THE CONVENTION ON THE RIGHTS OF THE CHILD

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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN CROATIA

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SUMMARY

The following <u>obstacles/problems</u> have been identified:

1. Interrupted skin-to-skin contact after birth, especially following C-section, low exclusive breastfeeding rate at 6 months (less than 15%) and premature introduction of solids;
2. Breastfeeding and family unfriendly practices on most neonatal wards;
3. Lack of lactation consultants and breastfeeding clinics in most hospitals and primary care;
4. Lack of human milk banks;
5. No formal implementation of the 2007 *National Program for Breastfeeding Protection and Promotion;*
6. Lack of monitoring of the *Ordinance on baby foods for infants and young children and processed cereal-based foods for infants and young children* and of an appropriate sanction mechanism;
7. Deficient knowledge and skills among health professionals for assisting breastfeeding mothers and families;
8. Rapid drop in 'Baby-Friendly' standards following BFHI designation;
9. Discrimination of women on the job market based on pregnancy and motherhood (in both private and public sectors), partly due to the large number of contract positions offered to women but also to the conservative attitude of employers and society;
10. The budget base with which all benefits and subsidies, including maternity and parental leave are calculated has been the same for many years and is only 3326 HRK;
11. Non-integrated emergency preparedness plan for infant feeding.

<u>Our recommendations</u> include:

1. Systematically **monitor the number of breastfed children**, especially the number of exclusively breastfed children, using WHO/UNICEF breastfeeding definitions and reliable data collection methods;
2. Set up **human milk banks**;
3. Introduction of **lactation consultants and breastfeeding clinics** in hospitals and primary care clinics;
4. Approve and implement the 2007 ***National Program for Breastfeeding Protection and Promotion;***
5. Introduce systematic monitoring of **the *Ordinance on baby foods*** *for infants and young children and processed cereal-based foods for infants and young children* and implement an effective **sanction mechanism for companies and persons who violate it**;

6. Ensure that all health professionals receive systematic, comprehensive, up-to-date, practice and evidence-based **training on optimal breastfeeding practices**;
7. **Monitor the 'Baby-Friendly' standards in maternity hospitals every year** (instead of every 3-4 years);
8. Allocate **funds for the maintenance of the Baby-Friendly Hospital Initiative and implementation of other breastfeeding activities**;
9. Extend the **'Ten Steps to successful breastfeeding' to all Neonatal Intensive Care Units**;
10. **Contract termination during contract employment for pregnant women and women on maternity / parental leave should be made illegal**, in addition to implementing an effective mechanism to control employers' actions towards pregnant women and women who are using their maternity leave rights. Finally, fathers must be encouraged to use their part of parental leave (2 months) and decrease the burden put on employers;
11. **Increase the budget base by which leave payments are calculated**, thereby increasing maternity and parental leave benefits.

1. General points concerning reporting to the CRC

In 2014, the CRC Committee will review Croatia's combined 3rd and 4th periodic report.

At the last review in 2004 (session 37), the CRC Committee recommended Croatia in its last Concluding Observations, in para 52, to *"undertake all necessary measures to ensure that all children enjoy equal access to and quality of health services, with special attention to children from ethnic and minority groups, especially Roma children. The Committee also recommends that the State party enhance its efforts to* ***promote proper breastfeeding practices****, including by* ***complying with the International Code of Marketing****, and ensure the effective implementation of* ***breastfeeding programmes*** *in accordance with international standards. It also recommends that* ***children not be separated from their parents when they are hospitalized****.*

In the 10 years since our last report on the situation of infant and young child feeding in Croatia, there have been improvements. The "Happy baby" package ("*Sretna beba*"), which violated the International Code of Marketing of Breastmilk Substitutes, is no longer being distributed in Croatian maternity units, due to pressure from UNICEF and Civil Society Organisations (CSOs). The Ministry of Health (MoH) sent a letter in September 2007 to all maternity units directing them to stop collaborating with Anfap[1], the company which distributed the stated package. Unfortunately, the package is still currently being distributed through obstetrics and gynecology offices, pharmacies and by signing up on the company's website. Their current reach is much less than it was, but is still considerable.

