

A close-up, high-angle photograph of a woman with dark hair, wearing a white top, breastfeeding her baby. The baby is lying on its back, wrapped in a white blanket, with its head resting against the woman's chest. The woman's face is partially visible in profile, looking down at the baby. The background is softly blurred, showing a warm, light-colored wall. A teal rectangular box is positioned at the top center of the image, containing the text '2015-2020' in white.

2015-2020

National Breastfeeding Policy And Action Plan 2015-2020

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Foreword

Our children stand at the very heart of our families. It is the wish of each and every parent that their children get the very best possible start in life. The National Breastfeeding Policy and Action Plan 2015-2020 seeks to achieve such. It reflects in real terms Government's commitment in creating and delivering a health care system where breastfeeding is encouraged, promoted and supported by society at large. Breastfeeding is the natural way of providing young infants with the nutrients they need for healthy growth and development.

Nutrition is a public health concern and not simply a lifestyle choice. There is increasingly expanding evidence on the health benefits of breastfeeding, both for the mother and for the child as well as the economic benefits that this reaps into society. Babies that are breastfed are less likely to end up overweight or obese. Malta, as with the rest of Europe, is facing a major challenge when it comes to childhood obesity. Obesity puts children at a higher risk of developing non communicable diseases such as diabetes and cardiovascular disease as they grow older.

The World Health Organisation recognises breast feeding as the best feeding practice to nourish the infant. Breast milk provides the right nutrients in the right amount and according to the baby's needs. Exclusive breastfeeding is recommended for the baby's first six months of life and then continued with complimentary feeding till the age of two or beyond where possible.



This policy seeks to increase both the initiation of breastfeeding rates at hospital discharge and its exclusive continuation for the first six months. Indeed, mothers can breastfeed provided they are well informed, receive the support of their family and have a supportive health care system and environment, where various stakeholders both representative of government and of society at large play a crucial role.

The National Breastfeeding Policy and Action Plan 2015-2020 recognises the right that all mothers have for receiving clear and impartial information so as to be able to make a fully informed choice on how to feed their baby. Whilst Government is fully supportive of all measures that help encourage women to breastfeed it will nonetheless, continue to provide its full support to all mothers irrespective of the chosen method of infant feeding.

I would like to commend the Health Promotion and Disease Prevention Directorate, the Parentcraft Services, Breastfeeding Walk-in Clinic, the Paediatrics Department and NGOs for their work in developing this policy and in promoting and supporting breastfeeding.

Hon Christopher Fearne
Parliamentary Secretary for Health

Preface

This National Breastfeeding Policy and Action Plan comes at a crucial time when global actions emphasise the importance of prevention in order to ensure health and well being of populations. Commensurate with Malta's National strategy on counteracting obesity, the policy targets the very first stages of the life course. This policy recognises the biological, health, social, cultural, environmental and economic importance of breastfeeding. It also provides direction for priorities and action for the Maltese government at all levels working in partnership with mothers and society to promote, protect, support and maintain breastfeeding.

The policy has been developed through an extensive national process of consultation. Following extensive analysis, the working group which was made up of key stakeholders, confirmed that considerable effort has already been made in this area both by government and by non-government organisations. However this has not been enough and the rates of exclusive breastfeeding still warrant substantial improvement.

A multi-faceted, whole of government and whole of society approach is needed to foster an environment that supports and enables mothers to breastfeed. The concerted effort of government together with health professionals, community, family and society, non-government organisations, employers and workplaces, child care services, manufacturers, importers and retailers of infant formula is required in order to make this policy work. Most of their feedback has been incorporated in this document. Stakeholders will continue to be involved and consulted through the implementation of this Policy and Action Plan.



Five major action areas are outlined:

- Legislation and policies regulating the marketing of breast milk substitutes;
- Encouraging a breastfeeding policy in hospitals;
- Training of health professionals;
- Developing strategies for the promotion and support of breastfeeding in the community;
- Setting targets, implementing and monitoring of the policy.

The implementation of this National Breast Feeding Policy and Action Plan will be spearheaded by the health sector with the continued commitment of other sectors. Through this plan we can create a more enabling environment and culture for breastfeeding. We encourage all Maltese to embrace and take forward this Policy which is aimed towards improving the health and wellbeing of infants, young children and mothers.

The time, effort and advice of the many people who contributed is acknowledged and appreciated.

Dr Charmaine Gauci

Director,
Health Promotion and Disease Prevention Directorate

Executive Summary

The 2015-2020 National Breastfeeding Policy and Action Plan updates the previous policy in line with current scientific evidence on the short and long term benefits of breast feeding to the mother and child, to achieve higher exclusive breastfeeding rates for the first six months and thereafter for breastfeeding to continue with appropriate complementary foods.

Although breastfeeding is a 'natural' process, mother and baby both have to learn this skill. Several challenges and misconceptions exist about breastfeeding. The policy aims to promote breastfeeding within a supportive environment without in any way inducing feelings of guilt in women who cannot or choose not to breastfeed. Breastfeeding remains an individual's choice.

Malta has a low breastfeeding rate when compared to other EU countries both at the time of discharge from hospital and within the first months of life. Rates of breastfeeding (exclusive and mixed) have increased since 1995 from 45% up to 71% in 2012. However exclusive breastfeeding remains at a level of around 55% at discharge from hospital after delivery.

Women who breastfeed have reduced risks of developing breast cancer before menopause, ovarian cancer, osteoporosis and coronary heart disease. Babies who are breastfed have a reduced risk of diarrhoeal and respiratory illness, as well as lower rates of chronic diseases such as diabetes and

inflammatory bowel disease. Breast fed babies also have a reduced incidence of excess weight and have improved intellectual and motor development.

