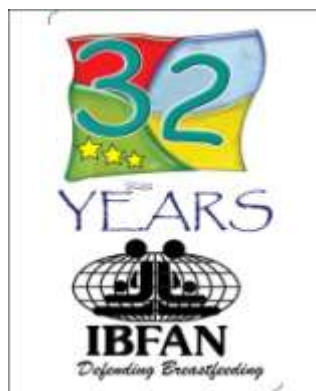


THE CONVENTION ON THE RIGHTS OF THE CHILD

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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN ICELAND



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1) General points concerning reporting to the CRC

Iceland is being reviewed by the CRC Committee for the 3rd and 4th time. At the last review, in January 2003 (session 32), IBFAN did not send an alternative report on the situation of infant and young child feeding in Iceland. During the last review, the CRC Committee made no recommendations on infant and young child feeding.

Iceland has partially adopted the International Code of Marketing of Breast milk Substitutes. It has not ratified the ILO Convention 183 2000 with regard to maternity protection and breastfeeding breaks.

Iceland is part of the European Convention on Human Rights, the European Social Charter, the UN Convention on Economic and Social Rights and the UN International Covenant on Civil and Political Rights and the European Charter on counteracting obesity.

Since the last report to the CRC Committee, several recommendations and clinical guidelines to improve health have been published.

2) General situation concerning breastfeeding in Iceland

Table 1. General data¹

Number of infants under 12 months in 2010	4.978
Number of children under 2 years of age in 2010	9.778
Number of children under 5 years of age in 2010	32.832
Infant mortality rate per 1000 live born alive in 2010	2,2
Maternal mortality rate in 2009	0

Since 2004 breastfeeding statistics are collected electronically by SAGA (Icelandic software system) and conducted by the Primary Health Care Clinics in the Greater Reykjavík Area.

The proportion of early initiation breastfeeding (<10 days old) in the capital are for the period 2004-2008 has declined compared the national rates for the period 1999-2002.

The proportion of exclusive breastfeeding has increased at 6 months in 2010 in the capital area, but it is still very low. This increase could partially be explained by better data collection, as SAGA was updated and midwives/nurses received a seminar in data registration. Breastfeeding duration seems to be increasing in the first year.

The proportion of exclusive breastfeeding at 6 months has wide variations (3,5-14,5%) between Primary health care clinics in certain parts of the Greater Reykjavík Area (Gunnlaugsson, 2011). However there seems to be no difference between regions in Iceland (Gunnlaugsson, 2004). There is no information on different prevalence of breastfeeding between hospitals around Iceland.

Table 2. Breastfeeding and infant nutrition situation

¹ Data source: Statistics Iceland, 2011, <http://www.statice.is> (accessed August 19th 2011)

	The whole country (Children born 1999-2002) ²	The capital area. (Children born 2004-2008) ³	The capital area (Children born 2010) ⁴
Initiation to breastfeeding	98%		
Exclusive breastfeeding (one week)	94%	85%	
Exclusive breastfeeding (first visit >10 days old)			83%
Exclusive breastfeeding (3 months)			69%
Exclusive breastfeeding (4 months)	50%	50%	
Exclusive breastfeeding (5 months)			45%
Exclusive breastfeeding (6 months)	13%	8%	21%
Continued breastfeeding (at 12 months)	16%	26%	30%
Continued breastfeeding (at 18 months)			19%
Continued breastfeeding (at 30 months)			8%

Obesity has become a growing problem in Iceland. The school health service in Iceland collects measures for weight and height for 6, 9, 12 and 14 year old school children. Only data from the Reykjavik area has been computerized and analyzed. A report from 2010 has shown that from 2004/05 to 2008/09, the proportion of children who are over optimal weight has remained unchanged, at 21%. However, the proportion of children who are obese, has increased from 4.7% to 5.5% during the same period⁵.