Regarding rooming-in between mothers and newborn babies, which was an issue in 2004, structural and organisational changes have been made to all maternity units enabling 24h rooming-in. Mothers can also be with their older children when they are hospitalised, up until the child is five years of age. However, this depends largely on the accommodation capacity of the hospital / unit in question and for this reason parents are often not allowed to stay in the hospital with their children and are given the reason that there is not enough space, even for the parent to be provided only a chair. A petition to the MoH was recently started to call for the respect of this right. This example illustrates the general the status of rights in Croatia: laws exist, conventions have been signed, but the problem lies mostly in implementation.

[1] Anfap is a company that does business in the direct marketing industry, and through this package of "free" samples, obtains the addresses of parents which it later sells. The company recently began a new project where it photographs babies while they are still in maternity units. Recently, the MoH sent a letter to all maternity units stating that it does not support such practices, but we have information that there are units where this practice is still going on. This is a new situation and we are working on it.

2. General situation concerning breastfeeding in Croatia

Information related to breastfeeding is not part of the national data collection survey. An unsuccessful attempt to introduce a couple of key questions/indicators for assessing infant and young child feeding practices was made by the National Breastfeeding Committee in 2011, prior to the census. **Breastfeeding data is piecemeal**, i.e., based on reports by individual institutions or researchers. There is neither consensus on breastfeeding definitions used nor systematic data collection and hence large discrepancies in published breastfeeding rates are noted.[6]

General data[2]

	2010	2011	2012
Annual number of birth	42.694	41.641	41.091
Total number of children under 5	210.000	212.709	-
Total number of children under 2	-	86.724	-
Total number of infants under 12 months	-	42.377	-
Neonatal mortality rate (per 1,000 live births)	3.3	3.5	2.5
Infant mortality rate (per 1,000 live births)	4.4	4.7	3.6
Under-five mortality rate (per 1,000 live births)	5.3	4.7	4.7
Maternal mortality ratio (per 100,000 live births)	9.22	9.71	7.2
Skilled attendant at birth	100	100	100
C-section rate	18.8	18.7	19.7
Stunting (under 5 years)	-	-	-

In 2011 there were 192 infant deaths (4.7/1,000) in Croatia. The most common causes of overall infant deaths were pathologic conditions from the perinatal period and congenital malformations.

Breastfeeding data [3]

	2008-2009	2009-2010	2011
Early initiation of breastfeeding (within one hour after delivery)	98-99%	-	91-94 %
Children exclusively breastfed at 0-2 months[a]	-	-	76.2%
Children exclusively breastfed at 3-5 months[a]	-	-	54.2%
Children exclusively breastfed at 6 months[a]	-	-	14.8%
Introduced to solid food (6-8 months)	-	-	60%

[2] Croatian Health Service Yearbook 2011. Zagreb: Croatian National Institute of Public Health, 2012; http://www.childinfo.org/; http://www.dzs.hr/Hrv/censuses/census2011/results/htm/H01_01_02/h01_01_02_RH.html

[3] Croatian Health Service Yearbook 2011. Zagreb: Croatian National Institute of Public Health, 2012; Grgurić J, Pećnik N. Roditeljska skrb kod poroda, dojenja i dohrane. U: Pećnik, N (ur). Kako roditelji i zajednice brinu o djeci najmađe dobi u Hrvatskoj. UNICEF, Zagreb 2013; Zakarija-Grković I, Segvić O, Božinović T, Ćuže A, Lozančić T, Vučković A, Burmaz T. Hospital practices and breastfeeding rates before and after the UNICEF/WHO 20-hour course for maternity staff. *J Hum Lact.* 2012; 389-99.

