



International Baby Food Action Network - IBFAN

*Red internacional de grupos pro alimentación infantil*

Réseau international des groupes d'action pour l'alimentation infantile

*Geneva Infant Feeding Association - GIFA*



**1998 Recipient of the Right Livelihood Award**

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Members of the Committee of the  
Convention on the Rights of the Child

Geneva, 28 November 2010

**Concerns: IBFAN-GIFA Report on the state of infant feeding in Denmark**

Dear Members of the Committee on the Convention on the Rights of the Child,

Unfortunately we have not received a report concerning the state of infant feeding in **Denmark** as there is no IBFAN group in this country. The information we do have concerns:

1) **General data**

Annual number of births (in thousands)	62 (2008)	
Infant mortality rate (under 1 year)- per 1000 born alive	7 (1990)	4 (2008)
Neonatal mortality rate - per 1000 born alive	3 (2004)	
Maternal mortality ratio	10 (2003-2008 reported)	3 (2005, adjusted)

*Source: State of the World Children, UNICEF, 2010*

2) **Breastfeeding and infant nutrition situation**

% of children with low birth weight	5% (2003-2008)
Early initiation of breastfeeding	-
Exclusive breastfeeding (> 6 months)	-
Breastfeeding with complementary food (6-9 months)	-

Still breastfeeding (20-23 months)	-
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Source: *State of the World Children, UNICEF, 2010*

**To be noted that there is no data concerning breastfeeding rates and breastfeeding practices in Denmark.**

- 3) **Legislation related to the *International Code of Marketing of Breast-milk Substitutes*** and subsequent relevant World Health Assembly resolutions.

Denmark has a “few provisions law” as defined by the International Code Documentation Centre (Penang) in its document *State of the Code by Country (2009)*. **This signifies that the law does not meet the standards of the International Code and should therefore be strengthened.**

Source: *ICDC, State of the Code by Country, 2009*

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

In 2002, only 8 hospitals were certified BFH. We have no indication concerning the total number of maternities in the country.

Source: *UNICEF, 2002*

- 5) **Maternity protection at work**

#### **Maternity leave**

##### ***Scope***

- Female employees have the right to take leave before birth at any time to seek medical consulting with financial support from the employer. Under certain conditions unemployed women, persons in a “flexible” job and self-employed are also entitled to maternity protection.

##### ***Qualifying conditions***

- The female employee has to inform her employer about her pregnancy 3 months prior to the expected date of her confinement.
- She has also to inform the Municipality where she resides.
- For salaried employees she has to have worked for a period of at least 120 hours in the 13 weeks preceding the paid leave.

##### ***Duration***

- 18 weeks (4 weeks before and 14 weeks after birth).
- Compulsory leave is two weeks after delivery.
- Special considerations are made in cases of: difficult pregnancy, health risk for the woman or the foetus, illness or complications of the mother after birth, etc.

#### **Related types of leave**

##### ***Paternity leave***

- 2 paid weeks, continuous within the 14 weeks following birth.

##### ***Parental leave***

- When the child is 14 weeks old, each parent is entitled to leave duration of 32 weeks (total of 18+2+ 32+32) with daily benefits. The parents may choose to spend the leave together or in continuation of each other. Parental leave shall be used prior to the child's 9th year.
- Parents can prolong their parental leave with lesser benefits.
- The conditions for eligibility are similar to those of mothers for maternity leave.

#### ***Adoption leave***

- Similar conditions as maternity, paternity and parental leave.

#### **Cash benefits**

##### ***Maternity benefits***

- Regular employees: 100% of the salary. In some cases 50% is paid by the employer, in others it is the State or the Municipality.

##### ***Other leave benefits***

- Parental leave, paid 100%, financed by local or regional authorities.
- Paternity leave, paid 50% with exceptions.
- Adoption leave follows maternity, paternity and parental benefits.

#### **Medical benefits**

##### ***Pre-natal, childbirth and post-natal care***

- Women with 6 weeks of residence in Denmark are entitled to maternity care. This includes medical consultations, hospital admission and the help of a midwife.
- This is paid by insurance, employers, municipality or State, or a combination.

#### **Health protection**

- The female worker has the right to take time off for prenatal health examinations with full pay from her employer.
- The employer is responsible for the provision of a written workplace assessment on the safety and health conditions of the workplace. Work conditions shall in no case risk the health and safety of any employee.
- If there is a risk for pregnant and nursing employees, the employer has to: adjust working techniques appropriately, modify work schedules, change work conditions, offer another post. This includes arduous work, as well as exposure to biological, chemical or physical agents.

#### **Non-discrimination**

- The employee/worker (man or woman) has the right to compensation in case of discrimination on leave (maximum equivalent to 39 weeks).
- In the case of a pregnant woman, the burden of proof is on the employer (compensation up to 78 weeks).
- The employer also has to pay a fine.
- Pregnancy tests are prohibited (European Union Directives).

**Overall, maternity protection provisions in Denmark make for strong maternity protection legislation. It is important to note that Denmark has not ratified ILO Convention No. 183 (2000) and it should probably consider doing so.**

Source: ILO website: <http://www.ilo.org/dyn/travail/travmain/byCountry2>

6) **Possible recommendations**

- **Consider collecting data on breastfeeding in a systematic manner and following international rules.**
- **Press for the drafting and adoption of stronger legislation on marketing of breastmilk substitutes – as well as for its implementation and monitoring.**
- **Consider ratifying ILO Convention No. 183 on maternity protection and strengthening national legislation as regards financing of benefits.**

We thank you for your assistance and understanding, and hope that it will be possible to bring up, during the country review, the issues of health and nutrition of babies and young children, as well as those relating to legislation protecting breastfeeding.

Yours sincerely,

Elaine Petitat-Côté  
Human Rights Programme Officer