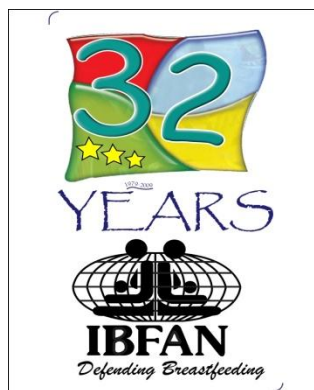


# THE CONVENTION ON THE RIGHTS OF THE CHILD

Pre- Session  
2012

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## REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN LUXEMBOURG



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## 1) General points concerning reporting to the CRC

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In 2013, the CRC Committee will review Luxembourg's combined 3<sup>rd</sup> and 4<sup>th</sup> periodic report.

At the last review in 2005 (session 38), IBFAN presented a report on the state of breastfeeding prepared by Initiativ Liewensufank. In its last [Concluding Observations](#), the CRC Committee made no recommendation related to *breastfeeding and related issues*. At the first review the Committee made a recommendation:

« 36. Le Comité recommande que l'Etat partie réalise une étude globale visant à identifier les raisons pour lesquelles le taux d'allaitement chute au-delà du premier mois après la naissance. Il recommande également d'allonger la durée du congé de maternité, d'entreprendre des efforts soutenus tendant à faire connaître au public - en particulier aux nouveaux parents - les avantages de l'allaitement, et d'adopter, au besoin, diverses autres mesures pour contrebalancer toute incidence négative sur le plan de l'emploi pour les femmes souhaitant continuer à allaiter leurs enfants plus longtemps. Enfin, le Comité recommande que l'Etat partie intensifie ses efforts visant à promouvoir le respect du Code international de commercialisation des substituts du lait maternel. »

## 2) General situation concerning breastfeeding

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### General data

Number of children <sup>1</sup> under 12 months under 2 years under 5 years	around 6000 12 000 around 30 000
Fetal mortality rate <sup>2</sup>	2,8/1000
Neonatal mortality rate ( 0-27 days) <sup>2</sup>	2/1000
Maternal mortality rate <sup>2</sup>	7,3/100.000
Babies born by cesarean section <sup>3</sup>	32%

### Breastfeeding data (national survey of 2008)

Initiation to breastfeeding	90,3 %(2008)
Initiation of breastfeeding in healthy, term infants	91,4%
Mean exclusive breastfeeding from birth to end of maternity hospital stay	64 %; (it is higher in baby-friendly hospitals)

<sup>1</sup> [www.statec.lu](http://www.statec.lu)

<sup>2</sup> [www.europeristat.com](http://www.europeristat.com)

<sup>3</sup> Data by Initiativ Liewensufank

Exclusive breastfeeding at 4 months	26 %
6 months	6 %
breastfeeding at 0 months	90.3%,
4 months	45%,
6 months	41%
Continued breastfeeding at 12months	11,8%
Complementary feeding at 6 months	no data
Mean duration of breastfeeding	not available

Compared to data from the 2001-2002 survey (with a different methodology) the initiation rate went up from 87,7 to 90,3%.

The exclusivity of breastfeeding went down from 35% in 2001 to 30% in 2008 at 4 months and from 10% at 6 months to 6% in 2008.

The overall breastfeeding rate went down from 52% at 4 months in 2002 to 45% in 2008 and at one year from 14,3% to 11,8%.

In the survey of 2008, 63% of the mothers who have stopped breastfeeding have indicated that they would have liked to breastfeed longer. This is a clear indication that they didn't get the support needed.

The medical doctors show resistance to receiving breastfeeding training but they are the ones who are mostly in contact with the mothers and who recommend formula supplementation instead of support for exclusive breastfeeding.

The survey of 2008 showed that caesarean sections have a negative impact on breastfeeding duration. The caesarean section rate is actually over 30%.

### 3) Government efforts to encourage breastfeeding

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#### National measures:

There has been an action plan on breastfeeding from 2006 to 2011 and a new one from 2011 to 2015. This action plan has no budget attached so that the implementation of the actions is limited. Free breastfeeding leaflets are printed by MoH and distributed through NGOs and maternity hospitals.

#### Specific information concerning the International Code of Marketing of Breastmilk Substitutes:

The International Code of Marketing of Breastmilk Substitutes is not enforced in Luxemburg, only the EC directive (*EU Directive 2006/141/EC on infant formulae and follow-on formulae*) is implemented. This means that complementary food is labelled as suitable from 4 months onwards which undermines exclusive breastfeeding up to 6 months as recommended in the national action plan and by WHO.

There is no official monitoring mechanism in place. IL-IBFAN is doing some monitoring but their complaints get no responses.

Free samples can still be found in paediatric offices.

**Training programmes on breastfeeding and related issues:**

The baby-friendly hospitals have trained their staff. Other hospitals have had training too without information on quantity and quality.

Doctors have not enough knowledge on breastfeeding but are resistant to breastfeeding training. This undermines breastfeeding support as they are the first contact persons for mothers in a context of highly medicalized environment.

Even trained health professionals are falling back into bad routines and practices. The current lack of time for breastfeeding support in a maternity hospital due to staff shortages makes a good breastfeeding start difficult.

#### **4) Baby Friendly Hospital Initiative (BFHI)**

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- Luxemburg has 4 maternity hospitals. 2 of them are BFHI , last international audit for one was in 2009 and for the other in 2010 (re-auditing planned in 2013 and 2014)
- 50% of births occur in BF Hospitals,
- The funding for the coordination of the BFHI is very limited and unsecure from year to year.