Continued breastfeeding at 12-15 months	-	24.2%	-
Complementary feeding at 6 months	-	35.8%	-
Mean duration of exclusive breastfeeding	-	-	-
Mean duration of continued breastfeeding	-	-	-

Early initiation of breastfeeding

Fortunately, breastfeeding is still considered the appropriate/normal/desirable way to feed a newborn baby in Croatia and thus the **rate of early initiation of breastfeeding is high**. Culturally, it is expected of all women to at least try and breastfeed in the hospital, assuming there are no medical contraindications. Also, given the fact that all but one maternity hospital are certified as 'Baby-Friendly', staff are also geared towards early initiation of breastfeeding. **The problem lies in the lack of awareness of the benefits of exclusive breastfeeding and risks of formula feeding**, **resulting in premature cessation of breastfeeding.**

Exclusive breastfeeding

The latest data on exclusive breastfeeding published by the Croatian Public Health Institute show an increase of 25% in exclusive breastfeeding at 0-2 months (from 51.3% in 2007 to 76.2% in 2011) and an increase of 22% in exclusive breastfeeding after 3 months (from 32.4% in 2007 to 54.2% in 2011), which we credit to the impact of the Baby-friendly Hospital Initiative (BFHI). Exclusive breastfeeding rates within hospitals have improved but are still below BFHI recommendations of 75% for healthy newborn babies. This is largely due to **insufficient support of breastfeeding mothers in hospital**, **lack of breastfeeding knowledge by hospital staff** and **lack of appreciation of the importance of exclusive breastfeeding**. Another problem is the **lack of human milk banks**. Currently, there are none in Croatia.

Unfortunately, in Europe there is a strong movement, based upon the ESPGHAN[4] recommendations, towards introducing solids as early as 17 weeks. This is supported by most paediatricians in Croatia, despite WHO recommendations. The strong influence of formula companies is also evident in the regular sponsorship of paediatric conferences, which is not perceived as a conflict of interest.

For the reasons mentioned above, the **rate of exclusive breastfeeding at 6 months is very low** (14.8%). This could possibly be contributing to the number of overweight children in Croatia, as shown in a Croatian study which found a significantly larger number of overweight formula fed children than exclusively breastfed children.[5]

It has been noted that younger mothers, mothers with less education and those from lower socioeconomic groups breastfeed less. **Women who exclusively breastfeed tend to be better educated, of higher socioeconomic standing, between the ages of 30 and 40 and from**

[4] European Society for Paediatric Gastroenterology, Hepatology and Nutrition

[5] Haničar B, Mandić Z, Pavić R. Exclusive Breastfeeding and Growth in Croatian Infants -Comparison to the WHO Child Growth Standards and to the NCHS Growth References. Col. Antropol. 2009;33(3):735-41

urban settings. According to unpublished data, in addition to the above mentioned determinants, non-smokers, women who attend antenatal classes, women who exclusively breastfeed in hospital and those who decide not to use a pacifier are also more likely to breastfeed and exclusively breastfeed at 3 and 6 months. Regarding regional disparities, a study highlighted that women from Dalmatia are least likely to exclusively breastfeed.[6]

Continued breastfeeding

The biggest drop in breastfeeding rates occurs between hospital discharge and 3 months. By 3 months, a third of mothers have stopped breastfeeding. This suggests that **women are not receiving adequate support in the early difficult months of parenthood.** Several initiatives are underway in Croatia to address this problem, including making primary health care offices 'breastfeeding-friendly' and increasing the number of community nurse-led breastfeeding support groups.

3. Government efforts to encourage breastfeeding

National measures

In 2006 a National Breastfeeding Committee (NBC) was established by the MoH. This multidisciplinary committee of breastfeeding experts meets twice a year to discuss the promotion and protection of breastfeeding. **In 2007 the *National Program for Breastfeeding Protection and Promotion* was completed by the NBC. It has since been waiting in the MoH for approval and implementation.**

The NBC has also written a *Recommendation for the Monitoring of the International Code*, also waiting for approval by the government. Besides, the NBC is in charge of providing materials for World Breastfeeding Week (WBW) and other situations, such as the recent floods in Croatia, where recommendations on infant feeding were prepared.

