

Recommendations to promote breastfeeding in Germany

Strategies of the research project
Becoming Breastfeeding Friendly



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The Becoming Breastfeeding Friendly (BBF) research project was funded by the German Federal Ministry of Food and Agriculture (Bundesministerium für Ernährung und Landwirtschaft (BMEL)) and implemented by Healthy Start – Young Family Network (Netzwerk Gesund ins Leben (GiL)) and the National Breastfeeding Committee (Nationale Stillkommission (NSK)) in collaboration with the Yale School of Public Health.

Additional information is available at: www.gesund-ins-leben.de/becoming-breastfeeding-friendly

Preamble

A systematic survey of the status of breastfeeding promotion in Germany was carried out starting from September 2017 within the scope of the international research project entitled Becoming Breastfeeding Friendly (BBF). A committee of policy makers, academic experts and practitioners systematically researched and analysed data on all important aspects of breastfeeding promotion, based on 54 international BBF assessment criteria.

This led to concrete starting points for improving the general framework of breastfeeding in Germany. Based on these results, BBF experts developed a number of recommendations for the promotion of breastfeeding. With the additional help of several external experts, a consensus on eight specific recommendations to promote breastfeeding in Germany was reached.

These recommendations are aimed at all stakeholders who can contribute to making these recommendations a reality. They specifically concern policy makers from all aspects of breastfeeding promotion, facilitators with contact to (expectant) families, media professionals and employers. Everyone can contribute to creating a breastfeeding-friendly environment for (expectant) families.

The promotion of breastfeeding involves all sectors of society. The recommendations can make a substantial contribution to a healthy upbringing, health promotion as well as preventive healthcare in children. They specifically focus on families living in stressful situations as these families often have an increased need for information and support. To achieve synergies, these recommendations should also be coupled with the recommendations for measures to promote breastfeeding set out in the National Health Goal (Nationales Gesundheitsziel) "Health before and after birth" (Gesundheit rund um die Geburt).

A systematic improvement of the general framework for breastfeeding aims to help to reduce both individual and structural barriers to breastfeeding. It would allow even more women to inform themselves and make their own decisions about breastfeeding. At the same time, breastfeeding mothers would receive professional support throughout the entire breastfeeding period and their actions would be strengthened. A variety of lifestyles and life circumstances of (expectant) families and their social circles must be considered. Each woman's individual decision for or against breastfeeding must be respected. An attitude of participation and respect towards each individual woman should be the cornerstone of all measures, including all public communication activities.

Berlin, 5 June 2019.

The experts of the BBF Committee

General recommendation A | German national strategy to promote breastfeeding

Develop a national strategy to promote breastfeeding in Germany.

What is proposed?

A long-term **national strategy to promote breastfeeding** will be developed. It includes outlines of all measures already taken and measures that are planned in all aspects of breastfeeding promotion. The national strategy must be interdisciplinary (and include health, nutrition, education, child and youth welfare) and should be integrated with existing or broader strategies such as the Public Health Goal of "Health before and after birth" (Nationales Gesundheitsziel "Gesundheit rund um die Geburt") or the national preventive healthcare strategy.

The **mission statement for the promotion of breastfeeding** precedes this strategy as a preamble. It specifically focusses on the attitude, rules and objectives of public communication about breastfeeding.

A permanent **coordination (business) unit** will be set up under the auspices of the Federal Ministry of Food and Agriculture (Bundesministerium für Ernährung und Landwirtschaft (BMEL)) to develop the strategy, the mission statement and their implementation. It uses an interdisciplinary approach in close consultation with the existing bodies and relevant federal ministries (e.g. Nutrition: Department of Child Nutrition <https://www.mri.bund.de/en/institutes/child-nutrition/> (Institut für Kinderernährung) and the National Breastfeeding Committee (Nationale Stillkommission (NSK)), Healthy Start – Young Family Network (Netzwerk Gesund ins Leben); Family: Maternity Leave Committee (Ausschuss für Mutterschutz), National Centre for Early Prevention (Nationales Zentrum Frühe Hilfen (NZFH)); Health: Working Group on the Public Health Goal of "Health before and after birth" (Arbeitsgruppe zum "Gesundheitsziel Gesundheit rund um die Geburt").

This coordination unit serves as an **integrated platform** to facilitate the dialogue between all relevant institutions and stakeholders on all aspects of breastfeeding promotion. It coordinates and moderates the development and implementation of the national strategy and its mission statement and will draw up the corresponding task packages in a **participative process** with all involved parties.

The **National Breastfeeding Committee (Nationale Stillkommission (NSK))** acts as the Federal Government's strategic and political advisory body and will be more closely integrated into political processes such as the development of a national strategy for promoting breastfeeding. As part of its restructuring, the NSK is working on a new organisational structure

- a) **within the NSK:** Definition of duties and differentiation from other stakeholders in breastfeeding promotion, development of a work agenda, formation of subject-specific working groups,
- b) **externally:** set up stronger networks among experts, which also extend to other experts (external to the domain of breastfeeding promotion)

Why is that important?

The **German national strategy to promote breastfeeding** provides the framework for all existing and planned breastfeeding support measures. It facilitates networking between the relevant stakeholders, raises public awareness of the issue and ensures that all measures are coordinated with each other.

A clear **mission statement for the promotion of breastfeeding** contributes to objectifying the public discourse on breastfeeding. This is intended to diffuse the polarising and indoctrinating nature of the issue.

The elaboration of the national strategy and the mission statement in a participatory process should be structured and moderated by a **coordination unit**. This increases both efficiency and effectiveness and frees up individual institutional resources¹.

This new **NSK** structure will enable it to perform its function as a driving force and steering committee for breastfeeding promotion in Germany in a more targeted manner.

How can it be achieved?

- Organisation of the **coordination unit**
- **Networking** with all relevant stakeholders
- Elaboration and ratification of a **national strategy** for breastfeeding promotion and of a mission statement in a participatory process (e.g. working groups, technical discussions) in consultation with the stakeholders.

This strategy **specifically** focuses on women who breastfeed less frequently and for shorter periods of time than their peers.

The **strategy** includes all measures already taken and measures that are planned **in all aspects of breastfeeding promotion**. The elaboration will also integrate **recommendations from the research project Becoming Breastfeeding Friendly (BBF)** such as:

- Communication strategy to promote breastfeeding (Recommendation B),
- Standards for evidence-based breastfeeding support and counselling (Recommendation C),
- Breastfeeding education, training and further education (Recommendation D),
- Local breastfeeding support (Recommendation E),
- Breastfeeding and work (Recommendation F),
- Marketing of human milk substitutes (Recommendation G),
- Systematic monitoring of breastfeeding (Recommendation H),

The proposed recommendation on the national strategy for the promotion of breastfeeding provides the framework in which this can be achieved (General recommendation A).

The **mission statement** for breastfeeding promotion specifically focusses on **the attitude, rules and objectives of public communication** about breastfeeding. It is target group-specific, diversity-oriented and stigma-sensitive. It contributes to increasing awareness and acceptance of breastfeeding in the general population and to promoting a breastfeeding-friendly social atmosphere; at the same time, non-breastfeeding women are informed about alternatives in a neutral manner.

The mission statement drawn up with all stakeholders is **published** together with the national strategy and sent to the attention of the organisations communicating publicly on the issue of breastfeeding.

