



Federal Ministry
of Food
and Agriculture

National Strategy for the Promotion of Breastfeeding





Dear Readers,

We are all familiar with the saying that we “imbibed something with our mother’s milk”. In a figurative sense, this means that we possess a certain gift thanks to the influence our parents had on us in early childhood. As far as human health is concerned, we now know one thing for certain: breast milk makes infants fit for life. Studies have shown that breast milk is the optimum nutrition for babies. In the long term, infants that were breastfed are significantly less likely to become overweight in later childhood or adult life than those who were never breastfed. And their mothers also benefit from breastfeeding: for instance, they have a lower risk of developing certain types of cancers. It is therefore recommended that babies are fed exclusively on breast milk for the first four to six months of their lives.

Yet although 90 percent of all expectant mothers in our country intend to breastfeed, only 40 percent are still breastfeeding their child exclusively four months after birth despite the fact that this is recommended by the experts. Scientists consider the general conditions in Germany to be only “moderately breastfeeding-friendly”. We intend to change this situation by introducing our National Strategy for the Promotion of Breastfeeding which has been developed at the initiative of the Federal Ministry of Food and Agriculture.

By adopting the National Strategy for the Promotion of Breastfeeding, we want to enhance German women’s motivation to breastfeed, provide them with individual breastfeeding support and increase public acceptance of breastfeeding. The National Strategy comprises a set of strategic measures to this effect, ranging from basic and advanced training to promoting breastfeeding in the workplace and in the municipalities. The Strategy was developed and finalised in cooperation with the Federal Ministry of Health and the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth on the basis of recommendations drawn up by 150 experts, including both scientists and practitioners, in a participatory and inclusive process. This has allowed us to lay the foundations for achieving our common goal: sustainable success in making Germany a more breastfeeding-friendly country.

With kind regards,

Julia Klöckner

Federal Minister of Food and Agriculture

Table of Contents

Summary	5
1. Breastfeeding in Germany: Context and Challenges	7
1.1 Breastfeeding as the first form of nutrition	7
1.2 The current situation in Germany	8
1.3 General conditions for breastfeeding	9
2. Breastfeeding Promotion in Germany	11
2.1 Existing schemes, measures and initiatives to promote breastfeeding	11
2.2 The “Becoming Breastfeeding-Friendly” (BBF) research project	12
3. Participatory Development of the National Strategy for the Promotion of Breastfeeding	15
4. The Strategic Fields for a More Breastfeeding-Friendly Germany	17
4.1 Evidence-based guidelines	17
4.2 Basic and advanced training and continued professional development	18
4.3 Prevention and healthcare structures	18
4.4 Breastfeeding promotion in municipalities	19
4.5 Breastfeeding in the workplace	20
4.6 Marketing of breast-milk substitutes	20
4.7 Systematic breastfeeding monitoring	21
5. Communication Strategy to Increase Relevant Knowledge and Acceptance	23
6. Implementing the National Strategy for the Promotion of Breastfeeding	27
7. List of abbreviations	28

Summary

The Federal Government has set itself the goal of making Germany a more breastfeeding-friendly country. Scientists have reached a unanimous consensus that breast milk contributes to the optimum nutrition of infants and provides a sustained benefit to the health of both infants and their mothers. At the time of birth, 90 percent of all mothers plan to breastfeed their baby. Nevertheless, in spite of what is recommended, less than half of all mothers are still breastfeeding exclusively four months after birth. These figures clearly demonstrate the importance of developing a National Strategy for the Promotion of Breastfeeding.

As a first step, the Federal Ministry of Food and Agriculture (BMEL) supported the international “Becoming Breastfeeding-Friendly” (BBF) research project from 2017 to 2019. By systematically taking stock of the current situation, the project analysed the strengths and weaknesses of breastfeeding promotion and revealed the need for a National Strategy for the Promotion of Breastfeeding. The BMEL followed this recommendation and, as a second step, commissioned the Department of Child Nutrition at the Max Rubner-Institut (MRI) to coordinate a participatory process which provided the groundwork for formulating the National Strategy for the Promotion of Breastfeeding. More than 150 highly dedicated and technically experienced actors developed measures aimed at improving the general conditions for breastfeeding and increasing mothers’ motivation for breastfeeding, especially among those women who have so far been less likely to breastfeed or more likely to breastfeed for shorter periods of time. The full wording of the suggestions can be found in the MRI’s accompanying report. They form the basis of the present National Strategy for the Promotion of Breastfeeding.

