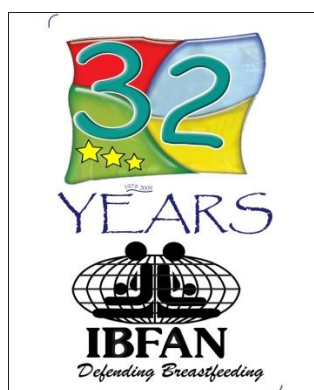


## THE CONVENTION ON THE RIGHTS OF THE CHILD

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



May 2011

#### Report prepared by:

**Imetyksen tuki ry:** The Breastfeeding Support Association in Finland<sup>1</sup>. It is a member of the International Baby Food Action Network (IBFAN).

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<sup>1</sup> Imetyksen tuki ry is an NGO working to protect and promote breastfeeding. It aims to cooperate at all levels of Finnish society from mothers to hospitals and health clinic personnel to the legislative level.

Imetyksen tuki ry's work includes - but is not limited – to: breastfeeding support phone and breastfeeding support groups throughout Finland; training on the basics of breastfeeding and for leaders of breastfeeding support groups; work affecting relevant local and EU legislation, IBFAN. It publishes the magazine "Imetysuutisia" twice a year.

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## 1) General points concerning reporting to the CRC

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Finland is being reviewed by the CRC Committee for the 4<sup>th</sup> time. At the last review, in September 2005 (session 40), IBFAN sent an alternative report on the situation of infant and young child feeding in Finland. During the last review, the CRC Committee made no direct recommendations on infant and young child feeding.

Finland has partially adopted the *International Code of Marketing of Breastmilk Substitutes*. Finland has not ratified the ILO Convention 183 2000 with regard to maternity protection and breastfeeding breaks and there has been opposition from Finland to the introduction of breastfeeding breaks as part of European Union legislation.

Not directly relating to breastfeeding, Finland has ratified the "*Council of Europe Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine*". This has relevancies important with regards to breastfeeding as has been shown by to the FinDia trial (see Annex). This case is relevant with respect to breastfeeding policy in Finland as the organization responsible for carrying out the trial described in the annex is also the main official responsible for implementing breastfeeding policy.

We have not issued reports to the other human rights treaty bodies.

In the last report to the CRC, we reported that the National Public Health Institute of Finland<sup>2</sup> carried out a trial in maternity hospitals with the funding of an infant formula manufacturer. Since the last report, the National Public Health Institute has received a reprimand from the Parliamentary Ombudsman concerning the procedures carried out in the trial, stressing human rights aspects not directly related to breastfeeding.

## 2) General situation concerning breastfeeding in Finland

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### **General data**

Number of infants under 12 months	61'126
Number of children under 2	121'919
Number of children under 5	301'621
Infant mortality rate total number in 2010	2,3 per 1000 children born alive 140
Maternal mortality rate	1.7 mothers /year

Data source: Statistics Finland, 2010, [http://www.stat.fi/index\\_en.html](http://www.stat.fi/index_en.html)

The major reasons for infant mortality are pre-term birth and congenital developmental problems. More than half of infant deaths occur during the first week, and three thirds in the four weeks after birth. After the first weeks, mortality is most often caused by congenital defects and cot death. Cot death is not as common in Finland as in other Nordic countries. The most common reasons for death in children aged 1 to 14 are accidents (38% in year 2002) and cancer (24 %). Accidents and violence cause 74 % of

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<sup>2</sup> At the time known by abbreviation KTL, nowadays after a name change known as THL.

the deaths in children aged 15 to 19. Accidents are still clearly the most common cause of death after toddler years. In boys, accidental deaths are twice as common as in girls. (For more information please consult: [http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p\\_artikkeli=suo00045#s3](http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=suo00045#s3))

### **Breastfeeding Data**

Initiation to breastfeeding	99 % (on the maternity ward)
Exclusive breastfeeding at	
0 months	60 %
3 months	50 %
6 months	<b>1%</b>
Complementary feeding at 6 months	99%
Solid food	96 %
Continued breastfeeding at 12-15 months	data not collected
Mean duration of breastfeeding	7 months

Data source: Hasunen and Rynänen 2006. Numbers are collected every 5 years, latest numbers should be available in summer 2011

Differences in breastfeeding practices by socio-economic group are large. Young and low-educated women breastfeed for a shorter time and they start feeding their babies solid foods earlier. (Ref: Erkkola et al. 2009<sup>3</sup>) Regional and local differences in breastfeeding are large as well. There are differences even between different wards in the same hospital. Breastfeeding is more common in areas where there is a systematical support system available for the mothers. (Ref: Hasunen and Rynänen 2006<sup>4</sup>).

