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Policy Brief

Action Lines to Promote Breastfeeding in Romania



Executive Summary

Although breastfeeding is the biological child feeding norm during the first years of life, existing data show that breastfeeding rates are far below WHO recommendations both in Europe (25%) and globally (41%) and in Romania. In view of the material and non-material costs of insufficient or inappropriate breastfeeding, it becomes of the essence to extend breastfeeding interventions. The action lines proposed in this policy brief target mothers and their families, healthcare professionals and healthcare facilities (maternity hospitals and hospitals). The recommended actions fall into three major categories: legal amendments (regulate the marketing of breast-milk substitutes; integrate the WHO & UNICEF Baby-friendly Hospital Initiative criteria into national standards for the evaluation and accreditation of hospitals; support/encourage breastfeeding in the workplace), empowerment activities (introduce information on the importance of breastfeeding and the cost of non-action in the initial training curriculum for healthcare professionals; continuing professional development of healthcare professionals to promote and support breastfeeding; include in the healthcare institutions all categories of human resources which are essential to support and encourage breastfeeding; evidence-based healthcare policies on breastfeeding), and promotion and awareness campaigns (development, implementation and evaluation of customised information and awareness campaigns).

1. Introduction

Breastfeeding is the biological norm for feeding the baby in the first years of life, as the nutritional needs of newborns can be met most efficiently by breastfeeding, breast-milk providing the necessary nutrients in the continuing child development process. The alternative - formula feeding - involves risks both the health of the child and of the mother.

Pursuant to the Convention on the Rights of the Child, Article 24,1 children have the right to be breastfed, **and parents to have access to information and support regarding child health and nutrition**, including the fact that breastfeeding is the biological norm for newborn feeding. Sustainable Development Goals (SDGs), SDG 3 Health and Wellbeing, aim to facilitate child access to breastfeeding.²

WHO and UNICEF emphasize that **exclusive breastfeeding of newborns is vital for them from the earliest stages of life, and recommend that infants be exclusively breastfed for the first 6 months after birth³ with continued breastfeeding up to 2 years of age or beyond** (depending on the decision of the mother-child dyad), after dietary diversity begins. This recommended practice is particularly important for newborns to achieve optimal growth and development and good health (see *Table 1*).

1.1. Breastfeeding and COVID-19

Available scientific evidence to date suggest that **children appear to be at low risk of SARS-CoV-2 infection⁴ and that it is highly unlikely that the SARS-CoV 2 virus can be transmitted through breast milk.**⁵ Additionally, the usual measures to limit the spread of the virus, namely strict hand hygiene and wearing a mask, would be effective in limiting the risk of newborn infection, allowing for rooming-in, and breastfeeding. WHO and UNICEF recommend that a mother with suspected or confirmed COVID-19 should be encouraged to initiate or continue to breastfeed and also **should be informed on the risks of non-breastfeeding, which are significantly higher than the potential risks of virus transmission through breast-milk.** It is also recommended that, regardless of the health condition of mothers or infants, they should be enabled to remain together while rooming-in, and **breastfeeding, direct skin-to-skin contact or kangaroo mother care should be encouraged at all times after birth.**⁶ This is also a benefit in terms of mother and newborn bonding, which can facilitate the process of initiating breastfeeding.

2. Current breastfeeding status

In 2011, according to the WHO, **worldwide, only 41% of infants under 6 months of age were exclusively breastfed.**⁷ Globally, 11.6% of mortality in children under 5 years of age has been attributed to suboptimal breastfeeding practices, equivalent to approximately 804,000 deaths.

Table 1. Benefits of breastfeeding and disadvantages of formula feeding

Breastfeeding as a biological norm

breast milk naturally best meets the infant's needs (food, hydration)

prevents and fights infant mortality

eliminates the risk of infections caused by the preparation of formula

modulates the immunity acquired by vaccination

decreases the risk of developing breast or ovarian cancer

decreases the risk of hypertension or type 2 diabetes

faster return to pre-pregnancy weight

contributes to increasing the interval between pregnancies

eliminates the costs of procuring and preparing milk substitutes

Benefits of breastfeeding

increases the risk for the newborn and infant developing digestive and respiratory tract infections

increases the risk of sudden death, paratropy (overweight) and food allergies

increases the risk and severity of complications caused by preterm birth

on the long-term, it increases the child's risk of developing asthma, allergies, type 1 diabetes mellitus, obesity

