirement for pediatricians and neonatologists, and in the requirements for the field of gynecology and obstetrics, it is only mentioned shortly under the heading "Breastfeeding counseling and care of the healthy newborn".
Continuing education for midwives is regulated differently in the German Federal states; breastfeeding topics are usually included, but are not mandatory.
For nurses, continuing education in breastfeeding is not very common except for Baby-Friendly hospitals.
In-house breastfeeding education is available in all Baby-Friendly Hospitals and in several other hospitals, depending on the priorities of the respective hospitals.
Many continuing education events are sponsored by the baby food industry or even conducted directly by them. Such training courses are recognized by health authorities and medical associations for the fulfillment of training obligations, disregarding conflicts of interest, see Indicator 3 International Code.
5.4 Education on the Code makes part of the Baby Friendly training, and at the training sessions of the above-mentioned organizations AZ, DAIS, EISL and FBZ, but not on a nationwide basis.
5.6 Co-admission of the mother during a hospital stay of the child is often possible. Co-admission of the baby during the mother's hospitalization is less common. However, several hospitals make great efforts to avoid separations of mother and child.

Gaps: *(List gaps identified in the implementation of this indicator)*
1 Breastfeeding topics are (almost) completely absent from medical and nursing care training.
The extent to which breastfeeding topics are covered in continuing education (outside BFHI) depends largely on regional requirements and personal interest.
2. Continuing education events sponsored or even directly conducted by the baby food industry are recognized by health authorities and medical associations for the fulfillment of continuing education obligations, despite conflicts of interest, see Indicator 3 International Code.
3. Breastfeeding is rarely considered as a cross-cutting issue that should also be taken into account in other contexts.
4. In the context of hospital admission, co-admission of the mother is usually possible, while co-admission of the child is rare.

Recommendations: *(List action recommended to bridge the gaps):*
1. Implement and standardize breastfeeding topics in the primary training curricula of all professional groups of healthcare providers who care for mothers and infants.
2. Implement and standardize breastfeeding topics in the continuing education requirements of all professional groups of healthcare providers who care for mothers and infants.
3. Ensure that education and training are provided without conflict of interest and in compliance with the International Code.
4. Improve pathways to admit mother and child to all hospitals together.

Indicator 6: Counselling Services for the Pregnant and Breastfeeding Mothers

Key question: *Are there counselling services in place to protect, promote and support breastfeeding and optimal infant and young child feeding practices both at facility and community level*

Criteria of assessment	· *Check that apply*		
6.1) Pregnant women receive counselling services f**or** breastfeeding during ANC.	>90% · 2	50-89% · 1	<50% · 0 ✓
6.2) Women receive counselling and support for initiation breastfeeding and skin to contact within an hour birth.	>90% · 2	50-89% · 1	<50% · 0 ✓
6.3) Women receive post-natal counselling for exclusive breastfeeding at hospital or home.	>90% · 2	50-89% · 1	<50% · 0 ✓
6.4) Women/families receive breastfeeding and infant and young child feeding counselling at community level.	>90% · 2	50-89% · 1	50% · 0 ✓
6.5) Community-based health workers are trained in counselling skills for infant and young child feeding.	>50% · 2	<50% · 1 ✓	No Training · 0
Total Score:	**___1__/10**		

Additional Information: *If pre-lacteal feeding is going on, please give examples, share some challenges to providing counselling at community level.*

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. Joint Federal Committee (G-BA) Maternity Guidelines
https://www.g-ba.de/richtlinien/19/
2. Lacking coverage of midwives and midwifery services
https://www.unsere-hebammen.de/mitmachen/unterversorgung-melden/
3. Lactation consultants IBCLC
http://www.bdl-stillen.de/stillberatungsuche-78.html
4. Pediatricians including medical care for adolescents: Preventive medical examinations
https://www.kinderaerzte-im-netz.de/vorsorge/
5. Mother-to-mother support: www.afs-stillen.de www.lalecheliga.de

6. National Center for Early Support (NZFH): Using breastfeeding as a resource https://bib.bzga.de/anzeige/publikationen/titel/Eckpunktepapier%20Stillen%20als%20Ressource%20nutzen/

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

6.1 General prenatal care is based on the Maternity Guideline of the Federal Joint Committee G-BA. This guideline does neither include breastfeeding counseling nor antenatal breastfeeding preparation courses.

