

Report for Switzerland 2020

English version February 28, 2020



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Breastfeeding Promotion Network of India (BPNI)
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The World Breastfeeding Trends Initiative (WBTi)

Report for Switzerland 2020

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Table of content

1. INTRODUCTION	5
1.1 WBTi SWISS TEAM	5
1.2 THANKS	5
1.3 ABBREVIATIONS	5
1.4 GENDERCONFORM LANGUAGE	6
2. THE WORLD BREASTFEEDING TRENDS INITIATIVE (WBTi)	7
2.1 ABOUT WBTi	7
2.2 ETHICAL POLICY	7
2.3 METHODOLOGY - 15 INDICATORS	7
3. SITUATION IN SWITZERLAND	10
3.1 WBTi IN SWITZERLAND	11
3.2 METHODOLOGY OF WORK OF THE WBTi SWISS TEAM	11
3.3 LIST OF PARTNERS AND CONTRIBUTORS	11
4. RESULTS OF THE ASSESSMENT	13
4.1 PART I	13
INDICATOR 1: NATIONAL POLICY, GOVERNANCE AND FUNDING	13
LINK-LIST AND INFORMATION SOURCES	13
CONCLUSIONS	14
GAPS	14
WBTi Swiss 2020	2

RECOMMENDATIONS FOR INDICATOR 1	15
<u>INDICATOR 2: BABY FRIENDLY HOSPITAL INITIATIVE / TEN STEPS TO SUCCESSFUL BREASTFEEDING</u>	17
LINK-LIST AND INFORMATION SOURCES	18
SITUATION IN SWITZERLAND	18
GAPS	19
RECOMMENDATIONS FOR INDICATOR 2	19
<u>INDICATOR 3: IMPLEMENTATION OF THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES</u>	21
LINK-LIST AND INFORMATION SOURCES	21
CONCLUSIONS	22
GAPS	22
RECOMMENDATIONS FOR INDICATOR 3	23
<u>INDICATOR 4: MATERNITY PROTECTION</u>	25
LINK-LIST AND INFORMATION SOURCES	26
CONCLUSIONS	27
GAPS	28
RECOMMENDATIONS FOR INDICATOR 4	28
<u>INDICATOR 5: HEALTH AND NUTRITION CARE SYSTEMS (IN SUPPORT OF BREASTFEEDING & IYCF)</u>	30
LINK-LIST AND INFORMATION SOURCES	31
CONCLUSIONS	31
GAPS	32
RECOMMENDATIONS FOR INDICATOR 5	32
<u>INDICATOR 6: COUNSELLING SERVICES FOR THE PREGNANT AND BREASTFEEDING MOTHERS</u>	33
LINK-LIST AND INFORMATION SOURCES	33
GAPS	35
RECOMMENDATIONS FOR INDICATOR 6	35
<u>INDICATOR 7: ACCURATE AND UNBIASED INFORMATION SUPPORT</u>	36
LINK-LIST AND INFORMATION SOURCES	36
CONCLUSIONS	36
GAPS	37
RECOMMENDATIONS FOR INDICATOR 7	37
<u>INDICATOR 8: INFANT FEEDING AND HIV</u>	38
LINK-LIST AND INFORMATION SOURCES	38
CONCLUSIONS	39
GAPS	39
RECOMMENDATIONS FOR INDICATOR 8	39
<u>INDICATOR 9: INFANT AND YOUNG CHILD FEEDING DURING EMERGENCIES</u>	40
LINK-LIST AND INFORMATION SOURCES	41
CONCLUSIONS	41
GAPS	44
RECOMMENDATIONS FOR INDICATOR 9	44
<u>INDICATOR 10: MONITORING AND EVALUATION</u>	45
LINK-LIST AND INFORMATION SOURCES	45
CONCLUSIONS FOR SWITZERLAND	45

GAPS	46
RECOMMENDATIONS FOR INDICATOR 10	46
4.2 PART II	48
INDICATOR 11: INITIATION OF BREASTFEEDING (WITHIN 1 HOUR)	48
INDICATOR 12: EXCLUSIVE BREASTFEEDING UNDER 6 MONTHS	49
INDICATOR 13: MEDIAN DURATION OF BREASTFEEDING	50
INDICATOR 14: BOTTLE-FEEDING	51
INDICATOR 15: COMPLEMENTARY FEEDING (6-8 MONTHS)	52
4.3 SUMMARY PART I	53
4.4 SUMMARY PART II	54
5. CONCLUSION AND KEY RECOMMENDATIONS FOR SWITZERLAND	55
6. FURTHER THOUGHTS AND RELEVANT INFORMATION FOR SWITZERLAND	56
7. CLOSING REMARKS	62
8. BIBLIOGRAPHY AND COMPLETE LIST OF SOURCES	63
LINK-LIST AND INFORMATION SOURCES 1	63
LINK-LIST AND INFORMATION SOURCES 2	65
LINK-LIST AND INFORMATION SOURCES 3	66
LINK-LIST AND INFORMATION SOURCES 4	69
LINK-LIST AND INFORMATION SOURCES 5	72
LINK-LIST AND INFORMATION SOURCES 6	74
LINK-LIST AND INFORMATION SOURCES 7	75
LINK-LIST AND INFORMATION SOURCES 8	76
LINK-LIST AND INFORMATION SOURCES 9	77
LINK-LIST AND INFORMATION SOURCES 10	78

1. Introduction

1.1 WBTi Swiss Team

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1.2 Thanks

We are grateful for the opportunity to participate in the WBTi initiative and to involve Switzerland in the global process to protect, promote and support breastfeeding in line with the Global Strategy for Infant and Young Child Feeding (IYCF) as a continuous and sustainable process with regular follow-ups. My team and I hope that this report will help to promote breastfeeding as a concern for women and children and as an element of public health in Switzerland.

At this point we would like to thank WBTi Germany (Dr. Stefanie Rosin) and WBTi Austria (Andrea Hemmelmayr) for all documents and materials translated into German, which they kindly made available to us. The WBTi tools are in English and free of charge, but the translation work is up to the individual countries or language regions. We also thank Dr. Arun Gupta for the international WBTi coordination and his help and support.

We would like to thank all persons and institutions who have contributed with information and/or comments to this report (see list under "Partners and Contributors") in alphabetical order) and would like to point out that the WBTi team is solely responsible for the content and possible incompleteness or inadequacies.

1.3 Abbreviations

BAG Bundesamt für Gesundheit (OFSP)

BFH Berner Fachhochschule (bietet das CAS in Still und Laktationsberatung an)

BFHI Baby Friendly Hospital Initiative, UNICEF

BLV Bundesamt für Lebensmittelsicherheit und Veterinärwesen. Zuständig für Stillpolitik und und die Baby Friendly Hospital Initiative (BFHI) - Babyfreundliche Spitäler (OSAV)

BLW Baby Led Weaning, vom Kind gesteuerte Beikost-Einführung

BPNI Breastfeeding Promotion Network of India

BSS Berufsverband Schweizerischer Still- und LaktationsberaterInnen

CAS Certificate of Advanced Studies - Weiterbildungsabschluss auf Hochschulstufe

DAIS Deutsches Ausbildungsinstitut für Stillbegleitung

EEK Eidgenössische Ernährungskommission (Expertenbericht 1000 Tage)

EFZ Eidgenössisches Fähigkeitszeugnis
 EFSA European Food Safety Authority - Europäische Behörde für Lebensmittelsicherheit
 EISL Europäisches Institut für Stillen und Laktation, Anbieter von Aus- und Weiterbildung
 EKFF Eidgenössische Kommission für Familienfragen
 FAO Food and Agriculture Organization
 FH Fachhochschule, tertiäre Ausbildung (zu unterscheiden von HF Höhere Fachschule)
 GLOPAR Global Participatory Action Research
 GIFA Geneva Infant Feeding Association, bureau de liaison international d'IBFAN pour le travail de plaidoyer auprès des institutions internationales et opérant sur Genève localement pour la promotion de l'allaitement ainsi qu'en Suisse romande.
 HF Höhere Fachschule, praxisorientierter Bildungsweg (zu unterscheiden von FH Fachhochschule)
 HIV Human Immunodeficiency Virus
 IBCLC International Board Certified Lactation Consultant, internationales Diplom von IBLCE
 IBFAN International Baby Food Action Network, Monitoring des Internationale Kodex
 IBLCE International Board of Lactation Consultant Examiners
 ICDC-IBFAN International Code Documentation Center von IBFAN
 IEC Information - Education - Communication
 IFE Infant Feeding in Emergencies
 ILO International Labour Organization
 IYCF Infant and Young Child Feeding - Empfehlungen der WHO (Global Strategy, 2003)
 LGV Lebensmittelgesetz Verordnung
 LLL La Leche League
 MICS Multiple Indicator Cluster Survey
 NCD non-communicable diseases - Nichtübertragbare Krankheiten
 NGO Non-governmental organization - Nichtregierungsorganisationen
 SanaCERT Schweizerische Stiftung für die Qualitätssicherung im Gesundheitswesen
 SECO Staatssekretariat für Wirtschaft
 SGAIM Schweizerische Gesellschaft für Allgemeine Innere Medizin
 SGE Schweizerische Gesellschaft für Ernährung
 SGGG Schweizerische Gesellschaft für Gynäkologie und Geburtshilfe
 SGP Schweizerische Gesellschaft für Pädiatrie
 SHV Schweizerischer Hebammenverband
 SVDE Schweizerischer Verband der diplomierten Ernährungsberater/innen
 UNICEF Kinderhilfswerk der Vereinten Nationen
 WABA World Alliance for Breastfeeding Action
 WBCi World Breastfeeding Costing Initiative
 WBTi World Breastfeeding Trends Initiative - Welt-Still-Trends-Initiative
 WBW World Breastfeeding Week - Internationale Stillwoche
 WHA World Health Assembly - Weltgesundheitsversammlung, Entscheidungsgremium
 WHO World Health Organization - Weltgesundheitsorganisation

1.4 Genderconform language

Wherever a masculine job title is used in the WBTi report, it also applies to the feminine form and vice versa.

2. The World Breastfeeding Trends Initiative (WBTi)

2.1 About WBTi

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

The WBTi 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 WBTi 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 WBTi 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 WBTi Global Secretariat encourages countries to conduct a re-assessment every 3-5 years for tracking trends in IYCF policies and programme.

Vision & Mission

The WBTi 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 WBTi 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. WBTi envisions serving as a knowledge platform for programme managers, researchers, policy makers and breastfeeding advocates across the globe. WBTi'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.

2.2 Ethical Policy

The WBTi 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.

2.3 Methodology - 15 Indicators

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">1. National Policy, Governance and Funding2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding3. Implementation of the International Code of Marketing of Breastmilk	<ol style="list-style-type: none">1. Timely Initiation of Breastfeeding within one hour of birth2. Exclusive Breastfeeding for the first six months3. Median duration of Breastfeeding

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	4. Bottle-Feeding 5. Complementary Feeding- Introduction of solid, semi-solid or soft foods
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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 has 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 'WBTi 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 weight age 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.

<i>IBFAN Asia Guidelines for WBTi</i>	
<i>Scores</i>	<i>Colour- rating</i>
0 – 3.5	Red
4 – 6.5	Yellow
7 – 9	Blue
> 9	Green

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 WBTi Tool provides details of each indicator in sub-set of questions, and weight age of each.

Global acceptance of the WBTi

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

WBTi has been published as BMJ published news in the year 2011, when 33 country WBTi report was launched¹. Two peer reviewed publications in the international journals add value to the impact of WBTi, in Health Policy and Planning in 2012 when 40 countries had completed², and in the Journal of Public Health Policy in 2019³ when 84 countries completed it.

The WBTi 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 Implementation of BFHI 2017⁴ and IFE Core group's Operational Guidance on Infant Feeding in Emergencies, 2017⁵.

Accomplishment of the WBTi assessment is one of the seven policy asks 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 WBTi assessment every five years by 2030.⁶ The report on implementation of the International Code of Marketing for Breastmilk Substitutes also used WBTi as a source. The Global database on the Implementation of Nutrition Action (GINA) of WHO has used WBTi as a source.⁷ Global researchers have used WBTi findings to predict possible increase in exclusive breastfeeding with increasing scores and found it valid for measuring inputs into global strategy.⁸ Other than this PhD students have used WBTi for their research work, and New Zealand used WBTi for developing their National Strategic Plan of Action on breastfeeding 2008-2012.

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>

³ <https://link.springer.com/article/10.1057/s41271-018-0153-9>

⁴ <https://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/>

⁵ https://www.enonline.net/attachments/3028/Ops-Guidance-on-IFE_v3-2018_English.pdf

3. Situation in Switzerland

Switzerland is a Western European country with 8.5 million inhabitants and a GDP of approximately CHF 689 billion (2018). Switzerland's healthcare system is of high quality but very expensive and costs are constantly rising. In 2012 it was 11.5% of GDP or CHF 68 billion. This corresponds to more than CHF 700 per person per month. More on this in the appendix. Breastfeeding is one of the key measures which represent a clear benefit worldwide, even in highly industrialised and wealthy countries.⁶

"From a purely economic point of view, breastfeeding is probably the efficient investment that a country can make in any sector for any reason".⁷

In Switzerland, breastfeeding is not highlighted as a national health strategy.

The Swiss Infant Feeding Study (SWIFS) 2014 shows that the initial breastfeeding rates are probably high (95%) and that the duration for exclusive breastfeeding is 3 months in German-speaking Switzerland and Ticino and 1.5 months in French-speaking Switzerland. It is also clear that no significant progress has been made since the former SWIFS of 2004. This puts us very far from the WHO breastfeeding recommendations for optimal child development and mother's best health.

The Baby Friendly Hospital Initiative (BFHI) was launched in Switzerland in 1994 by UNICEF and WHO. The number of certified birth centres rose to 65 by 2009 and about half of all births took place in BFHs. Since then the number has declined, especially since 2012. Today we only have 19 baby-friendly birth centres, which is all the more regrettable as the Convention on the Rights of the Child (CRC) issued a recommendation to Switzerland as early as 2015 to increase the number of BFHs and to fully adopt the WHO breastfeeding rates for Switzerland as well.

In Switzerland, the IYCF Global Strategy has never been included in the health strategy as a comprehensive action plan for breastfeeding and is not on the political agenda. Much of the work for the protection, promotion and support of breastfeeding in Switzerland is left to the private initiative of medical and nursing staff or is done in breastfeeding groups and on social media as voluntary and unpaid work.