lower scores in intelligence tests compared to breastfed infants

more difficult mother and infant bonding (increased risk of abandonment)

increased risk of developing postpartum depression symptoms (baby blues)

financial and preparation costs (utensils, water, electricity)

high risks of improper sources of drinking water, proper cleaning of utensils

Disadvantages of formula feeding

At European level, between 2006 and 2012, the percentage of exclusively breastfed infants in the first six months only reached 25%.⁸ An analysis of more recent data on exclusive breastfeeding, collected in 21 European countries, revealed that, on average, 13% of infants are exclusively breastfed. As regards this practice, although the percentages vary greatly by region, the average rate of exclusive breastfeeding is considerably below the global recommendation. According to the same source, although in some countries the rate of early initiation of breastfeeding is quite high, the rate of exclusive breastfeeding is steadily declining between the ages of 4 and 6 months, getting even lower after the age of 6 months. Mothers with low economic status (in terms of income, level of education and employment) are less likely to initiate breastfeeding.⁹ The national, European and global breastfeeding trends are illustrated in the figure below:

A number of strategies and action plans have been developed to respond to these worrisome data. A summary of such strategies and actions is presented in Annex 1.

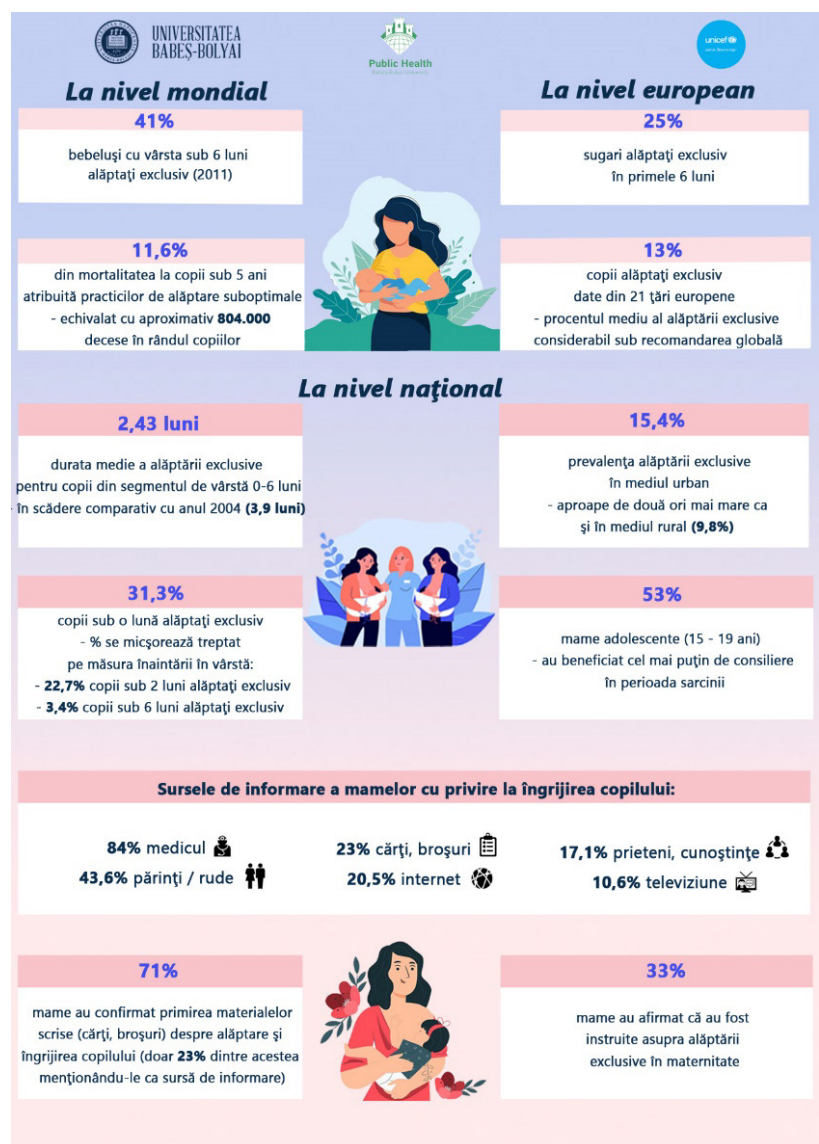
Breastfeeding in Romania

In 2011, a survey conducted by a partnership between the Institute for Mother and Child Care, the Ministry of Health and UNICEF, concluded that the rate of exclusive breastfeeding at 6 months of age was only 12.6%, among the lowest in Europe, in decline compared to the previous 7-8 years.