This policy outlines actions for promoting the initiation and maintenance of exclusive breastfeeding. The evidence-based policy initiative include all population groups, different settings such as community, workplace, hospital or health centre, and promotes supportive environments and training for health professionals and other groups.

The Policy recommends that all health, social and allied workers and institutions caring for mothers, infants and young children should aim at promoting breastfeeding. All hospitals, maternity units and primary health care facilities should adopt and implement effective strategies for the promotion, protection and support of breastfeeding as outlined in the Baby Friendly Hospital Initiative, which is a joint WHO/UNICEF initiative. All health, social and allied workers caring for mothers, infants and young children should get the education, training and skills development required to implement this policy. Strategies should be developed for the promotion and support of breastfeeding in the community, by involving fathers and family, the wider community and employers. The policy also outlines the indicators to be used for monitoring and areas of research required.

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List of Abbreviations

BFH	Baby-Friendly Hospital
BFHI	Baby-Friendly Hospital Initiative
DLM	District Liaison Midwives
GGH	Gozo General Hospital
MDH	Mater Dei Hospital
MMDNA	Malta Memorial District Nursing Association
NICE	National Institute for Health and Clinical Excellence
PSMC	Public Service Management Code
SOP	Standard Operating Procedures
UNICEF	United Nations Children’s Fund
WHA	World Health Assembly
WHO	World Health Organisation

Chapter 1

Introduction



Introduction

Malta adopted its first national policy on breastfeeding in 2000¹. The goal of the policy was to re-establish and reinforce a breastfeeding culture aimed at promoting breastfeeding from birth and improving infant and young child feeding practices. With advances in evidence-based medicine as well as the changes that have taken place in relation to cultures and society, the need for updating this policy was evident. The 2015-2020 National Breast Feeding Policy and Action Plan takes into account the latest developments, reviews progress in reaching the previous policy's objectives, and recommends actions to further increase the breastfeeding rates in Malta. The updating of this Policy is one of the implementation measures of the Healthy Weight for Life Strategy (2012-2020)².

The quality of feeding in childhood is a major determinant of the future health of the individual. The new breastfeeding policy consulted various documents including the Global Strategy for Infant and Young Child Feeding which was jointly developed by the

World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) in 2002³ as well as previous initiatives such as the Baby Friendly Hospital Initiative (revised 2009)⁴, the International Code of Marketing of Breast Milk Substitutes (1981)⁵ and the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (1990)⁶. The latter was revised in 2005 to include the operational targets of the aforementioned WHO/UNICEF Global Strategy³.

Breastfeeding is a 'natural' process that has to be learnt by both mother and child. The choice to breastfeed remains an individual choice. The aim of this policy is to create the necessary supportive environment and enhance the appropriate culture in order to facilitate the individual's choice for breastfeeding. It is not meant to in any way, directly or indirectly, make women who decide not to breastfeed or are not successful in doing so, feel guilty about their choice or the outcome of their attempt.

Chapter 2

Background



2.1 The Benefits of Breastfeeding

The Global Strategy for Infant and Young Child Feeding states, “Appropriate evidence-based feeding practices are essential for attaining and maintaining proper nutrition and health.”³ The latest scientific and epidemiological evidence has contributed to our understanding of the role of breastfeeding in the survival, growth and development of a child as well as the health and well-being of a mother in both developing as well as developed countries.

Research has shown that exclusive breastfeeding provides immediate health benefits to the infant. WHO has also published systematic reviews and meta-analyses regarding evidence on the long-term effects of breastfeeding⁷ and concludes that while modest, there are statistically significant long-term benefits from breastfeeding. Lower blood pressure, lower total cholesterol, higher performance in intelligence tests and a reduced incidence in excess weight and type-2 Diabetes Mellitus were found in subjects who had been breastfed. The magnitude of these effects was compared to other public health interventions, and it was found that especially for cholesterol levels and obesity, breastfeeding was similar if not more effective than dietary education and physical activity in later life.

According to the latest Cochrane systematic review, the optimal duration of exclusive breastfeeding is six months,⁸ while WHO recommends that thereafter infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond if desired.³

2.1.1. Effect of Breastfeeding on the Health of the Breastfed Child

Exclusive breastfeeding provides immediate health benefits to the infant. It reduces the rate of respiratory tract infections⁹⁻¹¹, otitis media¹²⁻¹³, diarrhoea¹⁴⁻¹⁷ as well as deaths due to these diseases¹⁸⁻¹⁹, especially during the first six months of life.

A lower incidence and severity of the following conditions in children who have been breastfed has also been documented:

- Obesity^{20,21}
- Diabetes Mellitus^{22,23}
- Childhood leukaemia²⁴
- Inflammatory bowel disease²⁵

- Coeliac disease²⁶
- Childhood cancer²⁷
- Cardiovascular disease²⁸
- Allergic disease/Asthma^{29,30}
- Urinary tract infections³¹
- Necrotising enterocolitis³²

2.1.2. Effect of Breastfeeding on Intellectual and Motor Development

While better outcomes in cognitive, oral and neurological development are not as evident, research has shown that breastfeeding still causes an observable effect after all confounders have been taken into account³³⁻³⁵. The consistency of these findings together with a dose-response relationship suggests that this difference is real and has a biological basis even if this is not fully understood yet.

2.1.3. Effect of Breastfeeding on Noncommunicable Diseases in later life

A few observational studies have been performed on the association between breastfeeding and a number of noncommunicable diseases in later life³⁶. The associations studied include obesity^{37,38}, diabetes^{39,40} and cancer^{41,42}. A European Commission report⁴³ maintains that a reduction of chronic disease risk in later life can be promoted as an additional potential benefit of breastfeeding.