There are insufficient political and financial resources for training and information on breastfeeding. The following WBTi report will provide details and propose measures for the future.

Our desire is to raise awareness of the importance of the continuum of pregnancy - childbirth - breastfeeding as the basis of health. Breastfeeding is not an isolated epiphenomenon of birth. Breastfeeding policy is an interdisciplinary public health issue throughout Switzerland.

⁶ Rollins, Nigel C et al. Why invest, and what it will take to improve breastfeeding practices? The Lancet , 2016, Volume 387 , Issue 10017 , 491 – 504

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)01044-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01044-2/abstract)

⁷ Keith Hansen, The Power of Nutrition and the Power of Breastfeeding. Breastfeeding Medicine. October 2015, 10(8): 385-388 (Seite 386)

3.1 WBTi in Switzerland

The WBTi evaluation process was established in 2004 and is being carried out for the first time in Switzerland. As of September 2019, a total of 97 countries worldwide have carried out the WBTi evaluation. These include the following 18 European countries: Armenia, Belgium, Bosnia-Herzegovina, Croatia, Czech Republic, Germany, France, Georgia, Hungary, Italy, Lithuania, Macedonia, Moldova, Malta, Austria, Portugal, Spain, Turkey, Ukraine.

The evaluation on which the ranking is based is broken down in the following into a total of 15 indicators in 2 main parts, each with its own sources and presented with regard to the gaps in provision and the need for action.

3.2 Methodology of work of the WBTi Swiss Team

The WBTi Swiss Team has carried out research on the individual indicators in small subgroups or in individual searches. The results were then compiled and discussed. This process took place within 14 months from September 2018 to October 2019.

During this process, all team members submitted their research results on the indicator assigned to them. Via google docs, the individual indicators were jointly created, read through and evaluated. Various experts were consulted for information and comments.

All the work for this report was voluntary and unpaid. The WBTi Swiss team is now looking for funds to translate the report into French and Italian and to encourage and support projects to promote, protect and support breastfeeding in Switzerland.

3.3 List of Partners and Contributors

In addition to La Leche Ligue and GIFA, several institutions and organizations as well as individual professionals and researchers have read the draft and/or made contributions. We present them hereafter in alphabetical order

- Barin Jacqueline, MSc Science alimentaire et nutrition, CAS consultante en lactation, chargée de projets en santé publique au CHUV Lausanne.
- Berufsverband der Still- und LaktationsberaterInnen BSS, Felber Luzia, Präsidentin
- Burri Kathrin, Doula, Mitglied beim Verband Doula CH, Autorin von "Langes Stillen - natürlich, gesund, Bedürfnisorientiert"
- Cochrane Schweiz, Anita Savidan-Niederer, Dr. ès sc., Coordinator Cochrane Suisse (Lausanne)
- Donnez Nathalie, sage-femme diplômée HES
- Feri Yvonne, Nationalrätin, Unternehmerin, Präsidentin Stiftung Stillförderung Schweiz, Präsidentin Stiftung Kinderschutz Schweiz.
- Frey Daniel, Dr. med., Leiter Fachgruppe Kinder- und Jugendgesundheit und Vorstandsmitglied von Public Health Schweiz
- Gattiker Sandra, Pflegefachfrau HF ambulantes Wochenbett, Stillberaterin IBCLC
- Haydar Clémence, sage-femme MPH, maître d'enseignement HESAV et référente clinique à l'hôpital de Nyon
- Hensch Angela, Fachanwältin SAV Arbeitsrecht, Bratschi AG
- Jenzer Katharina, diplomierte Hebamme, Tragetuchkursleiterin
- Kaech Christelle, sage-femme, consultante en lactation IBCLC, assistante HES
- Kinderärzte Schweiz, Marc Sidler, Dr. med., Präsident (Indikatoren 1 und 5)
- La Leche League Schweiz, Brupbacher Bethany, Präsidentin

- Meschiari Isabella, Master of Laws, Stillberaterin LLL
 - Mylaeus-Renggli Maja , lic. phil., Geschäftsleiterin der Stiftung SanaCERT Suisse.
 - Pro Juventute, Ben-Shmuel Monique, Leiterin Programm Elternbriefe
 - Rudin Christoph, Prof. Dr. med., Leitender Arzt, Allgemeine Pädiatrie und pädiatrische Nephrologie, Universitäts-Kinderspital beider Basel (UKBB)
 - Saloma Annette, Journalistin, Stillberaterin LLL
 - Sargeant Johanna, Stillberaterin IBCLC, owner and creator of “Milk and Motherhood Infant Feeding Support”, founder and administrator of Breastfeeding Mamas in Switzerland FB group
 - Schweizerischer Fachverband Mütter und Väterberatung SF MVB, Thoenen Olivia, Dr. rer. soc. (ehemalige Geschäftsleiterin)
 - Schweizerischer Verband der Ernährungsberater/innen SVDE, Fontana Gabi, Präsidentin; Rufener Adrian, Vize-Präsident
 - Schweizerischer Hebammenverband SHV, Kalberer Stocker Barbara, Hebamme MSc, Präsidentin
 - Späth Anna, MSc MPH, Swiss Tropical and Public Health Institute
 - Spencer Brenda, PhD, Chercheure honoraire, Unisanté ; jusqu’en 2018 : Privat-docent en Santé sexuelle et reproductive UNIL et Responsable de secteur de recherche, Institut universitaire de médecine sociale et préventive IUMSP, Lausanne
 - Stiftung Stillförderung Schweiz, Christine Brennan, Dipl. pharm., Geschäftsführerin
 - Stillhart Sibylle, Journalistin, Buchautorin von " Schluss mit gratis! Frauen zwischen Lohn und Arbeit"
 - Triemli & Waid Spital, Zemp André, Direktor
 - Triemli & Waid Spital, von Orelli Stephanie, Dr. med., Chefärztin, Departementsleiterin Frauenklinik Triemli (BFHI), und Stocker Gabriella, Dr. med., Leitende Ärztin und Chefarztstellvertreterin
 - UNICEF Schweiz und Liechtenstein, Hinder Nicole, Master of Arts in Sozialwissenschaften, Bereichsleiterin Public Affairs
 - Verband Doula CH, Dolter Martina, Präsidentin
 - Watt Catherine, DPhil (Oxon), animatrice LLL à Genève
- Zürcher Ursula, Teamleiterin, Mütter-und Väterberaterin HFD, Stadt Luzern - Kinder Jugend Familie



LA LECHE LEAGUE
Schweiz . Suisse . Svizzera . Svizra



GIFA
Geneva Infant Feeding Association

4. Results of the assessment

4.1 Part I

In Part I, each question has a 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 WBTi 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	<input checked="" type="checkbox"/> Yes = 1	<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes = 1	<input type="checkbox"/> No=0
1.3) A national plan of action is approved with goals, objectives, indicators and timelines	<input type="checkbox"/> Yes = 2	<input checked="" type="checkbox"/> No = 0
1.4) The country (government and others) is spending on breastfeeding and IYCF interventions ⁹ a. no funding b. < \$1 per birth c. \$1-2 per birth d. \$2-5 per birth e. =or >\$5 per birth	√ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2.0	
Governance		
1.5) There is a National Breastfeeding/IYCF Committee	<input type="checkbox"/> Yes =1	<input checked="" type="checkbox"/> No = 0
1.6) The committee meets, monitors and reviews the plans and progress made on a regular basis	<input type="checkbox"/> Yes = 2	<input checked="" type="checkbox"/> No = 0
1.7) The committee links effectively with all other sectors like finance, health, nutrition, information, labor, disaster management, agriculture, social services etc.	<input type="checkbox"/> Yes = 0.5	<input checked="" type="checkbox"/> No = 0
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.	<input type="checkbox"/> Yes = 0.5	<input checked="" type="checkbox"/> No = 0
Total Score	3 / 10	

Link-List and Information Sources

1. BAG Bundesamt für Gesundheit <https://www.bag.admin.ch/bag/de/home.html> und <https://www.bag.admin.ch/bag/de/home/strategie-und-politik/gesundheitsstrategie-2020/prioritaeten-gesundheit2020.html>
2. Nationale Gesundheitsstrategie für nicht übertragbare Krankheiten <https://www.bag.admin.ch/bag/de/home/strategie-und-politik/nationale-gesundheitsstrategien/strategie-nicht-uebertragbare-krankheiten.html>
3. a. BLV Bundesamt für Lebensmittelsicherheit und Veterinärwesen <https://www.blv.admin.ch/blv/de/home.html> und
b. Schweizer Ernährungsstrategie 2017-2024 <https://www.blv.admin.ch/blv/de/home/das-blv/strategien/schweizer-ernaehrungsstrategie.html> und
c. Aktionsplan (12 Seiten) <https://www.blv.admin.ch/blv/de/home/lebensmittel-und-ernaehrung/ernaehrung/aktionsplan-ernaehrungsstrategie.html>
4. Eidgenössische Ernährungskommission EEK
Ernährung in den ersten 1000 Lebenstagen - von pränatal bis zum 3. Geburtstag:
a) Gesamtbericht <https://www.eek.admin.ch/eek/de/home/pub/ernaehrung-in-den-ersten-1000-lebenstagen-.html>
b) Zusammenfassung und Empfehlungen https://www.eek.admin.ch/dam/eek/de/dokumente/publikation-und-dokumentation/empfehlung-ernaehrung-erste-lebenstage.pdf.download.pdf/DE_Zusammenfassung_Synthese_Empfehlung-1.pdf
5. Stiftung Stillförderung Schweiz
http://www.stillfoerderung.ch/logicio/pmws/stillen_stillen_2_de.html und
http://www.stillfoerderung.ch/logicio/pmws/stillen_root_3_6_de.html

Conclusions

There is no binding national strategy to promote breastfeeding; only fragments of the international "Global Strategy IYCF" have been implemented. Switzerland has no current data on the personal breastfeeding history of individual persons. For an epidemiological evaluation of communicable and non-communicable diseases, a breastfeeding data collection in the personal medical history would be useful.

The written policy about breastfeeding is close to WHO recommendations, in practice however the introduction of solids at 4 months is often recommended by health care professionals.

The thematic of breastfeeding is not visible and does not have much weight in Switzerland's health policy, contrary to all the latest research. For example The Lancet Breastfeeding Series (2016) [14], Policy Brief Unicef Switzerland (2016), Global Breastfeeding Collective [17].

Gaps

1. In the absence of a national political coordinator for breastfeeding, the Swiss Foundation for the Promotion of Breastfeeding is taking up this role, but has too little public funding to carry out all tasks. There is no binding national action plan for the protection, promotion and support of breastfeeding. (1.3)

2. Parents receive a lot of information through product advertising and through brochures from companies with commercial interests (see also indicator 7).

3. Too often, reference is made solely to the benefits of breastfeeding for the child, ignoring the fact that breastfeeding is also a health concern for women (obesity, diabetes, cancer, osteoporosis, anaemia, ...).

4. The Federal Office of Public Health's (BAG) website contains a reference to 4 content pages and 100 documents with the keyword "breastfeeding", but no further links to the website of the Swiss Breastfeeding Federation or the BLV. The search term "mother's milk" refers to Zika virus, lead, and biomonitoring, but there is no reference to the NCD sites obesity, cancer, diabetes, etc. although breastfeeding is a protective factor for these diseases. There is also no information on antibiotic resistance and the important role of breastfeeding.

5. There is no reference on the website of the BLV to the Baby-Friendly Hospital Initiative BFHI although it is the competence of this federal office since 2018.

6. There is little information within the nutrition strategy on the subject of long-term breastfeeding (after 1 year), which is subject to many taboos in Switzerland.

Recommendations for Indicator 1

Public health is a public concern and breastfeeding is the cornerstone of health and nutrition. The Federal Council should underline this by the following measures:

1. Set up a breastfeeding committee and appoint a national coordinator who can take all measures to protect, promote and support breastfeeding across the Federal Office, with the appropriate financial resources.

2. Building on the high initial breastfeeding rates, Switzerland should develop a clear strategy to ensure that breastfeeding does not fail due to external obstacles and that women who wish to breastfeed are supported more sensitively and competently by all specialists to meet the WHO recommendations.

3. The Swiss Foundation for the Promotion of Breastfeeding should receive sufficient public funds to carry out all tasks and to be able to provide basic documents for breastfeeding information free of charge. This is particularly important as the funding of the Foundation will fully comply with the International Code from 2020.

Switzerland can and should conduct a breastfeeding policy free of commercial interests at the highest national level.

5. Breastfeeding should be clearly highlighted in NCDs prevention documents.

7. Collect breastfeeding data in personal medical history and establish a breastfeeding database for accurate epidemiological evaluation of communicable and non-communicable diseases so that short and long-term planning can be made.

8. Enrich the websites of the BLV and the FOPH with information on breastfeeding and cross-link each other to assure networking according to point 1.7.

9. The national recommendations on breastfeeding should be revised again and adapted to the WHO standard and the latest research results.

10. The BLV, together with professional associations, should publish a brochure on the subject of long-term breastfeeding (after 1 year). The information provided by the Spanish Pediatric Society for 2015 can serve as a model (6 pages). <https://www.aeped.es/comite-lactancia-materna/documentos/lactancia-materna-en-ninos-mayores-o-prolongada> and the German translation <https://wbti-swiss.jimdofree.com/hintergrund/dokumente/>

11. The BLV action plan (12 pages) [3c] should explicitly mention breastfeeding and breast milk. It is about health and nutritional competence. The IB 1 area of measures provides for: "Strengthening competencies for a balanced, enjoyable and resource-conserving diet"[3c, page 4]. Breastmilk fulfils all three criteria: it is balanced, has taste and is resource-saving, is produced locally and packaging is not a problem for the environment. Eating habits and patterns, the signals for hunger and satiety are also influenced by breastfeeding. Breastfeeding should be at the top of the nutrition strategy.

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

Key questions

- *What percentage of hospitals/maternity facilities are designated/ accredited/awarded OR what % of new mothers have received maternity care as per the 'Ten Steps' within the past 5 years?*
- *What is the quality of implementation of BFHI*

Quantitative Criteria for assessment

2.1) **19 out of a total of 123** total hospitals(both public &private) offering maternity services that have been designated/accredited/awarded/measured for implementing 10 steps within the past 5 years. (Situation in 2019 [1]) (15%).