Part of the development of the national strategy includes developing an interdisciplinary concept for the **restructuring of the NSK**. This specifically encompasses the

- a) Representation of the NSK in political and operational structures (e.g. the Children's Committee (Kinderkommission) at all federal levels and the
- b) close cooperation with stakeholders in other domains of breastfeeding promotion and with the breastfeeding monitoring coordination unit (see recommendation H "Systematic Monitoring of Breastfeeding") and the National Coordination Centre, e.g. at the Max Rubner Institute (MRI).

The Coordination Centre and the NSK will be provided with the necessary resources to be determined for defined working domains.

Which institutions and stakeholders should be involved? (Examples)

- Employers' and employees' associations
- Educational institutions and information facilities, e.g. Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung (BZgA)), Federal Centre for Nutrition (Bundeszentrum für Ernährung (BZfE))
- Education, training and further education institutions
- Parties concerned: (expectant) mothers and their social circles
- Federal and state health care associations
- German Hospital Federation (Deutsche Krankenhausgesellschaft (DKG)), paediatric, perinatal and obstetric clinics and birth centres
- Federal Joint Committee (Gemeinsamer Bundesausschuss (G-BA))
- Statutory and private health insurances, National Association of Statutory Health Insurance Funds (GKV-Spitzenverband)
- Community-based umbrella organisations
- Media (representatives) (print, TV, online, social media...)
- Healthy Start – Young Family Network
- National Centre for Early Prevention (Nationales Zentrum Frühe Hilfen (NZFH)) and Early Prevention Networks (Netzwerke Frühe Hilfen)
- Public Health Service (Öffentlicher Gesundheitsdienst (ÖGD)) / Child and Youth Health Service (Kinder- und Jugendgesundheitsdienst (KJGD))
- Social paediatric centres (Sozialpädiatrische Zentren (SPZ)), Psychosocial counselling centres
- Extended involvement with groups such as the honorary godparents and various round tables, etc.
- Scientific societies, physicians' professional and Health care professions' associations and chambers of the health care and medical professions
- Welfare associations, e.g. pregnancy counselling centres, maternity recovery centre (Müttergenesungswerk)
- Relevant federal ministries and authorities
- Relevant state ministries and authorities

By when should it be done?

2021

Examples of similar activities

Strategies / Action plans: National Action Plan IN FORM

Establishment of a coordination unit: National Centre for Early Prevention (Nationales Zentrum Frühe Hilfen (NZFH)), Early Prevention (Frühe Hilfen), Healthy Start – Young Family Network (Netzwerk Gesund ins Leben)

Mission statement: Alcohol-focussed preventive healthcare campaigns of the BZgA ("Alcohol? Know your limit"): Emphasise the positive aspects of moderate alcohol consumption rather than the risks, use humour as a means of expression.

For NSK restructuring: Healthy Start – Young Family Network

¹ Institutions that deal with maternal, child and family health at the federal level (i.e. BZgA, Early Prevention, Healthy Start – Young Family Network) and at the state and community level, as well as other (including non-governmental) institutions, e.g. associations or foundations.

Recommendation B | Communication strategy to promote breastfeeding

Develop and implement a joint communication strategy for the promotion of breastfeeding.

What is proposed?

The communication strategy has two objectives:

1. **Population-wide**, increased social acceptance of breastfeeding in order to promote a breastfeeding-friendly atmosphere (change in social values, see recommendation F "Breastfeeding and work"),
2. **Target group-specific** awareness of the importance of breastfeeding to increase breastfeeding motivation, especially among women who breastfeed less frequently and for shorter periods of time than their peers and their corresponding social circles.

Why is that important?

The 2017 BBF media analysis found only limited media penetration of breastfeeding issues and revealed that breastfeeding has so far been presented rather controversially and sometimes in a negative light. An NSK survey indicated that breastfeeding is predominantly perceived as neutral by the general population, but that one quarter of the population is opposed to breastfeeding in public, especially in some places (e.g. restaurants, cafés). **A stronger, positive media presence should contribute to promoting the acceptance of breastfeeding - especially in public spaces**

A science-based communication strategy developed in a participatory manner improves efficiency and effectiveness, frees up resources and facilitates the work of individual institutions.

How can it be achieved?

1. An **institution** is established to coordinate the development and implementation of the communication strategy. It works in collaboration with the relevant organisations and stakeholders. This process will be designed to be participatory and will involve target groups that include both breastfeeding and non-breastfeeding mothers.
2. The **coordinating institution develops** a joint science-based **communication strategy** by consultation with its partners (e.g. with situation analyses and target group analyses, media campaign planning as well as evaluation of the process and results).

The communication strategy embraces a range of relevant measures and uses appropriate channels to fulfil the following two objectives:

a) **Population-wide measures** to promote societal acceptance and a breastfeeding-friendly atmosphere, e.g.

- **Advocacy** by attracting credible and influential celebrity and expert testimonials,
- A **poster campaign** to provide simple facts about breastfeeding,
- Collaborating with the **mainstream media** to raise awareness of breastfeeding (e.g. reporting on events) and increase the media presence of breastfeeding mothers (e.g. "positive storytelling"),
- Use of **social media targeting** through channels such as Instagram, Facebook, or YouTube, which do **not** explicitly address (expectant) families (e.g. with subliminal images such as depictions of breastfeeding mothers),
- Cross-curricular embedding of the breastfeeding themes in topically appropriate **educational content** in (early) **childhood educational institutions**,
- **Award of a prize** for exemplary good practice projects.

b) **Target group-specific measures** disseminated to (expectant) mothers and their social circles, e.g.

- Development and coordinated nationwide circulation of contemporary **content** for young families and facilitators,
- Integration of coordinated **information** on breastfeeding in existing and planned **online services** such as the proposed national health portal with the goal of serving as a guide for (expectant) mothers and their social circles,
- Integration of coordinated **information** on breastfeeding and breastfeeding support services for **community stakeholders** who have contact with the target group of (expectant) mothers and their social circles, to diffuse information to them, and promote their counselling activities and their ground-breaking work (see recommendation E "Local breastfeeding support"),
- Design an **App** about health before and after birth,
- Use of **social media targeting** through channels such as Instagram, Facebook or YouTube that are explicitly directed at (expectant) families.

All selected communication measures will follow a coordinated **mission statement to promote breastfeeding with a participatory, stigma-sensitive approach** (see General recommendation A "German national strategy to promote breastfeeding").

The focus is on implementing measures specifically for **women that breastfeed less frequently and for shorter periods of time than their peers** (comparing phase 2 of the German Health Interview and Examination Survey for Children and Adolescents (Studie zur Gesundheit von Kindern und Jugendlichen in Deutschland (KiGGS)), with actual prospective results from the national monitoring of breastfeeding as per Recommendation H). These target groups will be integrated on a participatory basis as part of the development and implementation of the communication strategy.

Which institutions and stakeholders should be involved? (Examples)

- Educational institutions and information facilities (e.g. BZgA, BZfE)
- Education, training and further education institutions
- Parties concerned: (expectant) mothers and their social circles
- Federal and state health care associations
- German Hospital Federation (Deutsche Krankenhausgesellschaft (DKG)), paediatric, perinatal and obstetric clinics and birth centres, association to support the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI)
- Statutory and private health insurances, National Association of Statutory Health Insurance Funds (GKV-Spitzenverband)
- Interest groups (e.g. round table breastfeeding promotion)
- Community-based umbrella organisations
- Cooperation network "Equity in Health" (Kooperationsverbund Gesundheitliche Chancengleichheit)
- Media (representatives) (print, TV, online, social media...)
- Healthy Start – Young Family Network
- National Centre for Early Prevention (Nationales Zentrum Frühe Hilfen (NZFH)) and Early Prevention Networks (Netzwerke Frühe Hilfen)
- Public Health Service (Öffentlicher Gesundheitsdienst (ÖGD)) / Child and Youth Health Service (Kinder- und Jugendgesundheitsdienst (KJGD))
- Celebrities
- Specialised agencies / practitioners specialised in health communication
- Scientific institutions for health communication research (Public Health, communication research, psychology, sociology...) as well as other relevant scientific institutions and universities
- Scientific societies, physicians' professional and Health care professions' associations and chambers of the health care and medical professions
- Relevant federal ministries
- Relevant state ministries
- Relevant local institutions
- Welfare associations, (e.g. pregnancy counselling centres, maternity recovery centre (Müttergenesungswerk))

By when should it be done?