In September 2012 the Croatian parliament endorsed the *National Health Care Strategy 2012-2020* in which a separate section is dedicated to the promotion of breastfeeding in Croatia (section 3.5.12.11) and calls for the implementation of the *National Program for the Protection and Promotion of Breastfeeding,* including the BFHI, standardisation of antenatal courses and setting up of breastfeeding-friendly primary health care offices.

Specific information concerning the International Code of Marketing of Breastmilk Substitutes

On 21 February 2003, Croatia formally applied to join the EU. On the 4th October 2005, after the European Commission gave a favourable preliminary opinion, the two sides formally opened negotiations.

[6] Grgurić J, Pećnik N. Roditeljska skrb kod poroda, dojenja i dohrane. U: Pećnik, N (ur). Kako roditelji i zajednice brinu o djeci najmađe dobi u Hrvatskoj. UNICEF, Zagreb 2013.

As a part of the accession process, the entire body of EU law had to be transposed into national legislation. Over the next few years, Croatia harmonised national regulations with EU regulations, including the Commission Directive 2006/141/EC on infant formulae and follow-on formulae. The *Ordinance on baby foods for infants and young children and processed cereal-based foods for infants and young children* (OJ 74/08) transposed into Croatian law the provisions of Directive 2006/125/EC on processed cereal-based foods and baby foods for infants and young children, Directive 2006/141/EC on infant formulae and follow-on formulae, and Council Directive 92/52/EEC on infant formulae and follow-on formulae intended for export to third countries.

Although the Croatian Ordinance, like the EU Directive itself, did not include all provisions of the Code, it was the first time that the Code was transposed into a national legal measure, which was an important step in the efforts towards the protection of breastfeeding. **Unfortunately, the entry into force of the Ordinance was not followed by its enforcement through an appropriate monitoring system.** Lack of systematic monitoring and sanctions, linked to lack of political commitment, appropriate funding as well as the capacity of assigned staff, remains one of the key issues that need to be addressed.

Monitoring of these laws

The MoH (Inspectorate for Sanitation) is responsible for monitoring these laws, but as explained above, to date, **systematic monitoring of breastmilk substitutes marketing practices is not in place.** Currently, RODA, an NGO and a member of IBFAN since 2003, is the only organisation working in this field.

A significant Code violation to be singled out is the manufacturers' (almost free) access to medical professionals. Parents are exposed to formula adverts since their first visit to the paediatrician’s office, and prescriptions and medical information are often written down on stationery carrying the manufacturer's logo. Parents' and children's magazines carry adverts for formula, in the form of a story of a mother whose baby had stomach cramps and indigestion problems, which were solved by introducing formula.

Courses on infant and young child feeding and breastfeeding

Numerous courses on breastfeeding are available for health professionals in Croatia, although on a voluntary basis. They include:

- a 90h breastfeeding course organised by the University of Split School of Medicine, aimed towards future International Board Certified Lactation Consultants (IBCLCs); 155 health professionals have completed the course up-to-date;

- a 20h breastfeeding course organised by the Hospital of the Holy Spirit in Zagreb, aimed at primary health care teams wanting to become ˝breastfeeding- friendly˝; 150 health professionals have completed the course up-to-date;

- a 20h UNICEF/WHO course for maternity hospitals, organised by hospitals and UNICEF Croatia, on an as needed basis;

- a one-day 'train-the-trainers' course for antenatal course leaders, organised by UNICEF Croatia; the one-day event was held during 2011 in the 4 major cities in Croatia (Zagreb, Rijeka, Osijek and Split) and was attended by 400 people.

In addition, presentations on breastfeeding topics are organised regularly by CALC, during WBW, as continuous medical education events for nurses, midwives and doctors. Breastfeeding topics are often presented at local and regional conferences for health professionals by IBCLCs and other health professionals interested in breastfeeding.