2.1.4. Effect of Breastfeeding on Maternal Health

The initiation of breastfeeding has some immediate and short-term effects on the mother by stimulating the release of oxytocin which reduces the chance of postpartum haemorrhage through various pathways, while also delaying the return of ovulation reducing the risks associated with having another pregnancy shortly after a previous one. In the longer term, breastfeeding has been shown to help protect the mother from premenopausal breast cancer and ovarian cancer, osteoporosis and coronary heart disease⁴⁴⁻⁴⁶. Mothers who breastfeed also show an earlier return to pre-pregnancy weight.⁴⁷

2.1.5. Effect of Breastfeeding on Maternal Psychological Health

Women often report on the desire to experience a sense of bonding with their newborn through breastfeeding⁴⁸. Breastfeeding has an effect on the mother’s psychological health by lowering the risk

of postpartum depression, a serious and common condition. Although research findings are not yet conclusive, some studies have found that women who have breastfed and those with longer duration of breastfeeding have a lower risk of postpartum depression. There seems to be a reciprocal relationship between the two variables, with postpartum depression affecting breastfeeding, and vice versa ⁴⁹.

2.1.6. Economic Benefits of Breastfeeding

Breastfeeding is the cheapest way for a household to provide nutrition to the infant when compared to the cost of alternative feeding methods ⁵⁰⁻⁵¹. Moreover, although different analyses provide different perspectives, the conclusions that formula-fed infants are more likely to have higher costs of healthcare than breastfed babies are unanimous ⁵²⁻⁵³. Apart from this, there is also a reduction in environmental costs as a result of the reduction in packaging, transport costs and wasteful by-products of both the production and use of artificial feeding ⁵⁴.

2.2. Factors Affecting Breastfeeding

The decision to breastfeed and the ability to carry this out depend on a series of complex and often inter-related factors ⁵⁵. These include cultural factors ⁵⁶ affecting feeding patterns and growth monitoring based on formula feeding. Other factors include the effect of the media including the portrayal of bottle feeding as the norm and as safe ⁵⁷. National factors such as insufficient education of health professionals ⁵⁸, lack of education in schools ⁵⁹ and the lack of supportive environments outside the home and in the workplace come into play ⁶⁰. The existence of a national policy guaranteeing breastfeeding breaks until a child is at least six months old was associated with significantly higher rates of exclusive breastfeeding ⁶¹.

Although many women are aware that breastfeeding is the best source of nutrition for the baby, they are not aware of specific benefits such as protection against diarrhoea ⁶². Many people including health professionals erroneously believe that infant formula and breast milk are equivalent in terms of health benefits. Breastfeeding rates are lower for younger maternal ages and lower education levels ⁶³. Lower socio-economic status of the mother and the partner are associated with lower breastfeeding rates ⁶⁴. Individual factors which affect breastfeeding include the attitude and support provided by the partner and

mother and peer groups as well as the embarrassment and perceived difficulty of breastfeeding in public, especially for younger mothers. Individual factors such as painful breasts and nipples and a perception of insufficient milk can affect the decision to stop.

Some mothers are uncertain what to expect during breastfeeding and how to actually carry it out. Some women expect it to be easy and then may not be prepared for the early challenges. On the other hand, there may be a misconception that many women experience difficulties with breastfeeding and this may cause excessive concern about its feasibility ^{65,66}. Half of adults in the United States believe that a breastfeeding mother has to give up many habits in her lifestyle, so that breastfeeding can be perceived as a threat to mothers' freedom and independence ⁶⁷.

2.3 Situation Analysis

2.3.1. The situation in Europe

Overall, the rates of initiation of breastfeeding and rates of breastfeeding at six months have increased modestly in various countries since 2002 ⁶⁸. There are however still shortcomings with regards to data collection. This includes lack of national data and lack of standardisation of definitions and methods used to monitor breastfeeding rates and duration which make comparisons of these parameters between countries difficult.

The Baby Friendly Hospital Initiative (BFHI), launched in 1991, is the UNICEF/WHO's primary intervention strategy for strengthening the capacity of national, regional and local health systems to protect and support breastfeeding ⁴. The BFHI has thus been incorporated into best practice initiatives in maternity services worldwide and has been shown to have achieved significant improvements in breastfeeding rates and practices wherever it was applied. WHO/UNICEF accredits hospitals with a "Baby Friendly" quality standard designation when they have made the institutional and practice changes necessary to meet the Initiative's stringent assessment criteria. A Baby Friendly Hospital (BFH) is a health care facility where the WHO/UNICEF Ten Steps to Successful Breastfeeding are the standard for maternal and child care with the aim of effectively protecting, promoting and supporting exclusive breastfeeding from birth.

There has been an increase in Baby Friendly Hospitals and the proportion of babies born in them, as well as an increase in the number of countries who have developed a national breastfeeding policy and updated practice guidelines ⁴.

2.3.2. The situation in Malta

Breastfeeding rates

A study in 2002 reports feeding rates at the time of discharge from hospital and at 30 days post delivery which includes exclusive breast and mixed feeding ^{69,70}.

The target set in the National Breastfeeding Policy of 2000 was of a rate of 90% exclusive breastfeeding on discharge and 80% at four months.