Teenage mothers (aged 15-19 years - 53%) are the group who received the least counselling during pregnancy; this group registered the highest prevalence of non-use (10%) and under-use (51.4%) of prenatal services.

As regards mother training on exclusive breastfeeding in maternity hospitals, the topic is insufficiently covered, only 33% of mothers stating that they were trained on exclusive breastfeeding (no differences between urban and rural areas). Additionally, 71% of mothers confirmed having received written materials - books, brochures, leaflets - on breastfeeding and childcare in the maternity hospital, but only 23% of these mothers mentioned books and brochures as a source of information. Moreover, 20% of mothers stated that they did not receive or do not remember having received any information on breastfeeding (whether oral or written) during their stay in the maternity hospital (this share is 10% higher in the case of mothers from the rural areas).¹⁰

The situation of milk banks in Romania is precarious. Currently, there is only one breast milk bank in the Neonatal Intensive Care Unit of the Marie Curie Hospital in Bucharest, although there are 20 Level III Maternity Hospitals and other Level II facilities which provide care for premature or critically ill infants, for whom breast milk is not only a source of nourishment, but is a real curative and preventive treatment, significantly reducing the risk of morbidity and mortality. As regards lactation specialists, the profession of lactation consultant is not recognised as an occupation in the Classification of Occupations in Romania, and professionals can only practice it if they practice related activities (midwives, doctors, psychologists). In Romania there are 83 internationally certified lactation consultants (IBCLC), most of them concentrated in large cities: Bucharest, Cluj-Napoca, Braşov, Constanța, Timișoara.



3. The cost of non-action

According to new research which investigated the economic and human costs of not breastfeeding, **hundreds of thousands of lives could be saved each year if the practice of breastfeeding were universally adopted and followed as recommended by WHO and UNICEF.** If all mothers followed these recommendations on breastfeeding, **the lives of about 100,000 mothers and 600,000 children could be saved each year; 98,243 women would no longer die from breast cancer, ovarian cancer or type 2 diabetes; there would be 975,000 fewer cases of children afflicted with obesity each year; the number of child deaths caused by diarrhoea or pneumonia would decrease significantly, thus saving the lives of approximately 595,373 children each year.**

Care costs caused by insufficient or inappropriate breastfeeding amount to **\$340 billion worldwide.**¹¹ It is therefore imperative **to extend breastfeeding and nutrition interventions for children and their mothers.**

4. Courses of action

All approaches on the course of action for improving breastfeeding in Romania should consider the main target groups involved: **(1) healthcare facilities (mainly hospitals)** - involved in the delivery of mother and child healthcare services; **(2) healthcare human health resources** - through interaction with mothers and families at various stages of pregnancy/delivery/breastfeeding; **(3) mothers and their families** - the ultimate beneficiaries of all actions taken.

Starting from the target groups mentioned above, we identified three categories of possible actions: **(a) legal amendments¹; (b) empowerment activities; promotion/awareness campaigns.**

4.1. Legal amendments

Recommendation #1: To regulate the marketing of breast-milk substitutes in compliance with international recommendations.

At national level, the marketing of breast-milk substitutes is regulated by various legal provisions, which include the WHO recommendations provided by “The international code of marketing of breast-milk substitutes”. The regulation of such breast-milk substitutes may significantly contribute to the process of influencing mothers in their decision to breastfeed or replace breast-milk with substitutes. Advertisements and promotional materials received by mothers at the initiation of the breastfeeding process (which can be difficult) may have a negative impact in the absence of proper information.

At the same time, the collaboration of healthcare personnel with infant formula companies leads to situations of conflict of interests, especially when they are part of working groups to establish breastfeeding policies in our country.