On their own initiative - and partly at their own expense - pregnant women can attend antenatal classes, which often include breastfeeding topics – not always sufficiently - or breastfeeding preparation courses.

6.2 Early skin-to-skin contact and early breastfeeding are standard care in Baby-Friendly Hospitals. All other hospitals have no mandatory requirements in this regard.

6.3 to 6.5 There is no integrative strategy for supporting pregnant and breastfeeding mothers continuously after discharge in the sense of integrated care.

In principle, pregnant women and mothers are entitled to support from midwives. However, there is a considerable shortage of midwives, so that many pregnant women and mothers are unable to find a midwife for antenatal care and follow-up care after birth at home (see link 2 above). In addition, many midwives are inadequately trained and educated in breastfeeding (see indicator 5).

Counseling services offered by lactation consultants IBCLC are mostly fee-based for mothers and not available everywhere (see link 3 above).

Pediatricians and adolescent doctors are responsible for preventive examinations of children. Breastfeeding issues hardly play a role in the official screening program (see link 4 above). For information on conflicts of interest, see. Indicator 3.

Two organizations, the Association of Free Breastfeeding Groups (AFS) and La Leche Liga (LLL), train breastfeeding counselors for mother-to-mother counseling and offer breastfeeding groups (see link 5 above). Regionally, there are large gaps in these services. These groups predominantly reach mothers with a similar background, while hardly reaching any mothers with a migration background and/or in difficult life situations. They are not integrated into the general health care system.

The volunteers and professionals working in the field of early support are predominantly not trained in breastfeeding topics. Since 2018, there has been a key issues paper "Using breastfeeding as a resource in the context of early prevention", which, however, is only a recommendation (see link 6 above).

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

1. There is a lack of an integrative strategy to support pregnant and breastfeeding mothers continuously on the community level.
2. There is a noticeable shortage of midwives.
3. There is a noticeable lack of locally accessible, qualified counseling options for breastfeeding problems that are free of charge for mothers.

4. There is a lack of programs for mother-to-mother support, especially for women with a migration background and/or in difficult life situations.
5. There is a lack of funding for breastfeeding support by professionals with different professional backgrounds who are trained to care for mother and child.

Recommendations *(List action recommended to bridge the gaps):*
1. Develop an integrative strategy to support pregnant and breastfeeding mothers continuously after discharge on the community level, to address the need for locally accessible, cost-free and skilled counseling by healthcare professionals and mother-to-mother support that operates in a well-coordinated manner.
2. As an intermediate step, develop and implement regional support programs with
- Consideration of breastfeeding support in community-based early intervention, area-wide training of staff there;
- Structural promotion of mother-to-mother support, especially for families with a migration background and/or in difficult life situations;
- nationwide coverage of midwife services, including improved training in breastfeeding support;
- nationwide counseling services free of charge for mothers in the event of breastfeeding problems, e.g. in breastfeeding clinics and through home visits.

Indicator 7: Accurate and Unbiased 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 for assessment	· *Check that apply*	
7.1) There is a national IEC strategy for improving infant and young child feeding.	YES · 2 ✓	NO · 0
7.2) Messages are communicated to people through different channels and in local context.	YES · 1 ✓	No · 0
7.3) IEC strategy, programmes and campaigns like WBW and are free from commercial influence.	YES · 1	No · 0 ✓
7.4) Breastfeeding/IYCF IEC materials and messages are objective, consistent and in line with national and/or international recommendations.	YES · 2	No · 0 ✓
7.5) IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at national and local level.	YES · 2 ✓	No · 0
7.6) IEC materials/messages include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[25]	YES · 2	No · 0 ✓
Total Score:	**___5__/10**	

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. Federal Center for Health Education (BZgA): Information on breastfeeding
https://www.kindergesundheit-info.de/themen/ernaehrung/stillen/
2. Healthy start: Information on breastfeeding
https://www.gesund-ins-leben.de/fuer-familien/das-1-lebensjahr/stillen/
3. Milupa: information for parents for distribution by midwives
https://hebnews.de/arbeitsmaterial/eltern-memo

[25]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. This is to minimize health hazards. Parents 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.