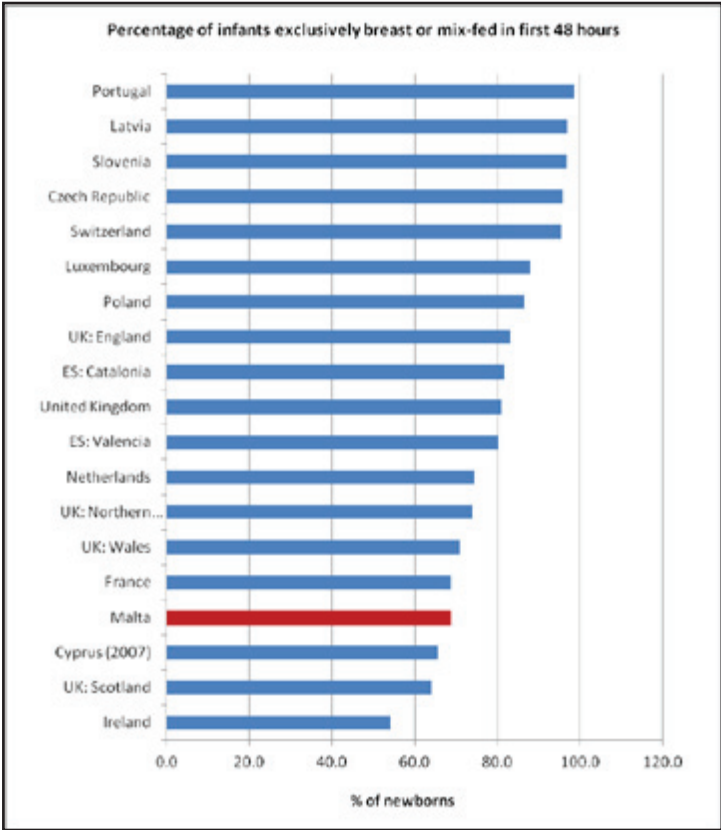
The figure below shows the distribution of exclusive and mixed breastfeeding in the first 48 hours after birth from the European Perinatal Health Report 2013 ⁷².

Table 1. Percentage of infant feeding methods by time from birth 1995-2002							
Year	1995		1998		2000		2002
Days from birth	3	30	3	30	3	30	3
Percentage of mothers breast/mixed feeding	45%	20%	48%	26%	64%	35%	56%

More recent data show a significant increase in this rate.

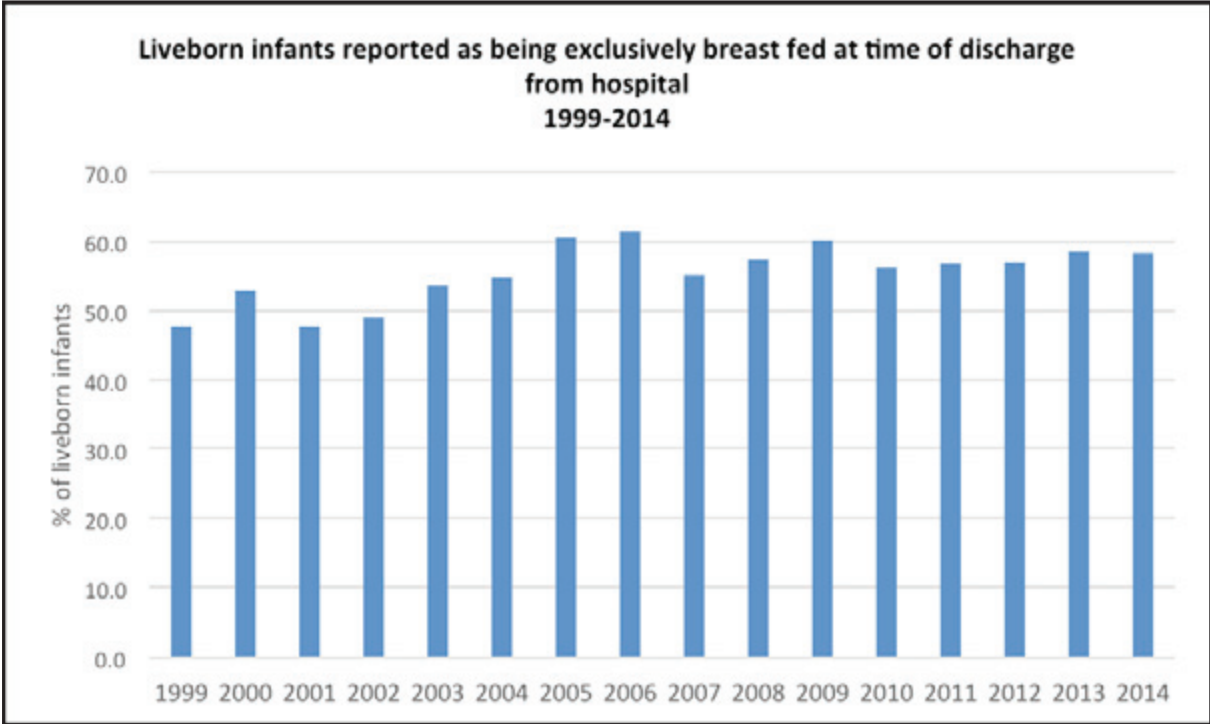
Table 2. Percentage Infant feeding methods at time of discharge 2008-2014 (National Obstetrics Information System) ⁷¹							
Year	2008	2009	2010	2011	2012	2013	2014
Days from birth	2	2	2	2	2	2	2
Percentage of mothers breast/mixed feeding	66%	71%	68%	70%	71%	71%	71%

Figure 1. Exclusive and mixed breastfeeding in the first 48 hours after birth by country (2010) ⁷².



The most recent data on exclusive breastfeeding at discharge from hospital shows a rate of around 58% in 2014 (National Obstetrics Information System) ⁷²

Figure 2. Percentage exclusive breastfeeding at time of discharge from hospital (National Obstetrics Information System) ⁷²



Rates of breastfeeding (exclusive and mixed) have increased since 1995 from 45% up to 71% in 2012; however they have remained relatively constant over the past 4 years. The rates of breastfeeding at one month after birth have also increased from 20% in 1995 to 35% in 2000.