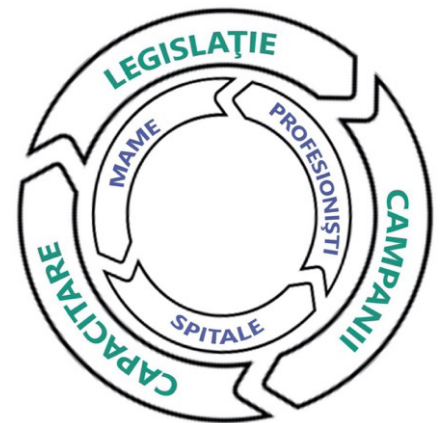
The decision to repeal Law no. 207/2016 regulating the marketing of breast-milk substitutes by GEO 76/2020 leaves this field without any specific national legislation, which may produce negative effects in the medium- and long term. Until the decision to repeal it, this law regulated information and education, the framework according to which all information and educational materials on the nutrition of infants or children up to 2 years of age shall include clear, detailed and accurate information, and references to mother nutrition and preparation for breastfeeding, as well as continued breastfeeding, the disadvantages of breastfeeding replacement and possible risks, the adverse effects on breastfeeding of bottle feeding in complementary feeding, the importance of initiating breastfeeding as early as possible, the importance of exclusive breastfeeding until 6 months of age.

Recommendation #2: To integrate the WHO & UNICEF “Baby-friendly Hospital Initiative” criteria in the national standards on the evaluation and accreditation of hospitals, as well as in the regular audits of child-friendly hospitals.

The WHO & UNICEF Baby-friendly Hospital Initiative made it possible to accredit a number of 32 maternity hospitals in Romania by 2013. After the pilot project, the initiative was taken over by the Ministry of Health, but it was not implemented at national level in all 182 maternity hospitals. We recommend that the accreditation criteria be updated so as to ensure that the title is awarded upon compliance with all criteria. We also recommend that Order no. 910/2002 should be updated according to the spirit of the baby-friendly hospital principles.

Recommendation #3: To support/encourage breastfeeding at work by updating the legislation in force

Currently, every mother may ask the employer to provide adequate facilities and breaks necessary for both breastfeeding and travel to the place where the child is, which does not impact either the employee’s salary or work hours. The employer must also



¹ Annex 1 to this document presents a summary of the current European and national legislation on breastfeeding.



ensure that a pregnant woman or breastfeeding mother has safe working conditions and which do not endanger the health of the employee or have repercussions on the pregnancy or breastfeeding (the legislation is presented in *Annex 1*).¹²

4.2. Capacity building

Recommendation #4: To introduce information on the importance of breastfeeding and on the cost of non-action in the initial training curriculum for healthcare professionals.

The current university training curriculum does not include issues related to patient information and the communication of the importance of breastfeeding. Updating the curriculum for healthcare professionals is important so as the healthcare staff (doctors/nurses/midwives/community nurses) are able to provide relevant information to mothers and families, both during pregnancy follow-up, and immediately after delivery.¹³

It is also necessary to develop the legal and logistics framework so as to enable top lactation specialists to convey such information (for example, internationally certified lactation consultants).

Recommendation #5: Continued professional development of healthcare professionals to promote and support breastfeeding

Healthcare professionals (doctors/nurses/midwives) should benefit from training sessions to improve communication with mothers and families and to pass on the information to the mothers so as to increase the chances to change breastfeeding behaviours. We recommend that new physician-patient communication methods should be explored - such as the Motivational Interview - to increase adherence to behaviour.

Community nurses and Roma health mediators are another category of professionals targeted. UNICEF's experience with the implementation of the Minimum Package of Social Services in 45 communities in Bacău County has shown that these local professionals can continue counselling mothers in underprivileged communities and can contribute to the provision of accurate information on the process of exclusive breastfeeding of the newborn, and on the subsequent dietary diversity after the first 6 months. As it is well-known that the decision to breastfeed is, in most cases, made before pregnancy, this is a good time to intervene with accurate information provided by healthcare professionals.

Recommendation #6: To include in healthcare facilities all categories of human resources which are essential to support and encourage breastfeeding

We recommend appropriate staffing of healthcare facilities with the human resources necessary to support and encourage breastfeeding - doctors (obstetrics-gynaecology, neonatology, paediatrics), nurses, lactation consultants (including by updating Order no. 910/2002), midwives.

The presence of IBCLC-certified lactation consultants in hospitals, as permanent employees and not on a voluntary basis, can be a key resource in the process of informing and advising mothers about breastfeeding their newborns. Although there are legal initiatives to regulate the presence of breastfeeding consultants in hospitals, no decision has been passed in this regard. Additionally, such regulation could also contribute to the compliance with the legislation in force, which stipulates that healthcare professionals should inform the mother about breastfeeding as a biological norm and support her in initiating breastfeeding. There should be a particular focus on maternity hospitals providing care for premature infants and lactation counselling services should be facilitated in these facilities.

