

The path ahead for a breastfeeding-friendly Germany!

Results and recommendations from the international research project Becoming Breastfeeding Friendly



The first 1000 days of a child's life afford exceptional opportunities to set the course for long-term health from an early age. National and international expert groups recommend the promotion of breastfeeding as a natural and preferred form of nutrition for infants.

Even though there are well documented positive effects for breastfed children and

their mothers, only approximately every third infant in Germany is exclusively breastfed at four months of age. In addition, there is a very limited overview of individual stakeholders, structures and measures supporting breastfeeding in Germany.

The promotion of breastfeeding involves all sectors of society. Successful breastfeeding requires that women and their social circles

find breastfeeding-friendly environments at all levels of society that encourage and enable them to make informed choices about and perform breastfeeding.

The Becoming Breastfeeding Friendly (BBF) research project has investigated how breastfeeding promotion can succeed in Germany.

Breastfeeding in Germany

In Germany, infants should be exclusively breastfed for the first six months of life and at least until the beginning of the fifth month. Even after the introduction of complementary foods, they should continue to be breastfed. The overall duration of breastfeeding is determined by the mother and the child [1].

Current breastfeeding rates for 2012 - 2016 German birth cohorts indicate that: Two thirds of mothers (68%) breastfeed their child exclusively after birth. After 2 months this has decreased to 57 %, after 4 months 40 % and after 6 months only 13 % [2]. A significant drop in breastfeeding rates can be observed after the second month of life.

Children from socially disadvantaged backgrounds are breastfed less frequently and for shorter periods of time. As a result, they are less likely to benefit from the positive health impacts of breastfeeding.

This also applies to children of young mothers and children of mothers who smoked during pregnancy (Table. 1).



	Exclusively breastfed after 4 months in %
Educational status of the mother	
Basic education	21 [16.1 – 27.0]
Secondary education	35 [32.3 – 37.3]
Tertiary education	50 [46.1 – 53.3]
Age of mother at birth	
Up to 24 y.o.	16 [11.3 – 22.9]
25–29 y.o.	29 [25.3 – 33.3]
30–34 y.o.	40 [36.4 – 43.2]
35+ y.o.	41 [37.2 – 45.4]
Smoked during pregnancy	
Yes	10 [5.8 – 15.7]
No	37 [35.0 – 39.7]

Table 1: Breastfeeding prevalence (incl. 95% confidence intervals) from birth to 6 years of age from phase 1 of the German Health Interview and Examination Survey for Children and Adolescents (Studie zur Gesundheit von Kindern und Jugendlichen in Deutschland (KIGGS)) (Birth cohorts 2002-2012) by socio-demographic and other characteristics [3]

The importance of breastfeeding

Human milk is unique and breastfeeding is the uncontested preferred diet of infants. In the last three decades, research in relation to breastfeeding has increased significantly and has shown that [4-7]:

Breastfeeding **protects the health of mother and child** in the short, medium to long term (see info. in boxes).

Breastfeeding has a positive effect on the **bonding of mother and child** by strengthening the mother's autonomy, sensitivity and self-confidence in handling the child. In addition, international studies

show that investing in breastfeeding promotion **decreases public health care expenditure** by protecting mother and child from diseases, thereby reducing associated treatment costs.

Breastfeeding protects the child from...

- ... Diarrhoeal diseases
- ... Middle ear infections
- ... Respiratory infections
- ... Sudden infant death syndrome
- ... Overweight and obesity
- ... Type 2 diabetes

Breastfeeding protects the mother from...

- ... Ovarian cancer
- ... Breast cancer
- ... Endometrial cancer
- ... Type 2 diabetes
- ... Cardiovascular diseases

Objectives, methods and procedures

Becoming Breastfeeding Friendly (BBF) is a programme based on scientific research which is used to systematically map the existing country-wide status of breastfeeding promotion and identify domains which need to be improved. The programme was developed by Yale University and has also been implemented in Ghana, Mexico, Myanmar, Samoa and the UK.

