



World Breastfeeding Trends Initiative (WBTi)

# Malta Assessment Report





**World Breastfeeding Trends Initiative (WBTi)**

# Report



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

# The World Breastfeeding Trends Initiative (WBTi)

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## MALTA 2018

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### National Breastfeeding Policy Implementation Group



## **INTRODUCTION**

### **Objective:**

The Health Promotion and Disease Prevention Directorate within the Superintendence of Public Health, Ministry for Health, has embarked on an ambitious health improvement project by applying the WBTi tool to assess the current infant and young child feeding practices in the Maltese islands.

### **Methodology:**

This is the first time a WBTi assessment has been carried out in Malta. Apart from obtaining information about the breastfeeding scenario in the Maltese islands, it has provided an insight into feeding practices among infant and young child. This WBTi assessment tool has significant benefits in identifying the gaps and providing a good basis for improvement. Identified areas will need strengthening in order to improve the approach for infant and young child feeding practices by both health care professionals, parents and others. The report was prepared by the National Breastfeeding Policy Implementation Group through meetings, interviews and data collection. The report was compiled through collection of sources such as the internet and from relevant public departments. The timeframe for the project was from January to May 2018.

### **Authors:**

Dr Mariella Borg Buontempo - Consultant in Public Health - Chair

Ms Charlene Vassallo – Nutritionist – Health Promotion and Disease Prevention Directorate

### **Contributors:**

Dr Ray Parascandolo – Consultant Paediatrician – Breastfeeding Lead – Mater Dei Hospital

Ms Helen Borg - Senior Practice Midwife and Infant feeding - Breastfeeding Lead – Mater Dei Hospital

Dr Maya Podesta – Resident Specialist, Public Health Medicine, Superintendence of Public Health

Dr Charmaine Gauci – Director General, Superintendent of Public Health, and Dr Paula Vassallo, Director of Health Promotion and Disease Prevention were consulted and supported this Initiative.

**Acknowledgements:**

Dr Charles Mallia Azzopardi - HIV specialist

Dr Ray Busuttil – Public Health Consultant

Dr David Pace - HIV paediatric specialist

Dr Dennis Vella Balacchino – Chief Medical Officer

Dr Karen Borg – Public Health Specialist.

# World Breastfeeding Trends Initiative (WBTi)

## Background

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none"> <li><b>1.</b> National Policy, Programme and Coordination</li> <li><b>2.</b> Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)</li> <li><b>3.</b> Implementation of the International Code of Marketing of Breastmilk Substitutes</li> <li><b>4.</b> Maternity Protection</li> <li><b>5.</b> Health and Nutrition Care Systems (in support of breastfeeding &amp; IYCF)</li> <li><b>6.</b> Mother Support and Community Outreach</li> <li><b>7.</b> Information Support</li> <li><b>8.</b> Infant Feeding and HIV</li> <li><b>9.</b> Infant Feeding during Emergencies</li> <li><b>10.</b> Mechanisms of Monitoring and Evaluation System</li> </ol>	<ol style="list-style-type: none"> <li><b>11.</b> Early Initiation of Breastfeeding</li> <li><b>12.</b> Exclusive breastfeeding</li> <li><b>13.</b> Median duration of breastfeeding</li> <li><b>14.</b> Bottle feeding</li> <li><b>15.</b> Complementary feeding</li> </ol>

## **Methodology:**

The current situation was analysed. Gaps were identified and data on 15 indicators was fed into the questionnaire using the WBTi web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. This toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

### **Each indicator used for assessment has following components:**

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

**Part I:** A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocent Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding. This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

**Part II:** Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

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

## **Why WBTi assessment in Malta?**

The Maltese archipelago lies in the middle of the Mediterranean Sea and consists of three small islands being: Malta, Gozo and Comino. Malta is the largest of the three major islands. The capital city of Malta is Valletta while that of Gozo is Victoria. The total area of the Maltese islands is that of 315 km<sup>2</sup>. Malta has joined the European Union in 2004. This was considered an asset giving various opportunities to network in sharing of knowledge and best practices with regards to public health from other members states. Its' official languages are Maltese and English. The estimated total population of Malta and Gozo at the end of 2016 is that of 440,433 (NSO, 2017). In 2016, there were about a total of 4,555 births deliveries in the Maltese islands with of which 4,532 were live births and 23 stillbirths. There was an increase of 102 total births in 2016 when compared to the previous year. 52.7% of births were males while 47.3% were females (NOIS, 2016)

Efforts have been made in Malta to encourage breastfeeding through promotion, protection and support. Over the years priority to breastfeeding has been highlighted in the various policy formulations including the obesity strategy, The Healthy Weight for Life, 2012, the Non Communicable Disease Strategy, 2010, the Food and Nutrition Action Plan 2014 and the National Breastfeeding Policy and Action Plan, 2015, these policies have provided the path to implementation of various initiatives including campaigns, training and measures to support an enabling environment. Breastfeeding rates in Malta are comparable to that seen in other European countries. New born feeding habits are recorded by hospital staff at the time of discharge from hospital, which is usually 2-5 days after delivery. Although there are gaps in data on the actual infant feeding habits, the number of exclusively breastfed babies was 55.3%, bottle fed 27.6% and mixed breast and bottle were 16%. (NOIS, 2016).

The World Health Organization and the United Nations Children's Fund (UNICEF) recommends that infants should be exclusively breastfed for the first six month of life and continued to beyond 2 years if desired. Malta also adopts this policy. Malta follows the WHO guidelines, recommending that the infants are put to the breast and latch on within the first hour of birth. The aim is to provide the optimal feeding during the first 1,000 days of life which is essential for the growth and development of the child. Breast feeding offers long term benefits to both mother and child.

An ad hoc study carried out by Borg (2018) measured the breast-feeding indicators in the Maltese population, including the prevalence of breastfeeding. The study methodology was the use of mixed

telephone survey and online methodology to obtain responses about 38 different areas of breast feeding and early feeding practices. Apart from demographic data, information on breastfeeding was collected using The Infant and Young Child Feeding modules suggested by WHO. The results showed that the respondents response rate of 99% was obtained. Maltese mothers start off their breastfeeding journey with a rate of breastfeeding initiation within the first hour of birth of 64.4%, which then dwindled to 9.6% of women exclusively breastfeeding at under 6 months of age, and 10.4% of women continuing to breastfeed at 12 months of age. The percentage of infants who were bottle fed is of 90.4%. Malta has an Infant Formula Milk Policy and Guidelines.

<b>INDICATORS</b>	<b>% (N)</b>
<b>Initiation of breastfeeding</b>	
within one hour of birth	64.4 (248)
within the first 6 hours	5.2 (20)
within the first day	1.6 (6)
within the second day	0.8 (3)
within the third day	0.8 (3)
more than 3 days	1.8 (7)
<b>Exclusive breastfeeding</b>	
Under 6 months old	9.6 (37)
<b>Continued breastfeeding</b>	
12 month old	10.4 (40)

Data is limited with regards to the initiation of weaning. However most Maltese health professionals recommend weaning to begin between the age of 4 – 6 months. Inadequate nutrition during the early days of life is a key factor to long term impairment in growth and health. There is also an increased risk for obesity, chronic diseases and malnourishment. Malta has drafted the Nutrition Guidelines for the Early Years (6 months to 3 years) which aim to provide simple and practical advice on good feeding to infant and young child by getting the right nutrition from various food groups.