Recommendation #7: Evidence-based substantiation of breastfeeding health policies by conducting research and collecting data on breastfeeding behaviours

In order to develop effective public policies, it is important that the situation of breastfeeding in Romania be identified due to significant and consistent research efforts, and that the available data be collected and reported to the relevant institutions for regular comprehensive analyses. Currently, the breastfeeding campaigns implemented by the Public Health Directorates each year remain quite general, and cannot be adapted to the specific needs of communities, especially the vulnerable ones. The systematic collection of data on the determinants of the mother behaviours is vital for the development of evidence-based policies and for determining the differences between the regions/counties of the country and directing resources according to needs.

4.3. Information and awareness campaigns

Recommendation #8: Development, implementation and evaluation of information and awareness campaigns which take into account the differences between regions and sub-segments of the target group, with mechanisms to increase their efficiency

Campaigns aiming to inform and educate mothers and their families on the benefits of breastfeeding can lead to a change in attitudes among mothers who did not intend to support this behaviour. Proper information can lead to an increase in the number of mothers who practice exclusive breastfeeding, thus contributing to proper newborn diet. Education campaigns may be initiated both by public health authorities and by other healthcare organisations. In a culture where feeding newborns with breast-milk substitutes is presented as normal, properly informing mothers about breastfeeding can bring great long-term benefits both for the health of children and mothers.

As regards breastfeeding campaigns, another focus of information campaigns should be to educate the public to be more tolerant towards women who are breastfeeding in public.

Annex 1:

European strategies and provisions:

- *Global Strategy for Infant and Young Child Feeding* This strategy aims to highlight the impact of nutritional practices on health status, nutritional status, growth and development, focusing on the importance of breastfeeding and on the idea that not breastfeeding would be an important risk factor for morbidity and mortality in newborns and young children. Among the main objectives of this strategy, we mention:
 - (1) to raise awareness of the main problems affecting infant and young child feeding, identify approaches to their solution, and provide a framework of essential interventions;
 - (2) to increase the commitment of governments, international organizations and other concerned parties for optimal feeding practices for infants and young children;
 - (3) to create an environment that will enable mothers, families and other caregivers in all circumstances to make - and implement - informed choices about optimal feeding practices for infants and young children. According to this strategy, no single intervention or group can succeed in meeting the challenge; implementing the strategy thus calls for increased political will, public investment, awareness among health workers, involvement of families and communities, and collaboration between governments, international organizations and other concerned parties that will ultimately ensure that all necessary action is taken.¹⁴
- A Blueprint for Action was presented at the EU Conference on Promotion of Breastfeeding in Europe of 2004, and was supported and funded by the European Commission. This plan is a model that highlights a series of actions that can be implemented at national or regional level to ensure effective protection, promotion and support of breastfeeding. In order to approach and organize the stages of the action plan, the following must be in place:
 - (1) efficient policies, planning, management and funding;
 - (2) high quality communication for behavioural and social change;
 - (3) adequate training of healthcare personnel before and during service, with supportive supervision;
 - (4) timely evaluation and monitoring of all initiatives undertaken.¹⁵
- **The Code of Marketing of Breast-milk Substitutes** was approved by the World Health Assembly in 1981 and the Innocenti Declaration of 1990, calling upon governments to take action such as:
 - (1) to appoint a national breastfeeding coordinator of appropriate authority, and establish a multisectoral national breastfeeding committee;
 - (2) to ensure that every facility providing maternity services fully practises all ten of the Ten Steps to Successful Breastfeeding (Baby-friendly Hospital Initiative);
 - (3) to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant World Health Assembly resolutions.¹⁶

Legislation in force in Romania

Currently, the Romanian state has legal provision regulating the topic infant breastfeeding, ensuring the rights of both mother and child, and recognising the importance of the World Health Organization recommendations. The legal provisions that currently regulate breastfeeding are the following:

- **Decree 92/2004** on the enactment of the Law approving the **Government Emergency Ordinance no. 96/2003** on maternity protection in the workplace which introduces actions to promote the improvement of safety and health at work in the case of pregnant workers, women who have recently given birth or are breastfeeding.
- **Law 321/2001** on the free provision of formula for children aged 0-12 months stipulates by Art. Paragraph 1 the free provision of formula for children aged 0-12 months, who do not benefit from breast-milk.
- **Order 1006/2002** for the establishment of the National Committee for the Promotion of Breastfeeding includes the following provision: *Art. 1 The National Committee for the Promotion of Breastfeeding shall be established as a structure consisting in specialists in the protection of mother and child healthcare. The role of this committee shall be to develop national programmes on the promotion of breastfeeding and of the Baby-friendly Hospital Initiative.*

The Committee shall work with other governmental and non-governmental institutions, with the World Health Organization and UNICEF to fulfil its mandate.