In the last decade, the total length of breastfeeding has increased, but the figures for exclusive breastfeeding are still low: exclusive breastfeeding at 6 months is extremely low with only 1%. In 2005, the proportion of babies under one month that were exclusively breastfed was especially low. There are large differences between areas and between hospitals.

## **3) Government efforts to encourage breastfeeding**

### ***End of Distribution of Non-Commercial Breastfeeding Promotion Material***

All expecting mothers receive either a maternity package (baby clothes and other baby-care items) or a benefit of 140 Euros from the Social Insurance Institution. The value of the package is far more than 140 Euros, and more than 90 % of mothers expecting their first child choose the package. The content of the package changes every year.

For more than 10 years, a breastfeeding guide was included in the package. The guide was written by

<sup>3</sup> Erkkola M, Salmenhaara M, Kronberg-Kippilä C, Ahonen S, Arkkola T, Uusitalo L, Pietinen P, Veijola R, Knip M, Virtanen SM. Determinants of breast-feeding in a Finnish birth cohort. Public Health Nutr. 2010 Apr;13(4):504-13. Epub 2009 Oct 13.

<sup>4</sup> Hasunen Kaija, Rynänen Sanna. Imeväisikäisten ruokinta Suomessa vuonna 2005. Helsinki 2006. 70 sivua. Sosiaali- ja terveysministeriön selvityksiä 2005:19 <[http://www.stm.fi/julkaisut/nayta/\\_julkaisu/1060913](http://www.stm.fi/julkaisut/nayta/_julkaisu/1060913)>

the first Finnish IBCLC breastfeeding consultant, Katja Koskinen. The guide was the only breastfeeding guide available to families that was written by a professional breastfeeding consultant and in accordance with the Code. There are not even professionally produced books for families about breastfeeding in Finnish at book stores to buy. The material on The Breastfeeding Support Association in Finland's website is based on mother-to-mother support.

However, all paper guides, including the breastfeeding guide, were removed from the maternity package in May 2011. The reported reasons were ecological. Also according to an Internet study (!) by the Social Insurance Institution, families view paper guides as the least useful items in the package. However, non-Internet-using families were not asked, neither were alternatives not actively looked for. Communication on the removal has also been insufficient. The Breastfeeding Support Association in Finland thinks this is a sign of the fact that, despite efficient work in some areas, no authority follows the breastfeeding situation in Finland as a whole.

### ***Development of Legislation and Ombudsman for Children***

For the first time, breastfeeding is mentioned in the legislation setting the duties of well-bay visit centers (Government Decree 28.5.2009/380, [www.finlex.fi](http://www.finlex.fi), in Finnish). According to § 13, "Counselling must support the early interaction between the child and the parent and mother's resources for breastfeeding."

Nursing Research Foundation and Guideline Authors ([www.hotus.fi](http://www.hotus.fi)) has published a clinical practice guideline named "Breastfeeding support for mothers and families during pregnancy and birth and after delivery" (31.8.2010, available also in English, see <http://www.hotus.fi/hoitotyön-suositukset-nursing2/raskaana-olevan-synnyttävän-ja-s/>)

Government Decree 267/2010 (<http://www.finlex.fi/fi/laki/alkup/2010/20100267>, in Finnish) defines the allowed contents of infant and small child nutrition informational materials. The decree also states that commercial materials concerning infant feeding / nutrition must be pre-approved by written approval from the National Institute for Health and Welfare (THL).

An office and position for an Ombudsman for Children has been established. The current Ombudsman has taken action in her statements to work for implementing children's rights with regards to breastfeeding.

### ***Coordination for infant and child nutrition and health***

The Expert Group for Promoting Breastfeeding in Finland was appointed in the beginning of 2007. The goal of the Group was, required by the EU Action Programme for Breastfeeding Promotion, to prepare the Finnish National Action Programme for Breastfeeding Promotion. The Programme was released in 2009, and the achievement of the goals of the Programme is monitored by the Follow-Up Group for Breastfeeding Promotion, founded by the National Institute for Health and Welfare (THL). (Breastfeeding Promotion in Finland. Action Programme 2009–2012: <http://www.thl.fi/thl-client/pdfs/98969f64-05de-41d9-9aa6-7e34d8d6d6ba>, in Finnish, English abstract on page 11).

However, office for a National Coordinator for Breastfeeding Promotion was not established because of lacking funding. The Breastfeeding Support Association in Finland had a representative in the Follow-Up

Group in 2010, but not in 2011, as THL decided that the THL-appointed group will concentrate on health care professionals.