In Malta, it is quite uncommon for infants to be born with HIV, and in many cases are migrants from Africa or Eastern Europe. They are not breast fed but are provided with breast milk substitute. Feeding practices in line with WHO guidelines are explained by pediatricians and midwives following delivery.

During emergency situations, Malta follows and is supported by the European Union Civil Protection Mechanism whereby government aid is provided immediately.

Identified gaps following this assessment will give a clear indication on the need to improve breastfeeding and infant feeding practices, enhance policy formulation, target educational campaigns, support an enabling environment while improving ring fenced resources.

## **References**

1. WHO: HIV and infant feeding (2010)  
[http://www.who.int/maternal\\_child\\_adolescent/topics/newborn/nutrition/hivif/en/](http://www.who.int/maternal_child_adolescent/topics/newborn/nutrition/hivif/en/)
2. Healthy Weight For Life Strategy (2012)  
[https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/hwl\\_en.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/hwl_en.pdf)
3. Food Nutrition Policy and Action Plan (2015)  
[https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/FNAP\\_EN.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/FNAP_EN.pdf)
4. National Breastfeeding Policy and Action Plan (2015)  
[https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF\\_EN.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf)
5. The NOIS Annual Report 2016  
<https://deputyprimeminister.gov.mt/en/dhir/documents/births/nois%20annual%20report%202016.pdf>
6. EU Civil protection mechanism [http://ec.europa.eu/echo/what/civil-protection/mechanism\\_en](http://ec.europa.eu/echo/what/civil-protection/mechanism_en)
7. Borg, K. (2018) The measurement of breast-feeding indicators in the Maltese Population. M.Sc Public Health Dissertation (unpublished)
8. BHIVA <http://www.bhivaguidelines.org/> (2018)

## Assessment process followed by Malta

A representative from the Health Promotion and Disease Prevention Directorate, Ms. Charlene Vassallo was invited to attend for a training workshop held in Vilnius, Lithuania from the 4<sup>th</sup> – 6<sup>th</sup> December 2017 which was organized by the Director and Policy Advisory of BPNI/IBFAN – Asia. The workshop addressed how to map out the country breastfeeding situation and how to prepare the national assessment report using the World Breastfeeding Trends Initiative (WBTi) and World Breastfeeding Costing Initiative (WBCi) assessment tool. A formal agreement was signed between the Health Promotion and Disease Prevention Directorate and IBFAN Asia in February 2018.

A National Breastfeeding Policy Implementation Group (NBPIG) was nominated by Dr Charmaine Gauci, Director General, Superintendent of Public Health. The nominated Core Group was composed by the following members:

Dr Mariella Borg Buontempo - Consultant in Public Health - Chair

Ms Charlene Vassallo – Nutritionist – Health Promotion and Disease Prevention Directorate

Dr Ray Parascandolo – Consultant Pediatrician – Breastfeeding lead – Mater Dei Hospital

Ms Helen Borg - Senior Practice Midwife and Infant feeding - Breastfeeding lead – Mater Dei Hospital

Dr Maya Podesta – Resident Specialist, Public Health Medicine, Superintendence of Public Health

Meeting Planning	Agenda	Timeline 2018 January – May
<b>BF committee</b>	<ul style="list-style-type: none"> <li>• Explanation of the terms of reference</li> <li>• Introduction to the WBTi assessment tool</li> <li>• Discussion of the 15 indicators</li> <li>• Assessment planning</li> </ul>	10 <sup>th</sup> January
<b>Superintendent of Public Health</b>	<ul style="list-style-type: none"> <li>• WBTi &amp; WBCi Training Lithuania</li> <li>• Discussion of the 15 indicators</li> <li>• Assessment planning</li> </ul>	15 <sup>th</sup> January
<b>BF committee</b>	<ul style="list-style-type: none"> <li>• Information sources</li> <li>• Conclusions</li> <li>• Gaps</li> <li>• Recommendations</li> </ul>	16 <sup>th</sup> February
<b>Interviews: Re-Relevant Indicators</b>	<ul style="list-style-type: none"> <li>• <b>Indicator 8:</b> Infant feeding and HIV - Dr C.Mallia Azzopardi</li> <li>• <b>Indicator 3:</b> Implementation of the International Code of Marketing of Breastmilk Substitutes - Dr R. Busuttil</li> <li>• <b>Indicator 8:</b> Infant feeding and HIV- Dr D. Pace</li> <li>• <b>Indicator 9:</b> Infant and Young Child feeding during emergencies - Dr D. Vella Baldacchino</li> </ul>	26 <sup>th</sup> January 31 <sup>st</sup> January 19 <sup>th</sup> February 5 <sup>th</sup> March
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Data collection</li> <li>• Scoring</li> </ul>	January – April
<b>Reporting</b>	<ul style="list-style-type: none"> <li>• Drafting</li> <li>• Final Document</li> </ul>	April – May

## List of the partners included during the assessment process and for reporting

- Superindence of Public Health
- Health Promotion and Disease Prevention Directorate
- Paediatric Department: Mater Dei Hospital
- Chief Medical Officer
- HIV infant specialist: Mater Dei Hospital
- HIV adult specialist: Mater Dei Hospital
- Breast Feeding Walk in clinic: Mater Dei Hospital

# MALTA

65.5  
150

## REPORT CARD YEAR: 2018

### The State of Infant and Young Child Feeding (IYCF)

#### Policies and Programmes (Indicator 1-10)

Score Out of 10

##### 1. National Policy, Programme and Coordination

*Concerns national policy, plan of action, funding and coordination issues.*

8

##### 2. Baby Friendly Hospital Initiative

*Concerns percentage BFHI hospitals, training, standard monitoring, assessment and reassessment systems.*

1

##### 3. Implementation of the International Code of Marketing of Breastmilk Substitutes

*Concerns implementation of the Code as law, monitored and enforced.*

9

##### 4. Maternity Protection

*Concerns paid maternity leave, paid breastfeeding breaks, national legislation encouraging work site accommodation for breastfeeding and/or childcare and ratification of ILO MPC No 183.*

7

##### 5. Health and Nutrition Care Systems

*Concerns health provider schools and pre-service education programmes, standards and guidelines for mother-friendly childbirth procedures, in-service training programmes.*

7.5

##### 6. Mother Support and Community Outreach- Community-based support for the pregnant and breastfeeding mother

*Concerns skilled counseling services on infant and young child feeding, and its access to all women. (During pregnancy and after birth)*

8

##### 7. Information Support

*Concerns national IEC strategy for improving infant and young child feeding, actively implemented at local levels.*

9

##### 8. Infant and Young Child Feeding and HIV

*Concerns policy and programmes to address infant feeding and HIV issue and on-going monitoring of the effects of interventions on infant feeding practices and health outcomes for mothers and infants.*

8

##### 9. Infant and Young Child Feeding during Emergencies

*Concerns policy and programme on infant and young child feeding in emergencies and material on IYCF in emergencies integrated into pre-service and in-service training for emergency management.*

