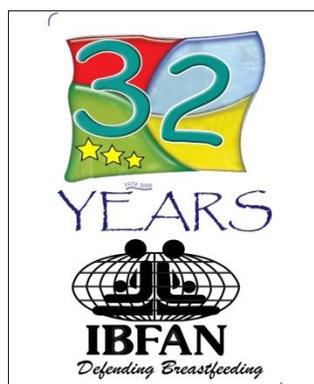


# THE CONVENTION ON THE RIGHTS OF THE CHILD

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



April 2011

**Data sourced from:**

- Czech Statistical Office ([www.czso.cz](http://www.czso.cz))
- Institute of Health Information and Statistics of the Czech Republic ([www.uzis.cz](http://www.uzis.cz))
- Mydlilová, A; Šípek, A; Wiesnerová, J; Vignerová, J: Regionální rozdíly v počtu kojených dětí při propuštění z porodnice v ČR v letech 2000-2006. *Česko-slovenská pediatrie*, 2009; 64 (1): 4-11.
- Kudlová, E.: Průzkum stravování malých dětí. *MaMiTa*, 35, 2010, 18-19.

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## 1) General points concerning reporting to the CRC

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All health care for children in the Czech Republic is covered by the social security system. Only some optional vaccination (varicella, encephalitis, hepatitis A, influenza, cervical cancer) are paid by parents.

Breastfeeding support in the Czech Republic is based on Convention on the Rights of the Child (adopted in 1991 in our country) where it is stated that breastfeeding is a fundamental component of the child's rights. However government support of breastfeeding is insufficient. In particular, funding of the National Lactation Center and Baby Friendly Hospital Initiative (BFHI) activities is very low and the law relating to advertisement of infant formula is neither implemented nor monitored. Even though the National Lactation Center had trained a high number of health workers and lactation consultants in breastfeeding support and the number of Baby-friendly hospitals has increased, breastfeeding rates slightly decreased from 2003 to 2009. Maternity protection of working women is well established in our country. The only problem is the low number of part-time jobs for mothers of small children.

## 2) General situation concerning breastfeeding in the Czech Republic

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### *General Data*<sup>1</sup>

**Table 1:** Living children in 2009

Infants under 12 months	118 609
Children under 2	238 899
Children under 5	663 336

In the Czech Republic, natality increased from 2001 to 2008. In 2009, it started to decrease with 118 667 infants born.

**Table 2:** Child mortality in 2009

Infants under 12 months	341 infants died	- Mortality rate per 1000 births: 2,87
Infants 0-6 days	103 infants died	- Mortality rate per 1000 births: 0,86
Infants 7 to 28 days	99 infants died	- Mortality rate per 1000 births: 0,83

From 2003 to 2009 the number of infants with low birth-weight has increased from 6,7 % in 2003 to 7,5% in 2009.

The main causes of death among infants under 1 year of age were perinatal problems relating to prematurity (total 189 infants). The main cause relating to perinatal problems were bacterial sepsis (37 infants), intracranial bleeding (25 infants) and necrotizing enterocolitis (17 infants). Further causes of

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<sup>1</sup> The following tables have been made according to data provided by the Czech Statistical Office ([www.czso.cz](http://www.czso.cz)) for 2009 (31.12.2009).

death were congenital abnormalities of the circulatory, respiratory and digestive systems (68 infants), sudden death syndrome (15 infants) and respiratory diseases (9 infants).

Maternal mortality rates in Czech Republic are low on a long-term basis. In 2009, no mother died in childbirth or post-partum.

### **Breastfeeding rates**

Data concerning breastfeeding were provided by the Institute of Health Information and Statistics of the Czech Republic. Every maternity hospital has to fill in a newborn report, in which the type of infant feeding at the time of hospital discharge is stated. The mode of infant feeding at 6 weeks, 3 months and 6 months of age was derived from Annual reports (PLPDD-A016) that have to be filled by every pediatrician. These reports were then statistically analyzed and published in the booklet “Mother and newborn, 2009”. However, in April 2011, the most recent data available are from the year 2009.