Develop the concept and implement key elements by 2021. Permanent task.

Examples of similar activities

Poster campaign in Canada using simple messages (e.g. "Breastfeeding is not just for newborns.")

British poster campaign: with posters, a blog, information on managing breastfeeding and local contacts for breastfeeding support to communicate the importance of breastfeeding to mothers, their partners and families, and how it fosters self-confidence and self-esteem (www.beastar.org.uk)

Online portals: www.familienplanung.de (BZgA), www.gesund-ins-leben.de (BZfE)

Apps: The Baby and Nutrition (Baby und Essen) app from the BZfE, the British **Baby Buddy app** for pregnant women and the first six months of life

Awards for Good-Practice Projects: Community-based addiction prevention programmes, the Bavarian preventive healthcare award

Promotion of health literacy in (early) childhood educational institutions: **pushbike licence** (included in curricula), **nutrition licence** (included in curricula). Introducing children to certain topics at an early stage increases the level of acceptance.

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

Implement standards of evidence-based breastfeeding support and counselling.

What is proposed?

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, by implementing it in **AWMF guidelines**², in the **quality assurance measuring tools** for gynaecology/obstetrics and paediatricians, in **directives** and being implemented in practice.

One of the issues to be investigated in German obstetric clinics and birth centres is the extent to which breastfeeding promotion measures are already being applied (including the Ten Steps to successful breastfeeding defined by the WHO/UNICEF), the breastfeeding rates achieved at discharge and whether the proposed recommendations could further improve the current situation.

In addition, **appropriate human resources** are to be made available for evidence-based breastfeeding counselling, thereby freeing up the specialists throughout the health care system.

Why is that important?

Above and beyond the **development and implementation of quality standards, a nationwide evidence-based breastfeeding support and counselling service** implemented by doctors and other relevant health care professions should be established with the necessary **human resources** allocated for this purpose.

The development and implementation of these proposed quality standards for breastfeeding support and counselling not only play a decisive role in improving the quality of care, but also the education, training and further education provided to physicians, other relevant health care professions and facilitators (see Recommendation D "Breastfeeding in education, training and further education").

How can it be achieved?

1. **Review, examination and consensus regarding the current evidence** for adequate breastfeeding support and counselling, also taking into account the Ten Steps for successful breastfeeding according to WHO/UNICEF.
2. **Commissioning of a scientific institution for the implementation of a survey of obstetric clinics and birth centres**, among others in relation to the following issues:
 - a) Which breastfeeding measures are already being implemented (also taking into account the Ten Steps to Successful Breastfeeding according to WHO/UNICEF)?

² Association of the Scientific Medical Societies (Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF))

- b) How are the Ten Steps to Successful Breastfeeding according to WHO/UNICEF perceived (degree of acceptance)?
- c) What proportion of women receive personal breastfeeding counselling during the postpartum period?
- d) How much time does the specialist staff spend providing breastfeeding advice?
- e) What breastfeeding rates are achieved on discharge?
- f) How consistent are the breastfeeding measures between inpatient and outpatient departments?

Evaluation of results with the objective of deriving recommendations for the subsequent process of integration and implementation of standards for evidence-based breastfeeding support and counselling.

3. Drafting and revision of AWMF guidelines by scientific societies:

Interdisciplinary development of a new guideline "breastfeeding support and counselling", predominantly coordinated by the German Society of Midwifery Science (Deutsche Gesellschaft für Hebammenwissenschaft e.V. (DGHWi)), German Society for Obstetrics and Gynaecology Deutsche Gesellschaft für Gynäkologie und Geburtshilfe e.V. (DGGG) and German Society of Pediatrics and Adolescent Medicine (Deutsche Gesellschaft für Kinder- und Jugendmedizin e.V. (DGKJ)) and with due consideration to additional relevant organisations and institutions (e.g. German Society for Social Pediatrics and Adolescent Medicine (Deutsche Gesellschaft für Sozialpädiatrie und Jugendmedizin e.V. (DGSPJ)), also external to the medical system (e.g. Early Prevention); examination of existing guidelines as required as well as integration of suitable content from the guidelines of "Breastfeeding support and counselling" into pre-existing guidelines (e.g. Guidelines for the "Care of healthy term newborns in the obstetric clinic", "Care of newborns of diabetic mothers") or notified guideline projects (e.g. "Natural birthing", "Caesarean section").

4. Integration of standards for the evidence-based promotion of breastfeeding into the G-BA directives:

Opportunities to further incorporate evidence-based promotion of breastfeeding into the maternity and childcare directives and further measures are to be discussed together with the G-BA. This can be done by sending a request to the G-BA via its members or via the patient representatives. It would also be desirable to evaluate (and, if necessary, to extend) the existing information relevant to breastfeeding in the maternity records (question on breastfeeding behaviour during the 2nd examination after delivery) and the child's medical check-up booklet (counselling provided on breastfeeding and nutrition) (also see Recommendation H "Systematic monitoring of breastfeeding").

5. Development and integration of quality indicators of measuring tools used for quality assurance by the Institute for Quality Assurance and Transparency in Healthcare (Institut für Qualitätssicherung und Transparenz im Gesundheitswesen (IQTIG)) via the G-BA:

Together with the IQTIG and at the request of the G-BA, different options for developing specific breastfeeding criteria should be highlighted, (e.g. number of breastfeeding counselling sessions provided, breastfeeding rate at discharge, the Ten Steps towards successful breastfeeding according to the WHO/UNICEF) and how they can be integrated with the appropriate measuring tools for gynaecology/obstetrics (e.g. "quality assurance in obstetrics") as well as neonatology and paediatrics, also taking into account aspects of bonding; examination of the integration of breastfeeding criteria into other measuring tools.

6. Review of the implementation of the measures recommended here

Which institutions and stakeholders should be involved? (Examples)

- Association of the Scientific Medical Societies (Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF))
- German Hospital Federation (Deutsche Krankenhausgesellschaft (DKG))
- Obstetric clinics and birth centres
- Federal Joint Committee (Gemeinsamer Bundesausschuss (G-BA))
- Statutory and private health insurances
- Institute for Quality Assurance and Transparency in Healthcare (Institut für Qualitätssicherung und Transparenz im Gesundheitswesen (IQTIG))
- Self-help organisations working to promote breastfeeding
- Association supporting the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI)
- Scientific societies, physicians' professional and Health care professions' associations and chambers of the health care and medical professions

By when should it be done?

Compilation of evidence and implementation of the survey by 2021

Integration into guidelines, measuring tools for quality assurance and directives by 2025

Examples of similar activities

Health examinations for children and adolescents ("U-Untersuchungen") in the Children's Directive of the G-BA

Guideline on child protection (Early Prevention)

Recommendation D | Breastfeeding education, training and further education

Standardise breastfeeding teaching content in the training of physicians and other relevant health care professions³, provided this has already been established in the respective training programmes. Provide task-based and competence-based further training and education of breastfeeding support and counselling content for physicians and other relevant health care professions and facilitators.