Exclusive breastfeeding is recommended for the first 6 months instead of the previous recommendation from 4 to 6 months. The duration of breastfeeding is now recommended for 12 months or beyond, if wanted by the mother and the baby (whereas the previous recommendation was from 6 to 12 months).

### ***Code of Marketing of Breastmilk Substitutes***

#### **a) Monitoring of Breastmilk Substitutes Sale**

Finland has only partially adopted the International Code of Marketing of Breastmilk Substitutes (International Code) into national legislation. The current legislation mentions that marketing of formulas is prohibited and only informational materials for health professionals are allowed. This regulation applies both to printed and on-line materials. The legislation lacks any mention of pacifiers and bottles even if the target originally was to adopt the International Code as a whole. There are no plans to adopt the rest of provisions of the International Code.

Selling breastmilk substitutes at discounted price is prohibited in Finland by the International Code. The compliance with the International Code is followed by the Finnish Food Safety Authority Evira. Grocery shop personnel is sometimes not informed about the International Code, and discount sales of breastmilk substitutes in grocery shops are not unusual, especially near the best before date. However, the Authority intervenes as soon as it is informed of the discount sale. In other words, the monitoring of selling breastmilk substitutes is effective in Finland.

The municipal inspectors have a duty to supervise the parts of code which is taken into Finnish legislation. The Breastfeeding Support Association in Finland continues monitoring the code compliance and encourages individuals to report possible violations to the municipal inspector or Finnish Food Safety Authority Evira. This volunteer-based monitoring is not systematic and doesn't receive support from governmental institutions.

#### **b) Distribution of Materials on Breastmilk Substitutes**

Breastmilk substitutes may be advertised to families only through health personnel, and only to families and caregivers that, according to the assessment of the health personnel, need information on these products. However, often health personnel do not receive training on the International Code and its implications in practice and thus the Code is not well followed. The producers of breastmilk substitutes send promotional materials on their products to maternity clinics, and the leaflets sometimes end up in the waiting room, so that they are available to all families visiting the clinics. It is not clear which authority should supervise the distribution of promotion materials in health clinics. Especially after the removal of the breastfeeding guide from the maternity package in May 2011, more families may request information on baby feeding. Thus there is a risk that lacking non-commercial breastfeeding promotion material, health clinics may increase distribution of commercial materials that promote breastmilk substitutes. (See also “End of Distribution of Non-Commercial Breastfeeding Promotion Material”)

The baby food industry is still marketing complementary foods for babies from 4 months up even if the government recommends exclusive breastfeeding for infants up to 6 months. The Ministry of Social Affairs and Health has not commented this in any way.

It should be noted that the amount of baby food sold in Finland per baby is one of the highest in the

world.

### ***Breastfeeding in Crisis Situations***

The supply of breastmilk substitutes in a crisis situation is seen important in Finland, but the whole chain of supply is not secured. The authority responsible for the supply of food (not only to babies but to all citizens) in a crisis situation is The National Emergency Supply Agency. The authority co-operates with Finnish and international breastmilk substitute producers, and breastmilk substitutes as well as some other infant foods belong to class one, i.e. the class of products for which the security of supply is of the highest importance in all situations. However, non-food products needed in feeding such as bottles, which are considered in the range of products covered by the International Code, do not belong to this group and it is unclear whose responsibility it is to monitor the security of supply of non-food feeding products. Neither are there recommendations for securing hygiene in situations where clean water is not available.

### ***Courses on breastfeeding***

Though most health care professionals working in maternity hospitals have received the WHO 20 hours training of breastfeeding, the personnel (nurses and doctors) working in health clinics lack training. Because of this, even the simplest problems in breastfeeding are often not resolved.

***The formula manufacturing company trial on infants (FinDia) – see Appendix***

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

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Practically all babies are born in public maternity hospitals. There are altogether 31 maternity hospitals in the country. 5 hospitals have been certified as baby-friendly but one of them was shut down in 2010. Thus, now there are 4/31 (12%) baby-friendly hospitals in Finland.

Annually in Finland 57937 (2007) babies are born out of which 9956 (5,8%) are born in baby-friendly hospitals.

Funding in maternity hospitals is not a big problem. Bigger problems are the attitudes and routines that interfere with the 10 Steps in practice.

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

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All pregnant women are entitled to maternity leave and benefits. However, the amount of the benefit varies. Maternity leave must be started five weeks before the due date at the latest, and in some risky professions it can be started even in the early pregnancy (for example professions where contact with dangerous materials cannot be avoided). Maternity Allowance is paid for approximately four months, and after that one of the parents (in most cases the mother) is allowed to a *Parental Allowance*.