Criteria for assessment	√ Check one which is applicable
0	<input type="checkbox"/> 0
0.1 – 20%	<input checked="" type="checkbox"/> 1
20.1 – 49%	<input type="checkbox"/> 2
49.1 – 69%	<input type="checkbox"/> 3
69.1-89 %	<input type="checkbox"/> 4
89.1 – 100%	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes = 1	<input checked="" type="checkbox"/> No=0
2.3) The Ten Steps have been integrated into national/ regional/hospital policy and standards for all involved health professionals.	<input checked="" type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
2.4) An external assessment mechanism is used for accreditation /designation/awarding/evaluate the health facility.	<input checked="" type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0

20

Criteria for assessment	√ Check that apply	
2.5) Provision for the reassessment ¹³ have been incorporated in national plans to implement Ten Steps.	<input type="checkbox"/> Yes = 0.5	<input checked="" type="checkbox"/> No=0
2.6) The accreditation/designation/awarding/measuring process for BFHI/implementing the Ten Steps includes assessment of knowledge and competence of the nursing and medical staff.	<input checked="" type="checkbox"/> Yes = 1	<input type="checkbox"/> No=0
2.7) The external assessment process relies on interviews of mothers.	<input type="checkbox"/> Yes = 0.5	<input checked="" type="checkbox"/> No=0

2.8) The International Code of Marketing of Breastmilk Substitutes is an integral part of external assessment.	<input type="checkbox"/> Yes = 0.5	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
Total Score (2.2 to 2.9)	2.5 / 5	
Total Score (2.1 to 2.9)	3.5 / 10	

Link-List and Information Sources

1. UNICEF Schweiz und Liechtenstein, Webseite <https://www.unicef.ch/de/unsere-arbeit/schweiz-liechtenstein/baby-freundliches-spital> und Kontakt mit Frau Nicole Hinder.
2. Monitoring der Baby Freundlichen Spitäler in zertifizierten Geburtskliniken (Baby Friendly Hospital Initiative). Bericht 2017. Eine Analyse im Auftrag der UNICEF Schweiz. Schweizerisches Tropen- und Public Health-Institut Juli 2018. Verfasst von Anna Späth. Supervision Prof. Dr. med. Elisabeth Zemp Stutz. (46 Seiten). Zudem Kontakt mit Frau Anna Späth.
3. «Babyfreundliche Spitäler» erreichen in der Schweiz ein hohes Qualitätsniveau <https://www.unicef.ch/de/ueber-unicef/aktuell/medienmitteilungen/2018-08-06/babyfreundliche-spitaler-erreichen-der-schweiz> (6. August 2018)
4. Baby-Friendly Hospital designation has a sustained impact on continued breastfeeding. Anna Spaeth, Elisabeth Zemp, Sonja Merten, Julia Dratva. July 2017 DOI: [10.1111/mcn.12497](https://doi.org/10.1111/mcn.12497)
5. «Baby freundliches Spital» in der Schweiz – Nutzen und Stellenwert, *Paediatrica, Vol 27, Nr1 2016* Cornelia Conzelmann, UNICEF Schweiz, Späth A., Dratva, J., Zemp E. Schweizerisches Tropen- und Public Health-Institut, Basel, 2016.

Situation in Switzerland

Situation in Switzerland

The number of BFHs rose from 1994 to 2005 to 59, after which it declined slowly and accelerated after 2013 (introduction of DRGs).

In 2017, 22% of the obstetric institutions with obstetric wards (27 out of a total of 123 obstetric hospitals and clinics in Switzerland) were in the birth hall. The BFH certified hospital was certified as "baby-friendly" [17] and 28.7% of all births took place in a BFH-certified facility.

In 2018, 23 hospitals were still accredited. Because these included large hospitals, the proportion of children born in a BFH in Switzerland at that time was around 25%.

In July 2019, only 19 Swiss hospitals still hold the BFH certificate[1] (inspected on 3 July 2019). The hospital with the highest birth rate in Switzerland - Geneva University Hospital - has not recertified the BFH label in 2018.

The 2017 monitoring report states:

"Currently [on 6 August 2018] 27 Swiss hospitals bear the quality label. On behalf of UNICEF, the Swiss Tropical and Public Health Institute has been monitoring certified hospitals since 2000. In 2017, a total of 25,060 children were born in "Baby Friendly Hospitals" and birth centers. Rooming-in" is the standard at 97 percent and enables mother and child to be together without interruption. 95 percent of newborns had undisturbed skin contact within

the first hour after birth. Since monitoring began, the proportion of children who are exclusively breastfed during hospitalisation has risen from 36% to 62%. Less pleasing is the fact that the proportion of healthy newborns who received infant formula before leaving hospital has risen slightly since 2000. The care of young mothers with little knowledge of the local language remains a particular challenge. In order to ensure adequate support, understanding is an important prerequisite"[3].

In comparison, according to a study in 2005 (Labbock 2012), 55% of Swiss maternity hospitals were certified at least once.[4]

Gaps

1. There is no official support for BFHI from the federal government and the health system, either logistically or financially.
2. The training of the staff until certification must be financed by the hospital, there is no financial support from the federal government.
3. The Baby Friendly Hospitals and their quality are not anchored in the national health system; the daily work in the BFH facilities is not given the necessary importance.
4. In hospital search engines, which are based on the official quality reports, the conversion of the baby friendly criteria as medical-nursing achievement offer is not seized. At Mecon, the survey centre in the health sector, BFHI is not the subject of any question. No reference to BFH certification can be placed on the Comparis hospital comparison platform.
5. The WHO and UNICEF international recommend in the new guidelines of 2018 to introduce the ten steps as a national standard in all institutions in which newborns are cared for. This is a particular challenge for Switzerland, where health care is decentralised.

Recommendations for Indicator 2

1. The implementation of BFHI shall be part of the quality requirements for maternity and paediatric hospitals.
2. The implementation of BFHI shall be considered in the quality reports, and thus also in the hospital search engines.
3. Create dynamics among the BFH maternity hospitals and clinics, so that they can increasingly exchange information and cultivate contacts. Organise expertise, experience and further training together, thereby creating synergies and saving costs. This dynamic can also help to maintain the commitment and values of the BFHI so that recertification makes sense for the whole team.
4. The costs of implementing BFHI in the clinics, including training and education of staff to breastfeed and qualified breastfeeding counselling, must be sufficiently taken into account in the financing of the clinics.

5. Nursing and specialist staff specially trained in breastfeeding (e.g. with an IBCLC diploma or CAS from the Bern University of Applied Sciences) should also be given time off for breastfeeding support within the regular working hours.

6. It would make sense to display the BFHI Guidelines in all maternity hospitals and clinics, including those without BFHI certification. Poster here <https://www.who.int/nutrition/bfhi/ten-steps/en/>

7. The 2005 recommendations [13] remain relevant as such in 2020, in particular Recommendation 5 (point 1):

"The BFHI's funding for breastfeeding should also be increasingly geared to influencing the general social conditions. In our opinion, the goal pursued by the BFHI quality assurance - more mothers who breastfeed (for longer periods) - should also be pursued increasingly in other ways. Firstly, breastfeeding could be positioned even better as an important preventive measure: If possible, attempts should be made to lobby doctors, health insurers, the public administration and the political sector to find supporters who would help to better anchor breastfeeding promotion. This sensitisation of the population would in turn benefit breastfeeding promotion in hospitals. [...]"

8. Comply with step 10 of the BFHI guidelines: all women should be informed about the different support options for breastfeeding after leaving the hospital (breastfeeding groups and competent and breastfeeding friendly professionals).

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 (<i>Legal Measures that are in Place in the Country</i>)	
	Score
3a: Status of the International Code of Marketing √ <i>Check that applies up to question 3.9. If it is more than one, tick the higher one.</i>	
3.1 No action taken	<input type="checkbox"/> 0
3.2 The best approach is being considered	<input type="checkbox"/> 0.5
3.3 Draft measure awaiting approval (for not more than three years)	<input type="checkbox"/> 1
3.4 Few Code provisions as voluntary measure	<input type="checkbox"/> 1.5
3.5 All Code provisions as a voluntary measure	<input type="checkbox"/> 2
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	<input type="checkbox"/> 3
3.7 Some articles of the Code as law	<input checked="" type="checkbox"/> 4
3.8 All articles of the Code as law	<input type="checkbox"/> 5
3.9 Relevant provisions of World Health Assembly (WHA) resolutions subsequent to the Code are included in the national legislation ¹⁵ 1. Provisions based on 1 to 3 of the WHA resolutions as listed below are included 2. Provisions based on more than 3 of the WHA resolutions as listed below are included	<input type="checkbox"/> 5.5 <input type="checkbox"/> 6
Total Score 3a	4
3b: Implementation of the Code/National legislation <i>Check all that applies. It adds up to the 3a scores.</i>	
3.10 The measure/law provides for a monitoring system independent from the industry	<input type="checkbox"/> 1
3.11 The measure provides for penalties and fines to be imposed to violators	<input type="checkbox"/> 1
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	<input checked="" type="checkbox"/> 1
3.13 Violators of the law have been sanctioned during the last three years	<input type="checkbox"/> 1
Total Score 3b	1
Total Score (3a + 3b)	5 / 10

Link-List and Information Sources

- a) The International Code of Marketing of Breast-Milk Substitutes , kurz: der **Internationale Kodex (1981)**
<https://www.who.int/nutrition/publications/infantfeeding/9241541601/en/>
 - b) The International Code of Marketing of Breast-Milk Substitutes - **2017 Update** -

Frequently asked questions

<https://www.who.int/nutrition/publications/infantfeeding/breastmilk-substitutes-FAQ2017/en/>

Deutsch ist keine offizielle Übersetzungssprache der WHO. Dank privater Initiative sind deutsche Übersetzungen des Internationalen Kodex und einiger WHA Resolutionen auf der Webseite von Utta Reich-Schottky und Dr. Hans Schottky zugänglich

<http://www.reich-schottky.de/kodex.html>

2. Relevante **WHA Resolutionen** (bis WHA71 von 2018)
https://www.who.int/nutrition/topics/wha_nutrition_iycn/en/
3. **Gesetzgebung Schweiz, 2 Verordnungen:**
 - a. 817.02 Lebensmittel- und Gebrauchsgegenständeverordnung (LGV / ODAIOUs) vom 16. Dezember 2016 (Stand am 1. Mai 2018) <https://www.admin.ch/opc/de/classified-compilation/20143388/index.html>
(Artikel 41)
 - b. 817.022.104 Verordnung des EDI über Lebensmittel für Personen mit besonderem Ernährungsbedarf (VLBE / OBNP) vom 16. Dezember 2016 (Stand am 1. Mai 2017) <https://www.admin.ch/opc/de/classified-compilation/20143408/index.html>
Säuglingsanfangsnahrung: Artikel 5 bis 11;
Folgenahrung: Artikel 12 bis 17;
Getreidebeikost und andere Beikost für Säuglinge und Kleinkinder: Artikel 18 bis 21
4. Codex Panel SINA: **Verhaltenscodex der Hersteller** in der Schweiz betreffend Vermarktung von Säuglingsanfangsnahrungen. Vertrag in Eigenverantwortung (19.04.2018), schwächer als der Internationale Kodex; und **Portrait Codex Panel** <https://www.sani.swiss/deutsch/fachgruppe-sina/codex-panel/>
5. Verhaltenscodex der Hersteller über die Vermarktung von Säuglingsanfangsnahrungen oder "Schweizer Codex"
http://www.stillfoerderung.ch/logicio/pmws/stillen_codex2_3_de.html

Conclusions

The International Code of 1981 is only partially incorporated into Swiss law. Only a few WHA resolutions have been implemented in Switzerland. The measures relate primarily to the advertising and labelling of products. There are no sanctions for violations.

The World Health Assembly (WHA 49.15) of 1996 states that code monitoring should be carried out independently, transparently and free of commercial interests. In Switzerland, monitoring is the responsibility of the cantons or private initiatives. Violations of the Code can be reported to the Swiss Breastfeeding Foundation and, according to their website, will be dealt with by the Codex Panel.[7]

Gaps

1. The International Code of 1981 is only partially incorporated into Swiss law. There are no sanctions for violations.
2. There is no national, neutral monitoring of the International Code.
3. Advertising, gifts and sponsorship of congresses and training courses in the health sector by manufacturers of breast milk substitutes are not prohibited.

4. Conflicts of interest arising from sponsorship of training courses and professional associations are not taken into account in the regulations and are widespread. Advertising and sponsorship are considered normal and "necessary" for the financing of training and are accepted (Medela as sponsor of breastfeeding training, e.g.; Nestlé Nutrition Institute as organiser of specialist conferences, etc.).
5. Conflicts of interest and commitments are generally not disclosed in congresses and are not always perceived as such by the public (no disclosures).
6. In scientific studies, articles and lectures, financial interests are often not clearly disclosed.
7. Advertising to parents locally and via the Internet is widespread (see also indicator 6).
8. The advertising ban on first milk is indirectly circumvented by cross-marketing: the labelling of follow-on formulae is ambiguous and graphically and colourfully based on first milk. This affects the advertising ban on first milk, which is weakened in this way.
9. The International Code is little known, neither to health professionals nor to families, although it is primarily a consumer protection code. This raises the question of who in Switzerland should inform or inform about the International Code so that as many people and organisations as possible are aware of and sensitised to conflicts of interest and consumer protection.
10. Switzerland has signed the Innocenti Declaration (1990) and ratified the internationally binding Convention on the Rights of the Child (CRC) (1997), but is not fully committed to embedding the International Code of Marketing of Breast-milk Substitutes in national legislation, as it has not implemented the CRC's recommendations of 2015.
11. "Bottle scenes" and "nuggis" are widely used in advertising and help to present pacifiers as "ordinary" and children with pacifiers or teats in their mouths as "normal". This should be questioned, not only in relation to the International Code, but for reasons of hygiene, tooth position and language development of the child. See Rational Step 3 of Baby Friendly Hospital Initiative 2018[28, pages 21-22].
12. In many areas, Switzerland could become more involved in the protection and support of breastfeeding. There are ways that have been neglected so far and there are many reasons for action.
13. The EU Blueprint of 2008 [16] sums it up and also addresses Switzerland: "The low rates of breastfeeding worldwide are a major public health concern and efforts to address this situation should not have to compete with commercial enterprises with increasingly more sophisticated marketing tools and massive budgets. (page 51)

Recommendations for indicator 3

1. The International Code (1981) and the associated WHA resolutions should be comprehensively enshrined in law.
2. Conflicts of interest among employees in the health care system should be addressed and prevented by sponsoring training courses, congresses and professional associations.
3. Compliance with regulations should be officially monitored. This work is partly carried out by GIFA [23] and IBFAN (ICDC) [24]. Switzerland can also draw inspiration from the Baby Feeding Law Group UK [25].