4. BZgA: Information on infant nutrition
https://www.kindergesundheit-info.de/themen/ernaehrung/0-12-monate/flaschenmilch/
5. Healthy start: Information on infant formula feeding
https://www.gesund-ins-leben.de/inhalt/saeuglingsnahrung-29434.html
6. Healthy start: Schedule for puree / mash feeding of infants: https://www.gesund-ins-leben.de/inhalt/brei-fahrplan-29435.html

Conclusions *(Summarize which aspects of the IEC programme areappropriate and which need improvement and why. Identify areas needing further analysis)***:**
The agencies BZgA, Healthy start (Gesund ins Leben) and the German NBC, which were set up by the German government, publish information and recommendations free of advertising. The WHO recommendation of 6 months of exclusive breastfeeding is not included in them (see indicator 1). In some cases, there are conflicts of interest (see indicator 1).
Information material from baby food companies is freely available everywhere and is partly distributed through the healthcare system, see e.g. Milupa above.
Information on infant formula feeding contains hardly any references to risks. Moreover, their own recommendations for preparation of formula deviate from the WHO guideline, see above links 4 and 5.

Gaps *(List gaps identified in the implementation of this indicator)***:**
1. A lot of materials and information used in the healthcare system are published or influenced by the infant formula industry.
2. Official breastfeeding recommendations deviate from the WHO breastfeeding recommendation.
3. Recommendations on infant formula feeding hardly mention risks of this way of feeding. Risks such as contamination with pathogenic germs is only addressed in connection with the shelf life for prepared food and does not refer to risks of the product itself.

Recommendations (List action recommended to bridge the gaps):
1. No distribution of commercially influenced information and materials by the healthcare system.
2. Prohibition of information for parents by the baby food industry.
3. Incorporation of the WHO breastfeeding recommendation into official breastfeeding recommendations to exclusively breastfeed for 6 months and continue with appropriate complementary foods until 2 years of age and beyond.
4. Information on artificial infant formula with regard to risks should include potential contamination with pathogenic germs due to the manufacturing process. Preparation instructions should be based on WHO recommendations.

Indicator 8: Infant Feeding and HIV

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

Criteria for Assessment[26]	*√ Check that apply*	
8.1) The country has an updated policy on Infant feeding and HIV, which is in line with the international guidelines on infant and young child feeding and HIV[27].	YES · 2 ✓	No policy · 0
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation.	YES · 1	No · 0 ✓
8.3) Health staff and community workers of HIV programme have received training on HIV and infant feeding counselling in past 5 years.	YES · 1 ✓	No · 0
8.4) HIV Testing and Counselling (HTC)/ Provider-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.	YES · 1 ✓	No · 0
8.5) The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	YES · 1 ✓	No · 0
8.6) Infant feeding counselling is provided to all mothers living with HIV appropriate to national circumstances.	YES · 1 ✓	No · 0
8.7) Mothers are supported and followed up in carrying out the recommended national infant feeding	YES · 1 ✓	No · 0
8.8) Country is making efforts 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.	YES · 1	No · 0 ✓

[26]Some of the questions may need discussion among the core group, and based on information sources the Core group may decide about the strengths.

[27]Updated guidance on this issue is available from WHO as of 2016. Countries who may be using the earlier guidance and are on way to use the new guidance if not completely may be included here.

8.9) Research on Infant feeding and HIV is carried out 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.	YES · 1	No · 0 ✓
Total Score:	**__7__/10**	

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. The working group of scientific medical associations (AWMF) S2k guideline on HIV therapy in pregnancy and in HIV-exposed newborns (as of September 2020). https://register.awmf.org/de/leitlinien/detail/055-002
2. Federal joint committee (G-BA) maternity guidelines https://www.g-ba.de/richtlinien/19/
3. Positiv schwanger? Kein Problem! https://hiv-diskriminierung.de/aktuelles/positiv-schwanger-kein-problem-0
4. PAAD Pädiatrische Arbeitsgemeinschaft AIDS https://daignet.de/die-daig/sektionen/paad-padiatrische-arbeitsgemeinschaft-aids/
5. https://www.stillen-institut.com/media/hiv-erkrankungen-der-mutter.pdf