- **Order 809/2003** on the adoption of the Breastfeeding Strategy, 2003-2012, which lays the foundations for breastfeeding promotion in Romania; its provisions are coordinated, monitored and evaluated by the Secretariat of the National Committee for the Promotion of Breastfeeding;
- The lawmaker's interest in compliance with international recommendations is reflected in national legislation by the **2002 Special Nutrition Food Standard**, as further amended and supplemented, and **Order 1764/2007** amending and supplementing the Special Nutrition Food Standards approved by **Order of the Minister** of Health and Family and of the Minister of Agriculture, Food and Forests no. 387/251/2002, which enforce the principles and objectives of the International Code of Marketing of Breast-milk Substitutes, on the marketing, information and responsibilities of healthcare authorities;
- **Law no. 207/2016** on the regulation of the marketing of breast-milk substitutes, repealed by GEO 76/2020. In order for Romania to align with European regulations, a new Code of Marketing of Breast-milk Substitutes was launched for public consultation by the Ministry of Health.
- **Order no. 461 of December 21, 2017** amending and supplementing the Order of the Minister of Public Health no. 914/2006 approving the standards regarding the requirements that a hospital must meet in order to obtain operations authorization, regarding the operation and organization of breast milk banks.

Annex 2:

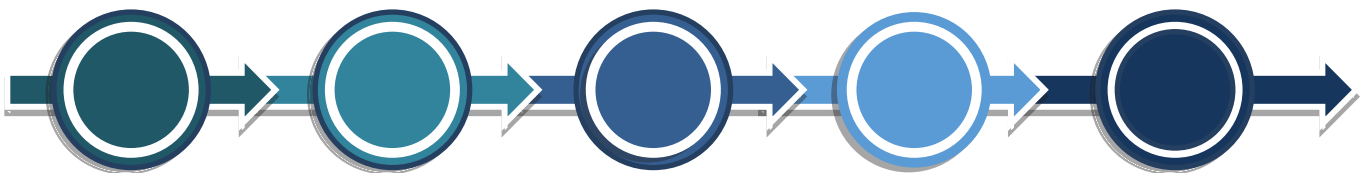
Suggested sequence of recommendations for action

Information and education campaigns for mothers and their families (R4)

Initial training of healthcare professionals to promote and support breastfeeding (R2)

Employment in hospitals of all necessary categories of professionals (R6)

Breastfeeding at work (R7)



Regulation of breast-milk substitutes (R1)

Revitalize the Baby-friendly Hospital Initiative (R5)

Continuing professional development of healthcare professionals (R3)

Collection of data on breastfeeding behaviour (R8)

2021

2023

2025



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Worldwide		In Europe
41% of infants under 6 months of age were exclusively breastfed (2011)		25% exclusively breastfed infants in the first six months
11.6% of mortality in children under 5 years of age has been attributed to suboptimal breastfeeding practices, equivalent to approximately 804,000 deaths.		13% exclusively breastfed infants data from 21 European countries considerably below the global recommendation
At national level		
2.43 months average duration of exclusive breastfeeding for children aged 0-6 months, in decline compared to 2004 (3.9 months)		15.4% prevalence of exclusive breastfeeding in urban areas almost twice higher compared to rural areas (9.8%)
31.3% infants below 1 month of age exclusively breastfed - % gradually decreases with age - 22.7% infants below 2 months of age exclusively breastfed - 3.4% infants below 6 months of age exclusively breastfed		53% teenage mothers (15-19 years old) - benefitted least of counselling during pregnancy
Sources of childcare information for mothers:		
84% doctor 43.6% parents/relatives	23% books, leaflets 20.5% internet	17.1% friends, acquaintances 10.6% TV
71% of mothers confirmed having received written materials - books, brochures, leaflets - on breastfeeding and childcare in the maternity hospital, but only 23% of these mothers mentioned books and brochures as a source of information.		33% of mothers stating that they were trained on exclusive breastfeeding (no differences between urban and rural areas).

Figure 2

LEGISLATION
MOTHERS

CAMPAIGNS
PROFESSIONALS

EMPOWERMENT
HOSPITALS