A study that was published in 2010 reports a 38% prevalence of mothers who breastfeed at six months.

This study also found that 50% of mothers stopped breastfeeding because of incorrect advice from health professionals ⁷³. If this can be remedied, there would be a significant improvement in ongoing breastfeeding rates.

There is a higher rate of exclusive breastfeeding by mothers who had attained higher education levels (Table 3).

Table 3: Maternal feeding practice at time of discharge from hospital by education 2012-2013 (NOIS)⁷²

Maternal education	Exclusive breast		Exclusive bottle		Mixed feeding		Other/ unknown		Total
	No.	%	No.	%	No.	%	No.	%	
	Primary and secondary education	1541	44.0	1546	44.1	387	11.0	30	
Post secondary & non-tertiary Education	1122	62.6	419	23.4	242	13.5	8	0.4	1791
Tertiary	1943	74.0	296	11.3	371	14.1	17	0.6	2627
Unknown	202	62.0	59	18.1	48	14.7	17	5.2	326

Statutory provisions

The Public Service Management Code (PSMC) ⁷⁴ regulates the employment of civil service employees. It covers statutory paid and other maternity leave, the use and availability of breastfeeding facilities and paternity leave.

Malta already has legislation in place which regulates the marketing of breastmilk substitutes – The Infant Formulae and Follow-on Formulae Regulations (SL 449.52) ⁷⁵ which transpose the provisions of the European Directive 2006/14/EC in this regard.

Policy and Governance

The Breastfeeding Steering Committee within Mater Dei Hospital (MDH) is responsible for the implementation of the Baby Friendly Hospital Initiative. The Committee is made up of paediatricians, midwives, nurses, obstetricians and hospital administrators. In line with the Ten Steps to Successful Breastfeeding, the Committee has developed a hospital policy with guidelines and implemented mandatory training on breastfeeding management for staff working in the maternity sector. In addition to the policy, the Committee has drawn up several standard operational procedures in response

to specific issues that were deemed to require individual management plans.

Available services

Support for breastfeeding is available during pregnancy and also when the mother and newborn are discharged from hospital.

Parentcraft Services within MDH

Around 2800 mothers or couples per year (around 65% of pregnant mothers) make use of this service for education and support on pregnancy and childbirth. Services are free of charge and mothers are given an application form to apply during their booking visit. The Service also accepts self-referrals from mothers at any stage during the pregnancy.

Parentcraft courses include: Early Pregnancy Courses (starting from 10 weeks pregnancy) and Childbirth Courses (usually starting from 28 – 30 weeks pregnancy). The latter are also available for English speaking clients, parents with other children (refresher), and school-age clients (held at Għozza). Fathers-to-be are encouraged to attend, while special sessions are held for “fathers only” in order to meet their special needs. Special courses are also organized

for teen mothers-to-be, with special invitations for both sets of grandparents. This course is separate from that delivered at Ghozza for school-age mothers-to-be. Other specific courses are offered for parents expecting multiples, and for pre-adoptive couples.

The Childbirth Course contains a three hour session on breastfeeding including the benefits, advantages and disadvantages, technique and good latching and the support and use of the breastfeeding clinic. In addition, special sessions are now being offered to grandparents where the benefits and challenges of breastfeeding are discussed together with the importance of support.

One-to-one sessions are offered to clients with special needs, such as having the partner abroad, single mothers with problems, social problems, drug abuse, low IQ and clients with impaired hearing or speech problems.

Other sessions are also held regularly in liaison with other Departments. These include sessions about dental care, childcare centre standards, stem cell collection and speech and language development amongst others.

MDH Breastfeeding Walk-in Clinic

The Breastfeeding Walk-in Clinic provides a centralised service of a team of four lactation-trained midwives to provide ongoing support to breastfeeding mothers. In 2014, over 8,000 women attended the clinic. All breastfed babies are given a follow-up appointment within 72 hours of being discharged from hospital to ensure that breastfeeding is established and that the baby starts to gain weight. Follow-up appointments are given until birth weight is regained, with the frequency of visits depending on individual circumstances. The clinic also runs on a self-referral walk-in service which gives mothers the opportunity to attend when and as they need. This ensures that feeding problems can have early intervention and ongoing help.

Midwives from the Walk-in Clinic also act as lactation consultants on the wards as required for mothers who need more specialised care during initiation of breastfeeding.

Discharge Liaison Midwifery Service

The Discharge Liaison Midwifery (DLM) Service is based at MDH, GGH and within the community. The DLMs meet all mothers and their family for the first time in the hospital, within the first 24 hours of a normal vaginal delivery and on the second day for those mothers who delivered by caesarean section. All mothers are offered a detailed assessment identifying the mother's individual needs and her adaptation to parenthood in order to assess how the mother will cope once at home. The mother will have three home visits, the first visit the day after discharge and the other two according to service and family needs. During each visit, the mother and baby are assessed holistically and the home environment considered. All aspects of postnatal care are considered during each visit along with the provision of support and education for parents on adaptation to parenthood. Mothers are followed up by telephone between visits when there are issues that need extra support. Infant feeding forms a major part of these visits with many mothers needing some guidance during the early days on recognising that feeding is going well. The DLM Service works closely with the Breastfeeding Clinic to support mothers and refers to them as necessary.

Malta Memorial District Nursing Association Service

The Malta Memorial District Nursing Association (M.M.D.N.A) is a non-profit making organisation offering community nursing and midwifery services to the whole Maltese islands, both to the Association members, as well as to all the Maltese community on behalf of the Health Ministry. The postnatal domiciliary midwifery service consists of three visits by an M.M.D.N.A midwife to the mother and her child after being discharged from Hospital, including the second day post discharge. If problems are still pending after the third visit, extra visits are made. During these postnatal visits, the midwife, apart from examining the mother and her child, answers any queries the mother may have.