An Icelandic research since 2003 showed that rapid growth during the first year of life is associated with increased BMI (body mass index) at the age of six years old in both genders⁶. Another Icelandic research (2008) showed that both exclusive and total breastfeeding duration had impact on weight gain during the first year. **Since rapid weight gain in infancy has been associated with obesity later in childhood more effort has to be put on increasing breastfeeding rates, both exclusive and total breastfeeding⁷.**

There have been improvements at institutional level, clinical guidelines and information on the web concerning breastfeeding and a national system for monitoring breastfeeding initiation, exclusivity and duration (SAGA).

The major reasons for infant mortality are pre-term birth and congenital developmental problems. Cot death is not common in Iceland. SIDS were 1-3 per year or on average 1.8 in 2001-2009 (please refer to Annex 1 for more detailed information).

² Gunnlaugsson, G. (2004). Breastfeeding in Iceland: children born 1999-2002.

³ Gunnlaugsson, G.(2011) . Talnabrunnur (report from Directorate of Health), June – July, page 3. Brjóstagjöf á Íslandi (only in Icelandic). (n=8490-11526 children per age group).

⁴ Ársskýrsla Heilsugæslunnar 2010 (Health Care Clinic annual report 2010) (2011). (unpublished).

⁵ Jonsson and Hedinsdottir, 2010

⁶ Gunnarsdottir and Thorsdottir, 2003

⁷ Thorsdottir et.al, 2008

3) Government efforts to encourage breastfeeding

The International Code of Marketing of Breastmilk Substitutes in Iceland

Iceland has partially adopted the *International Code of Marketing of Breast milk Substitutes* through a regulation (Regulation on artificial milk as a substitute dietary item nr. 520/2009 and revised nr. 1042/2009)⁸. This regulation mentions that marketing of formulas is prohibited and only informational materials for health professionals are allowed. It applies both to printed and on-line materials. Manufacturers are not allowed to give free/low cost supplies to maternity hospitals and to mothers of infants younger than 6 months of age. **Nevertheless, the regulation lacks any mention of pacifiers and bottles and allows advertisement of follow-on and grow-up formula.**

Iceland has clinical guidelines for 0-5 year old children⁹. There is a special chapter on nutrition and breastfeeding. All mothers/parents receive an infant nutrition booklet also available online, translated to 5-7 foreign languages. The booklet does not fulfil the Code completely; information on negative risks of artificial feeding is missing.

Examples of Code violations

Advertisements of follow-up and grown-up formula are allowed by the regulation and can be found in the press and on television, as well as the totally unregulated promotion of bottles, teats and pacifiers – which is strictly forbidden by the International Code (Article 5.1). The regulation is ineffective because it only forbids the advertisement of artificial milk and milk that has been supplemented with nutrients, for children below 6 months of age. There are no guidelines on how prominent should be the warning that it is only meant for children over 6 months of age; therefore it is hardly noticeable.

Most distributors of artificial milk and baby food have direct contact with mothers through Internet and mail. One company offers seminars on baby nutrition and cooking for parents. These seminars do not follow the recommendations from Directorate of Health (2010) and World Health Organization (2003) recommendations.

Monitoring of these regulations:

The authority responsible for monitoring the regulation 1042/2009, is the Icelandic Food and Veterinary Authority. However, it relies on external complaints, thus citizens need to be vigilant and send notices to them. There is a person working for La Leache League (LLL) that monitors if companies are following the guidelines provided in the regulation mentioned above. It is too much work for only one person to report advertisements that are published in newspapers and on television, but that person has found

⁸ Regulation on artificial milk as a substitute dietary item (Nr. 520/2009).
<http://www.stjornartidindi.is/Advert.aspx?ID=7e017b98-a88a-4761-9453-209d7297bb8e>. Regulation (1.) regarding changes to regulation nr. 520/2009 on artificial milk as a substitute dietary item (Nr. 1042/2009).
<http://www.stjornartidindi.is/Advert.aspx?ID=c5a28187-aeec-49bc-9c71-ef87c71f3951>

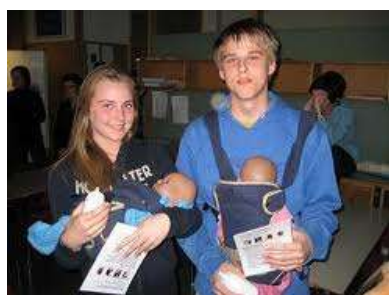
⁹ Directorate of Health, 2010

herself obligated to do so because of repeated violations of the regulations.