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

There is an AWMF guideline on HIV therapy in pregnancy and in HIV-exposed newborns (AWMF). All newborns and children of HIV-positive mothers are cared for in 14 centers in Germany, all of which follow the recommendations of the AWMF guideline. This states: Recommendation 9: a) In the case of suppressed maternal VL (<50 copies/ml), the decision about breastfeeding should be made in a participatory process, weighing the benefits and risks. b) In the case of VL>50 HIV-RNA copies, breastfeeding should be recommended to be discontinued." The maternity guideline information sheet only states the recommendation to abstain from breastfeeding.
According to the maternity guideline, all pregnant women are offered HIV testing. The expectant mother's record on prenatal and natal care only mentions whether the test was performed, while the test result itself remains confidential. In Germany, 400 - 500 children are born to HIV-positive mothers every year.

Gaps *(List gaps identified in the implementation of this indicator)**:***
1. The lack of Code implementation and of the WHO breastfeeding recommendation is a general problem in Germany and not specific to HIV.

Recommendations *(List action recommended to bridge the gaps):*
1. Exclusive breastfeeding for the first 6 months should be recommended, especially to mothers with HIV, because studies show that exclusive breastfeeding reduces the risk of transmission (see link 5).

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?*

Criteria for assessment	**√ Check that apply**	
9.1) The country has a comprehensive Policy/Strategy/ Guidance on infant and young child feeding during emergencies as per the global recommendations with measurable indicators.	YES · 2	NO · 0 ✓
9.2) Person(s) tasked to coordinate and implement the above policy/strategy/guidance have been appointed at the national and sub national levels	YES · 2	NO · 0 ✓
9.3) The health and nutrition emergency preparedness and response plan based on the global recommendation includes:		
1. basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately skill trained counsellors, and support for relactation and wet-nursing.	YES · 0.5	NO · 0 ✓
2. measures to protect, promote and support appropriate and safe complementary feeding practices	YES · 0.5	NO · 0 ✓
3. measures to protect and support the non breast-fed infants	YES · 0.5	NO · 0 ✓
4. Safe spaces for IYCF counselling support services.	YES · 0.5	NO · 0 ✓
5. measures to minimize the risks of artificial feeding, including an endorsed Joint statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and minimize the risk of formula feeding, procurement management and use of any infant formula and BMS, in accordance with the global recommendations on emergencies	YES · 0.5	NO · 0 ✓
6. Indicators, and recording and reporting tools exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children.	YES · 0.5	NO · 0 ✓
9.4) Adequate financial and human resources have been allocated for implementation of the emergency preparedness and response plan on IYCF	YES · 2	NO · 0 ✓
9.5) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-	YES	NO

service training for emergency management and relevant health care personnel.	· 0.5	· 0 ✓
9.6) Orientation and training is taking place as per the national plan on emergency preparedness and response is aligned with the global recommendations (at the national and sub-national levels)	Yes · 0.5	NO · 0 ✓
Total Score:	___0__/10	

Additional Information:
Please share any stories of implementing the IFE in your country during a disaster

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*
Federal Office of Civil Protection and Disaster Assistance Disaster Alert Guidebook, p. 11 below:
"When stocking up, also think about special foods - e.g., for diabetics, allergy sufferers, or babies."
https://www.bbk.bund.de/SharedDocs/Downloads/DE/Mediathek/Publikationen/Buergerinformationen/Ratgeber/ratgeber-notfallvorsorge.pdf?__blob=publicationFile&v=15

Conclusions *(Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis)**:***
The German government has only recommended storing infant formula, however neither implemented the Global Strategy for Infant and Young Child Feeding, nor has it taken into account the criteria for infant and young child feeding for emergencies and disasters listed in the Annex.