What is proposed?

Adaptation of the curricula in theory and practice according to the profession-specific care mandate and care requirements.

In addition, initiatives for the regular evaluation of the quality of training and further education should be encouraged.

Why is that important?

The **success of breastfeeding promotion depends on** physicians, midwives, paediatric health care workers, paediatric nurses, health care workers, nurses and other facilitators, who have regular contact with pregnant women and young families, being educated about **evidence-based breastfeeding support and counselling** (see Recommendation C "Standards of evidence-based breastfeeding support and counselling").

The BBF research and online survey revealed a heterogeneous mix of breastfeeding-specific curricular content provided to physicians, midwives, health care workers, nurses, paediatric health care workers and paediatric nurses. There were significant differences not only between individual occupational groups but also within the professions themselves in terms of both content and timeframes.

How can it be achieved?

Specific **training content** about evidence-based breastfeeding support and counselling should be developed for physicians as well as other relevant health professions (midwives, paediatric health care workers, paediatric nurses, health care workers and nurses), in as far as the respective professional legislation, training and examination regulations or study and examination regulations permit for the training of professional groups, in relation to the topic of breastfeeding. This is achieved in consideration of the respective occupation-specific tasks and competences.

³ Midwives, paediatric health care workers and paediatric nurses, health care workers and nurses

Doctors as well as relevant health care professions (see a) and other facilitators (see b and c) who are already practising will receive **training and further education** based on a specific curriculum on breastfeeding and breastfeeding promotion (e.g. "Breastfeeding and the promotion of breastfeeding - Curriculum for the basic course" of the Healthy Start – Young Family Network).

Target groups for the training and further education:

- a) **Doctors as well as state-regulated health care professions** (midwives, paediatric health care workers, paediatric nurses, health care workers and nurses), who are responsible for the health care of mother and/or child by decree of the legislator, should in accordance with the corresponding occupation-specific health care contracts and health care requirements, acquire a specific understanding of breastfeeding promotion.
- b) **Associated professional groups** (e.g. Medical assistants, social medical assistants, preventive healthcare staff, educators, social education workers health ministry employees and youth welfare office employees and other specialists), who have contact with pregnant women and young families but are not specifically responsible for the promotion of breastfeeding, should acquire a basic understanding of breastfeeding promotion in order to build awareness of the issue, to inform about the different available services which can provide support for breastfeeding problems and to facilitate access to professional support within the respective networks (see Recommendation E "Local breastfeeding support").
- c) In addition, **volunteers**, which have contact with (expectant) families, should also have a basic understanding of breastfeeding promotion in order to increase young families' awareness of what it means to breastfeed and should also be able to refer families to other professional support services.

In order to tailor curricula to individual needs, it is crucial to distinguish between formal health care for mothers and/or children from (a) physicians and relevant health care professionals who are responsible by law to care for mothers and/or children and (b) complementary support from specialists as well as (c) informal support from volunteers who have no specific health care training. The respective teaching content should be geared to the corresponding competences and tasks involved.

The following should also be taken into account:

- The wording "evidence-based promotion of breastfeeding" implies the imparting of the currently applicable state of understanding (see Recommendation C "Standards of evidence-based breastfeeding support and counselling").
- Inter-professional cooperation between doctors and other relevant health care professions should be promoted at an early stage, e.g. within the scope of training (e.g. within the framework of university outpatient departments).
- Training and further education programmes should be offered to all employees of an institution in an interest-neutral manner, taking into account job-specific tasks and competences.
- The mission statement for the promotion of breastfeeding (see General recommendation A "German national strategy to promote breastfeeding") is to be taken into account.

Training and further education providers should monitor the quality of such training and review it regularly.

The NSK, which among others represents doctors, relevant health care professions and other facilitators, should initiate the processes recommended herein and provide the initial impetus for these measures (see General recommendation A "German national strategy to promote breastfeeding").

Which institutions and stakeholders should be involved? (Examples)

- Training institutes and technical schools
- State Chambers of Physicians (Landesärztekammern) and German Medical Association (Bundesärztekammer)
- German Hospital Federation (Deutsche Krankenhausgesellschaft (DKG))
- Institute for Medical and Pharmaceutical Examination Questions (Institut für medizinische und pharmazeutische Prüfungsfragen (IMPP))
- State ministries of Culture, Health and Social Affairs
- State boards of nursing
- Medical and health science faculties and universities
- National Breastfeeding Committee (Nationale Stillkommission (NSK))
- Healthy Start – Young Family Network
- Extended involvement with groups such as the honorary godparents and breastfeeding group leaders, etc.
- Scientific societies, physicians' professional and Health care professions' associations and chambers of the health care and medical professions

This also includes the following occupational groups:

- Educators
- Paediatric health care workers and paediatric nurses
- Health care workers and nurses
- Gynaecologists
- Midwives
- Medical Assistants
- Paediatricians
- Preventive healthcare staff
- Social workers
- Social medical assistants
- Social education workers

By when should it be done?

Development of the teaching content for training by 2021 with subsequent implementation by 2025/30

Development of training and further education programmes for doctors, other relevant health care professions and other facilitators by 2022 (possibly based on: The curriculum for basic further training in breastfeeding and breastfeeding promotion)

Implementation of content for training and further education by 2025/30, e.g. as part of the regular update of curricula; proposal for regular assessment of continuing education and training to ensure its quality.

Examples of similar activities

Recommendations from Mexico (excerpt from the health care system):

- Mandatory breastfeeding courses required for vocational training
- Training activities: 20 hours theory and 3 hours of supervised clinical experience

Recommendation E | Local breastfeeding support

By setting up networks of all the local stakeholders to lower the barriers to access evidence-based breastfeeding counselling and support.

What is proposed?

All **stakeholders** who have contact with (expectant) mothers and their social circles are oriented towards **evidence-based understanding** of breastfeeding counselling from pregnancy till the end of infancy (see Recommendation C "Standards of evidence-based breastfeeding support and counselling"). All (expectant) mothers will have **access to early and continuous** breastfeeding counselling with low entry barriers.

Setting up networks of all the local stakeholders facilitates access to professional breastfeeding counselling and support as well as self-help services with low entry barriers. This ensures a **continuity of care** extending from pregnancy and birth all the way to infancy and early childhood. Beyond this, the local community, which represents the everyday environment for families, can in addition provide a link to the measures of the Prevention Healthcare Act and other initiatives relating to the equal opportunities in health care.

More particularly, the **access to local professional breastfeeding counselling** by doctors and other relevant health care occupations (midwives, paediatric health care workers, paediatric nurses, health care workers and nurses) is simplified by the fact that (expectant) mothers and their social circles can be **informed early about these available services**. This applies in particular to all higher-level and **local breastfeeding support options**, and extends from breastfeeding groups all the way to help for acute breastfeeding problems.

Why is that important?

To date, a breastfeeding consultation seldom takes place during pregnancy, although as a general rule the **intention to breastfeed is determined at the latest during the pregnancy**. Owing to the **diverse health care groups responsible** for the care of pregnant women and infants / toddlers, there is also a **risk of misinformation, a lack of information but also of over-saturation with information** about breastfeeding. This can be partly attributed to the heterogeneous qualifications of the stakeholders in the breastfeeding domain (see recommendation D "Breastfeeding education, training and further education"), but also to the lack of networking. Target groups that benefit little from conventional education and training programmes in particular, require access to support services through the systematic networks which link local stakeholders. A **coordinated approach** involving all stakeholders is necessary to avoid confusing (expectant) mothers and their social circles.

