0

0

28.5%

6 Months

6/10

0

6/10

0

28.5%

71.5%

97%

57.0/150
**World Breastfeeding Trends Initiative (WBTi)**

### Key Gaps

1. There is no National Breastfeeding Policy or Global infant feeding strategy, nor is there a National Authority for Breastfeeding or Infant Feeding. A National Policy with a national breastfeeding authority is needed that oversees the implementation of a comprehensive national strategy for the protection of breastfeeding and best practices in infant feeding.

2. It is necessary to incorporate the BFHI strategy as a priority within the National Breastfeeding and Infant Feeding Strategy and to incorporate the national coordinator of the IHAN in the National Breastfeeding Authority.

3. The Code is included only partially in the Spanish legislation.

4. The period of maternity leave falls short of recommendations.

5. Breastfeeding training for doctors, nurses and midwives is incomplete, in undergraduate and in postgraduate training, both in theoretical and practical aspects.

6. There is low involvement of public administrations in the regulated training of professionals regarding breastfeeding and infant feeding issues and low implication in training for volunteers in child nutrition issues.

7. There is no national policy that includes infant feeding and HIV.

8. There is no comprehensive policy that includes child feeding in emergency situations.

9. There is no adequate system to monitor breastfeeding indicators or breastfeeding protection programs and strategies.

10. There is no data collection system to inform on the situation of breastfeeding initiation on the first hour of life.

11. The situation of breastfeeding in Spain is far from WHO recommendations for initiation and at six months. The situation is unknown for median duration of breastfeeding and beyond 6 months.

### Key Recommendations

1. Adopt a National Policy on Infant and Young Child Feeding that promotes a National Strategy for the Promotion, Protection and Support of Breastfeeding.

2. Appoint a National Breastfeeding Authority to ensure its implementation and incorporate the BFHI into the National Policy and the BFHI coordinator in the National Breastfeeding Authority.

3. Extend the scope of the current legislation to the whole Code.

4. Revise maternity leave legislation to increase its duration up to at least 6 months.

5. Expand, update and improve the contents of training programmes in breastfeeding and infant and young child feeding for health professionals both at undergraduate and postgraduate programmes.

6. Include indications for the inclusion of appropriate curricula for breastfeeding and infant feeding in the training programmes for professionals and volunteers and support official measures to facilitate training for breastfeeding volunteer groups of nursing mothers.

7. Include international guidelines on infant feeding and HIV in the national breastfeeding policy.

8. Develop a comprehensive infant and child feeding policy in emergencies and incorporate it into the plans included in national strategies or national security laws.

9. Include indicators related to the practice of breastfeeding in the health registration systems of the National Health System (hospitals and Primary Care Health centres).

10. Ensure the monitoring of the situation of breastfeeding from birth to 2 years, and include data collection for the recommended indicators: skin-to-skin contact at birth, initiation of breastfeeding, average duration of exclusive breastfeeding, exclusive breastfeeding up to 6 months, breastfeeding at 1 year and 2 years.

### Country Assessment Spain

The first evaluation of Spain to carry out the WBTi report took place between March and December 2017. The document was unified and revised in April 2018. The group chosen to collaborate on each indicator was the National Committee of the BFHI (Baby Friendly Hospital Initiative) in Spain, the NGO that leads the Baby Friendly strategy, of WHO and UNICEF. This NGO brings together representatives of all actors related to breastfeeding and birth care, from scientific associations (Pediatrics, Midwives, Nursing, Family Physicians), user associations (La Liga de la leche, Amamanta, FEDALMA) and other scientific associations (APILAM, ACPAM), in addition to having a representative from the Ministry of Health and UNICEF.

Once all the information was collected, it was agreed among all the members of the National Committee who, being representatives of different associations in the country, could request consensus with the members of each association. At the end of the review period, the BFHI Spain gave its approval for the WBTi report to be published. One of the members of the group, Salomé Laredo (member of the AMAMANTA support group) was named WBTi leader and coordinated the data collection and its inclusion in the report. In the final review and preparation of the report, Salomé Laredo and the National Coordinator of the BFHI, Mª Teresa Hernández Aguilar, participated.
Convention on the Right of the Child (CRC)

The ratification by Spain of the Convention on the Rights of the Child was carried out in 2014.
In his article 24 collects:
1. The right of the child to the highest possible level of health and to the treatment of diseases and the rehabilitation of health.
2. Adopt appropriate measures to:
   a) Reduce infant and child mortality.
   b) Ensure the provision of medical assistance.
   c) Combat diseases and malnutrition through the application of available technology and the provision of adequate nutritious food and safe drinking water.
   d) Ensure appropriate prenatal and postnatal health care for mothers.
   e) Ensure that all sectors of society, and in particular parents and children, are aware of the basic principles of children's health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation, and measures of accident prevention.
   f) Develop preventive health care, guidance to parents and education and services in family planning.
3. Abolish traditional practices that are harmful to the health of children.
4. To promote and encourage international cooperation with a view to achieving progressively the full realization of the right recognized in this article.

Global Commitments on Infant and Young Child Feeding

- Global Strategy for Infant and Young Child Feeding 2002: World Health Assembly (WHA) and UNICEF adopted the Global Strategy, which sets five additional targets: national policy on infant and young child feeding, community outreach, information support, infant feeding in difficult circumstances and monitoring and evaluation.
  http://www.who.int/nutrition/topics/breastfeeding/9789241542377-en.pdf
- Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding 1990:
- World Health Assembly Resolution: call upon Member States to implement policies and programmes to improve infant nutrition. The recent resolution adopted on May 27, 2006 calls on Member States to implement Global Strategy for Infant and Young Child Feeding and multilateral and bilateral donor arrangements and international financial institutions to direct financial resources for Member States to carry out these efforts. Resolution 49.15, 58.32, 61.20 call upon member states to avoid conflicts of interests in programmes of child health.
  http://www.who.int/nutrition/topics/breastfeeding/9789241542377-en.pdf
  http://www.who.int/hiv/mediacentre/consensusvention/consensusvention.pdf
- Millennium Development Goals: www.un.org/millenniumgoals/
- Innocenti Declaration 2005 on Infant and Young Child Feeding:
  www.un.org/womenwatch/daw/ihsa/inco.htm
- Maternity Protection Convention: http://www.ilo.org/

For detailed report please contact

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