Gaps *(List gaps identified in the implementation of this indicator)***:**
1. So far there has been no consideration, preparation and implementation of the measures for infant and young child feeding in case of emergency and disaster (IFE Operational Guidance) on the part of the Federal Government of Germany or the responsible Federal Office for Civil Protection and Disaster Assistance.
2. There is so far no appointment of persons responsible for the above mentioned implementation and coordinating the actors including UN, donors, the military and non-governmental organizations in case of emergency and disaster.
3. The development of a preparedness and emergency response plan, taking into account the IFE Operational Guidelines, has not been done and therefore could not be used during emergencies in recent years.
4. A preparedness and emergency response plan lacks of measures to minimize the risk of artificial infant feeding in emergencies and disasters, including a confirmed statement that donations of breast milk substitutes, bottles, and teats are largely unacceptable. There is a lack of standardised procedures for unsolicited donations, for procurement management, and for the use of any artificial infant formula and other breast milk substitutes (BMS), where strict criteria based on the IFE Operational Guidance, the International Code, and subsequent relevant WHA resolutions should apply, which currently do not.

a) No resources have been allocated to date for the implementation and practical application of the Preparedness and emergency and disaster Protection Plan.
b) Adequate briefing and training materials on infant and young child feeding in disasters and emergencies are lacking in the education and training of emergency services and trainee and practicing health workers and all relevant healthcare providers.

Recommendations *(List actions recommended to bridge the gaps):*
1. Consideration, preparation and implementation of the measures for infant and young child feeding for emergency and disaster situations (IFE Operational Guidance) on the part of the Federal Government or the responsible Federal Office for Civil Protection and Disaster Assistance.
2. Appointing persons responsible for the above-mentioned implementation and coordinating the actors including UN, donors, the military and non-governmental organizations in case of emergency and disaster.
3. Development of a preparedness and emergency response plan, taking into account the IFE Operational Guidelines, should be accomplished to be used in future emergencies. This plan should include basic equipment and technical supplies to provide the necessary environment for breastfeeding, including support from competent lactation consultants, enabling wetnursing and relactation, and protected spaces for breastfeeding.
4. As part of a preparedness and emergency response plan, measures should be incorporated to minimize the risk of artificial infant feeding in the event of an emergency or disaster, including a confirmed statement that donations of breastmilk substitutes, bottles, and teats will largely not be accepted, as well as standard procedures for unsolicited donations, for procurement management, and for the use of any artificial infant formula and other breast milk substitutes (BMS), with strict criteria based on the IFE Operational Guidance, the International Code, and subsequent relevant WHA resolutions.
5. Financial resources for the implementation and practical operation of the preparedness and emergency response plan should be provided for
a) Appropriate briefing and training materials on infant and young child feeding in disasters and emergencies should be integrated into the education and training of emergency services and trainees and practicing health workers and all relevant healthcare providers.
(b) Briefing and training as defined in the IFE Operational Guidance should be integrated into national preparedness and emergency response plans.

Indicator 10: Monitoring and Evaluation

Key question: *Are monitoring and evaluation systems in place that routinely or periodically collect, analyse and use data to improve infant and young child feeding practices?*

Criteria for assessment	√ Check that apply	
10.1) Monitoring and evaluation of the IYCF programmes or activities (national and sub national levels) include IYCF indicators (early breastfeeding within an hour, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding and adequacy of complementary feeding)	YES · 2	NO · 0 ✓
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investment decisions.	YES · 1	NO · 0 ✓
10.3) Data on progress made in implementing IYCF programme and activities are routinely or periodically collected at the sub national and national levels.	YES · 3	NO · 0 ✓
10.4) Data/information related to IYCF programme progress are reported to key decision-makers.	YES · 1	NO · 0 ✓
10.5) Infant and young child feeding practices data is generated at least annually by the national health and nutrition surveillance system, and/or health information system.	YES · 3	NO · 0 ✓
Total Score	__0___/10	

Additional Information

Please share challenges being faced at national level, and solutions offered for monitoring the infant and young child feeding practices.