The **lack of transparency** relating to **local breastfeeding counselling services** provided by doctors and other relevant health care specialist occupations (midwives, paediatric health care workers and paediatric nurses, health care workers and nurses) may also be to blame for this.

Breastfeeding rates fall sharply in the first weeks following birth (KiGGS phase 2). One of the reasons for this is the emergence of **breastfeeding problems**. Even in this particular case there is **often a lack of awareness of existing services available at the local level**.

How can it be achieved?

- The integration of breastfeeding topics into **pre-existing community-based and interdisciplinary health care network structures** of the healthcare system and family support (e.g. community-based preventive healthcare pipeline, communal health conferences, round table health care (Runder Tisch Gesundheit), Early Prevention), in step with the **evidence-based findings** from breastfeeding counselling as well as participation of (expectant) mothers and their social circles. The topic of breastfeeding should be integrated as far as possible into all existing health-fostering and family support structures as a cross-sectional theme. Depending on the existing local infrastructure, the overall coordination could be accommodated in the Public Health Service system (Öffentliche Gesundheitsdienst (ÖGD)), for example.
- Information about **all breastfeeding services** (professional health care services as well as self-help support) disseminated in a stigma-sensitive and participatory manner, and **promotion** via appropriate channels (see Recommendation B "The German national strategy to promote breastfeeding"), in order to make it easier for pregnant women to find local support services. This also applies to all higher-level and **local breastfeeding support services**, and extends from breastfeeding groups all the way to help for **acute breastfeeding problems**. Linking local stakeholders into **networks** ensures that expectant mothers are informed at an early stage of pregnancy, thereby ensuring low access barriers to existing services. In addition to this, the practical database of the nationwide Cooperation Network "Equity in Health" (Kooperationsverbund Gesundheitliche Chancengleichheit) offers local stakeholders a good overview of best practice models (immediately on-site). Similarly, the expansion of the concept as well as the awarding of the "breastfeeding-friendly local community" designation could also be an important building block within the scope of local breastfeeding promotion.

Which institutions and stakeholders should be involved? (Examples)

- Parties concerned: (expectant) mothers and their social circles
- Family centres and family education
- Youth welfare offices
- Paediatric, perinatal, obstetric clinics and birth centres
- National Centre for Early Prevention (Nationales Zentrum Frühe Hilfen (NZFH))
- Federal centres of the Cooperation Network "Equity in Health" (Kooperationsverbund Gesundheitliche Chancengleichheit)
- Health insurances
- Public Health Service (Öffentlicher Gesundheitsdienst (ÖGD)) / Community-based health conferences / Child and youth health services (Kinder- und Jugendgesundheitsdienst (KJGD))
- Social welfare, child and youth welfare
- Extended involvement with groups such as the honorary godparents and breastfeeding group leaders, etc.
- Welfare associations, (e.g. pregnancy counselling centres, maternity recovery centre (Müttergenesungswerk))

This also includes the following occupational groups and stakeholders:

- (Family) midwives
- Paediatric health care workers and paediatric nurses (Familien-Gesundheits- und Kinderkrankenpfleger*innen (FGKiP))
- Health care workers and nurses
- Paediatric health care workers and paediatric nurses
- Gynaecologists
- Family doctors
- Network Coordinators of Early Prevention
- Paediatricians
- Social workers
- Social medical assistants
- Social education workers
- Breastfeeding and lactation consultants (International Board Certified Lactation Consultant)

By when should it be done?

Provide basic prerequisites at the federal level by 2021 (see General recommendation A "German national strategy to promote breastfeeding") for triggering the relevant state-wide and community-based processes.

Examples of similar activities

Community-based preventive healthcare pipeline:

- State Coordination Centre "No child left behind in the whole of North Rhine-Westphalia!": Quality guidelines for implementing the preventive healthcare pipeline
- State association for health & academy for social medicine of Lower Saxony (Landesvereinigung für Gesundheit & Akademie für Sozialmedizin Niedersachsen e. V.): Workbook for the preventive healthcare pipeline

The Independent breastfeeding groups association (Arbeitsgemeinschaft Freier Stillgruppen (AFS)) already offers a 24-hour breastfeeding hotline run by volunteers, which has proven to be very popular.

In the UK, health care professionals routinely provide breastfeeding information to mothers as part of the "outreach" programme. This allows socially disadvantaged women to be easily reached.

Recommendation F | Breastfeeding and work

Encourage more compatible breastfeeding enabling environments at work, higher education and in vocational training by providing targeted information.

What is proposed?

1. **Breastfeeding and work** must become more compatible, relevant **target groups** should be appropriately **informed**, and **structural solutions need to be developed to implement** the Maternity Protection Act (Mutterschutzgesetzes (MuSchG)).
2. As part of the BBF process, **we identified groups of individuals to which the MuSchG only applies partially or does not apply to at all**. A review is to be carried out to determine whether this needs to be addressed with legislative action.

Why is that important?

Women should be provided with access to structural support for breastfeeding in the workplace, at university and in vocational training. Effective support for breastfeeding in the workplace is necessary to promote the reconciliation of breastfeeding with work, and is focussed on creating a family-friendly working environment with working conditions which conform with the Maternity Protection legislation.

Breastfeeding women are entitled to participate in gainful employment without discrimination. The dissemination of practical information in relation to the MuSchG and dialogue in corporate and social contexts for its implementation will gradually contribute to raising awareness.

How can it be achieved?

1. Breastfeeding and work must become more compatible.
 - 1.1 Targeted **fostering of a better breastfeeding/work balance**
 - a) **Public relations initiatives** to foster a better breastfeeding/work balance: Encourage employers to actively initiate a **shift in business values** (keyword breastfeeding-friendly climate, see Recommendation B "Communication strategy to promote breastfeeding") to protect and promote pregnant and breastfeeding women in the workplace, if necessary by circulating resources specifically developed for public promotion campaigns (e.g. information portals, brochures about breastfeeding and work)
 - b) Integrate the **breastfeeding-friendly** aspect as well as all the federal government initiatives related to the topic of family-friendliness and work in the "work and family" audit of the business and across all business sectors

- c) By supporting **pilot projects** (if necessary on the basis of targeted needs analyses, e.g. as part of breastfeeding monitoring, see recommendation H "Systematic monitoring of breastfeeding"), e. g. as part of a support programme for "expectant and breastfeeding working mothers". Beyond the legal state of affairs, a support programme should raise awareness, above all among employers, but also among employees and associations representing both groups, of the benefits of supporting breastfeeding and of reconciling the desire to breastfeed and professional activity - with particular regard to the overall economic context.

This could initially be achieved by making available Funding and Resources and implementing effective public relation model projects within the territorial reach of the three involved ministries⁴ as well as authorities directly subordinate to them.