**Table 3:** Comparison of exclusive breastfeeding rates in the Czech Republic at discharge, at the age of 3 and 6 months between 2003 and 2009

	<b>At discharge</b>	<b>3 months</b>	<b>6 months</b>
<b>2003</b>	90,6 %	35,8 %	18,6 %
<b>2009</b>	87,6 %	34,7%	17,8 %

Complementary feeding at 6 months and mean duration of breastfeeding are not found in national data collection surveys. However, from the year 2011 it will be mandatory to state the duration of breastfeeding until and before 12 months of age. According to a study on continued breastfeeding in the Czech Republic on a sample of 1,350 infants, the breastfeeding rate at 12-23 months was 29% and in infants older than 2 years, at 6,5% (E.Kudlová, MaMiTa,35,2010,18-19).

The regions with the lowest (Jihočeský, Ústecký a Liberecký) and the highest breastfeeding rates (Zlínský, Středočeský and Prague) were identified. The regional differences were explained as probably due to the difference in maternal age and education (Mydlilová et al. 2009).

From 2003 to 2009, breastfeeding rates slightly decreased (tab.3). This may be due to the increasing number of mothers older than 35 years (from 6,4 % in 2003 to 12,1 % in 2009) as well as to the higher proportion of infants with weighing less than 2,500 g. at birth (increase from 6,76% in 2003 to 7.77% in 2009). These factors have a negative effect on breastfeeding and should imperatively be examined.

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

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### **No national marketing code**

Law 40/1995 § 5 concerning advertisement regulations provides some breastfeeding protection: no free samples of formula for example. However, the *International Code of Marketing of Breastmilk Substitutes* has not been translated into national law in the Czech Republic. In fact, the government has not taken responsibility for enforcing and monitoring the Code.

Manufacturers of breast milk substitutes have direct contact with mothers through commercial discharge packs, through internet and other media. Companies also interact with health professionals through various forms of sponsorship.

#### **Other measures**

It is difficult to persuade the government that breastfeeding can decrease health care costs because concrete economic benefits are not seen immediately. On the contrary, the government is not interested in limiting the production of breastmilk substitutes as these products bring money (as purchase tax plus value-added tax) to the national budget.

The government promotes breastfeeding only formally. The National Lactation Center in Prague receives only 500 000 CZK per year and is not officially acknowledged or fully financed.

Breastfeeding courses for health workers and for lactation consultants (separate courses for health workers and for mothers) are organized by the National Lactation Center in Prague. As of 2011, approximately 150 health workers and 200 mothers had been trained as lactation consultants. Every 5 years the lactation consultants are retrained. Every year two conferences relating to breastfeeding for health workers and lactation consultants are organized by the National Lactation Center. On the occasion of World Breastfeeding Week, every year a meeting with recent information concerning breastfeeding is held in Prague.

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

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In 2010 there were 66 baby-friendly hospitals out of 99 hospitals in the Czech Republic. Both private and public clinics expenses concerning BFHI are paid by health insurance. As the breastfeeding rates started to decline slightly in spite of the growing number of BF hospitals, it appears that adherence levels to the "Ten Steps to Successful Breastfeeding" may have decreased.

In the Czech Republic regular reassessment of BF hospitals is not yet well established with the result that the level of adherence to the "Ten Steps to Successful Breastfeeding" in certified hospitals differs significantly. The hospitals are not forced to improve their adherence to BFHI principles. There is an urgent need to intensify regular training programmes for professionals working in BF-hospitals on managing and promoting breastfeeding.

The National Lactation Center, that services a breastfeeding hotline, is hosted by the Thomayers teaching hospital in Prague. It is a teaching centre that prepares other maternity hospitals for BFHI. However, funding is insufficient, only 500,000 CZK per year.

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

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In the Czech Republic in 2009, 49.5% of women of all age categories were employed ([www.czso.cz](http://www.czso.cz)). However, the proportion of women working only part time is low (8.4%).