Different aspects must be targeted to ensure the promotion of breastfeeding is a success. Therefore, the discussions held within the scope of the participatory process were broken down into the following seven strategic fields: evidence-based guidelines; basic and advanced training and continued professional development; prevention and healthcare structures; breastfeeding promotion by municipalities; breastfeeding in the workplace; the marketing of breast-milk substitutes; and systematic breastfeeding monitoring. Communication activities aimed at promoting breastfeeding are a cross-sectional task and have therefore been developed with reference to the recommendations from all seven strategic fields.

The National Strategy presented here lays the foundation for a sustainable improvement of breastfeeding promotion in Germany. It sets out the vision of a breastfeeding-friendly country and presents possible ways to achieve this goal. To implement the Strategy, the Federal Government will rely on close cooperation with all actors that were actively involved in the participatory process. The MRI’s Department of Child Nutrition will coordinate the implementation process of the National Strategy for the Promotion of Breastfeeding on behalf of the BMEL, while the Healthy Start – Young Family Network (Netzwerk Gesund ins Leben), located at the Federal Centre for Food and Nutrition (BZfE), will be in charge of the communication measures. The implementation will be flanked by an advisory body consisting of representatives from the political, administrative and scientific sectors as well as from associations and institutions.

1

Breastfeeding in Germany: Context and Challenges

Breastfeeding in Germany: Context and Challenges

Breastfeeding is the natural way to feed an infant. Breast milk has the ideal composition to meet babies' needs. Moreover, there is considerable evidence showing the short- and long-term benefits of breastfeeding to both mothers and infants.

With its National Strategy for the Promotion of Breastfeeding and the resulting activities, the Federal Government is contributing to making Germany more breastfeeding-friendly and enhancing the conditions required to achieve this. The Strategy aims to support each woman according to her individual needs and to make breastfeeding easier. A particular focus will be placed on women who have so far been less likely to breastfeed or more likely to breastfeed for shorter periods of time.

1.1 Breastfeeding as the first form of nutrition

The first 1000 days, i.e. the period from conception to the end of the child's second year, are a very crucial period in a child's life. This period has a lasting impact on the course that their later life will take, for instance in the field of nutrition. Breastfeeding is an important beneficial factor that determines the health and wellbeing of both mother and child (see information box 1).

The breastfeeding continuum can be subdivided into different stages (Figure 1). It starts well before the baby is born because the development of knowledge about, and a commitment to, breastfeeding as well as the relevant biological preparation processes already set in during the antenatal stage. Breastfeeding initiation takes place in the immediate postnatal period. The first few days, and sometimes also weeks, after birth are very crucial for the successful establishment of breastfeeding and have a huge impact on a woman's future breastfeeding behaviour. At the next stage, mother and child become increasingly attuned to breastfeeding and ideally settle into a routine. Just as the composition of breast milk changes, the needs of families, mothers and infants also change between the different stages of the breastfeeding continuum.



Figure 1: Stages of breastfeeding (modified according to the Australian National Breastfeeding Strategy 2010-2015)

THE IMPORTANCE OF BREASTFEEDING

Breastfed babies:

- have a reduced risk of cot death, also known as Sudden Infant Death Syndrome (SIDS),
- are less likely to suffer from diarrheal and respiratory infections or otitis media during their first years of life,
- are less likely to become overweight, and
- have a reduced risk of developing type-2 diabetes later in life.

For mothers, breastfeeding has positive effects because:

- it helps the uterus contract after the birth,
- it can help lower a mother's risk of developing type-2 diabetes mellitus,
- there are indications that it is associated with slightly reduced risks of breast and ovarian cancers in later life.

In addition to the preventive healthcare aspects, there are clear indications of further positive effects of breastfeeding, including with regard to the cognitive and psychological development of infants and their bonding with their mother.