4. Violations of the Code should be published and punished.
5. Information and training on the Code should be included in the training programme for nurses, midwives, breastfeeding consultants, paediatricians, gynaecologists and generalists.
6. The supply of first and follow-on milk should be reduced to a clear range of products of the highest quality. Neither advertising nor price should play an important role in the consumer's choice. Only the highest standard of health should be offered in Switzerland.
7. The ban on "bottle scenes" according to the Code of Conduct [5] for manufacturers should generally apply in all areas, i.e. even in advertising for breast pumps or other products, bottle scenes should consequently not be permitted.
8. The pacifier interferes to a large extent with the mother's breastfeeding and milk production. Parents should be better informed about the risks of pacifiers and its use should not be trivialized. Advertising should be banned, not only in relation to the International Code, but, as mentioned above, for public health reasons.

In general, statements and declarations such as those made by RCPCH [26] and ISSOP [27] should also be made public in Switzerland and not only among paediatricians, but in all health sectors.

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: 1. Any leave less than 14 weeks 2. 14 to 17 weeks (only in the scope of the Swiss Labour Law ArG) 3. 18 to 25 weeks 4. 26 weeks or more	<i>Tick one which is applicable</i> <input type="checkbox"/> 0.5 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2
4.2) Does the national legislation provide at least one breastfeeding break or reduction of work hours? 1. Unpaid break 2. Paid break (yes, as far as the employed woman is subject to the Swiss Labour Law ArG - this is not the case for every woman)	<i>Tick one which is applicable</i> <input type="checkbox"/> 0.5 <input checked="" type="checkbox"/> 1
4.3) The national legislation obliges private sector employers to a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	<i>Tick one or both</i> <input checked="" type="checkbox"/> YES (0.5) <input type="checkbox"/> NO (0) <input checked="" type="checkbox"/> YES (0.5) <input type="checkbox"/> NO (0)
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	<i>Tick one or both</i> <input checked="" type="checkbox"/> YES (1) <input type="checkbox"/> NO (0) <input type="checkbox"/> YES (0.5) <input checked="" type="checkbox"/> NO (0)
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	<i>Tick one which is applicable</i> <input checked="" type="checkbox"/> 0.5 <input type="checkbox"/> 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.	<i>Tick one or both</i> <input checked="" type="checkbox"/> YES (0.5) <input type="checkbox"/> NO (0)
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	<input checked="" type="checkbox"/> YES (0.5) <input type="checkbox"/> NO (0)
4.7) Paternity leave is granted in public sector for at least 3 days.	<i>Tick one which is applicable</i> <input type="checkbox"/> YES (0.5) <input checked="" type="checkbox"/> NO (0)
4.8) Paternity leave is granted in the private sector for at least 3 days.	<i>Tick one which is applicable</i> <input type="checkbox"/> YES (0.5) <input checked="" type="checkbox"/> NO (0)

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 <input checked="" type="checkbox"/> YES (0.5) <input type="checkbox"/> NO (0)
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	Tick one which is applicable <input type="checkbox"/> YES (1) <input checked="" type="checkbox"/> NO (0)
Total Score	6 /10

Link-List and Information Sources

1. Gesetzliche Grundlagen im Arbeitsgesetz ArG und dazugehörige Verordnungen

a. Arbeitsgesetz ArG SR 822.11 vom 13. März 1964 (Stand am 9. Dezember 2018)

i. Geltungsbereich Art. 1 bis 4 ArG

<https://www.admin.ch/opc/de/classified-compilation/19640049/index.html> - a1

ii. Schwangere Frauen und stillende Mütter Art. 35, 35a und 35b ArG

<https://www.admin.ch/opc/de/classified-compilation/19640049/index.html#id-4-2>

iii. Arbeitnehmer und Familienpflichten

Art. 36 ArG <https://www.admin.ch/opc/de/classified-compilation/19640049/index.html#id-4-3>

b. Verordnung 1 zum Arbeitsgesetz (ArGV 1) SR 822.111 vom 10. Mai 2000 (Stand am 1. Januar 2016) Art. 60 bis 65 ArGV 1; neuer Art. 60 Abs. 2 ArGV 1, in Kraft seit 1. Juni 2014.

<https://www.admin.ch/opc/de/classified-compilation/20000832/index.html#id-5>

c. Verordnung 3 zum Arbeitsgesetz (ArGV 3) (Gesundheitsschutz) SR 822.113 vom 18. August 1993 (Stand am 1. Oktober 2015) Art. 34 ArGV 3

<https://www.admin.ch/opc/de/classified-compilation/19930254/index.html#a34>

d. Verordnung des WBF über gefährliche und beschwerliche Arbeiten bei Schwangerschaft und Mutterschaft (Mutterschutzverordnung; MuSchV) SR 822.111.52 vom 20 März 2001 (Stand am 1. Juli 2015) <https://www.admin.ch/opc/de/classified-compilation/20002241/index.html>

e. Wegleitung Seco zum Arbeitsgesetz und zu den Verordnungen 1 und 2

https://www.seco.admin.ch/seco/de/home/Publikationen_Dienstleistungen/Publikationen_und_Formulare/Arbeit/Arbeitsbedingungen/Wegleitungen_zum_Arbeitsgesetz/wegleitung-zum-arbeitsgesetz-und-den-verordnungen-1-und-2.html

Wegleitung Seco zu den Verordnungen 3 und 4

https://www.seco.admin.ch/seco/de/home/Publikationen_Dienstleistungen/Publikationen_und_Formulare/Arbeit/Arbeitsbedingungen/Wegleitungen_zum_Arbeitsgesetz/wegleitung-zu-den-verordnungen-3-und-4-zum-arbeitsgesetz.html

2. Weitere gesetzliche Grundlagen

a. im Obligationenrecht Bundesgesetz betreffend die Ergänzung des Schweizerischen Zivilgesetzbuches (Fünfter Teil: Obligationenrecht) vom 30. März 1911 (Stand am 1. April 2017)

SR 220, Art. 329f ORMutterschaftsurlaub von mindestens 14 Wochen

<https://www.admin.ch/opc/de/classified-compilation/19110009/index.html#a329f>

b. im Erwerb ersatzgesetz (EOG) und der dazugehörigen Verordnung (EOV) SR 834.1 Erwerb ersatzgesetz (EOG) vom 25. September 1952 (Stand am 1. Januar 2019)

- Bestimmungen zur Mutterschaftsentschädigung, Art. 16b ff.
<https://www.admin.ch/opc/de/classified-compilation/19520192/index.html> und
- c. SR 834.11 Verordnung zum Erwerbsersatzgesetz (EOV) vom 24. November 2004 (Stand am 19. Februar 2019) Art. 23ff. EOv <https://www.admin.ch/opc/de/classified-compilation/20042547/index.html>; Merkblatt Mutterschaftsentschädigung <https://www.ahv-iv.ch/p/6.02.d>
- d. im Gleichstellungsgesetz (GIG) (siehe auch unter [10]) SR 151.1. vom 24. März 1995 (Stand am 1. Januar 2017) Bestimmungen zum Verbot von direkter und indirekter Geschlechterdiskriminierung im Erwerbsleben. Art. 1 ff. GIG
<https://www.admin.ch/opc/de/classified-compilation/19950082/index.html>
<https://www.ebg.admin.ch/ebg/de/home/dokumentation/haeufige-fragen/arbeit---erwerbsleben.html>
3. SECO Staatssekretariat für Wirtschaft
Mutterschaftsschutz Broschüre
https://www.seco.admin.ch/seco/de/home/Publikationen_Dienstleistungen/Publikationen_und_Formulare/Arbeit/Arbeitsbedingungen/Broschuren/mutterschaft--schutz-der-arbeitnehmerinnen.html
Medienmitteilung zur Einführung von bezahlten Stillzeiten
<https://www.seco.admin.ch/seco/de/home/seco/nsb-news.msg-id-52808.html>
4. BSV Bundesamt für Sozialversicherung
Mutterschaft <https://www.bsv.admin.ch/bsv/de/home/sozialversicherungen/eo-msv/grundlagen-und-gesetze/mutterschaft.html>
Geburtsbezogene Urlaube <https://www.bsv.admin.ch/bsv/de/home/sozialpolitische-themen/familienpolitik/vereinbarkeit/elternurlaub.html>
5. Arbeitnehmerverbände und Gewerkschaften, z. B. Travail suisse
<https://www.travailsuisse.ch/>
<http://www.infomutterschaft.ch/>
<http://www.mamagenda.ch/de/mamagenda/checklist-and-tools.html>

Conclusions

There is a high degree of complexity in Switzerland with regard to maternity protection regulations, firstly because a distinction is made between private and public employment and secondly because maternity legislation does not apply to all employees. For these reasons, the above rating is to be read with many reservations. The situation must be clarified for each working mother in the individual case and certain questions of the international WBTi grid cannot simply be answered with yes or no.

14 weeks of paid maternity does not even cover the minimum duration of the recommendations for exclusive breastfeeding of 4 months (16 weeks) of the Swiss Paediatric Society, let alone the WHO recommendation for 6 months (24 weeks) of exclusive breastfeeding. After all, within the scope of the ArG, there is the possibility that after returning to work after maternity leave, part of the time required for breastfeeding may be credited to working time.

Mothers often feel that they are absent during pregnancy or that they no longer have the same work force. After re-entry, the right to paid breastfeeding breaks is not considered legitimate. This is an unspoken dilemma.

Again and again maternity leads to unemployment. Only a few women oppose dismissal - even though dismissal for maternity is contrary to the Equal Opportunities Act. [10]

Women working in the public sector cannot rely on ArGV 1 for paid breastfeeding. At best, they can rely on the personnel laws of their employers in the public sector (Confederation, canton, municipality).

Women in management positions are often unable to reduce their workload to a large extent. Breastfeeding is hardly an issue.

Gaps

The assessment of the criteria and the description of the situation show clear gaps in provision in various areas of maternity protection and family friendliness in Switzerland:

1. In a general comparison, Switzerland is at the bottom of the league according to EKFF (2018) [24] and in the UNICEF study on family friendliness (2019) [25].

2. In comparison with Northern European countries, Switzerland is still lagging far behind with 14 weeks of paid maternity leave.

3. The situation for fathers without a legal basis for paternity leave was unsatisfactory and outdated. The parliamentary decision for 2 weeks paternity leave as a national minimum is a new basis - but is it sufficient?

4. Low threshold, accessibility to information and legal protection in the event of discrimination on grounds of maternity are still topical and difficult issues in Switzerland today.

5. For small and medium-sized enterprises the financial costs are high and they stand alone with a legal regulation concerning public health, a concern that should be borne by the general public because everyone benefits from it.

6. When women hold political mandates, maternity protection regarding breastfeeding has not been clarified (breastfeeding room in public buildings, presence of mother and child at conferences, plenary sessions and sessions). There is also an unregulated situation when women receive attendance fees which, depending on the amount, may call into question the maternity allowance for 14 weeks.

7. Many of the gaps mentioned above are also addressed in a 2018 study [11]: Many women do not succeed smoothly in re-entering the labour market. From the women's point of view, the greatest challenge is to find a good solution for continued employment after maternity leave. For them, it is less a question of allocating maternity leave to the time before or after the birth that is being discussed than of criticising the inadequate overall duration. Paternity leave or parental leave are also high on the list of unresolved issues, along with the job guarantee.

Recommendations for Indicator 4

1. According to the OECD report "Doing better for families", children generally have an advantage if they grow up in a family environment in the first months of life. In this sense, 6

months maternity and paternity leave also serve to promote early childhood and should therefore be enshrined in law.[17]

2. in general, Switzerland should not see maternity as an "obstacle" but as a continuum where pregnancy - childbirth and breastfeeding belong together. Strong maternity protection is an investment in the physical and mental health of the child and the family and ultimately for the good of society.

3. Contrary to the wording "maternity leave", this "maternity period" is not a "vacation" but an important phase of adaptation to a new, responsible and challenging task. It should be fully considered as an important contribution of mothers to education and therefore maternity protection should be dealt with as a general health issue on national level with longer paid leave and more information on long term breastfeeding.

4. The legislation on the duration of maternity and paternity leave should therefore be adapted in favour of an extension. Such proposals should be submitted non-partisan at national level.

5. Women should be given the legal provisions on maternity in all work sectors in written form in their employment contracts.

6. The low threshold of counselling centres for women working in the informal sector should be improved.

7. Cases of discrimination on grounds of maternity protection should be raised and punished nationally. Specialised counselling centres should be set up at cantonal level and offer legal protection.

8. Language should not be a barrier to obtaining information and advice, both in the private and public sectors.

9. As soon as a woman becomes pregnant, the above dilemma in the workplace should in principle be addressed. The earlier the intention to breastfeed is announced, the better the chances for understanding and cooperation and a good reintegration of the woman after the maternity leave.

10. The regulations for maternity protection are important for everyone - child, mother, family, society - and should be made known and adhered to.

11 The UNICEF study on family friendliness (2019) [24] places Switzerland 31st and last in the EU/OECD ranking. UNICEF's recommendations include "UNICEF is advocating for at least six months of leave for all parents; safe and comfortable public and work-based places for women to breastfeed; and universal access to quality, affordable childcare from birth to children's entry into the first grade of school."

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?