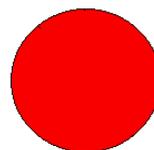
3

##### 10. Mechanisms of Monitoring and Evaluation System

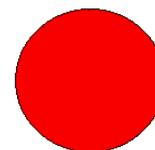
*Concerns monitoring, management and information system (MIS) as part of the planning and management process.*

5

#### Practices (Indicator 11-15)

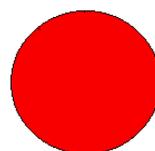


Indicator 11: N/A  
Early Initiation of  
Breastfeeding  
(Score: 0/10)

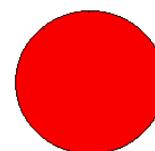


Indicator 12: N/A  
Exclusive Breastfeeding  
for the first 6 months  
(Score: 0/10)

N/A Months  
Indicator 13: Median Duration of breastfeeding  
(Score: 0/10)



Indicator 14: N/A  
Bottle-feeding  
(Score: 0/10)



Indicator 15: N/A  
Complementary Feeding  
(Score: 0/10)

**Total Score (Indicator 1-15): 65.5 /150**

#### Key to scoring, colour- rating, grading and ranking:

- The level of achievement of infant feeding practices is taken in 'percentage' except median duration, which is an absolute number of months.
- For indicators 1 to 10, there is a sub set of questions leading to key achievement, indicating how a country is doing in a particular area. Each indicator has a maximum of 10.
- In the case of indicators 11 to 15 on practices, key to rating is used from the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". Scoring and colour-rating are provided according to IBFAN Asia Guidelines for WBTi. Each indicator is scored 0 out of maximum of 10.
- IBFAN Asia Guidelines for WBTi for rating individual indicators 1 to 15 are as: 0 - 3 is rated Red, 4 - 6 is rated Yellow, 7 - 9 is rated Blue and more than 9 is rated Green.
- Total score of all indicators 1 to 15 is calculated out of 150.

### Key Gaps

1. Limited ring-fenced funding for implementation of the national breastfeeding policy.
2. Training to all health professions on infant and young child feeding.
3. Gaps within implementation of Breastfeeding Policy.
4. Need to attain Baby Friendly Hospital Initiative status for all 3 maternity hospitals.
5. Limited nutrition training to child cares in the community and to mothers.
6. Limited infant feeding specialists especially in intensive care setting.
7. Limited educational campaigns throughout the year to the general population targeting women of child bearing age and vulnerable groups.
8. Lack of specialized Community and social support for those mothers and children with HIV.
9. Lack of adequate surveillance methods for data collection on infant and young child feeding practices.

### Key Recommendations

1. The budget currently available for the management of obesity and health promotion initiatives needs to be supported further in infant and child feeding.
2. The three maternal hospitals in Malta should be supported to attain BHFI status.
3. Regular general population campaigns on the benefits of breastfeeding are to be enhanced.
4. Undergraduate and postgraduate training of health professionals on breastfeeding, infant and young child feeding needs to be strengthened.
5. The number of lactation consultants needs to be increased in both hospital and the community.
6. Appropriate surveillance methods are required for data collection and monitoring on infant and young child feeding practices.

## Malta Country Assessment 2018

The Breastfeeding rates in Malta are low and do not reach optimal levels. The Superintendence of Public Health through its Health Promotion and Disease Prevention Directorate (HPDPD) has the leading role to support, protect and promote Breastfeeding among Maltese women of child bearing age. A representative from the HPDPD attended a training workshop in Lithuania in 2017. The aim of the workshop was to map out the country's infant and young child feeding practices situation. Following this workshop, Malta needed to prepare the national assessment report using the World Breastfeeding Trends Initiative (WBTi) and World Breastfeeding Costing Initiative (WBCi) assessment tool.

A National Breastfeeding Policy Implementation Group (NBPIG) was nominated by the Director General, Superintendent of Public Health. The nominated Core Group composed of 5 members who are health professionals (public health medicine consultant, nutritionist, paediatrician, public health specialist and infant feeding specialist). The core group was introduced to the WBTi assessment tool and the Indicators.

The mapping of these specific indicators using the WBTi assessment tool was carried out for the first time. The assessment took place between January to May 2018. This report was formulated by gathering information via interviews and data collection. Discussions were carried out to identify gaps and propose recommendations. Following the meetings, the report was drafted and finalized. The indicators are aggregated into a score which was **65.5/150**. The following report gives an overview on the current situation in Malta and highlights areas for improvement.

## Convention on the Right of the Child (CRC)

The Committee on the Rights of the Child (CRC) of the 2017 focused on the below:

- 1) Children's physical and mental well being;
- 2) Equality Bill and the Human Rights and Equality Commission Bill (2015);
- 3) National Children's Policy (2017-2024);
- 4) The Child Protection (Alternative Care) Act (Act No. III of 2017);
- 5) National Breastfeeding Policy and Action Plan (2015-2020).

The CRC Committee recommends the following:

1. Strengthening protection to all children especially coming from vulnerable groups;
2. Strengthening the Maltese legal framework on human rights and discrimination;
3. Offering support, protection and promoting the rights of the child;
4. Strengthening communication systems between professionals and parents keeping the best interest of the child as a priority;
5. Strengthening the regulation on marketing of breast milk substitutes;
6. Supporting a breastfeeding policy in hospitals, community and workplaces;
7. Regular training for health professionals, social workers and educators.

[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fMLT%2f3-6&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fMLT%2f3-6&Lang=en)

### Global Commitments on Infant and Young Child Feeding

<ul style="list-style-type: none"> <li>• <b>Global Strategy for Infant and Young Child Feeding 2002:</b> World Health Assembly (WHA) and UNICEF adopted the Global Strategy, which sets five additional targets: national policy on infant and young child feeding, community outreach, information support, infant feeding in difficult circumstances and monitoring and evaluation. <a href="http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/gc_ivcf.pdf">http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/gc_ivcf.pdf</a></li> <li>• <b>Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding 1990:</b> <a href="http://www.unicef.org/programme/breastfeeding/innocenti.htm">http://www.unicef.org/programme/breastfeeding/innocenti.htm</a></li> </ul>	<ul style="list-style-type: none"> <li>• <b>World Health Assembly Resolutions:</b> call upon Member States to implement policies and programmes to improve infant nutrition. The recent resolution adopted on May 27, 2006 calls on Member States to implement Global Strategy for Infant and Young Child Feeding and multilateral and bilateral donor arrangements and international financial institutions to direct financial resources for Member States to carry out these efforts. Resolutions 49.15, 58.32, 61.20 call upon member states to avoid conflicts of interests in programmes of child health. <a href="http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_32-en.pdf">http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_32-en.pdf</a> <a href="http://www.who.int/gb/ebwha/pdf_files/A61/A61_R20-en.pdf">http://www.who.int/gb/ebwha/pdf_files/A61/A61_R20-en.pdf</a></li> </ul>	<ul style="list-style-type: none"> <li>• <b>WHO HIV and Infant Feeding Technical Consultation Consensus Statement, Geneva, October 25-27, 2006:</b> <a href="http://www.who.int/hiv/mediacentre/Infantfeedingconsensusstatement.pdf">http://www.who.int/hiv/mediacentre/Infantfeedingconsensusstatement.pdf</a></li> <li>• <b>Millennium Development Goals:</b> <a href="http://www.un.org/millenniumgoals/">www.un.org/millenniumgoals/</a></li> <li>• <b>Innocenti Declaration 2005 on Infant and Young Child Feeding:</b> <a href="http://www.unicef.org/nutrition/index_breastfeeding.html">www.unicef.org/nutrition/index_breastfeeding.html</a></li> <li>• <b>Maternity Protection Convention:</b> <a href="http://www.ilo.org/">http://www.ilo.org/</a></li> </ul>
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For detailed report please contact