The World Health Organization recommends that infants are fed exclusively with breast milk (see information box 2) for their first six months of life. Germany currently recommends that infants be exclusively breastfed until six months of age and, at the very least, until four months of age. Breastfeeding should be continued after starting complementary feeding. It is up to the mother and child to decide how long the overall breastfeeding period will last. However, any form of breastfeeding is valuable.

DEFINITIONS OF BREASTFEEDING ACCORDING TO THE WHO

- Predominant breastfeeding means that the infant may receive other fluids such as water or tea in addition to breast milk.
- Exclusive breastfeeding and predominant breastfeeding together constitute full breastfeeding.
- Complementary feeding or partial breastfeeding means that the child receives both breast milk and infant formula and/or complementary foods.

1.2 The current situation in Germany

Results of the representative German Health Interview and Examination Survey for Children and Adolescents (KiGGS Wave 2) conducted by the Robert Koch Institute (RKI) from 2014 to 2017 show that 87 percent of all women start by breastfeeding. However, only 68 percent of all mothers breastfeed exclusively after birth. The proportion of mothers who breastfeed their infants exclusively declines rapidly over the first six months of the babies' lives. Slightly more than half of all women (57 percent) breastfeed their children exclusively until two months. 40 percent do so until four months, and 13 percent until six months. This trend was confirmed by the follow-up survey to the SuSe II study on breastfeeding and child nutrition in Germany conducted in 2017/18.

In the KiGGS study, nearly 70 percent of the mothers who breastfed for less than six months said that they had stopped because of "insufficient breast milk". However, this problem can almost always be avoided if mothers receive adequate advice about the regular and correct positioning and attachment of the baby. Further factors stated by more than ten percent of mothers included mastitis, health problems and the baby refusing to take the breast. Until six months of age, returning to work was rarely reported as a cause, with less than five percent of mothers stating this reason.

Other studies have shown that the mother's level of education has an important impact on the initiation of breastfeeding. While only 69 percent of mothers with lower levels of education have ever breastfed, this rises to 95 percent of mothers with a higher level of education. The mother's age at childbirth also influences her breastfeeding behaviour. Older mothers are more likely to breastfeed than their younger counterparts (76 percent of mothers up to 24 years of age breastfeed in comparison to 85 percent of those 30 years and over). Mothers of multiple births are less likely to breastfeed than mothers of a single child (68 percent compared with 84 percent). Moreover, mothers of preterm infants are less likely to breastfeed than mothers of term infants (69 percent compared with 84 percent). Mothers who smoke during pregnancy are less likely to breastfeed than mothers who do not (56 percent compared with 86 percent). Mothers who give birth by caesarean section are less likely to breastfeed than mothers who have a normal birth. Women's body weight at the beginning of the pregnancy also influences their breastfeeding behaviour: mothers who are overweight or obese are less likely to initiate breastfeeding, and they breastfeed for shorter periods. Women to whom the inhibiting factors described apply are frequently summarised under the term of vulnerable groups. They are a particularly important target group for measures to promote breastfeeding.