	√ Check ONE that applies in each question		
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country ¹⁶ indicates that IYCF curricula or session plans are adequate/inadequate (See Annex 5.1)	> 20 out of 25 content/skills are included <input type="checkbox"/> 2	5-20 out of 25 content/skills are included <input checked="" type="checkbox"/> 1	Fewer than 5 content/skills are included <input type="checkbox"/> 0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been disseminated to all facilities and personnel providing maternity care. (See Annex 5.2)	Disseminate to > 50% facilities <input type="checkbox"/> 2	Disseminate to 20-50% facilities <input checked="" type="checkbox"/> 1	No guideline, or disseminated to < 20% facilities <input type="checkbox"/> 0
5.3) There are in-service training programmes available providing knowledge and skills related to IYCF for relevant health/nutrition care providers. ¹⁷	Available for all relevant workers <input checked="" type="checkbox"/> 2	Limited Availability <input type="checkbox"/> 1	Not available <input type="checkbox"/> 0
5.4) Health workers are trained on their responsibilities under the Code and national regulations, throughout the country.	Throughout the country <input type="checkbox"/> 1	Partial Coverage <input type="checkbox"/> 0.5	Not trained <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 1	1-2 training programmes <input checked="" type="checkbox"/> 0.5	Not integrated <input type="checkbox"/> 0
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ¹⁸	Throughout the country <input type="checkbox"/> 1	Partial Coverage <input checked="" type="checkbox"/> 0.5	Not provided <input type="checkbox"/> 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 <input type="checkbox"/> 1	Provision for only to one of them: mothers or babies <input checked="" type="checkbox"/> 0.5	No provision <input type="checkbox"/> 0
Total Score	5.5 / 10		

Link-List and Information Sources

1. BAG Berufe im Gesundheitswesen
<https://www.bag.admin.ch/bag/de/home/berufe-im-gesundheitswesen.html> und Bundesgesetz über die Gesundheitsberufe GesBG
<https://www.bag.admin.ch/bag/de/home/berufe-im-gesundheitswesen/gesundheitsberufe-der-tertiaerstufe/bundesgesetz-ueber-die-gesundheitsberufe.html>
2. Fachhochschule Bachelor/Master of Science Pflege
<https://www.zhaw.ch/de/gesundheit/studium/bachelorstudium/bachelor-pflege/#c11481> und <https://www.bfh.ch/de/studium/bachelor/pflege/> und <https://www.berufsberatung.ch/dyn/show/24944>
3. Höhere Fachschule Pflege
https://www.careum-bildungszentrum.ch/de-ch/hoehere_fachschulen/hoehere_fachschule_pflege.html und <https://www.careum-weiterbildung.ch/fachbereiche.php?id=2440>
4. Organisation der Arbeitswelt (OdA) Gesundheitsberufe
<https://www.gesundheitsberufe.ch/home/>
5. Curriculum Gynäkologie und Geburtshilfe
<https://www.fmh.ch/siwf/siwf/weiterbildung/facharztstitel-und-schwerpunkte/gynaekologie-und-geburtshilfe.cfm> und <https://www.sggg.ch/>

Conclusions

The cantons and the Confederation are primarily responsible for the training courses. The professional associations are responsible for continuing education and quality assurance. The tertiary health professions [1], i.e. training at university level (doctors, paediatricians, gynaecologists, general practitioners), are based at the Federal Office of Public Health FOPH. Nurses, midwives and nutritionists can also study at a university of applied sciences [2] at this level and obtain a BSc (Bachelor of Science FH) or MSc (Master of Science FH).

In addition, various cantons have a higher technical college [3], where basic training and postgraduate studies in various healthcare professions can be obtained (nursing, mother/father counselling) [4].

WBTi has taken the time to browse through many websites and papers concerning the specialist titles "Gynaecology and Obstetrics" and "Paediatrics". Finding and viewing the corresponding curricula, timetables and curricula proved to be extremely difficult. Breastfeeding was not explicitly listed anywhere. Many other training institutions related to nursing and health professions were contacted and interviewed.

Breastfeeding is generally a marginal issue in a wide variety of health professions.

Gaps

1. There is a lack of uniform curricula and guidelines for training on infant feeding with breast milk and breastfeeding at federal level. The NCD prevention strategy through breastfeeding is not evident in the training of health professionals and has not been implemented.
2. In Switzerland, there are no generally applicable, binding standards and guidelines for supporting natural childbirth in terms of maternal friendliness; the continuum of pregnancy-birth - breast-feeding does not receive enough attention. (Question 5.2)
3. Conflicts of interest in health care: In indicator 3, we pointed out that the conflicts of interest in the health care system are increasingly being discussed. This also includes the sponsoring of training or further education by baby food manufacturers.
4. More in-depth knowledge about breastfeeding, according to current science (prevention!), is important for all caregivers, but for caregivers in charge of women with gestation diabetics, diabetics, women having had bariatric surgery and women with allergies it is especially important.

Recommendations for Indicator 5

1. The health profession curriculum should be adapted: Mandatory extension of hours of knowledge on lactation, breastfeeding training and support. In their basic training, all health professionals in contact with mothers and children should receive basic breastfeeding training (such as the WHO 20-hour curriculum).
2. Breastfeeding support training should emphasise that lactation is a physiological process and, together with pregnancy and childbirth, forms a biological and psychological continuum.
3. NCDs and their prevention through breastfeeding should be included in training plans.
10. In the training on the topic / module breastfeeding, sufficient time should be given for exchange and discussion and for assimilation of general knowledge on breastfeeding and breastfeeding support, because many aspects are involved.
4. Professionals should be encouraged to sign up for continuing education to ensure up-to-date information on breastfeeding and consistent discourse.
5. In the area of childcare, training in breastfeeding is needed. Day nursery staff and day care parents should receive basic training in breastfeeding accompaniment along with information on how to handle breast milk.
6. In the "Guidelines for the Care of Children in Child Day Care Centers" it should be stated as a general condition that mothers have the opportunity to breastfeed their child in a room and/or to deliver pumped breastmilk for the child. This allows the woman to prolong breastfeeding and allows her to combine work and breastfeeding.

7. Recommendations on maternal childbirth and postpartum care should be drawn up and applied nationwide to all maternity and postpartum wards in order to protect the physiological continuum of pregnancy-birth breast-feeding (such as BFHI or the early and late postpartum care recommendations of the Swiss Midwifery Association of the Bern Section [14]).

8. Self-proclamations such as that of the Nestlé Nutrition Institute, which writes of itself "NNI website, largest private neutral platform for current nutritional knowledge" should not be tolerated by professional colleges and associations in Switzerland.

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 ONE that applies in each question		
6.1) Pregnant women receive counselling services for breastfeeding during ANC.	>90% <input type="checkbox"/> 2	50-89% <input checked="" type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.2) Women receive counselling and support for initiation breastfeeding and skin to contact within an hour birth.	>90% <input checked="" type="checkbox"/> 2	50-89% <input type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.3) Women receive post-natal counselling for exclusive breastfeeding at hospital or home.	>90% <input type="checkbox"/> 2	50-89% <input checked="" type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.4) Women/families receive breastfeeding and infant and young child feeding counselling at community level.	>90% <input type="checkbox"/> 2	50-89% <input checked="" type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.5) Community-based health workers are trained in counselling skills for infant and young child feeding.	>50% <input checked="" type="checkbox"/> 2	<50% <input type="checkbox"/> 1	No Training <input type="checkbox"/> 0
Total Score:	7 / 10		

Link-List and Information Sources

1. Mutterschutz, siehe Indikator 4
2. Schweizerische Gesellschaft für Allgemeine Innere Medizin
<https://www.sgaim.ch/de/home.html>
3. Schweizerischer Hebammenverband SHV <https://www.hebamme.ch/>
4. Schweizerische Gesellschaft für Gynäkologie und Geburtshilfe
<https://www.sggg.ch/fr/>
5. Gute und kontinuierliche Betreuung erlaubt bessere Geburt dank Hebammen:
<https://www.wissenschaft.de/umwelt-natur/bessere-geburt-dank-hebamme/>
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004667.pub3/full>
<https://www.nice.org.uk/news/press-and-media/midwife-care-during-labour-safest-women-straightforward-pregnancies>

Conclusions

Insufficient training of specialist staff

Indicator 6 is the mirror of Indicator 5: The insufficient training of health professionals to breastfeed results in a lack of good, updated information for parents and breastfeeding women. Bad, insufficient, sometimes even incorrect information is passed on to the woman, unfortunately also by medically trained persons. The 2008 survey of paediatricians on breastfeeding (see indicator 5) shows their need and interest in breastfeeding training.

Many myths about breastfeeding

Under the pretext that not all women want to breastfeed, certain specialists are content with common, unproven and not updated statements on breastfeeding.

Many myths and misinformation about breastfeeding are long-lived, although there is no scientific evidence to support them. One has the impression that the subject of "breastfeeding" is not taken seriously, is considered an "epiphenomenon" of motherhood and is therefore not worthy of any serious accompaniment. In reality, however, this is no longer the case. Women want to breastfeed, legislation has made breastfeeding easier since 2014 when a woman works - but in general this change is not yet properly perceived.

Interfaces - moments of transition

A breastfeeding woman always has questions and needs for good information. The breastfeeding and the relationship develops, child and mother needs that change and can be very different. There is often not enough attention given to the individual situation and the specific problems or questions of the breastfeeding woman in her personal context. Often the "solution" is simply to stop breastfeeding.

Lack of milk banks

There are 7 milk banks in Switzerland, but no milk bank neither in western Switzerland nor in Ticino ([25], map page 21). Milk banks could play an important role in providing information and raising awareness of the importance of breast milk. There is currently a motion in the Cantonal Council of Geneva to create a milk bank (motion pour une banque de lait aux HUG (M2527) déposée le 21 février 2019), and a reflection on this at the CHUV in Lausanne.

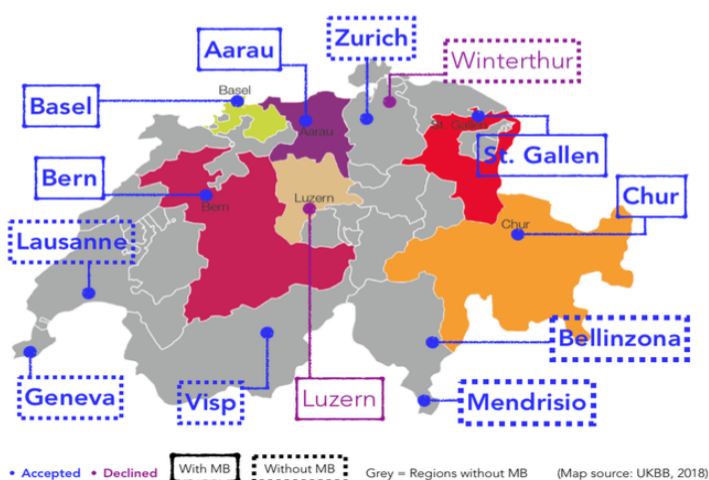


Figure 1: A map of participating hospitals in the study

Gaps

1. Women do not get enough information in the prenatal period on the importance and value of breastfeeding as well as on the realistic expectations about a breastfeed baby.
2. Women looking for information on the Internet because they do not receive enough support to breastfeed and therefore often turn to the Internet, get information on blogs or exchange information via social networks.

Recommendations for Indicator 6

1. The need for complete and correct information should be recognised by professionals in contact with parents and children and encourage them to provide the latest scientifically proven information on breastfeeding.
2. The pretext that not all women wish to breastfeed should not be used as an excuse for health professionals not to train themselves in breastfeeding accompaniment.
3. Pumped breast milk should be nationally recognised as important and every mother should have the opportunity to have her child given milk at the place of care.
4. Childcare professionals should be generally trained in the handling of pumped breastmilk.
5. So-called "long-term breastfeeding" should be professionally accompanied by all persons dealing with mother and child. Accurate information should be made public and also used in medical training.
6. Continuous care during pregnancy and breastfeeding by a selected specialist who has the trust of the mother should be one of the priorities of the Swiss health strategy, according to the UNICEF project of the first 1000 days of life and the derived BFH principles (see indicator 2).
7. There should be milk banks throughout Switzerland that perform a public function by also accepting pumped milk from women outside the hospital.
8. Milk banks could play an important role as centres for breastfeeding information and advice and should be promoted all over Switzerland. They give visibility to the importance of breastmilk

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?*

	√ Check that apply	
7.1) There is a national IEC strategy for improving infant and young child feeding.	YES <input checked="" type="checkbox"/> 2	No <input type="checkbox"/> 0
7.2) Messages are communicated to people through different channels and in local context.	YES <input checked="" type="checkbox"/> 1	No <input type="checkbox"/> 0
7.3) IEC strategy, programmes and campaigns like WBW and are free from commercial influence.	YES <input type="checkbox"/> 1	No <input checked="" type="checkbox"/> 0
7.4) Breastfeeding/IYCF IEC materials and messages are objective, consistent and in line with national and/or international recommendations.	YES <input checked="" type="checkbox"/> 2	No <input type="checkbox"/> 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 <input type="checkbox"/> 2	No <input checked="" type="checkbox"/> 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). ^{*8}	YES <input type="checkbox"/> 2	No <input checked="" type="checkbox"/> 0
Total Score:	5 / 10	

Link-List and Information Sources

1. Stiftung Stillförderung Schweiz
http://www.stillfoerderung.ch/logicio/pmws/stillen_stiftung_4_de.html
2. Präsentationen mit Basis-Empfehlungen zum Thema Ernährung bei Stillen, Schwangerschaft, ab Geburt für Fachpersonen:
<https://gesundheitsfoerderung.ch/kantonale-aktionsprogramme/ernaehrung-und-bewegung/kinder-und-jugendliche/fokusthemen/kleinkindbereich.html>
3. Aktivitäten 2018 in der Schweiz anlässlich der Weltstillwoche
http://www.stillfoerderung.ch/logicio/client/stillen/archive/document/material/weltwoche/WSW_2018/WSW_Aktivitaeten_aktuell.pdf
4. La Leche League Schweiz <https://lalecheleague.ch/stilltreffen/>
5. SF Mütter- und Väterberatung MVB <https://www.sf-mvb.ch/Fuer-Eltern/Pscj/>

Conclusions

In summary, the WHO recommendation for exclusive breastfeeding during the first 6 months of the infant does not appear in the Swiss information materials for parents because the recommendations of the Swiss Paediatric Society are 4-6 months although the "ideal" of 6 months exclusive breastfeeding is mentioned.

⁸ 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.

Information on the risks of formula and artificial infant food is marginal or non-existent. This is probably due to the idea that the high quality of drinking water in Switzerland is enough to ensure security of formula feeding. Healthy long-term risks and possible risks due to the contamination of artificial baby milk are not mentioned.

Not all providers of information brochures are networked without a binding interest and in compliance with the Code. Many low-threshold accessible information materials are produced by companies with commercial interests and are therefore not objective and not free of interest ties. Some of these brochures are also published by public institutions. Various professional associations, foundations and societies that compile information for parents of infants are financially supported by companies that are not free of interest ties (see also Indicator 3).

Group training courses and breastfeeding projects are offered at varying frequency and quality depending on the resources involved.

There are no tools available for assessing information brochures and providers in the field of breastfeeding for expectant parents.