In Iceland there is no noticeable NGO involvement with code monitoring or any IBFAN group.

School programme promoting bottle-feeding

“Taking care of a child” is a teaching program based on helping young teens to understand the responsibility of raising a child and to prevent unplanned pregnancies. It is designed for students in elementary and junior high schools. The students take care of a “6 week old infant” for a certain time. The “infant” is controlled by a computer that records how it has been taken care of. Both sexes participate in the project, as an aspect of gender equality and public education about parenthood. Those who designed the project expected two ways to nurture the child, bottles for the boys and a receptor for the girls. The persons leading the project choose to use only bottles for both sexes to nourish the infant. In this way young teens are taught that nourishing with bottle is the norm.



Picture 1.



Picture 2.



Picture 3.

Support to mothers

All pregnant women/parents are offered to attend breastfeeding courses at low cost organized by the Primary Health Care Clinic. Breastfeeding courses are also held by a private company. The course held at Primary Health Care Clinic is very crowded (20 couples). Its form is now being reviewed. The course held by a private company is a lot smaller (6-8 couples) and has more interactive experience.

A support group for mothers established by two nurses (RN) with International Board Certified Lactation Consultants (IBCLC) and La Leache League (LLL) was held from 2006-2011. Mothers who attended the support group reported inadequate support from the Primary Health Care Clinics.

Today there is a support group organized by mothers based on Ammehjalpen in Norway. Mothers who offer support attend a short seminar organized by private RN and IBCLC. Health Authorities in Iceland have no control over the standards mothers must meet to show support for other mothers, like Norwegians do.

Training on breastfeeding

Pharmacists and pharmacy assistants are informed about breastfeeding by private personnel. WHO/UNICEF training materials are used and a course is held once a year for health care professionals, nurses and midwives at the maternity ward at the University hospital. This course is facultative and it is mainly attended by midwives. Nursing students in their 4th year at the University of Iceland receive 2 hours of lectures about breastfeeding.

In Iceland there were 16 International Board Certified Lactation Consultants (IBCLCs) in 2010. Their number has decreased from 32 in 2007. 7 persons attended the exam in 2011. The number of positions for breastfeeding consultants (IBCLC) in both hospitals is too low; mothers need to wait for 3-5 days to get an appointment at the University Hospital Landspítali. At the University Hospital Landspítali the position for IBCLC consultants is only 115% (3500 births/year) and at the Hospital in Akureyri 10% (350 births/year). There is one Primary Health Care Clinic that offers breastfeeding assistance by IBCLC consultant.

Little is done regarding HIV transmission through breastfeeding. Mothers affected are recommended exclusive formula feeding. There are no known cases of infants being infected with HIV through breastfeeding.

There are several web pages with breastfeeding information by health care professionals e.g. www.brjostagjof.is (private practice breastfeeding consultant IBCLC), www.ljosmodir.is (midwife union), www.heilsugaeslan.is (Primary Health Care).

4) Baby Friendly Hospital Initiative (BFHI)

There are no acknowledged BFHI programs in the country. Preparation for its adaptation was started in cooperation with UNICEF but it was cancelled because of lack of funds and interest. There are 9 specialized maternity wards around the country.

No breastfeeding coordinator and no multi-sectoral national breastfeeding committee are active in Iceland.

5) Maternity protection for working women

All mothers in Iceland are entitled to free medical care when pregnant, and midwives visit them at home once the baby is born up to 8 times the first 10 days, then the Primary Health Care Clinics takes over the service. Payments from the Childbirth Leave Fund are limited to women and men that have been employed for at least six months prior to the birth. However if the individual has been absent from work for health reasons, he is still entitled to full benefits. There is a separate program for the unemployed, minimally employed (less than 25% of a full working week) and students, which has considerably lower benefits.