Employed women are entitled to 28 weeks paid maternity leave (37 weeks after multiple births); 6-8 weeks are taken before the birth and the rest after.

Maternity benefits amounting to 69% of salary are provided by employer. In order to benefit from maternity protection, women must have had health insurance at least 270 days during the last two years.

After the end of maternity leave, mothers (or fathers) can take care of the child at home until the age of 3 years. For that whole period of time, the employer has to guarantee that the employee will return to the same position. Parents taking this leave receive a parental contribution (7600 CZK per month) that is covered by the social security system.

Breastfeeding breaks are guaranteed by the Law § 242 number 262/2006. Until the age of 1 year, two daily paid nursing breaks of 30 minutes each are provided, and from 12-15 months, one daily paid nursing break of 30 minutes is provided. The breaks are paid by the employer. However, most women opt for the 3-year child-care leave after maternity leave, so they do not use these rights to breastfeeding breaks.

Law 282/2003 protects mothers and lists the jobs that pregnant and breastfeeding mothers cannot hold.

## **6) HIV and infant feeding**

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The prevalence of HIV/AIDS in the Czech Republic is low (128 HIV infected people/1 million people). From March 2010 to February 2011, there were 181 new cases of infection.

In the Czech Republic there is mandatory screening of HIV/AIDS for all pregnant women. All pregnant, HIV-infected women are sent to Bulovka Hospital in Prague, where a neonatal intensive care unit for infants with severe infection such as HIV/AIDS was opened in 2007. There is an isolated room for two infants. One doctor and one nurse are detached to take care of infected infants and they are not allowed to come into contact with the other infants.

Every year there are approximately 10 HIV-infected mothers. The risk of vertical virus transmission from mother to infant is lowered by caesarian section and antiviral treatment of mother and infant. The mother's lactation is stopped and the infant is fed formula. The risk of virus transmission from mother to infant has lowered to 5%.

As the prevalence of HIV/AIDS in our country is low and the care of infected women and their children is centralized, no courses concerning infant feeding and HIV are organized. In our country HIV is a contraindication to breastfeeding as the artificial feeding is affordable for all women.

## 7) Obstacles and recommendations

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

- Breastfeeding rates have been declining. Exclusive breastfeeding rates at 6 months are very low and have been declining. There are regional disparities in the breastfeeding rates, which may be due to maternal age and education.
- Systematic data on complementary feeding is missing.
- The International Code of Marketing of Breastmilk Substitutes has not been implemented at the national level. As a consequence, advertisement of infant formula and sponsorships to the health professionals by baby food industry is widespread.
- Government's efforts to protect and promote breastfeeding are far from being sufficient. The support given to the National Lactation Centre is very small, and it has not yet been officially acknowledged.
- Training of health personnel on the protection, promotion and support of breastfeeding is insufficient. It is carried out only by the National Lactation Centre. Government's support in this direction is missing.
- BFHI lacks a clear re-assessment mechanism, to ensure that all certified hospitals are adhering to the "Ten Steps to Successful Breastfeeding". Professionals working in Baby-friendly hospitals lack regular training on management and protection of breastfeeding.

***Our recommendations include:***

- **Raise awareness** about the advantages of breastfeeding, and exclusive breastfeeding up to 6 months. Increase support to breastfeeding groups and funding to promote breastfeeding.
- **Improve data collection** that includes breastfeeding and infant feeding data.
- **Train and sensitize health personnel** on the importance of the protection, promotion and support to breastfeeding. Also sensitize them on issues related to conflicts of interests, and to the need to protect public health from undue influence of private interests.
- **Draft a national Code of marketing for breastmilk substitutes**, with clear implementation and monitoring regulations.
- Ensure that all **Baby-friendly hospitals respect uniformly the "Ten Steps to Successful breastfeeding"**. **Strengthen the re-assessment** process of Baby-friendly hospitals, including intensification of trainings for professionals on breastfeeding management and protection.