Gaps

1. A national strategy to ensure that information material is free from commercial influences is currently lacking in Switzerland (question 7.3).
2. Breastfeeding women have to pay for some of the counselling services themselves if they have to take advantage of in-depth individual counselling on breastfeeding. Opinions and information from experts on the subject of breastfeeding are not yet uniform and consistent with international recommendations (question 7.4)
3. World Breastfeeding Week events are not yet taking place all over Switzerland, they are organized by local initiatives. They are not endorsed by the Ministry of Health, in this sense they are not implemented.
4. Messages on artificial infant food are mostly shaped by companies with commercial interests and critical voices from objective national bodies are not present (question 7.3)

Recommendations for Indicator 7

1. To develop a national strategy to ensure that information material is free from commercial influences.
2. The provision of counselling for healthy women who need individual counselling in the field of breastfeeding should be expanded by the basic health insurance because the needs and questions of breastfeeding women change. There are various interfaces and transitions that influence breastfeeding. The corresponding initiatives should be encouraged by professional associations.
3. State funding for breastfeeding support must not be further reduced, on the contrary. Given the importance of breastfeeding for the long-term mental and physical health of child and mother, and the savings in health care costs (infectious diseases and NCDs), support should be increased.
4. To provide guidance for parents in the flood of information on breastfeeding.
5. The Confederation should support and make visible national information campaigns on breastfeeding, such as World Breastfeeding Week, to promote a positive image of breastfeeding and to inform and sensitize the population.

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	√ Check that apply	
	YES	NO
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 ²⁵ .	YES <input checked="" type="checkbox"/> 2	NO <input type="checkbox"/> 0
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation.	YES <input checked="" type="checkbox"/> 1	NO <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 1	NO <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 1	NO <input type="checkbox"/> 0
8.5) The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	YES <input checked="" type="checkbox"/> 1	NO <input type="checkbox"/> 0
8.6) Infant feeding counselling is provided to all mothers living with HIV appropriate to national circumstances.	YES <input checked="" type="checkbox"/> 1	NO <input type="checkbox"/> 0
8.7) Mothers are supported and followed up in carrying out the recommended national infant feeding	YES <input checked="" type="checkbox"/> 1	NO <input type="checkbox"/> 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 <input type="checkbox"/> 1	NO <input checked="" type="checkbox"/> 0
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 <input checked="" type="checkbox"/> 1	NO <input type="checkbox"/> 0
Total Score:	9 /10	

Link-List and Information Sources

1. BAG <https://www.bag.admin.ch/dam/bag/de/dokumente/mt/p-und-p/richtlinien-empfehlungen/eksg-mtct-hiv.pdf.download.pdf/eksg-mtct-hiv.pdf>
2. Swiss HIV Treatment Centers and HIV Experts <http://www.team-rounds.ch/experts.htm>
3. http://www.swiss-paediatrics.org/sites/default/files/2017.07.21_empfehlung_saeuglingsernaehrung_d_kor_r.pdf (Seite 3)
4. Advocacy brief: Breastfeeding and HIV. Global breastfeeding collective. Authors: World Health Organization, United Nations Children's Fund, 6 February 2019
<https://www.who.int/nutrition/publications/infantfeeding/breastfeeding-and-hiv-advocacybrief/en/>

5. WHO Guideline: updates on HIV and infant feeding: the duration of breastfeeding, support from health services to improve feeding practices among mothers living with <http://apps.who.int/iris/bitstream/handle/10665/246260/9789241549707-eng.pdf?sequence=1>

Conclusions

In Switzerland, there is no recommendation for breastfeeding in the case of maternal HIV infection. However, if the mother wishes to breastfeed her child after a thorough discussion of all the advantages and potential disadvantages of breastfeeding in this situation, and if she always has an unmeasurable viral load during pregnancy under a reliably taken antiretroviral three-way therapy, this wish will be respected. It is important that the decision is supported by the entire treatment team.

Gaps

The process of 'shared decision making process' represents a major challenge for the treatment team. The pregnant woman's information about breastfeeding with HIV must be completely value-free and objective - personal opinions or assessments must be put aside in this process.

According to question 8.8, the recommendation concerning 6 months of exclusive breastfeeding and breastfeeding up to 2 years and beyond is not generally passed on to the general population.

Recommendations for Indicator 8

It is recommended to make this process known in all hospitals and to incorporate it into practice as a routine: within the framework of a roundtable, the breastfeeding issue is to be discussed with the expectant parents in a 'shared decision making process' and the procedure determined.

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 <input type="checkbox"/> 2	NO <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 2	NO <input checked="" type="checkbox"/> 0
9.3) The health and nutrition emergency preparedness and response plan based on the global recommendation includes: a. 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 <input type="checkbox"/> 0.5	NO <input checked="" type="checkbox"/> 0
b. Measures to protect, promote and support appropriate and complementary feeding practices	YES <input type="checkbox"/> 0.5	NO <input checked="" type="checkbox"/> 0
c. Measures to protect and support the non breast-fed infants	YES <input type="checkbox"/> 0.5	NO <input checked="" type="checkbox"/> 0
d. Space for IYCF counselling support services.	YES <input type="checkbox"/> 0.5	NO <input checked="" type="checkbox"/> 0
e. 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 <input type="checkbox"/> 0.5	NO <input checked="" type="checkbox"/> 0
f. 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 <input type="checkbox"/> 0.5	NO <input checked="" type="checkbox"/> 0
9.4) Adequate financial and human resources have been allocated for implementation of the emergency preparedness and response plan on IYCF	YES <input type="checkbox"/> 2	NO <input checked="" type="checkbox"/> 0
9.5) 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.	YES <input type="checkbox"/> 0.5	NO <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 0.5	NO <input checked="" type="checkbox"/> 0
Total Score:	0 /10	

Link-List and Information Sources

1. BABS Bundesamt für Bevölkerungsschutz
<https://www.babs.admin.ch/de/home.html>
2. Infant and Young Child Feeding in Emergencies IFE. Operational Guidance for Emergency Relief Staff and Programme Managers. Version 3.0 (October 2017)
<https://www.gifa.org/infant-and-young-child-feeding-in-emergencies-operational-guidance-version-3-0/>
3. Bundesamt für wirtschaftliche Landesversorgung BWL
<https://www.bwl.admin.ch/bwl/de/home/themen/notvorrat.html>
4. Alertswiss
www.alert.swiss
5. Notfallplan, der an die eigenen Bedürfnisse adaptiert werden kann
<https://www.alert.swiss/de/vorsorge/notfallplan.html>
6. Guidelines for the safe preparation, storage and handling of powdered infant formula (WHO, FAO, 2007) <https://apps.who.int/iris/handle/10665/43659>

Conclusions

There seems to be no awareness in Switzerland of the need for interventions to ensure the conditions for breastfeeding in disaster situations, including appropriate counselling and support services. There is also a lack of criteria and standard procedures for the donation, procurement and use of powdered infant milk.

There are no special "procedures, programmes and measures" with regard to the protection of infants, mothers (or fathers). However, the documents of the FOCP [1] also refer directly or indirectly to the needs of the youngest. For example, it is advisable to think about special food for infants, to record the numbers of any caregivers in the emergency plan or, in the case of evacuations, to pack toys in emergency luggage when children are in the process of being evacuated.

Why is it important to include breastfeeding in disasters?

Dr Francesco Branca, Director of the Department of Nutrition for Health and Development, WHO, Geneva:

"All too often, breastfeeding is overlooked as a key lifesaving intervention, especially in emergencies. At the first-ever World Humanitarian Summit in Istanbul, we must make sure that breastfeeding is top of mind among all those involved in funding, planning and implementing an emergency response."

<https://www.who.int/mediacentre/commentaries/breastfeeding-in-emergencies/en/>

These considerations are also relevant for Switzerland at home, for the Swiss population, as well as abroad when Switzerland provides humanitarian missions and/or disaster relief. Breastfeeding is a value that must be upheld everywhere.

Karleen Gribble [13], an Australian researcher, trainer and breastfeeding consultant, specialises in feeding children in emergency situations. Her message can be summed up in two basic ideas: <https://www.gynger.fr/allaiter-dans-un-camp-de-refugies/>

1. Donations of artificial milk are a disaster for the babies of breastfeeding mothers with a migrant background, as they have a negative impact on the continuation of breastfeeding.

2. Supporting breastfeeding is the best way to protect both child and mother. According to Gribble, donations of artificial milk and other dairy products in humanitarian emergencies are often the biggest threat to infants. They are an avoidable problem in humanitarian emergencies because they affect the well-being of all infants. Such donations often go beyond what is needed, do not meet needs, are taken to the wrong place, are labelled in the wrong language, are distributed indiscriminately to infant workers, whether breastfed or not, and are given to mothers without other necessary resources (clean water, sterilisation materials, bottles and teats, etc.), leading to increased childhood illness and mortality.

Prejudices against breastfeeding

The opinion that breastfeeding is not possible in this situation is widespread. So you have to start to break down the myths and prejudices about breastfeeding:

- Stress stops milk production
- the milk is not good
- artificial baby milk is better than breast milk.
- the mother is tired
- the mother has other priorities
- the mother cannot rely on breastfeeding in such an environment
- the mother is too weak, too shocked, too affected, too affected, etc. to breastfeed....

Women can decide if they have the right information. They can breastfeed if their confidence in themselves is not destroyed. They are autonomous to express their needs even if they do not necessarily speak the language of the country. Delivering milk powder to a breastfeeding woman leads to confusion and can be interpreted as saying that artificial milk is better than breast milk. The opposite is the case.

Breastmilk is a complete food for every infant up to the age of 6 months, and breastfeeding can continue, parallel to complementary feeding, without the need for milk powder, water or bottle and without any means of heating and cleaning. This is particularly important in a crisis situation.

Breastfeeding allows the mother to be independent, and often the time of breastfeeding is also a time of relaxation for the mother - especially when there are "tents for mother and baby", as in Haiti 2010 [12]. Mother-child tents offer mothers peace and quiet in a sheltered place where they can forget for a moment the stressful environment and difficult context after a disaster. Helpers support breastfeeding or relactation and provide information about the child's diet.

Breastfeeding support also has a social function in that the helpers take time to listen and talk to the mother. It is very different from simply offering her a can of baby food powder.

The problem of food donations

[13] The baby milk cans arrive in large quantities in the deliveries and depots of the refugee zones (photo) and are randomly distributed to families, regardless of whether the mother is breastfeeding or not. Photo of Karleen Gribble when she was in Greece (March 2016). Logos

and brand names are clearly visible, which is not the case for donations under the International Code (Indicator 3).

The role of food banks

Breastfeeding should be supported and protected, and the breast-feeding mother should be provided with additional food in the form of calories instead of infant formula. In conjunction with food banks, this is a message that should be passed on to avoid "useless" gifts that compromise breastfeeding.

IFE Education and Training Modules

The training modules [2];[11] developed by several organisations under the auspices of ENN are available free of charge and enable the helpers to be trained on the ground with the same clear information on IFE.

The UN Operations Guideline (Guideline 2017) is a valuable reference text, the documents of the American Academy of Pediatrics (AAP) are also useful, they are aimed at all health professions and are specifically adapted to the context of disasters and terrorist attacks.

World Breastfeeding Week 2009 and IFE

The topic IFE is not new. WHO already produced documents in 2002 and 2007, World Breastfeeding Week 2009 was under the sign of IFE. "Breastfeeding: A Vital Emergency Response. Are you ready?" <http://www.worldbreastfeedingweek.net/wbw2009/index.htm>

Work of IBFAN-GIFA

IBFAN-GIFA [8] (International Baby Food Action Network and Geneva Infant Feeding Association) is the international central office of the IBFAN network. IBFAN was founded in 1979 and consists of more than 270 institutional members from around 168 countries around the world in 8 regions. IBFAN-Gifa is concerned with the implementation and monitoring of the International Code of Marketing of Breastmilk Substitutes.

IBFAN and Gifa therefore publish documents on the protection, promotion and support of breastfeeding: status of global compliance with the Code, political advocacy, particularly for the rights of the child, and information on nutrition in crisis and emergency situations.

Clean water or not: artificial milk poses risks

Even if clean water is available, there are risks because powdered milk for infants is not sterile. Report from Lyon University Hospital on migration camps in France: "The disposition of the potential for a change in France's camps of refugees is a fait que des bactéries potentiel mortelles for the new nouveau-nés peuvent être présentes dans les préparations de lait infantile en poudre (comme l'Enterobacter sakazakii, qui peut causer une entérocolite nécrosante mortelle chez un nouveau-né). Ces bactéries sont présentes dans la preparation en poudre parce que la façon dont les laits infantiles sont produits ne permet pas de les éliminer, donc ces bactéries sont présentes dans lait en poudre AVANT que la boîte de lait de lait en poudre soit ouverte. C'est la raison pour laquelle il est recommandé par l'OMS de préparer les biberons avec de l'eau chauffée à minimum à 70 degrés (for the decuire ces bactéries présentes dans le lait en poudre)." (For the decuire ces bactéries présentes dans le lait en poudre). WHO/FAO recommendations [6] and

http://nosobase.chulyon.fr/recommandations/invs/2006_infections_e_sakazakii_invs.pdf

Gaps

1. There is no awareness of the importance of protecting and encouraging breastfeeding in the context of emergency in Switzerland.
2. Therefore, no training of staff is scheduled, whether they act within Switzerland or abroad on humanitarian missions.
3. The fact that breastfeeding is a protection and a safe food source is not mentioned.

Recommendations for Indicator 9

The Swiss Government should

1. Integrate an IYCF strategy for infant and young child nutrition into the national crisis management protocol. Protection of breastfeeding in emergency situations (disasters, crises, migration, etc.) should be a clear objective.
2. Organise IFE training modules for professional and/or voluntary staff in emergency situations (disaster, crisis, migration camps), but also for institutional staff, reservists, heads of mission, military and civilian service, etc.
3. Draw up a leaflet for Switzerland based on the recommendations of the American Academy of Pediatrics (AAP) [9] and [10].
4. Distribute information material to the media in order to raise awareness of issues of silence in an emergency or crisis context.
5. Distribute IFE 2017 documents to associations and professionals who lead humanitarian operations within the country as well as abroad.
6. Support mothers who breastfeed their babies with practical counseling and helping them to continue. Give not breast milk substitutes without their express wish. Mothers who have recently weaned their babies at the time of the emergency should be helped to resume breastfeeding.
7. Provide places where mothers can get help and support each other to care for and breastfeed their babies (e.g. Action Baby Tent in Haiti [12]).
8. Distribute only donations and products without logo and company brand name. Humanitarian interventions must not be transformed into advertising campaigns (see photo above).
9. Give clear information when infant formulae are provided about the preparation in the mother's language, with sufficient clean water for preparation and subsequent cleaning of the utensils. For hygienic and cleaning reasons, cups rather than bottles + teats should be available.