Servizz Ghożża within the Ministry for Education and Employment

Servizz Ghożża provides a support service and an educational programme to unmarried pregnant minors, leading them to adopt a positive attitude towards motherhood while empowering them to pursue their career path.

Services from the Association of Breastfeeding Counsellors

The Association of Breastfeeding Counsellors within the Cana Movement is an NGO composed of mothers who are trained breastfeeding counsellors. They provide free of charge two two-hour sessions to pregnant women and their families. New mothers are also given printed material on breastfeeding. The counsellors are also available to the new mothers via email, a telephone helpline and through house calls. The counsellors attend regular training sessions and run around eight sessions per year reaching around 100 mothers.

Services provided by the Private Sector

There are a number of private entities that offer pregnancy, parentcraft skills and antenatal care within the community against a fee.

Human resources and training

The Breastfeeding Management Course is a compulsory course for all midwives and nurses working in maternity settings. The course has also been offered to community midwives and paediatric

nurses although this is not a compulsory course in these settings. The course consists of eight three-hour sessions that focus on the management of breastfeeding mothers. Attendance to all sessions is necessary to obtain a certificate which is only given after the successful completion of a three-hour practical assessment session at the Breastfeeding Walk-in Clinic.

Undergraduate training within the medical curriculum is part of the clinical attachment to the Obstetrics and Gynaecology and Paediatrics Department.

A course on lactation is being piloted for midwives and nurses after being offered to the midwives working in the Breastfeeding Clinic and midwives and nurses on the Breastfeeding Steering Committee. If this course is successful, it will be extended to the whole maternity department.

The Bachelor of Science Course in Midwifery offered by the University of Malta has been adapted to follow the European Union criteria for professional education in midwifery. A module is now included entitled 'Trends in Infant Feeding' which has a clinical placement in the Breastfeeding Walk-in Clinic. Following qualification, midwives spend their first years of service on rotation within the maternity department and this now includes the Breastfeeding Clinic with the aim of providing good practices that can be taken into the ward setting.

Chapter 3

Policy Vision, Aims and Objectives



Vision

To re-establish breastfeeding as the preferred choice of feeding for all infants in the early months of life.

Aims

This policy aims to protect, support and promote exclusive breastfeeding for the first six months of life and thereafter for breastfeeding to continue with appropriate complementary feeding, taking into account the latest recommendations from WHO, UNICEF and the European Commission.

Objectives

The objective of this policy is to create the necessary supportive environment and enhance the appropriate culture to facilitate the individual's choice for breastfeeding in order to achieve optimal infant and young child feeding by supporting all mothers who decide to breastfeed in:

- initiating breastfeeding,
- maintaining breastfeeding exclusively for first six months and,
- continuing breastfeeding with appropriate complementary foods until two years and beyond, or for as long as the mother and baby wish.

Chapter 4

Policy Initiatives



Policy Initiatives

Breastfeeding remains a choice that everyone should respect, protect and help families accomplish. The policy is in no way to be considered as putting any obligation on mothers to breastfeed. Putting undue pressure on them to do so would be as unacceptable as putting undue pressure on them to opt for formula feeding.

4.1. Legislation and policies regulating the marketing of breast milk substitutes

Summary: All health, social and allied workers, industry and institutions caring for mothers, infants and young children should fully comply with all the provisions of local legislation.

4.1.1 To ensure that existing local legislation is adhered to

4.1.2 To inform pre- and post-graduate health professionals and health service providers, including pharmacists, about their responsibilities under local legislation

4.1.3 To disseminate information to the public on the principles, aims and provisions of local legislation and procedures for monitoring compliance and censuring violations

4.1.4 To develop a code of ethics covering the criteria for the acceptance of individual and institutional sponsorship for courses, educational materials, research, conferences and other activities and events, to avoid conflicts of interest that are known to adversely affect breastfeeding

4.2. Encourage a breastfeeding policy in hospitals based on the principles of the Baby Friendly Hospital Initiative (BFHI)

Summary: All hospitals, maternity units and primary health care facilities should adopt and implement effective strategies for the protection, promotion and support of breastfeeding as outlined in the Baby Friendly Hospital Initiative (a WHO/UNICEF initiative)⁴.

4.2.1 To ensure that government and private health care establishments, professional associations and relevant NGOs implement the BFHI as a standard for best practice

4.2.2 To ensure that government, health care establishments, professional associations and relevant NGOs implement the BFHI as a standard for best practice, and that all maternity and child care institutions and providers pursue the goal of achieving and maintaining the 'Baby Friendly' designation

4.2.3 To encourage all maternity and child care institutions and providers pursue the goal of achieving and maintaining the 'Baby Friendly' designation

4.2.4 To ensure adequate resources (funds, personnel and time) and technical support for training, change of practices, assessment and re-assessment of hospitals based on compliance with the BFHI

4.2.5 To incorporate the achievement of all the BFHI criteria into the standards for quality accreditation of maternity and paediatric health care providers. The Global Criteria for the Baby-Friendly Hospital Initiative serve as the standard for measuring adherence to each of the Ten Steps for Successful Breastfeeding

4.2.6 To develop a systematic approach to conveying breastfeeding information during antenatal care, consistent with the relevant steps of the BFHI

4.2.7 To enhance cooperation between hospitals and other health and social care facilities and mother-to-mother groups so as to ensure the provision of optimum lactation support and counselling, especially during the crucial weeks after birth

4.2.8 To develop and implement the principles of the Baby Friendly Hospital Initiative for settings other than maternity hospitals, to include community health and allied social care settings, paediatric hospitals, doctors' clinics, pharmacies and workplaces

4.3. Train health care professionals in the promotion and management of breastfeeding

Summary: All health, social and allied workers caring for mothers, infants and young children should get the education, training and skill development required to implement this policy.