The mother is entitled to three months of individual leave, the father is entitled to three months of individual leave, and the parents are entitled to three months of joint leave that they may distribute between them as they wish or one parent may utilize all of the joint leave. It can also be lengthened, but total payments will always remain the same. **Mothers have repeatedly said that it is hard to follow recommendations for 6 months exclusive breastfeeding and parenthood leave does not enable them to do so¹⁰.**

If parents are expecting more than one child, the parents' joint right to childbirth leave is extended by three months for each live birth in excess of one child. The benefits amount to 80% of average wages, though never exceeding fixed floors and ceilings of the payment. The Childbirth Leave Fund is funded by all working people as a proportion of their salaries but other means are financed through taxation.

The leave can be lengthened, if the employment in question is hazardous or serious health problems arise with the infant. It can be extended by maximum of 4 months. A mother who applies for an extension due to illness during pregnancy (one month before birth) must submit a physician's statement, as well as a statement confirming the date her salary payments were suspended due to the illness and the date her right to sick leave was utilized in full. A mother who applies for an extension for health and safety reasons must include a risk assessment of her job. In some cases, it is sufficient to submit a detailed statement by the employer describing how the job is carried out and how it endangers the health and safety of a pregnant woman or breastfeeding mother. The employer must attempt to transfer the mother to a less hazardous position before an extension of childbirth leave for health and safety reasons will be considered.

Breastfeeding breaks are provided for in regulation, not in law though. There are no fixed time limits, they are paid for by the employer and he must have a suitable environment for milking or breastfeeding, specifically restrooms do not qualify as suitable environments.

Table 3. Numbers/proportions of working women in your country¹¹

	Women aged 16-74	Women aged 16-24	Women aged 25-54
Are employed	77,6%	76,5%	85,3%
Are working full time	41,3%		
Are working hours part time	23,8%		
Are unemployed	6,7%	14,1%	5,6%

ACT NO. 95/2000 on Maternity/Paternity Leave and Parental Leave, as amended by Act No. 72/2003, No. 90/2004, No. 129/2004, No. 22/2006, No. 65/2006, No. 155/2006, No. 167/2006 and No. 74/2008.¹²

¹⁰ Thordardottir, H.L., verbal permission, August 29th 2011

¹¹ Data source: <http://www.statice.is>

6) Obstacles and recommendations

The following obstacles/problems have been identified:

- The hospitals, private practice and Primary Health Care Clinics are not fulfilling the BFHI standard.
- All mothers who need a breast pump or breast assistance need to cover the cost by themselves.
- No milk banks exist in the country.
- No lactation specialized assistance and follow up is provided for the mothers of premature and sick babies at the University Hospital.
- Multi-sectoral national breastfeeding committee is not active in Iceland.
- The mother is only entitled to three months of individual leave.
- The International Code of Marketing of Breastmilk Substitutes has not been fully implemented and there is poor compliance, enforcement and monitoring. Lack of community awareness and education on the importance of breastfeeding and the risks of artificial feeding.
- Inadequate information and training programs of health care professionals on infant nutrition and breastfeeding and the management of the International Code.

Our recommendations include:

- Upgrade national legislation on the marketing of breast milk substitutes to fully implement the International Code of Marketing of Breastmilk Substitutes, enforce and monitor the law. Adopt strict laws over marketing of complementary and junk foods and beverages for children.
- Extend maternity protection legislation to all working mothers through increasing maternity leave to allow for exclusive breastfeeding up to 6 months. Adopt ILO Convention 183 (2000).
- Allocate funds and make operational plans for Baby Friendly Initiatives, with proper monitoring and assessment. Maternity wards, private practicing midwives and Primary Health Care Clinics should all follow the Ten Steps to Successful Breastfeeding to become Baby-Friendly. Collaboration between them also needs to be improved.
- Re-establish an independent multi-sectoral national breastfeeding committee.
- Promote and raise awareness about the importance of breastfeeding through actions like campaigns and education programs, among mothers and the community at large. Awareness should also be increased about the International Code and its provisions amongst health workers but also professionals from other sectors.