WBTi Coordinating Office

**Health Promotion and disease Prevention Directorate**  
5B, C De Brocktorff Street  
Msida MSD 1421  
Tel: 00356 2326 6000  
Fax: 2323 6104



**International Baby Food Action Network (IBFAN), Asia /  
Breastfeeding Promotion Network of India (BPNI)**  
BP-33, Pitampura, Delhi 110 034, India

Tel: +91-11-27343608, 42683059 Fax: +91-11-27343606  
Email: [info@ibfanasia.org](mailto:info@ibfanasia.org)

Websites: [www.bpni.org](http://www.bpni.org), [www.ibfanasia.org](http://www.ibfanasia.org), [www.worldbreastfeedingtrends.org](http://www.worldbreastfeedingtrends.org)  
[www.onemillioncampaign.org](http://www.onemillioncampaign.org)

The World Breastfeeding Trends Initiative (WBTi) is IBFAN Asia's flagship programme. WBTi is being implemented as an integral part of two projects "Global Breastfeeding Initiative for Child Survival" (GBiCS), in partnership with the Norwegian Agency for Development Cooperation (Norad) and Global Proposal for Coordinated Action of IBFAN and WABA: Protecting, Promoting and Supporting Breastfeeding through Human Rights and Gender Equality" in partnership with Swedish International Development Agency (Sida).

## Indicator 1: National Policy, Programme and Coordination

**Key question:** *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee ?*

<i>Guidelines for scoring</i>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> ✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	<b>1</b>	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	<b>1</b>	✓
1.3) A national plan of action developed based on the policy	<b>2</b>	✓
1.4) The plan is adequately funded		
1.5) There is a National Breastfeeding Committee/ IYCF Committee	<b>1</b>	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets, monitors and reviews on a regular basis	<b>2</b>	✓
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	<b>0.5</b>	✓
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	<b>0.5</b>	✓
<b>Total Score</b>	<b>8/10</b>	

### Information Sources Used

1. Healthy Weight For Life Strategy (2012)  
[https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/hwl\\_en.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/hwl_en.pdf)
2. Food Nutrition Policy and Action Plan (2015)  
[https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/FNAP\\_EN.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/FNAP_EN.pdf)
3. The National Cancer Action Plan (2017)  
<http://www.iccp-portal.org/system/files/plans/MinistryForHealth-Cancer%20Plan.pdf>
4. Breastfeeding Policy and Guidelines Mater Dei Hospital (2012)
5. National Breastfeeding Policy and Action Plan (2015)

- [https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF\\_EN.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf)
6. A strategy for the Prevention and Control of Noncommunicable Disease Malta (2010)  
<https://extranet.who.int/nutrition/gina/sites/default/files/MLT%202010%20Prevention%20and%20Control%20of%20NCDs.pdf>
  7. Protection, Promotion and support of breastfeeding in Europe: a blue print fraction (2004)  
[http://ec.europa.eu/health/ph\\_projects/2002/promotion/fp\\_promotion\\_2002\\_frep\\_18\\_en.pdf](http://ec.europa.eu/health/ph_projects/2002/promotion/fp_promotion_2002_frep_18_en.pdf)
  8. Breastfeeding practices and policies in WHO European Region Member States  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4754616/>

### **Conclusions:**

The indicator 1 is well covered since the national breastfeeding policy is available and being implemented. This Policy addresses infant and young children feeding by offering protection, promotion and support. It focuses on promoting the exclusive breastfeeding for the first 6 months and continuation during weaning and beyond up to two years. Despite the high prevalence rate of obesity in Maltese children, breastfeeding rates remains lower than some other European countries. Improving the Maltese breastfeeding rates is required by more sustained action. More work needs to be carried out in the community, to support groups and at the workplaces to sustain the policies' aim and objectives and change the prevalent culture. The Policy needs to be translated into an action plan with adequate financial and specialist human resources.

### **Gaps:**

1. No ring-fenced funding. However funding available is included within the fund on obesity and health promotion.
2. Limited Training to all health professions.

### **Recommendations:**

1. Lobby the decision makers for a regular agreed and ring fenced budget and human resources.
2. Identify an annual percentage increase in breastfeeding rates as a target.
3. Policy monitoring every 5 years.
4. Improve regular communication between professional stakeholders.
5. Implementation needs to be strengthened.

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

### Key questions:

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

### Guidelines – Quantitative Criteria

2.1) 0 out of 3 total hospitals ( both public & private )and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years 0 %

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

## Guidelines – Qualitative Criteria

### Quality of BFHI programme implementation:

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

### Information Sources Used:

1. Report by Breastfeeding Steering Committee
2. National Breastfeeding Policy and Action Plan (2015)  
[https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF\\_EN.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf)

<sup>1</sup> IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

<sup>2</sup> **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers’ feeding practices.

<sup>3</sup> **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 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.

## **Conclusions:**

This indicator 2 is not well covered. Although the ten successful steps to breastfeed criteria are known and partially adhered to, no BHI implementation has been achieved in the 3 hospitals. Two hospitals are public hospital and one is a private hospital. These are essential factors for successful breastfeeding as this will have an impact on the breastfeeding rate. A range of factors have been identified at service level that can be described as barriers to breastfeeding. Feedback following an interview with midwives showed that they face various challenges such as lack of trained midwives and a need for specialized lactation consultants especially during the night where the mother's milk flow is the highest. The introduction of on call services are also recommended. The need is felt to improve the communication and consultation time between mothers, doctors and midwives. More human resources in the community are needed to sustain breastfeeding and support mothers. The training system involving all health care professionals needs to be strengthened. By having the BFI criteria implemented and in place will be of benefit for the whole population as well as having accredited obstetric units. Guidelines on nutrition of babies for mothers with HIV/AIDS are in line with established the WHO, CDC and EACS guidelines.

## **Gaps:**

1. Lack of implementation of BFHI
2. Lack of trained human resources
3. Lack of funding
4. Training for professions – staff education
5. Monitoring is not specific to Baby Friendly Hospital Initiative

## **Recommendations:**

1. Implement BFH and BHFI.
2. Increase marketing to the general population on the benefits of breastfeeding.
3. Ensure that training is delivered and taken up on regular basis by relevant professionals working in this area.
4. Update the 24 hour training to the 27 hours training for relevant professionals and another extra 12 hours targeted to nurses, midwives and persons involved in the maternity section.

5. Increase collaboration between health professionals by identifying key individuals and ensuring regular meetings to assess progress.
6. Increase the number of available lactation consultants.
7. Set up of specific monitoring system for BFHI including interview of different person working at the hospital and community, mothers and pregnant women.
8. Include HIV topics in the 24hr training course to increase knowledge. Safe bottle feeding is recommended.
9. At booking visit, to introduce a 10 minute orientation on BF by clinical staff to expectant mothers thus reaching the lower social economic group.

## Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitute

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

<i>Guidelines for scoring</i>		
<b>Criteria</b> <i>(Legal Measures that are in Place in the Country)</i>	<b>Scoring</b>	<b>Results</b>
<b>3a: Status of the International Code of Marketing</b>		✓ <i>(Check that apply. If more than one is applicable)</i>
3.1 No action taken		
3.2 The best approach is being considered	<b>0.5</b>	✓
3.3 National Measures awaiting approval (for not more than three years)		
3.4 Few Code provisions as voluntary measure	<b>1.5</b>	✓
3.5 All Code provisions as a voluntary measure		
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	<b>3</b>	✓
3.7 Some articles of the Code as law	<b>4</b>	✓
3.8 All articles of the Code as law		
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation <sup>4</sup> a) Provisions based on at least 2 of the WHA resolutions as listed below are included b) Provisions based on all 4 of the WHA resolutions as listed below are included	<b>6</b>	✓
<b>3b: Implementation of the Code/National legislation</b>		✓ <i>Check that apply</i>
3.10 The measure/law provides for a moitoring system	<b>1</b>	✓
3.11 The measure provides for penalties and fines to be imposed to violators	<b>1</b>	✓
3.12The compliance with the measure is monitored and violations reported to concerned agencies	<b>1</b>	✓
3.13 Violators of the law have been sanctioned during the last three years		
<b>Total Score (3a + 3b)</b>	<b>9/10</b>	

Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

### Information Sources Used:

1. National Breastfeeding Policy and Action Plan (2015)  
[https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF\\_EN.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf)
2. The international Code of Marketing of Breast-milk Substitute (2017)  
<http://apps.who.int/iris/bitstream/10665/254911/1/WHO-NMH-NHD-17.1-eng.pdf>
3. Food safety Act. Chapter 449. ACT XIV of 2002 as amended by Legal Notice 426 of 2007 and Acts XXIX of 2007 and VI of 2001.  
<http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8915&l=1>
4. *Subsidiary Legislation 449.52 Infant formulae and Follow on Formulae regulations. Legal Notice 304 of 2007 as amended by Legal Notice 285 of 2013 and 75 of 2014.*  
<http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11129&l=1>
5. Subsidiary Legislation 449.20 Nutrition Labelling for food stuffs. Legal Notice 247 of 1998, as amended by Legal Notices 209 of 2004 and 317 of 2009.  
<http://justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11097&l=1>
6. Subsidiary Legislation 449.46. Labelling, presentation and advertising of foodstuffs regulations. Legal Notice 483 of 2004, as amended by Legal Notices 114 and 339 of 2005, 70 of 2006, 64, 242 and 436 of 2007, 136 of 2008 and 278 of 2013.  
<http://justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11123&l=1>
7. Subsidiary Legislation 449.53. Nutrition and Health claims regulation. Legal Notice 84 of 2008. <http://justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11130&l=1>.
8. Commission Regulation EU 127/2016  
(<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0127&from=EN>)
9. Marketing of breast-milk substitutes: National Implementation of the international Code (2016)  
[http://www.who.int/nutrition/publications/infantfeeding/code\\_report2016/en/](http://www.who.int/nutrition/publications/infantfeeding/code_report2016/en/)

## **Conclusions:**

This assessment reports that indicator 3 is well covered. Malta has adopted a few code provisions as voluntary measures, with some measures covered in legislation. Further monitoring is needed as having the code in place is not enough. There is a need for constant political and government support. Monitoring of any violation needs to be addressed by setting up of a monitoring board to exclude all possibilities of conflict. Violation audits in hospital, health centers, the community and media need to be introduced.

## **Gaps:**

1. Limitations in knowledge by health professionals, community, media and small businesses about the legislation

## **Recommendations:**

1. Update for health professionals during undergraduate and postgraduate training.
2. Junior doctors during the foundation Years to spend time at the breastfeeding walk in clinic during their obstetrics / gynae rotation.
3. To provide training opportunities for NGOs and media on this legislation.

## Indicator 4: Maternity Protection

**Key question:** *Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?*

<i>Guidelines for scoring</i>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results Check that apply ✓</b>
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave <ul style="list-style-type: none"> <li>a. Any leave less than 14 weeks</li> <li>b. 14 to 17weeks</li> <li>c. 18 to 25 weeks</li> <li>d. 26 weeks or more</li> </ul>	<b>1.5</b>	✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. <ul style="list-style-type: none"> <li>a. Unpaid break</li> <li>b. Paid break</li> </ul>	<b>0.5</b>	✓
4.3) Legislation obliges private sector employers of women in the country to ( <i>more than one may be applicable</i> ) <ul style="list-style-type: none"> <li>a. Give at least 14 weeks paid maternity leave</li> <li>b. Paid nursing breaks.</li> </ul>	<b>0.5</b>	✓
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. ( <i>more than one may be applicable</i> ) <ul style="list-style-type: none"> <li>a. Space for Breastfeeding/Breastmilk expression</li> <li>b. Crèche</li> </ul>		
4.5) Women in informal/unorganized and agriculture sector are: <ul style="list-style-type: none"> <li>a. accorded some protective measures</li> <li>b. accorded the same protection as women working in the formal sector</li> </ul>	<b>1</b>	✓
4.6) . ( <i>more than one may be applicable</i> ) <ul style="list-style-type: none"> <li>a. Information about maternity protection laws, regulations, or policies is made available to workers.</li> <li>b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.</li> </ul>	<b>0.5</b> <b>0.5</b>	✓ ✓

4.7) Paternity leave is granted in public sector for at least 3 days.	<b>0.5</b>	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	<b>0.5</b>	✓
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.	<b>0.5</b>	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	<b>1</b>	✓
<b>Total Score:</b>	<b>7/10</b>	

### Information Sources Used:

1. Your Social security rights Malta [ec.europa.eu/social/BlobServlet?docId=13753&langId=en](http://ec.europa.eu/social/BlobServlet?docId=13753&langId=en)
2. Subsidiary Legislation 451.91 Protection of maternity (employment) regulations. Legal Notice 439 of 2003 as amended by Legal Notice 3 of 2004, 427 and 431 of 2007, 130 and 503 of 2011, 258 of 2012 and 415 of 2014.  
<http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11225>
3. Maternity leave  
<https://dier.gov.mt/en/Employment-Conditions/Leave/Pages/Maternity-Leave.aspx>
4. Protection of Maternity at Work Places Regulations, 2000 (Legal Notice No. 92 of 2000) (S.L. 424.11) [http://www.ilo.org/dyn/natlex/natlex4.detail?p\\_lang=en&p\\_isn=69297](http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=69297)
5. Guidelines to set up a Breastfeeding Room at the place of work (2011)  
[https://deputyprimeminister.gov.mt/en/health-promotion/Documents/library/publications/guidelines\\_public\\_breastfeeding\\_room.pdf](https://deputyprimeminister.gov.mt/en/health-promotion/Documents/library/publications/guidelines_public_breastfeeding_room.pdf)
6. National Breastfeeding Policy and Action Plan (2015)  
[https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF\\_EN.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf)
7. Public Service Management Code (2018)  
<https://publicservice.gov.mt/en/Documents/Public%20Service%20Management%20Code/PSMC.pdf>
8. Trust and Trustees (maternity and adoption leave trust) regulation Legal Notice 25 of 2015 as amended by Legal Notice 338 of 2016  
<http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12392&l=1>

## **Conclusions:**

Over the years there has been a significant progress in indicator 4 and this is covered well. Malta has 18 weeks of paid maternity leave, 3 days paternity leave and 1 year unpaid parental leave. All government employees have paid permissible breastfeeding breaks. Some private companies, on voluntary basis, approve paid breaks and provide a breastfeeding room. Guidelines on the requirements for a breastfeeding room are available. More protection is required at the workplace which needs to be adopted by the employer. Recently a Maternity and Adoption Leave Trust Fund was launched aiming at receiving contributions specifically paid by private employers in terms of the Tenth Schedule to the Social Security Act to fulfill the obligations in the terms of regulations.