RODA has been organising an annual 'Milk Conference' since 2006 that is open to all those who are interested in attending. As of 2013, CALC has been organising a one day Breastfeeding Symposium, in October. Last year's symposium was attended by 120 people. CSOs (RODA, CALC, Klub trudnica Split, La Leche League Croatia), who deal with breastfeeding families, organise their own internal breastfeeding training. In addition, RODA organises workshops on Code Monitoring.

In 2013 UNICEF Croatia set up a free help line for parents, ˝Telefoncic˝. The help line is staffed by health professionals (psychologists, nurses, midwives) who underwent internal training, including 15 hours on breastfeeding issues. So far, the help line has been accessed by 13,000 members of the public. Finally, breastfeeding medicine is offered as a 25h elective topic to 6th year medical students at the University of Split School of Medicine.

Despite the numerous opportunities for breastfeeding training in Croatia, **the knowledge, attitudes and practices of most health professionals is deficient**.[7] This is particularly the case when it comes to advising mothers about managing common breastfeeding difficulties, breastfeeding and medications and correct positioning and attachment. Breastfeeding education, where part of an undergraduate or postgraduate curriculum, is usually out-of-date and focused on scientific theory rather than practice based. Post-registration training is usually only attended by those who already have an interest in breastfeeding.

4. Baby-Friendly Hospital Initiative (BFHI)

The BFHI was successfully revived by UNICEF Croatia in 2006. A BFHI multidisciplinary national project team was assembled. National, regional and local hospital coordinators were assigned. UNICEF BFHI materials were translated and coordinators and assessors trained.

Since 2007 the MoH has, in collaboration with UNICEF Croatia, supported the Baby Friendly Hospital Initiative (BFHI), by arranging meetings at the MoH with hospital directors and encouraging implementation of all 'Ten Steps', as well as allocating funds for the renovation of maternity facilities throughout Croatia (Split, Sibenik, Zagreb). **Consequently, 30 out of 31 maternity facilities are currently designated as 'Baby-Friendly'.** Discussions are also being

[7] Zakarija-Grković I, Burmaz T. Effectiveness of the UNICEF/WHO 20-hour course in improving health professionals' knowledge, practices and attitudes to breastfeeding: before/after study of 5 maternity facilities in Croatia. *Croat Med J.* 2010; 51: 396-405.

conducted with the MoH to consider making 'Baby-Friendly' status a prerequisite for hospital accreditation.

There is one private maternity facility in Croatia, in which caesarean section rates are very high and bottle-feeding is common practice. Therefore, it has little chance to be certified as 'Baby-Friendly'.

Challenges faced have included getting all maternity healthcare staff to attend the full 20h course, organised by UNICEF coordinators in individual maternity units, despite the fact that training of hospital staff was provided free of charge. The practical component of the course is usually attended by junior nursing staff only because more senior nursing staff and medical staff are deemed too busy, and already knowledgeable on breastfeeding. Step 4 is being inconsistently practiced in Baby-Friendly facilities with skin-to-skin contact either being delayed (to allow for weighing, etc.) or prematurely interrupted (for the same reasons). In a recent internal audit conducted in a major tertiary hospital, **only 7% of mothers were allowed to hold their baby skin-to-skin for at least an hour following birth**. Skin-to-skin following caesarean section is a particular problem with almost 20% of mothers often being separated from their newborns for up to 48h post-birth. Another ongoing problem is **inadequate support with breastfeeding/maintaining lactation** (Step 5) due to a chronic shortage of nursing/midwifery staff on the postnatal wards and lack of knowledge/expertise. Another major challenge is decreasing the rate of non-medically indicated in-hospital supplementation of breastfed babies. Mothers are not routinely informed of the risks of breastmilk substitutes nor provided with sufficient support to exclusively breastfeed.

A major difficulty has been maintaining standards. Typically, standards noticeably fall within 6 months of Baby-Friendly designation. BFHI hospital working groups, initially set up to achieve BFHI status, fall apart, staff lose interest and return to their old habits. We are now in the phase of reassessing hospitals and most are having more difficulty this time round than initially. Even small hospitals, with a good reputation, are requiring multiple attempts to be re-designated as 'Baby-Friendly'. Funding is a further obstacle to maintaining standards. UNICEF Croatia is in the process of transferring the BFHI to the MoH and, given the current difficult financial situation in Croatia, it is questionable as to whether the MoH will be able to continue financing the ongoing activities of the BFHI, which places the whole project and everything achieved so far at great risk.