4.3.1 To ensure that adequate resources and technical support for training and necessary changes in practice are provided so that community health and social services for women, infants and children effectively promote and support breastfeeding

4.3.2 To ensure that all health, social and allied workers caring for mothers, infants and young children shall not recommend formula feeding as an alternate or complement to breastfeeding unless there are legitimate medical reasons for doing so

4.3.3 To review a minimum standard (contents, methods, time) and competencies for pre- and post-graduate curricula on breastfeeding and lactation management for relevant health workers

4.3.4 To use course textbooks and training materials that are in line with the updated standard curricula and recommended policies and practices

4.3.5 To ensure that this training also sensitises health and social workers to the fact that perceptions and experience of breastfeeding are closely linked to cultural and religious background and to life experiences

4.3.6 To offer continuing interdisciplinary education based on WHO/UNICEF guidelines or other evidence-based courses on breastfeeding and lactation management, as part of induction and in-service education for all relevant health care staff, with particular emphasis on staff in frontline maternity and child care areas, including community nurses

4.3.7 To review training materials to be used for such interdisciplinary continuing education, ensuring that materials and courses are not influenced by manufacturers and distributors of products under the scope of the International Code

4.3.8 To encourage relevant health care workers to attend advanced lactation management accredited courses and to acquire certification shown to meet best practice criteria for competence

4.3.9 To encourage networking amongst breastfeeding specialists in order to increase knowledge and skills

4.3.10 To ensure that the skilled breastfeeding support provided by health and allied social care workers and mother-to-mother volunteers is confidence-building and empowering for mothers and their families

4.4. Develop strategies for the promotion and support of breastfeeding in the community

4.4.1. Antenatal

4.4.1.1 To ensure that all pregnant women and mothers are educated and get one-to-one counselling on optimal infant and young child feeding in antenatal classes/clinics and after the birth of their baby

4.4.1.2 To provide all expectant parents with evidence-based and objective (i.e. independent from commercial interests) infant feeding information in order to ensure they make an informed decision

4.4.2. Child-birth

4.4.2.1 To promote a parent-friendly childbirth support which is competent and culturally sensitive, and encourages mothers to touch, hold, breastfeed and care for their babies whenever possible

4.4.3. Post-natal

4.4.3.1 To promote a cultural change that breaks gender stereotyping and promotes the sharing of caring responsibilities between women and men

4.4.3.2 To involve fathers and families to ensure appropriate support for mothers on discharge home

4.4.3.3 To ensure that women who stop breastfeeding before they had planned to are encouraged to examine why this happened in order to

reduce feelings of loss or failure they may experience, and help them attain longer breastfeeding with a subsequent baby

4.4.3.4 To ensure that mothers who decide not to breast feed are not made to feel as less caring for their child or made to feel guilty and that reasons for such choice are identified and possibly addressed in future policy development

4.4.3.5 To ensure that mothers with particular breastfeeding difficulties are individually assisted by skilled counsellors

4.4.3.6 To ensure that all mothers have free access to infant and young child feeding support services, including the services of appropriately qualified lactation consultants, or other equally competent health care staff, if problems arise

4.4.3.7 To provide mothers of ill or preterm infants with the support necessary to ensure that they are able to maintain their lactation and express sufficient breast milk for their infant's needs or to provide free safe donor breast milk

4.4.3.8 To ensure that, before their infants reach six months, all parents will receive information and advice on appropriate complementary foods and when and how to introduce these in their infants' diet, while continuing breastfeeding

4.4.3.9 To ensure that, after six months, all parents will be advised to introduce and gradually increase the frequency, consistency and variety of healthy family foods, adapting them to the infant's requirements and abilities, while avoiding sugary drinks and drinks with low nutrient value

4.4.4. In the community

4.4.4.1 To increase general population awareness about the benefits of breastfeeding, including the role of the father and other family members in supporting the lactating mother

4.4.4.2 To encourage a culture of breastfeeding, by shifting the level of responsibility from that of the individual to that of the community, by promoting practices and attitudes that promote gender equality and breastfeeding

4.4.4.3 To encourage breastfeeding friendly policies and facilities in workplaces and public service and amenity areas in order to protect the right of women to continue breastfeeding for as long as they wish

4.4.4.4 To develop the appropriate facilities in the workplace and the community such as breastfeeding rooms in order to facilitate the breast feeding mother's normal social activity

4.4.4.5 To identify and address the particular support, information and skill-needs of first time mothers, immigrants, adolescents, single mothers, less educated women and others in society that are currently least likely to breastfeed, including mothers with previous difficult and/or unsuccessful breastfeeding experiences, and mothers of formula fed infants and young children

4.4.4.6 To use the international and national breastfeeding awareness weeks as an opportunity to stimulate public debate in different settings and media to raise awareness and promote a breastfeeding culture in society

4.4.4.7 To monitor, inform and use all organs of the media to promote and support breastfeeding and to ensure that it is at all times portrayed as normal and desirable

4.4.4.8 To give appropriate information and support to breastfeeding mothers, their partners and families, including contact details for recognised breastfeeding support networks, both statutory and voluntary

4.4.4.9 To encourage family support through public education and local initiatives and through community programmes based on collaboration between voluntary and statutory community service providers

4.4.4.10 To coordinate breastfeeding initiatives with other public health and health promotion plans and activities

4.4.4.11 To encourage stakeholders including media to promote breastfeeding as a natural way of feeding

4.4.4.12 To identify and address the information needs of other family and kinship members, e.g. infant's father/mother's partner, siblings, infant's grandparents, etc.