## **Gaps:**

1. Provision of breastfeeding space is voluntary in the work place.
2. Provision of breast feeding time is voluntary in private workplaces.
3. National legislation covering breastfeeding breaks.

## **Recommendations:**

1. Introduce paid breastfeeding breaks through national legislation.
2. Strengthen breastfeeding policies at the workplace.
3. Strengthen support systems for small and medium size businesses.

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

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

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

<sup>5</sup> 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.

<sup>6</sup> The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women’s health, NCDs etc.)	✓ 1		
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. <sup>7</sup>	✓ 1		
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	✓ 1		
<b>Total Score:</b>	<b>7.5 / 10</b>		

### Information Sources Used:

1. Dietary Guidelines for Maltese Children aged 6 months to 3 years – A guide for parents.(2018)
2. Dietary Guidelines for Maltese Children – The Mediterranean Way (2018)
3. National Children’s Policy (2017). The Ministry for the Family, Children’s Right and Social Solidarity  
<https://family.gov.mt/en/Documents/National%20Children%27s%20Policy%202017.pdf>
4. L-Aqwa Zmien ta’Pajjizna. Electoral Manifesto 2017  
<http://josephmuscat.com/wp-content/uploads/2017/05/MANIFEST-ABRIDGED-ENG.pdf>

### Conclusions:

Review of Indicator 5 shows that Malta has a good educational system on health and nutrition in place; however, inadequacies exist in some areas. Continuous professional development and clinical work practice is recommended for all health care professionals to get hands on experience about the problems encountered during infant and young child feeding. More infant feeding specialists are required especially within the intensive care setting.

<sup>7</sup> 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.

**Gaps:**

1. Continuous post graduate training on nutrition targeting those who work with mothers, infants and young children.
2. Basic nutrition training to child cares and mothers.
3. Infant feeding specialists.

**Recommendations:**

1. Improve undergraduate nutrition training targeting those who work with mothers, infants and young children.
2. CPD on regular basis to relevant professions.
3. To include a module on early feeding in child cares training.
4. To recruit and train infant feeding specialists in neonatal intensive care unit.
5. To strengthen the Parentcraft programme to include follow on sessions on early feeding following the birth.
6. To enhance community based support to mothers.

## Indicator 6: Mother Support and Community Outreach – Community – Based support for the pregnant and breastfeeding mother

**Key question:** Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding .

<b>Guidelines for scoring</b>			
<b>Criteria</b>	<b>Scoring</b>		
	√ Check that apply		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	✓ 2		
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	✓ 2		
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	✓ 2		
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.		✓ 1	
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.		✓ 1	
<b>Total Score:</b>	<b>8 /10</b>		

### **Information Sources Used:**

1. Parent Craft Services Malta  
<https://gov.mt/en/Life%20Events/Pregnancy%20and%20Birth/Pages/Parentcraft-Services.aspx>
2. Breastfeeding walk in clinic <http://www.paediatricismalta.org/16.htm>
3. Post Natal Care and services in Malta  
<https://www.gov.mt/en/Life%20Events/Pregnancy%20and%20Birth/Pages/Post-Natal-Care-and-Services-in-Malta.aspx>
4. Malta Midwife Association <http://maltamidwivesassoc.wixsite.com/mma1974>

### **Conclusions**

The review demonstrates that indicator 6 is well covered. The Maltese Health System offers free health advice assessment and care to child bearing and pregnant women before, during and after pregnancy. Increased human resources such as the discharge liaison midwife are required to provide support services to mothers. Counselling is lacking in the workplace. This need strengthening to provide the right culture to support breastfeeding.

### **Gaps:**

1. Insufficient Training for Professionals on infant and young child feeding.
2. Insufficient human resources within the community.
3. Insufficient community nutrition education and support.

### **Recommendations:**

1. Parentcraft course content needs strengthening.
2. Uptake of Parentcraft course needs to be improved by better use of the Booking Visit and general information campaigns.
3. Training and CPD for community based health workers and NGOs working in this field.
4. The Booking Visit (both in private and public healthcare) should include information and discussion on breastfeeding and infant feeding.

## Indicator 7: Information Support

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

<i>Guidelines for scoring</i>			
Criteria	Scoring √ Check that apply		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts of interest are avoided.	✓ 2		
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding		✓ 0.5	
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding		✓ 0.5	
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	✓ 2		
7.4. IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	✓ 2		
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). <sup>8</sup>	✓ 2		
<b>Total Score:</b>	<b>9/10</b>		

<sup>8</sup> to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

## Information Sources Used:

1. Parent Craft Services Malta  
<https://gov.mt/en/Life%20Events/Pregnancy%20and%20Birth/Pages/Parentcraft-Services.aspx>
2. Breastfeeding walk in clinic <http://www.paediatricsmalta.org/16.htm>
3. Post Natal Care and services in Malta  
<https://www.gov.mt/en/Life%20Events/Pregnancy%20and%20Birth/Pages/Post-Natal-Care-and-Services-in-Malta.aspx>
4. Malta Midwife Association <http://maltamidwivesassoc.wixsite.com/mma1974>
5. National Breastfeeding Policy and Action Plan  
[https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF\\_EN.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf)
6. Health Promotion and Disease Prevention Directorate  
<https://deputyprimeminister.gov.mt/en/health-promotion/Pages/Library/publications.aspx>
7. Breastfeeding Week
8. Commission Regulation EU 127/2016  
(<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0127&from=EN>)
9. Marketing of breast-milk substitutes: National Implementation of the international Code (2016)  
[http://www.who.int/nutrition/publications/infantfeeding/code\\_report2016/en/](http://www.who.int/nutrition/publications/infantfeeding/code_report2016/en/)
10. The international Code of Marketing of Breast-milk Substitute (2017)  
<http://apps.who.int/iris/bitstream/10665/254911/1/WHO-NMH-NHD-17.1-eng.pdf>

## Conclusions:

Dissemination of infant and young child nutritional published information is achieved via traditional use of media or social media. Various approaches are used such as electronic media (TV, radio, video), print (posters, manuals, newspapers, magazines), interpersonal approaches (one-to-one counselling, group education, support groups) and community activities, to communicate information and give motivational material to mothers, families and the community.

The Health Promotion and Disease Prevention Directorate disseminates information through the following social media: Facebook, Twitter and Instagram. It is estimated to have around 6,751 followers. Messages contain information about the promotion, protection and support of breastfeeding targeting women of child bearing age (adolescents, newly married couples and expectant mothers) and the support available in the workplace and the community.