Finally, **the BFHI in Croatia has not included neonatal wards, where the children most likely to benefit from breastfeeding are cared for.** Consequently, maternity wards in Croatia have advanced significantly over the last decade, thanks to the BFHI, but neonatal wards have not kept up with modern medical practice - when it comes to infant feeding practices - placing newborns and their families at a disadvantage from birth.

5. Maternity protection for working women

Croatia is a country with a high unemployment rate currently (over 18.5%). In December 2013 there were 363,411 unemployed persons in Croatia, of which 192,106 were women.

Alongside unemployment, other pressing issues are **contract employment which is most often terminated when a woman becomes pregnant or gives birth**. We can see a growing trend in contract employment: in 2008, 19% of full-time employment and 81% of contract employment and in 2013 6.4% of full-time employment and 93.6% of contract employment. The proportion of women in the number of employed persons in 2013 was 49.9% full-time employment and 51.9% contract employment.

Maternity and parental leave

Maternity and parental Leave users in Croatia can be women working in informal sector if they reside legally in Croatia and have the status of an insured person in the state health insurance system. An employed or self-employed pregnant woman, that is an employed or self-employed mother during pregnancy, birth and caring for a newborn child, has the right to **maternity leave which lasts 28 days before the estimated due date** (EDD) (45 days before on request of the woman's gynecologist) **and until the child is six months old**. Upon the completion of mandatory maternity leave (70 days after the child is born), the employed or self-employed mother has the right to additional maternity leave which lasts until the child is 6 months old, which she can transfer to the child's father in writing, with his permission. The leave period can be transferred in entirety or in part.

If the child is born prematurely (before 37 weeks of pregnancy), maternity leave is extended for the number of days the child is born prematurely.

From the first day of mandatory maternity leave, the Croatian Health Insurance Institute (HZZO) pays out the salary benefits. The amount of maternity leave benefits is calculated based on the average of the salaries paid out in the 6 months before the month in which the woman began her maternity leave and is paid out at **100% of this amount with no maximum amount**. This amount **cannot be less than 215 EUR** which is 50% of the budget base. After maternity leave (when the child is 6 months old or at most 9 months old if the parent is exercising their right to part-time work hours), employed and self-employed parents have the **right to parental leave that can be used up to the child's 8th birthday** (entirety or with breaks up to twice per annum lasting at least 30 days each time).

Parental leave can last from 8 to 30 months depending on the number of children a family has[8] and can be used by both parents equally. An employed /self-employed parent when fulfilling the temporal requirements of an insured person[9] receives 100% of their salary (80% of the budget base, which is about 350 EUR per month).

Upon the completion and up to 30 months of the parental leave (depending on the number of children) the parent enjoys the **right to a benefit of 50% of the budget base, which amounts to 215 EUR per month**. On the other hand working parents who do not fulfil the above mentioned temporal condition benefit of 50% of the budget base (215 EUR / month).

[8] Leave of 8 months for the first and second child and of 30 months for twins, third and every additional child.

[9] Lasting consecutive 12 months or 18 months with breaks within the two previous years

Financial assistance for mothers who are not on the labour market[10] amounts to 50% of the budget base per month (215 EUR /month).

Breastfeeding breaks

During the first 12 months after the child's birth, **mothers employed full time and who are breastfeeding are entitled to two hours absence from work** (once a day for two hours or two times a day for one hour). This time is part of her regular business hours. If an employed pregnant woman or mother breastfeeding her child works on a job that is harmful to her health and the health of a child she is breastfeeding, and if the employer has not provided for her another position within the company, she has the right to leave, at full earnings to be paid by the employer. An employed mother can use this break regardless of whether the child's father is on parental leave at the same time, working part time etc.