#### **5) Maternity protection for working women**

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- The proportion of working women in Luxemburg is 75 % for the age group 25-49. 40% of working women were working part time in 2009.
- Maternity leave is for all women who have a job contract in any form. The duration of maternity leave is 8 weeks before birth and 8 weeks after birth, the prenatal leave that a mother has missed due to premature birth is added to the postnatal leave. A breastfeeding women or a mother with multiples or with a premature baby can get 4 weeks more of paid maternity leave after presenting a certificate from a doctor.
- Benefits are amounting to 100 % of basic salary and are paid by the health insurances which are then reimbursed by the state. However, maternity leave benefits are only paid to those who have paid social insurance for at least six months during the year before the maternity leave, this excludes women with short temporary contracts from those benefits.
- The law provides breastfeeding breaks of twice 45 minutes after presenting a medical certificate for the whole duration of breastfeeding. They are paid by the employer. This explains why certain women feel pressured not to ask for the breaks or not taking them for the entire breastfeeding period. (Code du travail art L331-337)

- Working mothers and fathers have a right each to six months of paid parental leave (amount of benefits nearly equals minimal wage in Luxemburg) to be with their child. The conditions for this leave exclude those with temporary contracts or changing employers.
- Luxemburg has ratified the ILO Convention 183, 2000.

## 6) HIV and infant feeding

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- The prevalence of HIV/AIDS in Luxemburg is 0.3 % of population aged 15-49.
- There is no specific policy on infant feeding and HIV/AIDS, as Luxemburg is considered a safe country for feeding a baby with breast milk substitutes, HIV positive mothers are advised not to breastfed, others options or choices will not be explained or made available.

## 7) Obstacles and recommendations

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### *The following obstacles/problems have been identified:*

- Non-supportive environment for breastfeeding mothers by family and doctors. The decision to breastfeed is still considered as a lifestyle choice rather than a health issue.
- Not enough support to women by breastfeeding counsellors and midwives.
- Paediatricians lack information on the physiology of breastfeeding and many doctors resist training on breastfeeding.
- Paediatricians are recommending supplementation of breastfeeding with infant formula instead of helping to solve the underlying problem or referring women to a trained lactation counsellor or a midwife.
- Relatively short maternity leave, especially after birth.
- Temporary contracts, which are more and more frequent, exclude men and women from paid leave options to stay with their child. Many women fall into this category, leaving them unqualified for benefits. Women who do not qualify for maternity/parental benefits cannot afford to take adequate leave from paid work.
- EU directive and national law allowing complementary food to be labelled as suitable at 4 months.
- The implementation of the International Code and of the national law based on EU directive is not monitored.

***Our recommendations include:***

- Give the National Action Plan on Breastfeeding the necessary budget and manpower for implementation and public campaigns
- Increase the offer of training programmes for doctors. Introduce adequate scientific information about breastfeeding in the basic-training of health workers.
- Strengthen legislation that regulates marketing of breastmilk substitutes to include all provisions of the International Code and subsequent relevant WHA resolutions, and adopt enforcement mechanisms (monitoring, oversight authority, disciplinary actions, etc). In particular, the national law should be coherent with the WHO recommendation and the national plan of action and prohibit marketing of complementary foods at 4 months.
- Raise awareness to the importance of exclusive breastfeeding up to six months and elaborate coherent policies and information and education materials.
- Provide sustainable funding and support to BFHI.

- The CRC Committee may consider recommending to the government of Luxembourg to become active in the Council of ministers of the European Union to advance a consensus position on the documents on **Maternity protection** from the *European Commission proposal 2008/0193(COD)* and the *European Parliament proposal, P7\_TA(2010)0373* to achieve an improved maternity legislation in Europe implementing the ILO recommendation N191 of 2000<sup>4</sup>.

**Data sourced from:**

- L'alimentation de nos bébés <http://www.ms.public.lu/fr/actualites/2011/09/07-alba/index.html>
- Les femmes et les hommes sur le marché de l'emploi, [http://www.mega.public.lu/publications/1\\_brochures/2011/femmes et hommes marche emploi/Les femmes et les hommes sur le march de l emploi.pdf](http://www.mega.public.lu/publications/1_brochures/2011/femmes_et_hommes_marche_emploi/Les_femmes_et_les_hommes_sur_le_marche_de_l_emploi.pdf)

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<sup>4</sup> For more information please refer to : [http://eur-lex.europa.eu/smartapi/cgi/sga\\_doc?smartapi!celexplus!prod!DocNumber&lg=EN&type\\_doc=COMfinal&an\\_doc=2008&nu\\_doc=637](http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexplus!prod!DocNumber&lg=EN&type_doc=COMfinal&an_doc=2008&nu_doc=637); <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2f%2fEP%2f%2fNONSGML%2bTA%2bP7-TA-2010-0373%2b0%2bDOC%2bPDF%2bV0%2f%2fEN>; <http://www.europarl.europa.eu/oeil/popups/summary.do?id=1179657&t=e&l=en>; [http://www.europarl.europa.eu/oeil/popups/ficheprocedure.do?lang=en&reference=2008%2f0193\(COD\)](http://www.europarl.europa.eu/oeil/popups/ficheprocedure.do?lang=en&reference=2008%2f0193(COD)).