Television and radio spots during the morning and afternoon are used to create awareness regarding breastfeeding and young infant feeding. Audiences are given the opportunity to use phone in programmes to interact with specialist doctors, nutritionists and midwives. Audiences of radio stations reached include Bay Radio, Radio 101, Radio One, Radju Marija and RTK while for TV stations include: TVM, TVM2, NET, ONE, FLiving and SMASH.

A yearly seminar focusing on antenatal and postnatal care is organized jointly during the Breastfeeding week by Health Promotion and Disease Prevention Directorate, Mater Dei Hospital and Malta Midwives Association. Published material is free from any form of advertizing that may influence the mother's preference. The health information is scientifically valid and correct but may not be reaching enough of the required target audiences. A gap identified is the difficulty in reaching population groups with poor literacy and low socio-economic status and migrants who cannot communicate in Maltese or English.

### **Gaps:**

1. Limited educational promotion throughout the year.
2. Limited funding and dedicated human resources.
3. Material not available in various languages.

### **Recommendations:**

1. To strengthen information, communication and education actions within the National Breastfeeding Policy.
2. To enhance regular campaigns in the media including social media.
3. Allocate more funding.
4. To increase informative material on preparation and handling of powdered formula.
5. To provide material translated into the 3 top frequently spoken languages locally.

## Indicator 8: Infant Feeding and HIV

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

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

8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.		✓ 0.5	
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.		✓ 0.5	
<b>Total Score:</b>		<b>8 /10</b>	

### Information Sources Used:

1. BHIVA <http://www.bhivaguidelines.org/> (2018)
2. CDC <https://www.cdc.gov/hiv/guidelines/index.html>
3. WHO: HIV and infant feeding (2010)  
[http://www.who.int/maternal\\_child\\_adolescent/topics/newborn/nutrition/hivif/en/](http://www.who.int/maternal_child_adolescent/topics/newborn/nutrition/hivif/en/)
4. European AIDS Clinical Society (EACS) (2017)  
[http://www.eacsociety.org/files/guidelines\\_8.2-english.pdf](http://www.eacsociety.org/files/guidelines_8.2-english.pdf)

### Conclusions:

The review shows that Malta follows the international guidelines as established by WHO, BHIVA, CDC and EACS for the protection of the mother and child with HIV. Health care professionals are trained and well informed. An identified gap deals with the cultural aspect where views depend on the individual's origins. There may be a delay in reporting of HIV mother and thus a delay in treatment. Another gap is the use of the Antiretroviral Therapy (ART) with regards to HIV medications as these need to be revised. Long term use of these medicines may cause side effects. If the mother is on antiretroviral drug (ARV) and fully suppressed, the risk of transmission is less if exclusively breastfed. In Malta, mothers do not breast feed their child but are offered milk substitute. Mothers are informed on the importance of good feeding practices. Housing issues become important when the mother return to her accommodation. On her return, the migrant mother often shares household items such as the refrigerator. Mother having HIV positive baby are shy to share this information. At times the medicine is not put as recommended in the fridge and is left at ambient temperature. This poses the risk of having an infected medicine. The protocol as given by the doctor specialized in HIV treatment instructs that the medication should be administered twice daily. A community nurse visits the mother to support her on how to administer the medication to the infant and to be repeated in 12 hours. Many times the second dose is forgotten. The availability of the second visit by the community nurse is not possible. Thus there is a need to increase the human resources mainly practice nurse, community nurse HIV and social worker working with HIV mothers. Breast milk grant and entitlement for medicines to those depending on legal status.

## **Gaps:**

1. Continuous training for all health professionals on HIV and breastfeeding.
2. Narrow range of treatment options are available, including that for adolescents.
3. Cultural differences.
4. Compliance with drug therapy.
5. Reporting delays on HIV pregnant women.
6. Translation of publications into other languages.
7. Resources – financial and human.
8. Community and social support: Practice nurse, Community nurse HIV and social worker.
9. Keep track of the mother when she leaves the country.
10. Entitlement for medicines and breast milk substitutes depending on legal status.
11. Housing issues.

## **Recommendations:**

1. Education to women of child bearing age with HIV.
2. Improve training in line with recent WHO and BHIVA recommendations on HIV and infant feeding.
3. Update availability of range of HIV treatment (will come into effect in 2019).
4. Improve procurement procedures to ensure that they are timely, clear and useful.
5. Resources are required for the HIV team in order to cater for outside hospital outreaches to mothers with regards to providing morning and evening treatment.

## Indicator 9: Infant and Young Child Feeding during Emergencies

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

<i>Guidelines for scoring</i>			
Criteria	Scoring √ Check that apply		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance			
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed		✓ 1	
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers:			
a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding		✓ 0.5	
b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and	✓ 1		

BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions			
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan			
9.5)a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.		✓ 0.5	
b) Orientation and training is taking place as per the national emergency preparedness and response plan			
<b>Total Score:</b>	<b>3/10</b>		

#### Information Sources Used:

1. EU Civil protection mechanism [http://ec.europa.eu/echo/what/civil-protection/mechanism\\_en](http://ec.europa.eu/echo/what/civil-protection/mechanism_en)

#### Conclusions:

Malta is part of the EU Civil Protection Mechanism which comes into force during emergencies such as natural disasters or another crisis. The assistance provided by civil protection refers to government aid which is provide immediately following the aftermath. The Maltese Civil Protection Department maintains a national system of preparedness for any disaster that could affect the Maltese community. Other stakeholders involved would be Mater Dei Hospital, NGO's and the Malta Red Cross. If such a situation were to arise, health care professionals would be informed. Midwives would give ongoing practical support to all expectant mothers, and mothers with babies and young children about breastfeeding, bottle-feeding and weaning to make sure hygiene and food safety are maintained.

#### Gaps:

1. Malta does not have a national policy focusing on infant feeding during emergencies.
2. Importation of food products may be interrupted for a long period of time.

## **Recommendations:**

1. Information and education to be provided to health professionals and parents about infant feeding practices.
2. Providing clear information including infant and young child feeding practices for Malta Red Cross, St John's Ambulance and other NGOs during emergencies.

## Indicator 10: Mechanism of Monitoring and Evaluation System

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.		✓ 1	
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions		✓ 1	
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels		✓ 1	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers		✓ 1	
10.5) Monitoring of key infant and young child feeding practices are integrated into the national nutritional surveillance system, and/or health information system or national health surveys.		✓ 1	
<b>Total Score:</b>	<b>5 / 10</b>		

### Information Sources Used:

1. National Breastfeeding Policy and Action Plan (2015)  
[https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF\\_EN.pdf](https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf)

## **Conclusions:**

Indicator 10 is not well covered. Data collection and management related to breastfeeding and infant food practices need to be strengthened and established in some cases. A data manager needs to be identified to act the focal point, with the role of managing and coordinating the collected data. The collected data will give an opportunity to evaluate practices and identify any trends / improvements.

## **Gaps:**

1. Lack of surveillance system for monitoring of breastfeeding rates.

## **Recommendations:**

1. Financial Support to carry out surveillance through systematic data collection, monitoring and evaluation.
2. Improve training to health professionals on the importance of data collection.
3. Plan improved data collection that is consistent and sustained and meets local and international reporting needs.