Other provisions related to maternity protection

The new Labour Act includes stipulations that will further worsen the position of pregnant women and mothers of young children on the labour market. Uncertain forms of employment are being promoted, such as consistent contract employment which employers can terminate without argumentation should the employee become pregnant, employment through contracted employment agencies that act as employers and the movement of the employees to sister companies. Pregnant and breastfeeding women, mothers of children under 3 years of age and single mothers with children under 12 years of age are not legally exempted from working night shifts.

6. HIV and infant feeding

The number of HIV positive people in Croatia is around 12-19 persons per million population per year, which puts Croatia among countries with low numbers of HIV infected persons. According to statistics from the Croatian Institute of Public Health's (HZJZ) HIV Register, from the first registered cases of HIV in Croatian in 1995 to the middle of November 2013, a total of 1102 HIV-positive persons have been registered, of which 420 have developed AIDS. HIV/AIDS in Croatia is registered almost exclusively among high-risk groups (men who have sexual relations with men, intravenous drug users, people who work in or use the services of the sex industry, people who have a large number of sexual partners or change them frequently, persons with HIV infected partners). The most common route for infection is sexual contact (87.4%).[11]

[10] Mothers that receive a pension, have the right to professional rehabilitation or right to a disability pension due to professional disability, that are not considered capable of working or considered a dependant or is a full-time student or do not meet any of the conditions for status as an employed or self-employed person, person with a different income, farmer or unemployed person, but having the status of insured person in the mandatory insurance scheme.

[11] http://hzjz.hr/sluzbe/sluzba-za-epidomologiju/odjel-za-pracenje-zaraznih-bolesti/odsjek-za-hivaids-i-druge-spolno-i-krvlju-prenosne-infekcije/

In their "Handbook on HIV Counselling and Testing"[12], the Ministry of Health and Social Services of Croatia and the Croatian Institute for Public Health, states that *"If a mother is infected with HIV, the risk of infection for her child during pregnancy and birth is 13-40%. The use of antiretroviral drugs by the mother, before and during birth, greatly lower the risk of the child being infected. If the mother has less than 1000 copies of the virus per millilitre of blood volume at term (or close to the birth), the chances of the child being infected are less than 2%.* ***Since HIV infections are also transmitted by breastfeeding, the risk of infection from mother to child is lowered if the mother does not breastfeed****."*

As HIV has a low prevalence in Croatia, this topic is not discussed during breastfeeding courses. For the same reason, the HIV unit within UNICEF's BFHI is not conducted in Croatia.

7. Infant feeding in emergencies (IFE)

Over the last decade, the IFE Core Group (constituted by WHO, UNICEF, UNHCR, WFP, IBFAN-GIFA, CARE USA, Foundation Terre des hommes and the Emergency Nutrition Network (ENN)) issued two training modules[13] as well as an Operational Guidance[14] that aim to provide concise, practical guidance on how to ensure appropriate infant and young child feeding in emergencies. In 2010, WHA urged all Members States to "*ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria*".

Recently, following catastrophic floods which displaced thousands of people in Croatia, the media called for donations of infant food, thus endangering breastfeeding. . **RODA promptly responded by placing on their website information for parents on the importance of breastfeeding in emergencies.** This was followed by a meeting of the NBC and preparation of materials for the media, displaced persons and their carers, based on the above mentioned sources. **The reaction was late and incomplete, therefore plans of action and accompanying materials need to be prepared and finalised by the NBC and the MoH in readiness for future emergencies.**

[12] The Ministry of Health and Social Services of Croatia and the Croatian Institute for Public Health (2009) 3rd supplemented edition, Zagreb.