1.2 **Appropriately inform target group about maternity leave.** Target groups:

- a) Employers (e.g. workplace supervisors, occupational health and safety officers, company and staff committees, equal opportunity officers): Inform as required about the MuSchG (e.g. company examples of good maternity leave practices, informational video "Maternity leave: important issues for employers" ("Der Mutterschutz: Was für Arbeitgeberinnen und Arbeitgeber wichtig ist") and encourage action (e.g. foster understanding and encourage attitude changes by means of workshops/training; cooperation with employers' associations and chambers of commerce)
- b) Entitled individuals ((expectant) mothers and their social circles): Inform as required about the MuSchG (e.g. by means of brochures such as "Guide to maternity leave" („Leitfaden zum Mutterschutz") from the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ)) or the informational video "Maternity leave: important issues for female employees" ("Der Mutterschutz: Was für Arbeitnehmerinnen wichtig ist")
- c) Facilitators (e.g. midwives, gynaecologists, paediatricians): Inform as required about the MuSchG, so that the facilitators can correctly advise pregnant women (e.g. by means of the planned BMFSFJ brochure), offer appropriate further training

1.3 **Develop structural solutions for implementing the MuSchG**

(e.g. in small and medium-sized businesses) using a forum consisting of experts and stakeholders (e.g. BMFSFJ, Committee for Maternity Protection, NSK, BZgA) moderated by the coordinating body (see General recommendation A "German national strategy to promote breastfeeding)

2. **Analyse the need for action related to maternity leave**

- a) Ratify the ILO Convention (International Labour Organization): Check requirements
- b) Protected group of individuals on maternity leave: Check if applicable, e.g. for self-employed women, co-caregivers that are family members, individuals without health insurance cover (maternity leave without entitlement to cash benefits)
- c) Dismissal protection for fixed-term employment contracts: Check requirements

⁴ Federal Ministry of Food and Agriculture (Bundesministerium für Ernährung und Landwirtschaft (BMEL)), Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ)), Federal Ministry of Health (Bundesministerium für Gesundheit (BMG))

Which institutions and stakeholders should be involved? (Examples)

- Employers' and employees' associations
- Educational institutions and information facilities (e.g. BZgA, BZfE)
- Maternity protection supervisory authorities
- Education, training and further education institutions
- Federal Employment Agency
- Women's associations, equal opportunities officers' associations
- Federal Joint Committee (Gemeinsamer Bundesausschuss (G-BA))
- Statutory and private health insurances, National Association of Statutory Health Insurance Funds (GKV-Spitzenverband)
- Chambers of Industry and Commerce
- Max Rubner Institute (MRI)
- National Breastfeeding Committee (Nationale Stillkommission (NSK))
- Healthy Start – Young Family Network
- Public employers such as German Youth Institute (Deutsches Jugendinstitut (DJI)), Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung (BZgA)) and Federal Office for Agriculture and Food (Bundesanstalt für Landwirtschaft und Ernährung (BLE))
- Social paediatric centres (Sozialpädiatrische Zentren (SPZ)), Psychosocial counselling centres
- Scientific societies, physicians' professional and Health care professions' associations and chambers of the health care and medical professions
- Welfare associations, (e.g. pregnancy counselling centres, maternity recovery centre (Müttergenesungswerk))
- Relevant federal ministries
- Relevant state ministries
- Relevant national cooperation bodies (State Committees for Occupational Health and Safety Technology (Länderausschuss für Arbeitsschutz und Sicherheitstechnik (LASI)), state-level bodies)
- Relevant local institutions

By when should it be done?

Specific concepts for implementation should be in place by 2021.

Examples of similar activities

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Recommendation G | Marketing of human milk substitutes⁵

Review, document and inform about regulations and practices relating to the marketing of human milk substitutes.

What is proposed?

1. The **implementation** of existing regulations which apply to the marketing of human milk substitutes and an expansion of the regulations **should be reviewed** where necessary (e.g. extension of the infant formula advertising promotion ban to follow-on formula, consistent monitoring of advertising messages for products, dealing with conflicts of interest, e.g. via training paid for by manufacturers).
2. If the relevant state supervisory authorities already have available data about specific **breaches** which apply to the marketing of human milk substitutes, these should be **pooled nationally** and **published periodically**. In addition, the possibility of documenting the sanctioning of breaches will be examined.
3. The national regulations which apply to the marketing of human milk substitutes should be made more widely known to the public. Facilitators who have contact with young families, in particular, should be informed on the content and motivation underlying the regulations and also be informed of the avenues available **to report any breaches**.

Why is that important?

1. The national regulations which apply to the marketing of human milk substitutes are intended to protect new mothers from being subjected to unscrupulous commercial manipulation of early nutritional choices and from the idealized advertising promotion of human milk substitutes. The counselling activities of specialist personnel should also be protected from undue commercial influence. The regulations on the marketing of human milk substitutes are accepted worldwide – also in Europe – as measures which support the promotion of breastfeeding.
2. + 3. Detailed documentation and public information may assist with the better implementation of regulations which apply to the marketing of human milk substitutes and make them more widely known.

⁵ The original WHO document specifically defines human milk substitutes as: breast milk substitutes, including infant formula; other milk products, foods and beverages, including bottled complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk.

How can it be achieved?

1. For example, the coordinating body (see General recommendation A "German national strategy to promote breastfeeding") or the NSK should **survey the situation** with the aim of
 - a) Checking the **harmonisation** of the international WHO code with European standards and with the German Dietetic Food Ordinance (Diätverordnung (DiätV)) as well as adopting additional provisions (e.g. suitable World Health Assembly (WHA) follow-up resolutions) and
 - b) **Deriving recommendations for actions** and for better implementation .

The following questions could be addressed in the survey:

- Which aspects of the international WHO Code have already been adopted in European and German law?
- How and to what extent do regulations on the marketing of human milk substitutes contravene the German Dietetic Food Ordinance (DiätV) (e.g. retail promotions for infant formula, idealised advertising promotions)?
- Are any other provisions of the International WHO Code which are not part of the European standards and the German Dietetic Food Ordinance (DiätV) being violated? To what extent do these infringements affect the promotion of breast feeding?
- Are there other provisions that should be included in European and German law? Should the rules be extended to other products (e.g. uniformly applied to infant formula and follow-on formula)?

Conclusions drawn from the review process should be used to make recommendations about whether and how regulations should be adapted at the EU and national levels.

2. The BMEL and the states are urged to develop a national strategy to pool all existing violations of regulations relating to the marketing of human milk substitutes as notified by the competent monitoring authorities of the federal states and their classification as a) administrative offences or b) criminal offences and include details about their
 - a) composition (§14c DiätV),
 - b) labelling (§22a DiätV) and
 - c) marketing (§25a DiätV) and **publish** these regularly.

Within the scope of the development of this strategy, discussions will also be held on how exactly these data can be impactfully diffused to the general public (e.g. in the context of state consumer protection reports or in the "Annual Report of the Multiannual National Control Plan (Mehrjähriger Nationaler Kontrollplan (MNRP))"). Furthermore, potential ways of documenting the penalties for violations will also be discussed.

3. **Actively disseminate information** about the rules governing the marketing of human milk substitutes . The information is particularly directed at facilitators who have contact with young families (e.g. doctors and medical assistants, midwives, shop staff, employees of the relevant offices at the community level). Information for the general population can be used to support these activities. Specifically, the notification should include
 - a) **Information about the content and background of the regulations** which apply to the marketing of human milk substitutes,
 - b) **Establishment of and information** about a **structured notification procedure for violations** e.g. with the launch of an **online form** on a public institution website.

The national regulations which apply to the marketing of human milk substitutes need to be included in the **curricula** for the training of health professionals (see recommendation D "Breastfeeding education, training and further education"). Possible ways to achieve this are:

- a) As part of the curriculum, the Conference of Health Ministers (Gesundheitsministerkonferenz (GMK)) could introduce specific regulations for doctors and relevant health professions
- b) Incorporation of Article 6 (Health systems) of the international WHO Code for quality standards could be supported by the G-BA.