## Indicator 11: Early Initiation of Breastfeeding

**Key question:** What is the percentage of babies breastfed within one hour of birth? N/A

### Guideline:

Indicator 11	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Initiation of Breastfeeding (within 1 hour)	0.1-29%	Total score 0	Red
	29.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

### Data Source:

No national data is available for this indicator.

### Summary Comments:

No national data is available for this indicator.

## Indicator 12: Exclusive Breastfeeding for the First Six Months

**Key question:** What is the percentage of babies 0<6 months of age exclusively breastfed<sup>9</sup> in the last 24 hours? N/A

### Guideline:

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Exclusive Breastfeeding (for first 6 months)	0.1-11%	Total score 0	Red
	11.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

### Data Source:

No national data is available for this indicator.

### Summary Comments:

No national data is available for this indicator.

<sup>9</sup> 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

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**Key question:** *Babies are breastfed for a median duration of how many months? N/A*

### Guideline:

Indicator 13	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	IBFAN Asia Guideline for WBTi	
		<i>Scores</i>	<i>Colour-rating</i>
Median Duration of Breastfeeding	0.1-18 Months	<b>Total score 0</b>	<b>Red</b>
	18.1-20 ”	6	Yellow
	20.1-22 ”	9	Blue
	22.1- 24 or beyond ”	10	Green

### Data Source:

No national data is available for this indicator.

### Summary Comments:

No national data is available for this indicator.

## 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? N/A*

### Guideline:

Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Bottle Feeding (0-12 months)	29.1-100%	<b>Total score 0</b>	<b>Red</b>
	4.1-29%	6	<b>Yellow</b>
	2.1-4%	9	<b>Blue</b>
	0.1-2%	10	<b>Green</b>

### Data Source:

No national data is available for this indicator.

### Summary Comments:

No national data is available for this indicator.

## Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft food

**Key question:** *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?*  
N/A

### Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding (6-8 months)	<i>Key to rating</i>	<i>Scores</i>	<i>Colour-rating</i>
	0.1-59%	<b>Total score 0</b>	<b>Red</b>
	59.1-79%	6	Yellow
	79.1-94%	9	Blue
	94.1-100%	10	Green

### Data Source:

No national data is available for this indicator.

### Summary Comments:

No national data is available for this indicator.

## Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	8
2. Baby Friendly Hospital Initiative	1
3. Implementation of the International Code	9
4. Maternity Protection	7
5. Health and Nutrition Care Systems	7.5
6. Mother Support and Community Outreach	8
7. Information Support	9
8. Infant Feeding and HIV	8
9. Infant Feeding during Emergencies	3
10. Monitoring and Evaluation	5
<b>Score Part I (sub-total)</b>	<b>65.5</b>

### IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100. **Malta obtained a score of 65.5 out of 100.**

Scores	Colour- rating
0 – 30.9	Red
31 – 60.9	Yellow
<b>Total Score is 65.5</b>	<b>Blue</b>
91 – 100	Green

## Conclusions:

A national breastfeeding and infant/ young child policy is in place and being implemented to a certain extent. However adequate human and financial resources are limited. None of the hospitals have been designated as Baby Friendly according to WHO criteria, although aspects of the criteria have been implemented. The International Code of Marketing of Breastmilk Substitutes has been largely implemented. Maternal protection is largely in place, but parts are voluntary within the private workplace. However further legislation is needed to make provision for breastfeeding time and space. There is a good education system on health and nutrition for health professionals and carers in place, although some gaps are still present. Community-based support for pregnant and breastfeeding mothers is in place although resources and uptake should be improved. Information on infant and child feeding is freely available and in line with WHO evidence based guidelines. Policies and programmes are in place to ensure HIV – positive mothers feed their infant as required. Fine tuning of the programme is required. Although Malta does not have a policy on infant and child feeding in emergencies, it is part of the EU Civil Protection Mechanism which will embark in case of national emergency. Although some aspects of monitoring and evaluation are in place, this is limited. This area which is limited has been prioritized and will be seen through the recently set up Breastfeeding Implementation group.

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

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<b>IYCF Practice</b>	<b>Result</b>	<b>Score</b>
Indicator 11 Starting Breastfeeding (Initiation)	<b>No National Data</b>	<b>0</b>
Indicator 12 Exclusive Breastfeeding for first 6 months	<b>No National Data</b>	<b>0</b>
Indicator 13 Median duration of Breastfeeding	<b>No National Data</b>	<b>0</b>
Indicator 14 Bottle-feeding	<b>No National Data</b>	<b>0</b>
Indicator 15 Complementary Feeding	<b>No National Data</b>	<b>0</b>
<b>Score Part II (Total)</b>		<b>0</b>

### **IBFAN Asia Guidelines for WBTi**

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 150.  
**Malta did not obtain a score for Part II.**

<b>Scores</b>	<b>Colour-rating</b>
<b>Total score 0</b>	<b>Red</b>
16 – 30	<b>Yellow</b>
31 - 45	<b>Blue</b>
46 – 50	<b>Green</b>

### **Conclusions:**

No routine national data is collected on the initiation of exclusive breastfeeding and for the first 6 months, on median duration of breastfeeding, and on how many breastfed babies are receiving complementary feeding at 6 to 8 months of age. Anecdotally most pediatricians in Malta recommend the introduction of complementary feeding at around 5 to 6 months of age.

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

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Total score of infant and young child feeding **practices, policies and programmes** (indicators 1-15) are calculated out of 150. **Malta obtained a score of 65.5/150.**

Scores	Colour- rating
0 – 45.5	Red
<b>Total score Part I and Part II = 65.5</b>	<b>Yellow</b>
91 – 135.5	Blue
136 – 150	Green

### **Key Strengths**

1. The National Breastfeeding Policy is in place.
2. The International Code of Marketing of Breastmilk Substitute is largely implemented.
3. Maternity Protection is largely in place.
4. Education system on health and nutrition for health professionals and carers is in place.
5. Community-based support for pregnant and breastfeeding mothers is in place.
6. Information Support is available to the general public.
7. Infant Feeding and HIV is in line with WHO evidence based guidelines.

### **Key Gaps**

1. Limited ring-fenced funding for implementation of the national breastfeeding policy.
2. Limited training to all health professions on infant and young child feeding.
3. Gaps within implementation of Breastfeeding Policy .
4. Baby Friendly Hospital Initiative status for all 3 maternity hospitals not in place.
5. Limited nutrition training to child carers in the community and to mothers.
6. Limited Infant feeding specialists especially in intensive care setting.
7. Limited general population campaigns throughout the year.
8. Limited specialized community and social support for those mothers and children with HIV.
9. Inadequate surveillance methods for data collection on infant and young child feeding practices.

### **Key Recommendations**

1. The budget currently available for the management of obesity and health promotion initiatives needs to be supported further in infant and child feeding.
2. The three maternal hospitals in Malta should be supported to attain BHFI status.
3. Regular general population campaigns on the benefits of breastfeeding are to be enhanced.
4. Undergraduate and postgraduate training of health professionals on breastfeeding, infant and young child feeding needs to be strengthened.
5. The number of lactation consultants needs to be increased in both hospital and the community.
6. Appropriate surveillance methods are required for data collection and monitoring on infant and young child feeding practices.