Information Sources Used *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. Institute for Quality and Transparency in Health Care IQTIG
https://iqtig.org/downloads/erfassung/2023/v03/161/16-1.pdf
2. Baby-friendly Initiative: Breastfeeding statistics maternity hospital
https://www.babyfreundlich.org/fachkraefte/angebote/fachinformationen/
3. Children and adolescents' health survey (KiGGS) base and wave 1
https://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/GBEDownloadsJ/JoHM_2016_02_diet1b.pdf?__blob=publicationFile

Conclusions *(Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis)**:***
In Germany, there is no standardized, universal breastfeeding monitoring. According to the German NBC a breastfeeding monitoring system is currently being set up for Germany.
The Children and Adolescents Health Survey (KiGGS), used to collect health-related data retrospectively in a nationwide sample at intervals of several years, including several items on breastfeeding.
In 2021, the Institute for Quality and Transparency in Health Care (IQTIG) has started to collect data on nutrition nationwide, categorizing whether the infants are "exclusively fed with breast milk", "partially fed with breast milk" or "exclusively fed with formula" at the time of discharge/transfer from the maternity hospital.
Furthermore, the Baby-Friendly Hospital Initiative collects data on early skin-to-skin contact and exclusive or partial breastfeeding during the stay in the Baby-Friendly maternity hospital.

Gaps *(List gaps identified in the implementation of this indicator)**:***
1. In Germany, there is still no standardized national breastfeeding monitoring that takes into account the WHO indicators mentioned in 10.1.
2. Therefore, the evaluation of breastfeeding promotion measures is not possible due to the lack of data.

Recommendations *(List actions recommended to bridge the gaps):*
1. Establish a standardized national breastfeeding monitoring, taking into account all WHO indicators.
2. Until then use existing regional data for planning and evaluation of breastfeeding promotion measures, e.g. by applying statistical projection, or for interventions at the regional level.

Part II – IYCF Practices

In Part II ask for specific numerical data on each infant and young child feeding practice. Those involved in this assessment are advised to use data from a random household survey that is national in scope[28]. The data thus collected is entered into the web- based printed toolkit. The achievement on the particular target indicator is then rated i.e. **Red, Yellow, Blue and Green.** The cut off points for each of these levels of achievement were selected systematically, based on an analysis of past achievements on these indicators in developing countries. These are incorporated from the WHO's tool.

Definition of various quantitative indicators have been taken from "WHO's Indicators for assessing infant and young child feeding practices - 2008" Available at:
http://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/

Preferably, data should have been collected in past five years. Most recent data should be used, which is national in scope.

[28]One source of data that is usually high in quality is the Demographic and Health Survey (DHS)(4) conducted in collaboration with Macro International and national research organizations, with support from USAID. If this source of data is used the data are likely to be comparable across countries. Other sources of data include UNICEF's Multiple Indicator Cluster Surveys (MICS) (5) and the WHO Global Data Bank on Breastfeeding (6). In some countries recent national surveys may have been conducted. It is important to assess the scope and quality of any data sources being considered for use.

Indicator 11: Initiation of Breastfeeding (within 1 hour)

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

Assessment

	Key to rating adapted from WHO tool	*Percentage Not available*	*Colour-rating*
Indicator 11: Initiation of Breastfeeding (within 1 hour)	0.1-29%	3	**Red**
	29.1-49%	6	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	**Green**

Data Source (including year):

No data are available for this indicator.

Summary Comments:

Additional Information

Please provide information on use of pre-lacteal feeds, use of formula during stay in health facility, with specific challenges in cesarean section delivery, or any other relevant information you want to share in the report.

No data available for this indicator

Indicator 12: Exclusive Breastfeeding under 6 months

Key question: *What is the percentage of infants less than 6 months of age who were exclusively breastfed*[29] *in the last 24 hours?* __*12.5 %*

Assessment

	Key to rating adapted from WHO tool	*Percentage*	*Colour-rating*
Indicator 12: Exclusive Breastfeeding under 6 months	0.1-11%	**3**	**Red**
	11.1-49%	6✓	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	**Green**

Data Source (including year):

At 6 months of age, 12.5% of infants born from 2012 to 2016 were exclusively breastfed.

Brettschneider et al. Stillverhalten in Deutschland – Neues aus KiGGS Welle 2. Bundesgesundheitsbl 2018 · 61:920–925 https://doi.org/10.1007/s00103-018-2770-7

Additional Information

Please provide information on cultural use supplements during this period, challenges to achieve exclusivity, or any other relevant information you want to share in the report.