The amounts of the maternity, paternity and parental allowances are calculated in the same way. The amount is linked to taxed earnings (for example, a mother earning 3000 Euros per month would receive 80 - 110 Euros per day). With small or no taxable income, the parent is entitled to a minimum rate (22.04 Euros per day). The benefit is paid by the Social Insurance Institution and financed by employers collectively. Also, depending on the collective labour agreement covering the parent, the employer sometimes pays full salary for some months.

Finland has not ratified the ILO Convention 183 2000 with regard to maternity protection and breastfeeding breaks and there has been opposition from Finland to the introduction of breastfeeding breaks as part of European Union legislation.

## 6) HIV and infant feeding

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This issue is not important in Finland. There were 188 HIV incidents and 33 AIDS incidents in Finland in 2010 (<http://www.ktl.fi/ttr/gen/rpt/hivsuo.html>). Finland has not any action programme on this. HIV/AIDS-mothers should not breastfeed in Finland.

As far as we know, there have not been any pregnant mothers with HIV/AIDS in Finland.

## 7) Obstacles and recommendations

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

1. Exclusive breastfeeding at six months is 1 %. Early initiation to breastfeeding rate is over 90 %. Nearly all the mothers start to breastfeed and want to breastfeed. Guidance availability is left to chance and the Finnish rates for breastfeeding are poor. There are no clear national goals.
2. Distribution of the only printed, professionally produced Finnish breastfeeding material to families of newborns was stopped in May 2011. Currently mothers have no access to such material provided by the government. At the same time, no officials in Finland supervise the distribution of commercial materials related to infant feeding. There are no professionally produced books for families about breastfeeding in Finnish available at book stores.
3. Lack of community awareness and education on the importance of breastfeeding and the risks of artificial feeding.
4. The national breastfeeding coordinator, mentioned in the action programme for Breastfeeding Promotion in Finland, has not been appointed. Sufficient resources have not been allocated for implementing the actions specified in the programme.
5. There is no systematic effort to collect statistics about how breastfeeding is carried out.
6. Inadequate information and training programs of health care professionals on infant nutrition and breastfeeding and the management of the International Code.
7. There is no policy for breastfeeding in emergencies.
8. Formula trials are not supervised in the same way as medical trials.

***Our recommendations include:***

1. Distribution of the printed breastfeeding guidance material should be organized in a speedy manner and to all mothers with newborns. The cost to the public sector for including the printed guide (3 Euros per child) in the package distributed to the families is negligible. All families don't have the option to access guidance materials online, and the materials available online are not as concise and as suitable for the purpose as the printed guide distributed earlier
2. The national breastfeeding coordinator should be appointed and the working group related to the action program should be expanded to be multi-sectoral (others than health professionals) and NGOs should be invited to participate.
3. Government should ensure the sustainability and continuity of programs on breastfeeding through allocating sufficient resources and through the establishment of a long term plan. National goals, benchmarks as well as monitoring mechanisms should be set.
4. Health personnel should receive training on infant and young child feeding with special emphasis on breastfeeding and the International Code.
5. Public health institutions, working on the research and implementation of public health policies should avoid funding from private industry which may create conflicts of interests. They should be equipped with specific guidelines on how to appropriately avoid and manage conflicts of interest in funding and also in wider collaboration with the private sector.
6. Breastfeeding should be promoted through sensitization and awareness raising actions such as campaigns and education programmes, among mothers and the community at large. Awareness should also be increased about the International Code and its provisions.
7. Finland should ratify the ILO Convention 183 (2000) on maternity protection at work.
8. Statistics about how breastfeeding is carried out should be collected systematically.
9. Policy on infant feeding should include a special section on breastfeeding during emergencies.



## **Annex: The formula manufacturing company trial on infants (FinDia)**

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### ***Introduction***

As mentioned in the introduction, we would like explain in more detail a practice that was unethical and contravened the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions.

In a number of Finnish hospitals, the National Public Health Institute of Finland (formerly KTL, now THL) was conducting a trial funded by an infant formula manufacturer to examine a possible link between insulin in cow-milk and the development of diabetes in children. Thousands of children participated in this trial. Free formula was distributed in hospitals by indirectly (via the National Public Health Institute) industry-funded nurses to 10 times the number of families needed for the study: only 10% of the families were selected in the end, depending on their genetic status. Although the other 90% of families were not eligible to the trial, they received free formula, and probably a number of them would use it, at the cost of maintaining breastfeeding. It was not necessarily clear to families that the trial nurses were not hospital staff. The practice was thus in some respects similar to the “milk nurse” practice which has been used by a formula manufacturer in some third world countries (a sales representative distributing free samples dressed as a nurse).