Which institutions and stakeholders should be involved? (Examples)

- Baby Food Action Group (Aktionsgruppe Babynahrung (AGB))
- Federal Office of Consumer Protection and Food Safety (Bundesamt für Verbraucherschutz und Lebensmittelsicherheit (BVL))
- Federal Joint Committee (Gemeinsamer Bundesausschuss (G-BA))
- Conference of Health Ministers (Gesundheitsministerkonferenz (GMK))
- Manufacturers of human milk substitutes
- Food supervisory authorities at the state level and independent cities
- Media (representatives)
- Consumer protection authorities for state food safety
- Consumer centres (at federal and state level)
- Association supporting the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI)
- Scientific societies, physicians' professional and Health care professions' associations and chambers of the health care and medical professions
- Relevant federal ministries
- Competent community authorities (e.g. food inspection authorities)
- Relevant state ministries

By when should it be done?

1. Finish the survey by the end of 2020
Finish review of legislative amendments by the end of 2022
2. Develop an approach for the documentation and publication by the end of 2021.
First implementation in 2022
3. Information activities: ongoing
Involvement of the institution for a structured reporting procedure: 2020
Incorporation into curricula (see recommendation D "Breastfeeding education, training and further education")

Examples of similar activities

Legal regulations regarding young people's access to cigarettes and alcohol (alcopops), including voluntary commercial regulations (e.g. training campaigns and integration of an acoustic signal in register systems) as reminders of support for and compliance with the Youth Protection Act.

The reporting system for compliance with the age limit when selling alcohol is an effective approach.

Recommendation H | Systematic monitoring of breastfeeding

Establish a systematic breastfeeding monitoring system in Germany.

What is proposed?

1. Establishment of a **national breastfeeding monitoring coordination unit** for the implementation of the development, support and recording of breastfeeding monitoring components at the Department for Child Nutrition of the MRI → Establishment, coordination and support of overall reporting on the status of breastfeeding and the existing general breastfeeding framework in Germany

The monitoring measures (2.–7.) can be prioritised according to criteria to be defined (e.g. effort, feasibility).

2. **Expansion of the use of representative studies** (e.g. KiGGS, Socio economic panel (Sozioökonomisches Panel (SOEP)) to collect data on breastfeeding behaviour in Germany → The Central Coordination Unit for Breastfeeding Monitoring will agree on report routines in collaboration with the relevant data repositories or data transmission channels that ensure that data can be used to monitor breastfeeding as soon as possible.
3. Germany-wide initiative for an all-encompassing **inclusion and standardisation of all questions relating to breastfeeding behaviour during the school entry health examination (Schuleingangsuntersuchungen (SEU))** of the Children and Youth Health Services (Kinder- und Jugendgesundheitsdienstes (KJGD)) in the Public Health Service (ÖGD) - for all federal states or community authorities to introduce nationally standardised components of breastfeeding monitoring; the aim is also to introduce a **breastfeeding health indicator** as an (optional) indicator as part of Federal Health Monitoring (Gesundheitsberichterstattung (GBE)) → Submission of a NSK recommendation on standardised survey questions: include a basic set of questions in the (optional) parental survey; reporting could be carried out in a similar way to the obesity survey data of the Robert Koch Institute (RKI) and to the central breastfeeding monitoring coordination unit at the MRI.
4. Regular implementation of **prospective studies** in Germany for the standardised monitoring of relevant breastfeeding indicators which include pregnancy, birth/perinatal period and infancy up to at least the end of the first year of life. These should be carried out at regular intervals
→ This means that the responsibility for scientific design and analysis of regularly conducted representative, prospective studies on breastfeeding (e.g. every 5 years) should be transferred to a designated institution which is provisioned with the appropriate financial funding and human resources.
5. Expansion of the existing breastfeeding-relevant **information in the child's medical checkup booklet** (previously included: advice provided on breastfeeding and nutrition) for additional breastfeeding indicators (see also Recommendation C "Standards for evidence-based breastfeeding support and counselling"), data should be made available for evaluation; if necessary, establish a voluntary, active sentinel system for paediatricians and youth physicians to record breastfeeding rates (e.g. during health examinations for children and adolescents)
→ if necessary, use existing structures, e.g. networks of paediatricians (e.g. CrescNet system) should be expanded to include appropriate questions/information; for timely breastfeeding monitoring, a system would also have to be introduced to enable periodic data querying.

6. Use periodic cyclic **data of the statutory health insurance** as a source for different services related to breastfeeding counselling and care → Indicator to record: frequency of visits to childbirth and additional breastfeeding counselling after 12 weeks post-partum, data is forwarded at regular intervals (every 1–2 years) by health insurance funds to the MRI (Central Coordination Unit for Breastfeeding Monitoring (zentrale Koordinierungseinheit Stillmonitoring)).
7. Encourage the inclusion of **breastfeeding quality indicators** (e.g., by positioning the child on the breast within a defined period of time after delivery) in the quality assurance procedure for obstetrics in the IQTIG (see also Recommendation C "Standards for evidence-based breastfeeding support and counselling").

Why is that important?

1. The quality, degree of implementation and transparency of the previously collected breastfeeding data are heterogeneous → Stakeholders in the German health system, for instance, need valid data to plan and implement measures to promote breastfeeding appropriately.
 - a) By setting up a breastfeeding monitoring coordination unit, several different components of breastfeeding monitoring can be harmonised and quality standards established. At present, different sectors of the health care system comply to a different extent to federal/state level or community level responsibilities: support is needed to implement the outstanding sector-wide recommendations for monitoring tools.
 - b) Synergies arising from the regular consolidation of results, the establishment of reporting and reporting channels as well as recurring issuing/implementation of cyclic surveys.
2. Data for breastfeeding monitoring from retrospective studies/surveys can be used.
3. With present study data, breastfeeding behaviour in Germany cannot be assessed in a longitudinal or regionally differentiated way; moreover, Germany's federal structure results in non-uniform approaches.
 - a) The school entry health examinations (SEUs) are therefore well suited to the systematic collation of retrospective data on breastfeeding behaviour based on a set of questions within a complete coverage approach (i.e. also extending across poorly accessible, and sometimes socially disadvantaged sections of the community).
 - b) By integrating data collection with the school entry health examination (SEU), data can be collected at the city, district, community and state levels, which facilitates aggregated forwarding, similar to the transmission of vaccination data to the federal level (the Robert Koch Institute (RKI)) through the appropriate state authorities.
 - c) Stakeholders in the health sector can use this long-term breastfeeding monitoring to design, implement and assess regional needs for action and interventions.
4. In contrast to retrospective studies, prospective studies can provide reliable, comprehensive and timely information about breastfeeding rates, duration of breastfeeding (e.g. duration of exclusive breastfeeding and total duration of breastfeeding), specifically the nature of factors influencing breastfeeding duration, dietary practices in the first year of life, as well as promote breastfeeding in hospitals and in outpatient health care.
5. Expansion of the database to encompass retrospective and prospective studies allows data from obstetric and paediatric care (from the general paediatric health examination for example), from which breastfeeding indicators can be recorded in a timely manner and with almost full coverage. At the same time, this opens up opportunities for breastfeeding counselling through the paediatrician treating the patient; and where applicable also in a state-specific manner.