Summary of Comments

[29]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?___6___ months*

Assessment

	Key to rating adapted from WHO tool	*Months*	*Colour-rating*
Indicator 13: Median Duration of Breastfeeding	0.1-18 **Months**	3 ✓	**Red**
	18.1-20 ’’	6	**Yellow**
	20.1-22 ’’	9	**Blue**
	22.1- 24 or beyond ’’	10	**Green**

Data Source (including year):
In the 2013/2014 birth cohorts, 55.9% of children were breastfed at 6 months and 20.3% were breastfed at 12 months. This puts the median at just over 6 months.

Brettschneider et al. Stillverhalten in Deutschland – Neues aus KiGGS Welle 2. Bundesgesundheitsbl 2018 · 61:920–925 https://doi.org/10.1007/s00103-018-2770-7

Additional Information
Please provide information on the “continued breastfeeding” at 1 and 2 years.

No data available

Summary of comments

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? __NA____%*

Definition of the indicator: *Proportion of children 0–12 months of age who are fed with a bottle*

Assessment

	Key to rating adapted from WHO tool	***Percentage***	***Colour-rating***
Indicator 14: Bottle-feeding (0-12 months)	29.1-100%	3	**Red**
	4.1-29%	6	**Yellow**
	2.1-4%	9	**Blue**
	0.1-2%	10	**Green**

Data Source (including year):
No data are available on the proportion of bottle feeding.

Additional Information
Please provide information if bottle feeding is on the rise and is that related to advertising etc or any other relevant information on bottle –feeding may be useful.

No data are available, no monitoring

Summary Comments:

Indicator 15: Complementary Feeding (6-8 months)

Key question: *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?*
__NA____%

Definition of the indicator: *Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods*

Assessment

	Key to rating adapted from WHO tool	***Percentage***	***Colour-rating***
Indicator 15: 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):
No data are available on the proportion of infants receiving complementary foods at 6-8 months of age.

Additional Information
Please provide information on the adequacy and quality of complementary feeding e.g. minimum acceptable diet of children 6-23 months, dietary diversity or consumption of iron-rich foods? This will be useful addition to the report to advocate from improved feeding practices.

Summary Comments:

Summary Part I: IYCF Policies and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Governance and Funding	**3**
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding	**4**
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	**4**
4. Maternity Protection	**8**
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	**2**
6. Counselling Services for the Pregnant and Breastfeeding Mothers	**1**
7. Accurate and Unbiased Information Support	**5**
8. Infant Feeding and HIV	**7**
9. Infant and Young Child Feeding during Emergencies	**0**
10. Monitoring and Evaluation	**0**
Total Country Score	**34**

Guidelines for WBT*i*

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	**Total Country Score**	**Colour-coding**
0 – 30.9		**Red**
31 – 60.9	**34**	**Yellow ✓**
61 – 90.9		**Blue**
91 – 100		**Green**

Conclusions *(Summarize the achievements on the various programme components, what areas still need further work)*[30] *:*

Unfortunately, there are no significant changes in the protection, promotion and support of breastfeeding in Germany in 2023 with regards to implementing the Global Strategy, compared to the last evaluation in 2018, while the priorities have also remained the same. In detail, the development is as follows:

[30] 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.

- It is gratifying that a National Breastfeeding Promotion Strategy was issued at all in 2021, with the cooperation of many unpaid volunteers. Unfortunately, it contains a lot of declarations of intent, but no binding requirements for implementation.
- The Baby-Friendly initiative is still not supported by the government or the healthcare system. Nevertheless, about 100 maternity, perinatal and pediatric hospitals have achieved accreditation on their own initiative.
- The uncontrolled marketing of breast-milk substitutes remains a core problem. The National Strategy only envisages "examining" whether anything needs to be done here. This is not enough to effectively protect breastfeeding.
- The legal situation regarding maternity protection in Germany is good compared to international standards. However, there is still a need for action in terms of implementation.
- There is no progress in the education and training of healthcare providers on breastfeeding in terms of quality and expansion compared to 2018.
- There is still a lack of integrated care for mother and child to enable mothers to breastfeed. In particular, the professions of midwife and professional lactation consultant (IBCLC) should be mentioned here, which are not sufficiently available to mothers within the framework of statutory health insurance benefits. This is true for all mothers, but especially for immigrant mothers and mothers in difficult circumstances.
- The provision of unbiased information on breastfeeding for families still fails due to the great influence of substitute baby food producers, who provide a large amount of information in this respect. However, thin information is not written objectively but in the interest of the manufacturers. The risk of substitute products should be pointed out, as a part of objective information. Parents and healthcare providers should receive information uninfluenced by the industry.
- Breastfeeding and infant feeding are still not considered in disaster and emergency management.
- Breastfeeding monitoring is intended, but has not been implemented to date.