For public health, the aim of the trial was to show if avoidance of cow insulin in diet could prevent type 1 diabetes. For the infant formula manufacturer, the trial could have shown health benefits to the patented formula.

### ***Our complaint 2004***

In April 8, 2004, The Breastfeeding Support Association in Finland lodged a complaint to the Parliamentary Ombudsman, the highest oversight official, against the National Public Health Institute's practices. Our main point of complaint was the distribution of formula to infants without regard whether they need it or not. We also noted that the Finnish legislation requires that if free-of-charge formula is donated to families, its distribution is to be continued as long as the infant needs formula.

We also expressed our wish that the WHO-approved guidelines for medical research: Good Clinical Practices, should be required for infant formula trials, as for some children infant formula is the sole source of nutrition and thus has a great impact on health. For the same reason, experimental infant formula should be handled through more strict standards than ordinary dietary intervention trials.

In discussions, we also mentioned the lack of a breastfed-infants control group. According to the National Public Health Institute, there had been plans to have a breastfed-infants control group, but due to lack of funding it wasn't included in the trial.

We also pointed out that more supervision is needed for trials on infants. In Finland, there's for example no official acceptance procedure for infant dietary trials as there is for medicinal trials.

### ***Informed consent and other shortcomings***

When we researched the practices of the trial, we noticed that there were several shortcomings in how the trial was carried out with regards to medical ethics and informed consent. The parents were not told that the trial was funded by the infant formula manufacturer. They were also not informed that the principal investigator (working at the National Public Health Institute) was a possible beneficiary of the formula manufacturing company's patent as an inventor and royalty receiver for the manufacturer's patent for an insulin-free formula. It also turned out the trial had been going on for several months

without ethical committee approval, and some infants had their cord blood samples taken for the trial without consent.

The Ombudsman ruled that due to the shortcomings, parents were not able to give informed consent to the trial as required by law.

### ***Ombudsman's resolution***

While the Ombudsman's resolution (dated 25.10.2006) clearly stated the severe shortcomings of the trial from the human rights perspective and with regards to medical research legislation. However, the Ombudsman did not take a stand on the distribution of infant formula to infants with no direct need for it, the lack of breastfed infant control group or the need for supervision of infant trials. Thus we did not receive a clear answer to the major points of our complaint.

### ***Further developments***

Since then, the National Institute for Health and Welfare (THL: formerly National Public Health Institute of Finland, KTL) has been appointed as the national institution responsible for coordinating the promotion of breastfeeding. After the 2006 resolution, the THL has also received another reprimand from the Parliamentary Ombudsman's office for practices in industry-funded trials on children, where similar shortcomings (but to somewhat lesser degree) were found to have occurred (2). That trial was not related to breastfeeding, but we're mentioning this due to the relevance to the Convention on the Rights of the Child, and as an example of possible risks of industry funding that might contribute to "cutting of corners" in how trials are carried out by public bodies like THL.

While THL's policy of acquiring significant funding from the industries and especially the medical industry continues, we are not aware of current funding from infant formula manufacturers. Since the last report, the Finnish dairy company who funded the FinDia trial no longer has an infant formula brand, as it has sold the infant formula division to Nutricia. Nonetheless, our understanding is that it may still have some contract manufacturing with Nutricia, especially for liquid formula commonly used in Finland. It is not known to us whether the possible benefits from the patent for the "FinDia formula" (non-insulin formula to avoid raising the risk of diabetes) were part of the trade of the formula division and trade mark, but probably not as the patent 2,345,701 is still listed as belonging to the Finnish company which was funding the trial.

### ***Discussion***

The events point out how a public health institution also functioning as a research institute and working as contractors to industry can bring out problems and conflicts of interest in breastfeeding as well as other public health policies. It's often desirable for funding reasons for a research institution to carry out trials funded partially or totally by industry, and the scientific community has means to handle industry influence. However, when, as in the case of the Finnish THL, the same institute also acts as a governmental institution which implements policies like promoting breastfeeding, conflicts may occur.

More information, including some info in English: <http://www.imetys.fi/itu/kantelu/>

Resolutions by the Parliamentary Ombudsman and the Ombudsman's office (in Finnish):

FinDia trial: <http://www.eduskunta.fi/eoaratkaisut/eoak+1016/2004>

(2) <http://www.eduskunta.fi/eoaratkaisut/eoak+2983/2007>