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 <input checked="" type="checkbox"/> 2	NO <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 1	NO <input type="checkbox"/> 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 <input type="checkbox"/> 3	NO <input checked="" type="checkbox"/> 0
10.4) Data/information related to IYCF programme progress are reported to key decision-makers.	YES <input checked="" type="checkbox"/> 1	NO <input type="checkbox"/> 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 <input type="checkbox"/> 3	NO <input checked="" type="checkbox"/> 0
Total Score:	4 / 10	

Link-List and Information Sources

1. SWIFS – Swiss Infant Feeding Study. Eine nationale Studie zur Säuglingsernährung und Gesundheit im ersten Lebensjahr. Schlussbericht 2014. (130 Seiten)
<https://www.swisstph.ch/en/projects/swifs/>
2. European Perinatal Health Report. Health and Care of Pregnant Women and Babies in Europe 2010. Veröffentlicht im Mai 2013 (252 Seiten).
<http://www.europeristat.com/reports/european-perinatal-health-report-2010.html>
3. Indicators for assessing infant and young child feeding practices WHO, UNICEF, USAID, AED, UCDAVIS, IFPRI, 2008
<https://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/>
4. Frühe Kindheit beeinflusst die Gesundheit ein Leben lang
<https://www.bag.admin.ch/bag/de/home/gesund-leben/gesundheitsfoerderung-und-praevention/praevention-fuer-kinder-und-jugendliche/fruehe-kindheit.html>
5. Ernährung in den ersten 1000 Lebenstagen
<https://www.eek.admin.ch/eek/de/home/pub/ernaehrung-in-den-ersten-1000-lebenstagen-.html>

Conclusions for Switzerland

There is no evaluation system in Switzerland as provided for in the IYCF programme. The only national evaluation system is the SWIFS Swiss Infant Feeding Study, which is carried out every 10 years (1994, 2004, 2014) by the Swiss Tropical and Public Health Institute. The

study design is based on random sampling and is defined as follows: The Swiss Infant Feeding Study (SWIFS) is a cross-sectional study and is carried out by means of a written postal questionnaire. It is based on a representative sample of mothers with children between 0-11 months of age from German-, French- and Italian-speaking Switzerland.[1] (p. 18) A total of 1650 questionnaires were completed and returned (p. 27).

The Baby Friendly Hospitals (BFH, see indicator 2) collect data on the first few days in the birth centre, but not beyond.

Occasionally, data is collected, e.g. when a hospital is considering certification. But these data do not appear anywhere.

Switzerland does not collect data on breastfeeding that is compatible with the requirements of WHO / UNICEF. Switzerland therefore does not appear in an international comparison.

Are rich countries child-friendly? [10]

A study by UNICEF 2019. Switzerland is ranked 31st and last. Various criteria of this UNICEF study are also included in the WBTi Swiss Report.

Gaps

1. Since there is no consistent, nationally financed and supported breastfeeding policy (see indicator 1), there is also no relevant monitoring and evaluation system on regular national basis (question 10.3).
2. Switzerland does not collect data on breastfeeding that are compatible with WHO / UNICEF requirements. Therefore, Switzerland does not appear in an international comparison.
3. Data gaps are known, measures are being considered but nothing is implemented nationally so far.
4. The SWIFS data collection allows certain conclusions to be drawn, but it is not detailed enough to propose national and cantonal measures and it only occurs every 10 years (question 10.5). Random sampling of breastfeeding data every 10 years appears poor compared to the importance of breastfeeding for lifelong health.
5. Only in a few cantons do those responsible in the cantonal health system recognise the importance of breastfeeding and the need for clear data on breastfeeding.
6. There is hardly any data on breastfed children older than 1 year.

Recommendations for Indicator 10

1. Include Switzerland in the data collection according to the WHO / UNICEF standard (question 10.3) [3].
2. The personal patient dossier should contain information on breastfeeding - e.g. how long a child was exclusively breastfed, how long the total duration of breastfeeding was. This would contribute to question 10.3
3. This information about breastfeeding records is also relevant for each adult and should be systematically noted in the patient dossier in order to collect epidemiological information on the possible links between breastfeeding and non-breast-feeding in relation to communicable and non-communicable diseases and could motivate national measures for public health (question 10.4).

4. Build a database on breastfeeding, e.g. on breast cancer and breastfeeding using the cancer register which will come into force in 2020. We should seize this opportunity.
5. When talking about early childhood and nutrition, breastfeeding should be consistently addressed and included in all areas and monitored (question 10.5). [4]
6. Include the criteria "breastfeeding" and "nutrition" of young children in the studies, evaluations and reports of Swiss research projects, in particular in the research of noncommunicable diseases (question 10.4).
7. The cooperation of specialist disciplines, as recommended in the EEK expert report, should be promoted and used to collect breastfeeding data (question 10.5).
8. Encourage and finance prospective studies on breastfeeding and health with non conflicting finances.
9. Follow Recommendation according to UNICEF report 2019 [8]: "Collect more and better data on all aspects of family-friendly policies so that programmes can be monitored, policies compared, and countries held accountable".

4.2 Part II

Indicator 11: Initiation of Breastfeeding (within 1 hour)

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

Definition of the indicator: Proportion of children born in '0-23' months who were put to the breast within one hour of birth.

Assessment

	Key to rating adapted from WHO tool (see Annex 11.1)	Please enter your country data in %	Colour-rating
Indicator 11: Initiation of Breastfeeding (within 1 hour)	0.1-29%		Red
	29.1-49%		Yellow
	49.1-89%	67 %	Blue
	89.1-100%		Green

Data Source (including year):

Sources

Swiss Infant Feeding Study SWIFS 2014

www.stillfoerderung.ch/logicio/client/stillen/archive/document/stillen/Fachpersonal/SWIFS_Schlussbericht1.pdf

Monitoring der Baby Freundlichen Spitaler in zertifizierten Geburtskliniken BFHI

https://www.unicef.ch/sites/default/files/2018-08/bfhi_bericht_2017_d.pdf

Comment

According to SWIFS, 67% of children tried drinking on the breast for the first time in the first hour after birth. (SWIFS final report p. 104)

In BFHI certified clinics, statistics show a first drinking attempt in 90% of healthy newborns. (BFHI Report 2017 p. 16)

Indicator 12: Exclusive Breastfeeding under 6 months

Key question: *What is the percentage of infants less than 6 months of age who were exclusively breastfed²⁹ in the last 24 hours?*

Definition of the indicator: Proportion of infants 0–5 months of age who received only breastmilk during the previous 24 hours. (0-5 months means 5 months and 29 days as per research guidance)

Assessment

	Key to rating adapted from WHO tool (see Annex 11.1)	Please enter your country data in %	Colour-rating
Indicator 12: Exclusive Breastfeeding under 6 months	0.1-11%		Red
	11.1-49%	18 %	Yellow
	49.1-89%		Blue
	89.1-100%		Green

Source

Swiss Infant Feeding Study SWIFS 2004 und 2014

www.stillfoerderung.ch/logicio/client/stillen/archive/document/stillen/Fachpersonal/SWIFS_Schlussbericht1.pdf

Comment

According to SWIFS, 18% of mothers follow the WHO recommendation to breastfeed exclusively for 6 months. (SWIFS final report, p. 104). No precise data available in Switzerland for the last 24 hours; SWIFS monitoring happens every 10 years on the basis of a small test groups.

Indicator 13: Median Duration of Breastfeeding

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

Assessment

	Key to rating adapted from WHO tool (see Annex 11.1)	Please enter your country data in months	Colour-rating
Indicator 13: Median Duration of Breastfeeding	0.1-18 Months	7.1 Months	Red
	18.1-20 ''		Yellow
	20.1-22 ''		Blue
	22.1-24 or beyond ''		Green

Source

Swiss Infant Feeding Study SWIFS 2004 und 2014

www.stillfoerderung.ch/logicio/client/stillen/archive/document/stillen/Fachpersonal/SWIFS_Schlussbericht1.pdf

Comment

According to SWIFS, the median of the total breastfeeding period is 31 weeks or 7.1 months. (SWIFS Final Report, p. 104)

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?*

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

Assessment

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?*

	Key to rating adapted from WHO tool (see Annex 11.1)	Please enter your country data in %	Colour-rating
Indicator 14: Bottle-feeding (0-12 months)	29.1-100%	estimated 80 %	Red
	4.1-29%		Yellow
	2.1-4%		Blue
	0.1-2%		Green

Source

Swiss Infant Feeding Study SWIFS 2004 und 2014

www.stillfoerderung.ch/logicio/client/stillen/archive/document/stillen/Fachpersonal/SWIFS_Schlussbericht1.pdf

Comment

According to SWIFS, infant milk is imported relatively early. Although no explicit question was asked about bottle feeding, it can be assumed that bottle feeding was used. Already at 17.4 weeks 50% of the children had received infant milk. The survey also shows that at 22 weeks 50% of the children had received water and tea. (SWIFS final report, p. 75)

There are not more precise data available for Switzerland.

Indicator 15: Complementary Feeding (6-8 months)

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

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 (see Annex 11.1)	Please enter your country data in %	Colour-rating
Indicator 15: Complementary Feeding (6-8 months)	0.1-59%		Red
	59.1-79%		Yellow
	79.1-94%		Blue
	94.1-100%	estimated 100%	Green

Source

Swiss Infant Feeding Study SWIFS 2004 und 2014

www.stillfoerderung.ch/logicio/client/stillen/archive/document/stillen/Fachpersonal/SWIFS_Schlussbericht1.pdf

Comment

According to SWIFS, complementary foods are introduced significantly earlier today. At the age of 7-8 months, 97.4% of children received supplementary food. 68% of the children received supplementary food before the age of 6 months. SWIFT shows that the interviewees comply with the recommendations of the Swiss Society for Nutrition (SGE) and the Swiss Society for Paediatrics (SGP), which recommend the introduction of complementary foods at the earliest from the 5th and at the latest from the 7th month of life. (SWIFS Final Report, p. 72)

4.3 Summary Part I

IYCF Policies and Programmes

	Score (Out of 10)
1. National Policy, Governance and Funding	3
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding	3.5
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	5
4. Maternity Protection	6
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	5.5
6. Counselling Services for the Pregnant and Breastfeeding Mothers	7
7. Accurate and Unbiased Information Support	5
8. Infant Feeding and HIV	9
9. Infant and Young Child Feeding during Emergencies	0
10. Monitoring and Evaluation	4
Total Country Score	48 / 100

Guidelines for WBTi

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	Switzerland 48	Yellow
61 – 90.9		Blue
91 – 100		Green

Conclusion

Some indicators are relatively well covered in Switzerland. Others are not politically supported, such as Indicator 9, and are not perceived by the health system.

4.4 Summary Part II

Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Colour-coding
Indicator 11: Initiation of Breastfeeding (within 1 hour)	67%	Blau
Indicator 12:: Exclusive Breastfeeding under 6 months	18%	Gelb
Indicator 13 Median Duration of Breastfeeding	7.1 months	Rot
Indicator 14: Bottle-feeding (0-12 months)	80%	Rot
Indicator 15: Complementary Feeding (6-8 months) t	100 %	Grün

Conclusion

There is not enough data available in Switzerland on the Global Strategy for Infant and Young Child Nutrition (IYCF).

5. Conclusion and Key Recommendations for Switzerland

Key recommendations derived from the WBTi Swiss report

In general, the preventive effect of breastfeeding on health should be recognised. Support for breastfeeding requires prior financial investment, but ultimately helps to keep or reduce overall health costs low.

Health decisions in Switzerland should not be influenced by persons with conflicts of interest or financial ties to industry. Recommendation 9 of indicator 3 also applies to indicator 5.

Complete incorporation into Swiss legislation and compliance with the International Code of Marketing of Breastmilk Substitutes (1981) and subsequent WHA resolutions (see Indicator 3).

Monitoring trade practices and professional training for health professionals by a neutral body with no financial or commercial interests.

In general, statements and declarations, such as those made by the board of the Royal College of Paediatricians in the United Kingdom RCPCH (see indicator 3, source [26]) and by the International Society for Paediatrics ISSOP (see indicator 3, source [27]) on the subject of "conflicts of interest" should also be made public in Switzerland, not only by paediatricians but in all health sectors.

Correct information - the claim of our times. Both parents and health professionals need clear, complete, updated and unbiased information on breastfeeding and the value of breast milk.

Indicator 1:

Implement a national breastfeeding commission with sufficient financial resources from the public sector. A national strategy for breastfeeding is to be developed that includes both information and training as well as research.

Indicator 2

The criteria for BFHI should be the standard for all maternity and paediatric hospitals. Birth and paediatric clinics should receive financial and logistical support to implement and maintain BFHI certification.

Indicator 3

The International Code and the associated WHA resolutions are to be comprehensively anchored in law. Conflicts of interest in the health care system concerning the Code should be clearly identified and violations of the Code should be effectively punished.

Indicator 4:

Legislation on the duration of maternity and paternity leave should be adapted in favour of an extension, at least up to the duration of exclusive breastfeeding recommended by the WHO.

Indicator 5:

Evidence-based and unbiased information on breastfeeding and the value of breast milk should be provided in training and further education for the various health professions.

Indicator 6:

Pre- and postnatal parental consultations should be offered by specialists and committees who are competent, conform to the code and are not bound by interests and who accompany the entire continuum of pregnancy - birth - puerperium - breastfeeding.

Indicator 7:

Government funding for breastfeeding support must not be further reduced and the counselling services for parents who need advice on breastfeeding and infant feeding should be expanded. Financial resources are to be made available for code-compliant and independent brochures and information material on breastfeeding and complementary feeding.

Indicator 8:

The latest findings in the field of HIV and breastfeeding are to be exchanged throughout Switzerland among specialists and in maternity and paediatric clinics. Affected parents should receive comprehensive information.

Indicator 9:

The staff units in disaster control should be informed about the importance of breastfeeding and the handling of infant food in disaster situations. Information material and procedures are prepared for emergencies.

Indicator 10:

A strategy for the annual collection of national breastfeeding and nutrition data in accordance with WHO guidelines is to be developed and gradually implemented. A database on breastfeeding and prevention is to be established.

Indicators 11 to 15:

Measures to promote exclusive breastfeeding and to increase the overall duration of breastfeeding should be formulated and implemented.

6. Further thoughts and relevant information for Switzerland

In Switzerland, breastfeeding is not sufficiently emphasised as a healthy, optimal and normal diet for infants and its importance is not explicitly underlined in the national health strategy. Indeed, there is not enough awareness of the importance of breastfeeding in Switzerland. Although it is recognised that breastfeeding is important, political and financial decision-makers are not actively and concretely committed to the best framework conditions to facilitate and simplify breastfeeding.