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

IYCF Practice	Result	Colour-coding
Indicator 11: Initiation of Breastfeeding (within 1 hour)	__NA____	RED
Indicator 12: Exclusive Breastfeeding under 6 months	___12.5___ %	YELLOW
Indicator 13: Median Duration of Breastfeeding	__6_ months	RED
Indicator 14: Bottle-feeding (0-12 months)	___NA___	RED
Indicator 15: Complementary Feeding (6-8 months)	__NA____	RED

• As there is no standardized monitoring on breastfeeding and infant and young child feeding in Germany, only 2 of the 5 indicators could be assessed based on empirical data. This was equally true for 2018 as well as for 2023. Therefore, our conclusions remain the same:

- Immediate and uninterrupted skin contact immediately after birth is standard care in Baby-Friendly certified hospitals, including after cesarean section. Skin contact is usually practiced routinely for at least 1 hour, at which time initial delivery or colostrum administration usually occurs. Data on the standard of care immediately after birth regarding skin-to-skin contact and initiation of breastfeeding are not available for noncertified hospitals.

- The rate of exclusively breastfed infants at 6 months of age was 12.5% in the 2012 to 2016 birth cohorts, an unacceptably low rate.
- The median duration of breastfeeding was just over 6 months, far too low.
- No data are available on the proportion of breastfed infants aged 0-12 months who received food or drink (including breast milk) from a bottle.
- There are also no data on complementary feeding initiation at 6-8 months of age.

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

Conclusions

Summarise the achievement on policy and programme and identify key gaps. Here analyse the gaps with the core group and provide a summary of what needs to be done to bridge the gaps. Also include analysis of the 5 IYCF practices and its colour coding. Summarise which infant and young child feeding practices are good and which need improvement and why, any further analysis needed.

Draw a list of recommendations for your health and nutrition managers and policy makers, keeping in mind the gaps you have on policy & programmes.

Key Gaps

- The Code of Marketing of Breastmilk Substitutes receives little attention.
- There is a lack of an integrated breastfeeding promotion chain with information during pregnancy, implementation of the Baby-Friendly initiative in all maternity and children's hospitals, sufficient midwife care and qualified breastfeeding support as a service within the scope of health insurance.
- The public funding required is also lacking. Thus, breastfeeding support is often only possible on a voluntary basis or through private funding by families.
- The WHO recommendation for breastfeeding is important for public health and every child, but even more so for infants of mothers with HIV, but is not being officially supported
- The WHO program for infant feeding (IYCF-E) in emergencies has not been implemented
- The protection, promotion and support of breastfeeding is still not a health policy priority in Germany

Key Recommendations

- The code should become law at the European and German levels, based on the WHO-Europe model law.
  (https://www.who.int/europe/publications/i/item/WHO-EURO-2022-4885-44648-63367)
- The National Breastfeeding Promotion Strategy should be concretised, implemented and evaluated.
- This should be based on the WHO Global Strategy for Infant and Young Child Feeding, with a breastfeeding recommendation of 6 months of exclusive breastfeeding and continued breastfeeding alongside appropriate complementary foods until 2 years of age and beyond, with special importance for infants with HIV infected mothers.
- The infant and young child feeding in emergencies program by WHO should be fully implemented.

- The provision of midwives and lactation consultants should be strengthened and made accessible to all parents.
- Breastfeeding support should be established at all levels of healthcare in the sense of integrated care.
- Protection, promotion and support of breastfeeding should become a priority of health policy, which should also provide sufficient resources for the need for action described in this report at all levels, including a standardised monitoring of infant feeding.
- Competent breastfeeding support should not depend on the financial resources of individual families or voluntary commitment, but be accessible for all mothers and families.