4.4.4.13 To encourage collaboration between health workers, lactation consultants, other service providers and other support groups in the community

4.4.5. Support groups

4.4.5.1 To encourage the establishment and increase the coverage of support services provided by trained peer counsellors and mother-to-mother support groups, particularly in lower socio-economic groups and marginalised communities, where women are less likely to breastfeed

4.4.5.2 To develop or review/update curricula (contents, methods, materials, time) for peer counsellor and mother-to-mother support training

4.4.5.3 To strengthen the cooperation and communication between health workers based in different health settings and trained peer counsellors and mother-to-mother support groups

4.4.6. At the workplace

4.4.6.1 To work towards a situation where all mothers in the paid workforce, irrespective of the nature of their employment, have the necessary workplace support and protection in order to maintain exclusive breastfeeding up to six months and to continue breastfeeding thereafter according to the wishes of the mother and child

4.4.6.2 To ensure that employers, health workers and the public are fully informed about maternity protection and health and safety at work legislation as related to pregnant and breastfeeding women

4.4.6.3 To inform employers of the benefits to them and their breastfeeding employees of facilitating breastfeeding following return to the workplace and provide guidance on the facilities necessary to ensure that this is possible through various incentives such as flexible hours, time-off, and facilities for breastfeeding or expressing and storing breast milk

4.5. Set targets, implement and monitor this policy

4.5.1 To collect comprehensive, timely and accurate data on breastfeeding rates and practices, using standard agreed definitions and methods, for use in planning, monitoring, evaluation and operational research

4.5.2 To gather, in addition to breastfeeding rates, linked information on maternal age, education and socio-economic status to help identify the extent and nature of inequalities in the prevalence of breastfeeding

4.5.3 To regularly monitor progress and periodically evaluate results of the National Breastfeeding Policy and Action Plan

4.5.4 To monitor breastfeeding knowledge, attitudes and behaviour at societal level so as to take a more informed approach to effectively promote, support and protect breastfeeding

4.5.5 To monitor the coverage and effectiveness of in-service training

4.5.6 To draw up protocols and instigate procedures for the regular assessment of hospital and primary health care practices, based on standard best practice criteria as developed for the BFHI

4.5.7 To put in place routine patient/client feedback through audit and satisfaction surveys to determine the quality of the breastfeeding information and support provided by maternity and paediatric service providers and primary health care practices.

4.5.8 To assign adequate human and financial resources for the protection, promotion and support of breastfeeding

Chapter 5

Monitoring and Research



5.1. To ensure monitoring of the implementation of the National Breast Feeding Policy and Action Plan

The indicators to be used to monitor this policy are based on the WHO established indicators for assessing infant and young child feeding practices ⁷⁶.

The criteria that define selected infant feeding practices are outlined below:

1. Early initiation of breastfeeding: proportion of children born in the last 24 months who were put to the breast within one hour of birth
2. Exclusive breastfeeding under six months: proportion of infants 0-5 months of age who are fed exclusively with breast milk
3. Continued breastfeeding at 1 year: proportion of children 12-15 months of age who have received breast milk during the previous day

Category of infant Feeding*	Requires that the infant receive	Allows the infant to receive	Does not allow the infant to receive
Exclusive breastfeeding (EBF)	Breast milk, including expressed breast milk or from a wet nurse	Drops, syrups (vitamins, minerals, medicines)	Anything else
Predominant breastfeeding (PBF)	The above being the predominant source of nourishment	As above plus liquids (water, water-based drinks, fruit juice, ritual fluids)	Anything else (in particular, non- human milk, food-based fluids)
Breastfeeding with complementary foods (CBF)**	Breast milk and solid or semisolid foods or nonhuman milk	Any food or liquid including non-human milk	
Non-breastfeeding (NBF)	No breast milk	Any food or liquid including non-human milk	Breast milk, including expressed breast milk or from a wet nurse

* The sum of EBF+PBF is called full breastfeeding (FBF). The sum of EBF+PBF+CBF is called breastfeeding (BF). The sum of EBF+PBF+CBF+NBF in a given sample or population must equal 100% as these categories are mutually exclusive.

** Note: this definition does not distinguish infants and children who take, in addition to breast milk, formula only, non-human milk only, solid or semisolid foods only, or different combinations and proportions of the above; nor does it take into account the proportion of breast milk on overall 24-hour food intake.

5.2. To promote research into the factors affecting breastfeeding levels in Malta

Research should focus on understanding how gender roles and issues, employment practices and socio-economic determinants affect breastfeeding and women's ability and willingness to breastfeed.

Chapter 6

Conclusions



This National Policy builds on the work already carried out within the past twenty years. It outlines the current situation in Malta and the latest research evidence on the long and short-term benefits of breastfeeding to both the mother and the newborn. The areas for action identified are evidence-based or proposed by experts as actions which contribute to the achievement of the aims and objectives of this policy.

The areas covered by the policy are wide ranging, covering areas from hospital, primary and community care settings, to the training of health professionals and other relevant stakeholders, as well as the workplace setting and creating a supportive

environment. Gaps within our surveillance system are identified, in order to better target national efforts.

This policy requires a co-ordinated multi-sectoral approach in order to change culture and achieve behaviour change. It will direct national efforts till the year 2020, and aims to substantially increase exclusive breastfeeding rates for the first six months of life and for a longer period according to the wishes of the mother and child.

It is hoped that such initiatives will help towards the achievement of the objectives set out in the national obesity strategy “A Healthy Weight for Life Strategy” leading to enhanced well being for mother and child.

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