It is based on the Breastfeeding Gear Model [8,9], and integrates all relevant areas of activity relating to breastfeeding promotion, which ideally mesh together like gears and are intended to coordinate like a transmission mechanism: extending from effective public advocacy to legislation and policies, monitoring of breastfeeding promotion, education, training and further education of facilitators, to a centralised coordination.

The eight gears are evaluated on the basis of 54 benchmarks (0-3 points). These values are used to determine **single scores** for each of the eight gears and a **general score** which expresses the degree of breastfeeding friendliness attributed to the respective country.

- 1. Advocacy** – Is there any public support from celebrities?
- 2. Political Will** – Do political decision-makers support breastfeeding publicly?
- 3. Legislation and Policies** – Are pregnant women and young mothers protected by legislation?
- 4. Funding and Resources** – Are measures promoting breastfeeding adequately funded?
- 5. Training and Programme Delivery** – Do breastfeeding education, training and further education provide adequate and up-to-date specialist knowledge on breastfeeding? Can all women access competent breastfeeding counselling?
- 6. Promotion** – Is breastfeeding effectively promoted in public?
- 7. Research and Evaluation** – Does breastfeeding monitoring occur periodically and are measures promoting breastfeeding adequately regulated?
- 8. Coordination, Goals and Monitoring** – Are measures promoting breastfeeding coordinated centrally?

BBF was launched in Germany on 01 September 2017 for a two-year period. A panel of policy makers, academic experts, practitioners, and media experts carried out the following steps:

- 1. Data collection:** Researching data sources for all important breastfeeding-relevant domains of action as well as implementation of quantitative analyses and qualitative interviews
- 2. Data analyses:** Systematic assessment of the existing situation in Germany relating to the Scoring framework
- 3. Data interpretation:** Deriving recommendations to promote breastfeeding in Germany on the basis of a target/actual comparison



Breastfeeding Gear Model
(Figures illustrate the number of benchmarks per gear)

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BBF Results for Germany

As part of the BBF process, the panel of experts conducted research on and analysed breastfeeding promotion in Germany. Based on this, a gear score was determined for each of the eight gears. This target/actual comparison was in turn the basis for deriving recommendations by consensus (see p. 4). The gear scores present the following detailed picture of breastfeeding friendliness in Germany:

Strong Gear Strengths:

Legislation and Policies and Funding and Resources

- Germany has comprehensive maternity protection legislation, including appropriate funding and resources. However, not all relevant target groups are adequately informed about them and there are groups to which the legislation only applies partially or does not apply to at all.
→ **Recommendation F**
- Six of the nine provisions of the Code on the marketing of human milk substitutes have been incorporated into national legislation and policies, but the implementation, documentation of infringements as well as the level of information provided to professional facilitators and released to the public is ambiguous.
→ **Recommendation G**
- In addition to the legal provisions (see above) federal, state and community-based authorities fund individual initiatives and institutions within the framework of maternal and children's health, but there is no central coordination.
→ **Recommendation A**

Moderate Gear Strengths:

Political Will, Coordination, Goals and Monitoring, Training and Programme Delivery as well as Advocacy

- There are scarcely any high profile celebrities who are public advocates of breastfeeding. On the political front, breastfeeding-promoting efforts are evident, but out of the public eye. The National Breastfeeding Committee (Nationale Stillkommission (NSK)) was established as a political advisory body 25 years ago. It formulates a number of different measures to promote breastfeeding. To be convincing in its role as a source of impetus and steering body, its previous structural framework (e.g. composition of the committee, resources) was perhaps not ideal.
→ **Recommendations A and B**
- Issues relevant to breastfeeding are insufficiently addressed in the training curricula of doctors and other health care professions. Implementation of breastfeeding promotion through training and further education programmes (this particularly applies to associated specialists and volunteers) is sporadic and on a purely voluntary basis. Even though services promoting breastfeeding are available, they are not easily accessed by disadvantaged families.
→ **Recommendations C, D, E**

Weak Gear Strengths:

Promotion and Research and Evaluation

- A national umbrella communication strategy or coordinated communication activities are sorely lacking. There are numerous, often regional/local, individual activities or initiatives supporting breastfeeding, but they have very limited impact and a minimal media presence. Furthermore, the media often focusses on presenting polarising and conflicting aspects of the issue.
→ **Recommendations A and B**
- Comprehensive monitoring of the implementation of breastfeeding promoting laws, services and measures has either not been established or is flawed. With breastfeeding indicators collected retrospectively or only partially.
→ **Recommendation H**

The overall BBF score for Germany is **1.7**. This corresponds to moderate breastfeeding friendliness (Values ≤ 1.0 = Weak Scaling Up Environment, Values > 2.0 = Strong Scaling Up Environment).

Score	Interpretation
0.1 – 1.0	Weak Gear Strength
1.1 – 2.0	Moderate Gear Strength
2.1 – 3.0	Strong Gear Strength

1.7
General score for Germany



General recommendation A | German national strategy to promote breastfeeding

A national strategy to promote breastfeeding in Germany, which will take into account all other BBF recommendations and comprise a mission statement, is to be developed. One coordination body will be responsible for coordinating and moderating this process with all parties involved and will draw up the corresponding task packages. The National Breastfeeding Committee (Nationale Stillkommission (NSK)) will be restructured to serve as the Federal Government's strategic and political advisory body and will be more closely integrated into political processes such as the development of the national strategy for promoting breastfeeding.

■ Recommendation B | Communication strategy to promote breastfeeding

To develop and implement a joint communication strategy for the promotion of breastfeeding. The communication strategy has two objectives: To increase the social acceptance of breastfeeding in the general population and improve the understanding of breastfeeding and promote breastfeeding motivation in a target group-specific manner (particularly for women who breastfeed less frequently and for shorter periods of time than their peers).

■ Recommendation C | Standards for evidence-based breastfeeding support and counselling

Evidence-based breastfeeding support and counselling for pregnant women and young families provided by doctors and relevant health care professions is to be given higher priority. This is to be done by anchoring them in the AWMF guidelines*, in the measuring tools for the quality assurance of gynaecology/obstetrics and paediatrics, as well as in directives.

* Association of the Scientific Medical Societies (Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften e.V.)

■ Recommendation D | Breastfeeding education, training and further education

Standardise breastfeeding teaching content in the training of physicians and other relevant health care professions (midwives, paediatric health care workers and paediatric nurses, health care workers and nurses) provided this has already been established in the respective training programmes. Provide task and competence-based breastfeeding support and counselling training and further education programmes for physicians, other relevant health care professions and facilitators.

■ Recommendation E | Local breastfeeding support

Linking all stakeholders who have contact with (expectant) mothers and their social circles into networks allows the access barriers to evidence-based professional breastfeeding support and counselling and self-help services to be lowered early on during pregnancy. This can also be achieved by publishing information on all existing support services.

■ Recommendation F | Breastfeeding and work

Breastfeeding and working life must become more compatible, relevant target groups should be appropriately informed and structural solutions for the implementation of the Maternity Protection Act should be developed. A review is to be carried out to determine whether there is a need for legal action with respect to the specific groups of people to whom the Maternity Protection Act only applies partially or does not apply at all.

■ Recommendation G | Marketing of human milk substitutes

The implementation of existing regulations which apply to the marketing of human milk substitutes in practice and an expansion of the regulations should be reviewed where necessary. Data about specific breaches which apply to the regulations governing the marketing of human milk substitutes should be pooled nationally and published periodically. Facilitators in particular should be informed about regulations which apply to the marketing of human milk substitutes as well as avenues available to report any breaches.

■ Recommendation H | Systematic monitoring of breastfeeding

A systematic breastfeeding monitoring system is to be established in Germany. There is a requirement for valid data to plan and implement measures to promote breastfeeding appropriately. These include the establishment of a breastfeeding monitoring coordination unit, the expansion of the use of existing studies and investigations, the regular implementation of representative prospective studies for the standardised compilation of relevant breastfeeding indicators, and the evaluation of billing data from statutory health insurance funds.

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