[13] Infant Feeding in Emergencies Module 1 - For emergency relief staff. Available at: http://www.who.int/nutrition/publications/emergencies/ife_module1/en/ Infant Feeding in Emergencies Module 2 Version 1.1 - For health and nutrition workers in emergency situations for training, practice and reference. Available at: http://www.who.int/nutrition/publications/emergencies/ife_module2/en/

[14] Infant and Young Child Feeding in Emergencies - Operational Guidance for Emergency Relief Staff and Programme. Available at: http://www.ennonline.net/pool/files/ife/ops-guidance-2-1-english-010307-with-addendum.pdf

ANNEX:

Examples of violations of the International Code of Marketing of Breastmilk Substitutes

from the IBFAN-ICDC report *Breaking the Rules 2014*

For more information: http://www.ibfan-icdc.org/

In Croatia, a magazine ad for plum juice for pregnant women entitled *"a new life has begun !"* also shows a pack shot of HiPP plum purée for four-month old babies.

Is the plum purée shown on the foreground of this ad a mistake? Or is the display a deliberate attempt at promoting HiPP infant foods to pregnant women at a time when they are making infant feeding decisions?

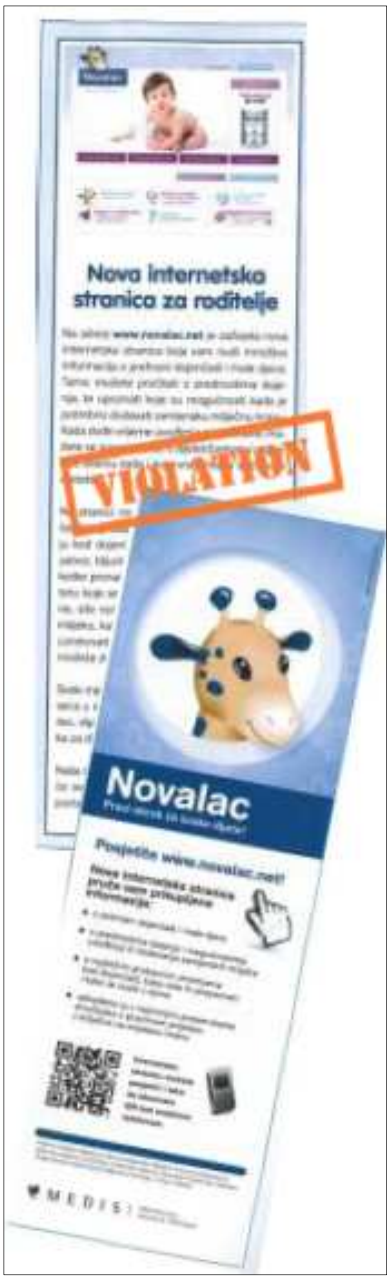
A pin-up showing the Novalac mascot giraffe clutching a can of Novalac AR and the statement *"Milk formula for babies who regurgitate"* was seen in a private clinic in Zagreb, Croatia.

The Novalac Hrvatska (Croatia) Facebook site shows pictures of a successful shopping centre marketing campaign.

Novalac distributor, Medis, promotes Novalac stage 2 (6-12 months) and stage 3 (12 month and beyond) to mothers at a shopping center.

A magazine ad promoting Novalac 2 and 3 proclaims “Novalac – a real meal for every child!” The poster claims Novalac is a top quality meal for every child and that it is an innovative milk product formulated to eliminate common infant discomforts such as regurgitation, colic, constipation, allergies and hunger. The ad was reprinted a month later in “Nase dijete” (Our child), a special insert magazine for parents, with a leading newspaper.

Although the child in the ad is not an infant, the text refers to products innovated to eliminate ‘infant’ discomfort.



An ad promoting the new Novalac website for parents includes information on "*the benefits of breastfeeding and the possibility to introduce or add milk substitutes".* The ad also promotes Novalac 2 with the image of a baby with a bottle.

Parents get conflicting messages about the breast and bottle on the Novalac website.

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Despite its many violations of the Code reported in the report *Breaking the Rules 2014*, Nestlé is shamelessly campaigning in Croatia during the World Breastfeeding Week 2014, claiming that:

"Nestle supports World Breastfeeding Week, with many interesting information, including education, and happenings within the Healthy Start for a Healthy Life programme."