¹²http://www.faedingarorlof.is/files/Act%20on%20maternity%20paternity%20leave%20with%20subsequent%20amendments_1958684421.pdf

Data sourced from:

Gunnarsdottir, I. and Thorsdottir, I. (2003). Relationship between growth and feeding in infancy and body mass index at the age of 6 years. *Int J Obes Relat Metab Disord*, 27:1523-1527.

Gunnlaugsson, G. (2011). Brjóstagjöf á Íslandi. Talnabrunnur. Directorate of Health. June- July, page 3. (<http://landlaeknir.is/Pages/1218>)

Gunnlaugsson, G. (2004). *Brjóstagjöf á Íslandi: börn fædd árið 1999-2002*. (report) Reykjavík; Miðstöð heilsuverndar barna.

Jonsson, S.H. and Hedinsdottir, M. (2010). Líkamsþynd barna á höfuðborgarsvæðinu. Er hlutfall barna yfir kjörþyngd að aukast? Reykjavík; Lýðheilsustöð.
<http://www2.lydheilsustod.is/media/manneldi/rannsoknir/Likamsthyngd.barna.a.hofudborgarsv.pdf>

Primary Health Care Clinic annual report (2011). *Ársskýrsla Heilsugæslunnar 2010*.
<http://www.heilsugaeslan.is/lisalib/getfile.aspx?itemid=6171>

Thorsdottir, I., Thorisdottir, A.V. and Palsson, G.I. (2008). The diet of Icelandic infants. Results from a research on infants' diet, growth and iron status 2005-2007 (report). Reykjavík; Rannsóknarstofa í næringarfræði við Háskóla Íslands og Landspítala – Háskólasjúkrahús.

Althingi:

<http://www.stjornartidindi.is/Advert.aspx?ID=c5a28187-aeec-49bc-9c71-ef87c71f3951>

Childbirth Leave fund:

http://www.faedingarorlof.is/files/Act%20on%20maternity%20paternity%20leave%20with%20subsequent%20amendments_1958684421.pdf

Directorate of Health:

Talnabrunnur: <http://landlaeknir.is/Pages/1218>

Clinical guidelines for children 0-5 years old: <http://www.landlaeknir.is/lisalib/getfile.aspx?itemid=4138>

Statistics Iceland, 2011, <http://www.statice.is>.

World Health Organisation, (2003). Global strategy for infant and young child feeding. Geneva, World Health Organisation

Picture nr. 1:

http://www.skagafjordur.is/displayer.asp?cat_id=783&module_id=220&element_id=80896

Picture nr. 2 and 3:

<http://www.arborg.is/PrentaFrett.asp?aID=2841>

Appendix 1: Main causes of death among infants and children

Table 4. The main cause of death among infants

Deaths by 100.000 population	2006-2009		
Infants, all causes of death	191,1	228,0	152,4
Certain cond. Originating in the perinatal period Congenital malformat. And chromos. Abnormalities	106,2	124,4	87,1
Congenital malformat. And chromos. Abnormalities	26,5	20,7	32,6
Symptoms, abnormal findings, ill-defined causes	42,5	51,8	32,6
Other causes of death	15,9	31,1	-

Data source: Statistics Iceland, 2011, <http://www.statice.is> (accessed August 19th 2011)

Table 5. The main cause of death among children

Deaths by 100.000 population	2006-2009		
1-14 years, all causes of death	12,7	15,2	10,0
External causes of injury and poisoning	1,6	2,4	0,8
Of which accidents	1,6	2,4	0,8
Of which suicide and intentional self-harm	-	-	-
Other causes of death	7,8	8,0	7,5

Data source: Statistics Iceland, 2011, <http://www.statice.is> (accessed August 19th 2011).