The efforts of the certified BFH hospitals (see indicator 2) and the 2014 legislation (see indicator 4) are praiseworthy exceptions. However, both the BFH-certified maternity facilities and the employers who are actively involved in maternity protection and breastfeeding are not sufficiently supported by the federal government. But it should be a federal concern, because breastfeeding is good for public health in the long term.

Why is Breastfeeding so important?

As an introduction, a quote from the breastfeeding recommendations of the Swiss Society for Paediatrics of 2017 :

"Health benefits

Human milk not only has immediate protective effects in infancy (infection prophylaxis, especially against gastrointestinal and respiratory infections and otitis media), but is also associated with long-term health benefits that can still be measured after many years. There is evidence of protection against immunologically mediated diseases such as type 1 diabetes, chronic inflammatory bowel disease, allergies, and celiac disease; reduced risk of developing overweight and obesity and type 2 diabetes; lower blood pressure and serum cholesterol; reduced risk of developing acute lymphocytic leukemia; and improved cognitive development with higher intelligence quotients. Human milk thus has a programming effect which, years and probably even decades later, has a beneficial effect on the individual health of people breastfed as babies." End of quote

Paradox: Research results - their implementation

In research for years it has been agreed that breastfeeding is a basis for health even in the long term. In contrast to many health factors that cannot be directly influenced, breastfeeding can be influenced concretely and positively through information and support. The optimal recommendations for breastfeeding have been developed by WHO. In Switzerland we are still a long way from the WHO guidelines (6 months exclusive breastfeeding) which apply to all countries and to all children, including those in Switzerland. Breastmilk protects against infectious diseases and non-communicable chronic diseases and contributes to women's health. In other words, even in a country with clean water, breastfeeding makes sense because it is a health protection for life.

The influence of breast milk on microbiota and the immune system is being researched more and more today. Today's clinical pictures in Switzerland are alarming: obesity, diabetes, cancer, etc., all diseases that are directly and indirectly influenced by breastfeeding or non-feeding.

Despite these clinical pictures, there is no practice adaptation. The recommendations on breastfeeding are not WHO-compliant, the training of health professionals on the subject of "breastfeeding and breastfeeding support" is inadequate and left to private initiative, there is no national driving force and no clear positive discourse on breastfeeding.

Topics at the front - where is the breastfeeding support?

A lot of money is invested in research and therapies concerning smoking, addiction, cancer, obesity - the Swiss health system is heavily involved in the treatment of symptoms and ignores the fact that prevention through breastfeeding is one of the basic measures of health and the future.

Public Health Policy

Health policy has changed fundamentally in recent decades. Although health has long been an issue in international relations, it has been perceived as a national and technical issue for most of the 20th century. This meant that the solution to health problems required primarily scientific and technological cooperation rather than political commitment. In addition to the changes associated with globalization, health is increasingly seen as a priority on the international political agenda.

This also applies to breastfeeding, as breastfeeding plays an important role in public health, both in terms of communicable (infectious) diseases and noncommunicable, chronic diseases (NCDs such as obesity, diabetes, cancer). At the same time, breastfeeding is countered by a financially strong global baby food market and a powerful marketing budget for the food industry.

In Switzerland, breastfeeding must also be supported by national health policy as a "public health concern" and should be given top priority in the "national health strategy".

Challenges for the Healthsystem

The Swiss healthcare system is among the best in the world in terms of indicators such as life expectancy, number of physicians and patient satisfaction. At the same time, it is a system that is becoming increasingly expensive and is divided into local, cantonal and national responsibilities. It is also important to bear in mind that there are many challenges: The ageing of society, the shift from acute to chronic illnesses, the consumer behaviour of the insured.

It is therefore more important than ever today to promote prevention and individual, integrated health care. The WBTi Swiss Report advocates this.

Use of Antibiotics

A major health challenge in the coming years will be antibiotic resistance. Less antibiotic consumption in line with the FOPH slogan: "Antibiotics - use them correctly, it's important" is an appeal for careful use of antibiotics to prevent resistance. The best saving on antibiotics is when you don't need any. In this sense, antibiotics are also saved by preventing infectious diseases from the outset and by preventing them through prevention. An important prevention for infectious diseases in children is breastfeeding. See quote above "Human milk not only has immediate protective effects in infancy (infection prophylaxis, especially against gastrointestinal and respiratory infections and otitis media), but is also associated with long-term health benefits, [...] ". (Swiss Paediatric Society, Recommendations for Infant Nutrition, 2017)

Those who are not breastfed or have not been breastfed have a significantly higher risk of contracting infections and are taking antibiotics at an early age. Many infectious diseases in infancy and later can lead to complications and hospital stays, which brings new risks - iatrogenic risks, virulent hospital infections, etc. Here, too, breastfeeding plays an important, underestimated role as a protective measure, because it supports and strengthens the child's immune system and helps it to build up its own protective system.

Integrated Healthcare during Maternity

Integrated health care in maternity is therefore an important point and not only affects the breastfeeding process and success, but starts much earlier, during pregnancy.

It is about the continuum of pregnancy - birth - breastfeeding. Information on breastfeeding should not be viewed in isolation and detached from the context, but belong in the physiological context of motherhood. Relevant information for the preparation for breastfeeding should therefore be passed on to the parents during pregnancy (or even before).

Integrated health care covers another important dimension of motherhood in addition to breastfeeding. It has been proven that continuous and trusting care throughout the

pregnancy is an efficient measure to avoid premature births. Preterm births are a technical challenge and have a high price, financial and medical, but above all social and human. Breastfeeding is usually associated with many difficulties, but it is precisely these children who have a particular need for breast milk.

There is a lot of information that shows the influence of pregnancy and childbirth on the health of the child, and the important influence of a too early birth. However, many studies have been published in the field of neurology and not in the field of neonatology, where they are also relevant.

Health Costs are high

The costs of health care are rising continuously. In 2012 it was 11.5% of GDP or CHF 68 billion.

Obesity costs

The overweight epidemic was already addressed in 2005. Health costs for obesity and overweight in Switzerland amounted to almost CHF 8 billion in 2012.

"In addition to the health consequences for the people affected, overweight and obesity also have considerable economic significance. For the third time, the Federal Office of Public Health has had the costs of overweight and obesity and their associated diseases calculated in Switzerland. The medical costs of overweight and obesity tripled between 2002 and 2012: from CHF 2,648 million to CHF 7,990 million per year.

In the obesity cost study, both direct costs (consumption of resources for the treatment of obesity and secondary diseases) and indirect costs (loss of productivity due to absence from work, disability or premature death) were taken into account.

These current figures illustrate the socio-political relevance of overweight and obesity and underline the need for measures to promote healthy body weight".

Switzerland is in a pattern of costly curative medicine where the importance of breastfeeding is not sufficiently recognised.

In the above-mentioned 2005 report, breastfeeding was mentioned several times. In the NCD monitoring, breastfeeding is well mentioned, but only as an "additional indicator" and this although breastfeeding has a key function to track health, in childhood and for life. It is not only about building up the immune system and a healthy microbiome, but also about eating habits, self-regulation of food intake and the stabilisation of hunger and satiety thanks to the various hormones present in breast milk.

Costs for not-Breastfeeding

In 2010, Melissa Bartick evaluated the costs of 10 pathologies in a comprehensive study and performed a cost simulation: If 90% of women breastfeed exclusively for 6 months, the annual savings would amount to USD 13 billion.

In 2015, Switzerland spent CHF 1,380 million on health care for children aged 0-5 (BFS 2017). Of this amount, several million Swiss francs could be saved if mothers who so wish were to breastfeed exclusively and for longer. The majority of women stop breastfeeding earlier than they would like, not least due to lack of or incorrect information and lack of support. There is therefore a need and potential for action.

Financial value of Breastfeeding

In purely economic terms, breastfeeding or breast milk has a very high "value" which is not traded on the stock exchange but should be included in the GDP (as is the case in Norway).

An invoice based on the French milk bank price (which is additionally subsidised by the state) gives a mother's milk value of CHF 15 000 for the first 6 months. This is the lowest value for breastmilk that can be quantified. Of course, there is much more behind this than a mere monetary value.

Breastfeeding reduces health costs

Prevention through breastfeeding means better health and lower long-term costs (sickness, care and hospital costs, costs of non-communicable diseases, absence from work due to illness of the worker or his child).

Better health directly means lower costs: daily exercise, a balanced diet, and breastfeeding a child, all of which benefit a country's "financial" health.

Switzerland is organised differently from other countries (such as France or Great Britain) which have a national public health insurance scheme and where each "health benefit" brings direct financial savings to the state thanks to lower health costs.

Health expenditure is financed publicly (by the cantons) and privately (by health insurance companies).

Hospital financing

In December 2007, the Federal Parliament decided to introduce performance-based hospital financing. From 1 January 2012, the benefits of all hospitals in Switzerland will be covered by a uniform national model, the Swiss Diagnosis Related Groups (SwissDRG).

With the SwissDRG flat-rate system, all hospital treatment costs will now be reimbursed. Each hospital stay is allocated to a case group on the basis of certain criteria such as main diagnosis, secondary diagnosis, treatment and degree of severity, and is compensated on a flat-rate basis, which no longer covers the full costs of a hospital stay. The cantons pay at least 55% of the costs and the insurers a maximum of 45%.

The successes of the breastfeeding policy (fewer hospital stays, lower health costs, better health) benefit everyone and are recorded both by the "state" and the health insurance funds and indirectly by the insured.

It is also in the interest of the federal government and the population to keep health "high" and medical costs "low". The interest of the FOPH / BLV and the health insurance companies is to encourage the population to take responsibility for themselves by providing the best possible information. Those who breastfeed often ask themselves questions about nutrition and healthy behaviour in general. This helps to develop a lifestyle that can also be beneficial in other areas of health.

Economic extrapolation for breastfeeding

"The contribution of breastfeeding and mothers milk to the economy is invisible in economic statistics," writes Julie P Smith (2013, reference in footnote). This also applies to Switzerland, which has very little data on breastfeeding to prove the savings in health care costs. But we have data and studies from other countries (USA, Australia) that allow comparison.

The study by Bartick & Reinhold (2010) shows the financial burden on the health care system of costs due to sub-optimal breastfeeding rates. In other words, through optimal breastfeeding, i.e. if 80-90% of mothers would breastfeed exclusively for 6 months, the US could save USD 13 billion in medical costs. The study calculated these savings based on 10 diseases (including otitis media, enterocolitis, necrotizing, sudden infant death, asthma, WBTi Swiss 2020

diabetes mellitus, precursor cell lymphoblastic leukemia-lymphoma). This study shows, indirectly through the cost savings saved, that 6 months of exclusive breastfeeding provides a concrete health benefit compared to sub-optimal breastfeeding (less than 6 months of exclusive breastfeeding) in 10 different health problems.

It should therefore not be said that there is no scientific evidence that complementary foods from 4 months of age have health disadvantages. Less than 6 months of exclusive breastfeeding has clear health disadvantages and costs, according to this study in the US.

Another study by Weimer et al (2001) shows that 3 diseases (necrotizing enterocolitis (NEC), otitis media (OM), and gastroenteritis) alone could save USD 3.6 billion [3.5 Milliarden CHF] if general breastfeeding were extended to 6 months.

These projections are crucial for the FOPH, for the cantonal health system and for the health insurance funds in Switzerland.

Breastfeeding brings huge savings if one is willing to invest in breastfeeding programs to achieve optimal breastfeeding rates, duration and satisfaction. This in turn means that more data is available on breastfeeding so that the benefits can be measured:

- know the exact breastfeeding rates for each year (not like SWIFS every 10 years)
- know the number of breastfed children
- record all childhood diseases statistically: otitis media, enterocolitis, necrotizing, sudden infant death, asthma, diabetes mellitus, precursor cell lymphoblastic leukemia-lymphoma, early obesity)
- bring together disease data and breastfeeding rates and show the connection between childhood diseases / breastfeeding duration.

Breastfeeding statistics

It is regrettable that Switzerland is content with a breastfeeding study that is conducted only every 10 years and is based on random samples (SWIFS 1994, 2004, and 2014). In order to have more relevant data, Switzerland should adopt the WHO / Unicef standards for the collection of breastfeeding data. This would make the impact of breastfeeding on health more visible, including in Switzerland.

In a first step, the health insurance funds could provide data: the basic health insurance provides for 3 breastfeeding consultations; certain health insurance funds provide for breastfeeding money with a supplementary insurance. It would therefore be possible to collect and compare the health costs of breastfed and unbreastfed children.

Mothers stop breast-feeding earlier than they would like to.

Due to various personal and social circumstances, mothers stop breastfeeding earlier than they wish. Depending on the study, 30-90% of women notice this. Odom et al 2013 speaks of 60%. UNICEF UK, Executive Director David Bull, 2012 (page 4) writes: Need for action. "We know that 90% of women who stop breastfeeding in the first six week report giving up before they wanted to." The reasons for this are well known, as are solutions and recommendations for action. The present WBTi Report 2020 makes various proposals.

Mother's milk is tasty

Mother's milk is a gastronomic experience for the child, it changes its taste depending on what the mother eats. The child thus gets to know different tastes via mother's milk even before the introduction of the supplement.

Risks of industrial baby food

Artificial baby milk is not sterile. It is an industrial product that is also subject to industrial risks and can be contaminated (bacteria such as Salmonella and Cronobacter sakazakii, metals such as aluminium, chemical substances such as melanin, etc.). These are both economic and medical problems. Therefore, the WHO recommends the preparation of artificial milk with heated water heated to at least 70 degrees Celsius.

The public should know more about "breastfeeding".

It is also about the fact how little we actually know about breast milk and about the long-term effect. There is much talk of big data - but data must be collected. Every patient history should include whether the man or woman was breastfed and for how long, and whether the woman herself breastfed and for how long.

Specific studies on breast and ovarian cancer, diabetes or obesity are now asking whether the patients were breastfed or the women breastfed.

But the information concerning the first food which is so important in the first 1000 days of life should be systematically noted in the patient dossier or in the medical history, because breast milk lays the foundation for a solid health. No guarantee. But breast-feeding is the optimal start in life.

7. Closing remarks

There is a need for action on breastfeeding in Switzerland. Many women stop breastfeeding for lack of support. Resources are available, but insufficiently or not consistently used. Basic training in breastfeeding is inadequate and programmes and learning content should be adapted. The general public should learn more about the value of breastfeeding. The Confederation, the cantons and all healthcare professionals have this in their hands.

WBTi Swiss Team, Lucerne November 27, 2019 / February 28, 2020



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