6. Statutory health insurance funds have access to billing data about the use of breastfeeding support and counselling services. Currently this data is not exploited or evaluated. In conjunction with the birth rate, this billing data can be used to calculate demand for services for the purposes of health care planning, health care reporting, improving the quality of health care provided as well as for the purposes of assessing outcomes (of various health care models and analysing health care policy measures).
7. As clinics handle the majority of deliveries, it makes sense for perinatal breastfeeding support to be included in the quality assurance process for obstetrics - it is therefore essential to incorporate the development of new monitoring quality indicators, various documentation and evaluations in this process.

How can it be achieved?

1. The decision-making process related to the implementation of an integrated breastfeeding monitoring system and the provision of sufficient funding and human resources dedicated to this specific task (breastfeeding monitoring coordination unit) and its associated periodic surveys.
2. Direct agreements and collaboration agreements with data repositories:
 - a) the RKI: KiGGS data per KiGGS phase for breastfeeding
 - b) German Institute for Economic Research (Deutsches Institut für Wirtschaftsforschung (DIW)): clarify with the DIW as to whether and how the results/data from the "Mother and Child" Socio economic panel (SOEP) questionnaire including yearly updates which record all instances of breastfeeding and duration of breastfeeding can be used (and if it could be accessed more quickly via the corresponding reporting routine) and if so, give an indication of the possible time frame.
3. Submission of a set of questions as a technical recommendation from the NSK to health care authorities/state health care authorities, and also in parallel to the relevant specialist societies and professional associations; submission of supplementary recommendations to participate in the collection and forwarding of optional breastfeeding indicators to the Federal Health Monitoring (GBE) (at the federal and state level); data is forwarded to the RKI like the vaccination data, and from there to the Central Coordination Unit for Breastfeeding Monitoring and other relevant bodies such as the: "Health care reporting, preventive healthcare, rehabilitation and social medicine" Working Group of the State Supreme Health Authorities (Arbeitsgemeinschaft der Obersten Landesgesundheitsbehörden Arbeitsgruppe (AOLG AG) „Gesundheitsberichterstattung, Prävention, Rehabilitation und Sozialmedizin“)
4. Specify the institution(s) that will be responsible for periodic and standardised data collection in the context of prospective studies.
5. Contact the G-BA (by request via G-BA members or patient representatives) to review the analysis of existing breastfeeding data from the child's medical check up booklet as well as additional indicators; where applicable initiate communications with existing paediatricians' networks or academic institutions to review the possibility of adding breastfeeding information to ongoing (sentinel) examinations
6. Set up collaborations with statutory health insurance funds - initially as part of a pilot project with all interested health insurance funds - and subsequently in consultation with the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) (consolidation and processing of data from all health insurance funds)
7. Proposed amendment to the IQTIG via the G-BA

Which institutions and stakeholders should be involved? (Examples)

- Federal and state health care associations
- German Institute for Economic Research (Deutsches Institut für Wirtschaftsforschung e. V. (DIW))
- Federal Joint Committee (Gemeinsamer Bundesausschuss (G-BA))
- Statutory and private health insurances, National Association of Statutory Health Insurance Funds (GKV-Spitzenverband)
- Health care authorities (Federal and State levels)
- Institute for Quality Assurance and Transparency in Healthcare (Institut für Qualitätssicherung und Transparenz im Gesundheitswesen (IQTIG))
- Community-based umbrella organisations
- Max Rubner Institute (MRI)
- Public Health Service (Öffentlicher Gesundheitsdienst (ÖGD)) / Child and Youth Health Service (Kinder- und Jugendgesundheitsdienst (KJGD))
- Robert Koch Institute (RKI)
- Research institutions/universities
- Scientific societies, physicians' professional and Health care professions' associations and chambers of the health care and medical professions
- Relevant federal ministries
- Relevant state ministries

By when should it be done?

Specific concepts for implementation should be in place by 2021.

Examples of similar activities

1. Homepage of the Centres for Disease Control and Prevention (CDC), www.cdc.gov/breastfeeding/data/facts.html
2. RKI: KiGGS phase 2; SOEP (Socio Economic Panel): Mother + Child (newborn) questionnaire
3. Respective activities made the entire development of the Federal Health Care Monitoring information system (IS-GBE) possible in the first place; Federal Health Monitoring (GBE) indicators have been established at federal and state level, at the state level, questions raised about breastfeeding are also collated and evaluated (e.g. Brandenburg).
4. Studies: SuSe I and SuSe II, studies investigating breastfeeding and infant nutrition in Germany (Studie zu Stillen und Säuglingsernährung in Deutschland (SuSe))
5. RKI Influenza Working Group: Example illustrating the timely reporting (monitoring) of influenza activity
6. Reports from health insurance funds (BARMER-GEK, Techniker Krankenkasse) Reporting of absences, hospital reports, refer to *Braun B, Müller R. Gesundheitsberichterstattung mit GKV-Daten (Preparing health reports from GVK data). In: Müller R, Braun B (editor). Vom Querschnitt zum Längsschnitt. Möglichkeiten der Analyse mit GKV-Daten. (From cross-section to longitudinal profile: Options for analysis of GVK data) GEK Series Volume 51. St. Augustin: Asgard-Verlag, 2006:6-22*
7. IQTIG homepage, iqtig.org/qs-verfahren/

List of abbreviations

AWMF	Association of the Scientific Medical Societies (Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften e. V.)
BBF	Becoming Breastfeeding Friendly
BFHI	Baby-friendly Hospital Initiative
BLE	Federal Office for Food and Agriculture (Bundesanstalt für Landwirtschaft und Ernährung)
BMEL	Federal Ministry of Food and Agriculture (Bundesministerium für Ernährung und Landwirtschaft)
BMFSFJ	Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend)
BMG	Federal Ministry of Health (Bundesministerium für Gesundheit)
BZfE	Federal Centre for Nutrition (Bundeszentrum für Ernährung)
BZgA	Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung)
DiätV	German Dietetic Food Ordinance (Diätverordnung)
DIW	German Institute for Economic Research (Deutsches Institut für Wirtschaftsforschung e. V.)
DKG	German Hospital Federation (Deutsche Krankenhausgesellschaft e. V.)
G-BA	Federal Joint Committee (Gemeinsamer Bundesausschuss)
GBE	Federal Health Monitoring (Gesundheitsberichterstattung)
GKV	Statutory health insurance (Gesetzliche Krankenversicherung)
GMK	Conference of Health Ministers (Gesundheitsministerkonferenz)
IQTIG	Institute for Quality Assurance and Transparency in Healthcare (Institut für Qualitätssicherung und Transparenz im Gesundheitswesen)
KiGGS	German Health Interview and Examination Survey for Children and Adolescents (Studie zur Gesundheit von Kindern und Jugendlichen in Deutschland)
KJGD	Child and youth health services (Kinder- und Jugendgesundheitsdienst)
MRI	Max Rubner Institute (Max Rubner-Institut)
MuSchG	Maternity Protection Act (Mutterschutzgesetz)
NSK	National Breastfeeding Committee (Nationale Stillkommission)
NZFH	Early Prevention (Nationales Zentrum Frühe Hilfen)
ÖGD	Public health service (Öffentlicher Gesundheitsdienst)
RKI	Robert Koch Institute (Robert Koch-Institut)
SEU	School entry health examination (Schuleingangsuntersuchungen)
SOEP	Socio economic panel (Sozioökonomisches Panel)
SPZ	Social paediatric centres (Sozialpädiatrische Zentren)
SuSe	Study investigating breastfeeding and infant nutrition in Germany (Studie zu Stillen und Säuglingsernährung in Deutschland)
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Legal notice

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