Appendix 2: Booklet and nutritional programs concerning breastfeeding and children

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- Alcohol, drugs and pregnancy (2005) (booklet). Published by Public Health Institute of Iceland (now Directorate of Health) in cooperation with the Directorate of Health and the Prenatal Care Center.
http://www2.lydheilsustod.is/media/afengi/utgefid/afe_vim_medganga.pdf
http://www2.lydheilsustod.is/media/afengi/utgefid/Baklingur_-_Afengi-og_vimuefni_enska.pdf
 - Smoking and pregnancy (2008) (booklet). Published by Public Health Institute of Iceland (now Directorate of Health) in cooperation with Prenatal Care Center and Hringurinn Children's Hospital
http://www2.lydheilsustod.is/media/tobaksvarnir/utgefid/reykingar_medganga.pdf
http://www2.lydheilsustod.is/media/tobaksvarnir/utgefid/baklingur_-_Reyk._og_medg.-enska.pdf
 - Diet and pregnancy (2004, 3rd version 2008) (booklet). Published by the Public Health Institute of Iceland (now Directorate of Health) in cooperation's with Prenatal Care Center,
http://www2.lydheilsustod.is/media/manneldi/utgefid//MaturMedganga3ja_utg_2008.pdf
http://www2.lydheilsustod.is/media/manneldi/utgefid/baklingur_-_Matur_og_medganga-enska.pdf
 - Advice on infant nutrition for day parents and staff of infant preschools (2010) (booklet). Published by Public Health Institute of Iceland (Now Directorate of Health). Were day parents get special guidelines who to handle among other things, breast milk.
http://www2.lydheilsustod.is/media/manneldi/fraedsla/Dagforeldrar_Enska_allt_prent.pdf
 - Recommendations on food and nutrition for adults and children from two years of age (2009) (booklet, only in Icelandic).
<http://www2.lydheilsustod.is/media/manneldi/utgefid//mataraedi-lowres.pdf>
 - Clinical guidelines in nutrition for 0-5 years old children.
<http://www.landlaeknir.is/lisalib/getfile.aspx?itemid=4152>
 - Unicef booklet in various languages.
<http://www.heilsugaeslan.is/lisalib/getfile.aspx?itemid=2390>
 - **Health education and health promotion in schools regarding lifestyle factors (6H) including nutrition and physical activity.** Centre for child health services and Public Health Institute in cooperation with school nurses have made health education material for children regarding: nutrition, physical activity, hygiene, mental health, tobacco, alcohol prevention and sexual education. Now in development is a similar program for infants and young children.

- **The project “Everything affects us, especially ourselves!”** A project of the Public Health Institute of Iceland and 25 municipalities in Iceland with the goal of promoting healthy lifestyles of children and their families by emphasizing increased physical activity and improved diet.

The Public Health Institute (PHI) of Iceland in collaboration with municipalities (M) are working on a project with the goal of promoting healthy lifestyles of children and their families by emphasizing increased physical activity and improved diet.

- **Guidelines for preschools, primary schools and secondary school canteens**, to improve the meals in schools. Guidelines were made and published in handbooks.***Outpatient ward for obese children at Landspítali University Hospital.** A research project on the treatment of childhood obesity has been ongoing at The Children's Medical Center (Barnaspítali Hringssins) for the last 7 years. The government has now allocated money to this project for clinical purposes. The program is based on family based behavioral therapy (FBBT), originating from L Epstein in Buffalo NY. Several adjustments have and will be made on the program. Otherwise children are treated by ped endo, pediatricians, nutritionist's at gyms etc.
- **Dietary guidelines for food supply in sport-clubs around Iceland.** What kind of food should be available in sports clubs (for sale).
- **Health promoting schools**
- Professional websites that give information on breastfeeding: www.brjostagjof.is, www.ljosmodir.is, www.heilsugaeslan.is, www.landlaeknir.is, www.doktor.is, www.6h.is.
- Mother to mother support: www.brjostagjafasamtokin.org.