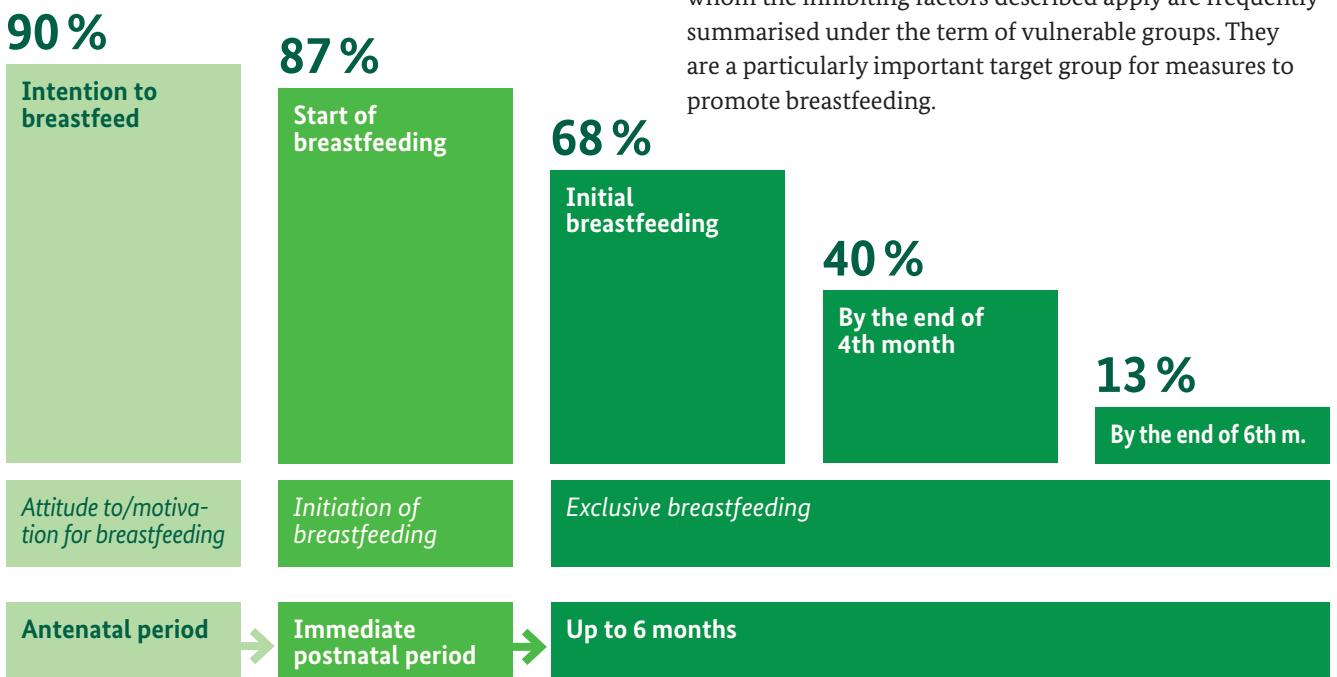


Figure 2: The current rate of exclusive breastfeeding in Germany (according to KiGGS Wave 2)

Factors which positively influence the initiation of breastfeeding include a previous positive breastfeeding experience, information on how to breastfeed provided by a children's health clinic or as part of postnatal care, and being in a stable relationship. There is also evidence suggesting that the proportion of mothers who initiate breastfeeding is higher among women with a migrant background, especially first generation migrants, than among those with a non-migrant background.

Topics relating to breastfeeding are rarely discussed in the media and if they are, they are often presented as a controversial issue. Only a few celebrities openly advocate breastfeeding and the official government promotion of breastfeeding is barely visible in public. Studies on the acceptance of breastfeeding in public places show that the percentage of mothers who breastfeed in public has increased over the last few years. Nevertheless, women regularly report negative experiences in connection with breastfeeding in public. More than one tenth of the population considers breastfeeding in public areas to be unacceptable. As a consequence, women partly avoid breastfeeding in public because they fear negative reactions. Some even stop breastfeeding prematurely due to this.

1.3 General conditions for breastfeeding

Women's breastfeeding behaviour is influenced by a large number of factors (see Figure 3). In theory, breastfeeding undisputedly provides the optimum nutrition for newborn children. In practice, however, the actual success of breastfeeding initiation and breastfeeding duration rates depend on various factors at different levels which may have a positive or negative impact on breastfeeding behaviour.

At the individual level, the attitudes of the mother and the mother's family environment to breastfeeding, as well as the relationship between the mother, child and other family members are of decisive importance. Moreover, the family's social environment may be more or less breastfeeding-friendly.

What attitudes do colleagues, friends or family members have towards breastfeeding? Is breastfeeding socially accepted or fraught with negative associations? Measures to promote breastfeeding are particularly promising if they take this entire social level into consideration. In order to reach women effectively, e.g. by means of communication campaigns on breastfeeding, it is necessary to know their lifestyles, the realities of their lives and their needs (especially in the case of vulnerable groups). The third level to be considered is the structural situation. This comprises, inter alia, the existing support services for breastfeeding women and the applicable legislative framework. Are healthcare structures in place that facilitate breastfeeding for women? Is competent breastfeeding counselling available to provide a positive basis for breastfeeding while addressing women's differentiated needs? As each of these three levels has an important influence on breastfeeding initiation and duration, the promotion of breastfeeding must always keep in view the bigger picture.

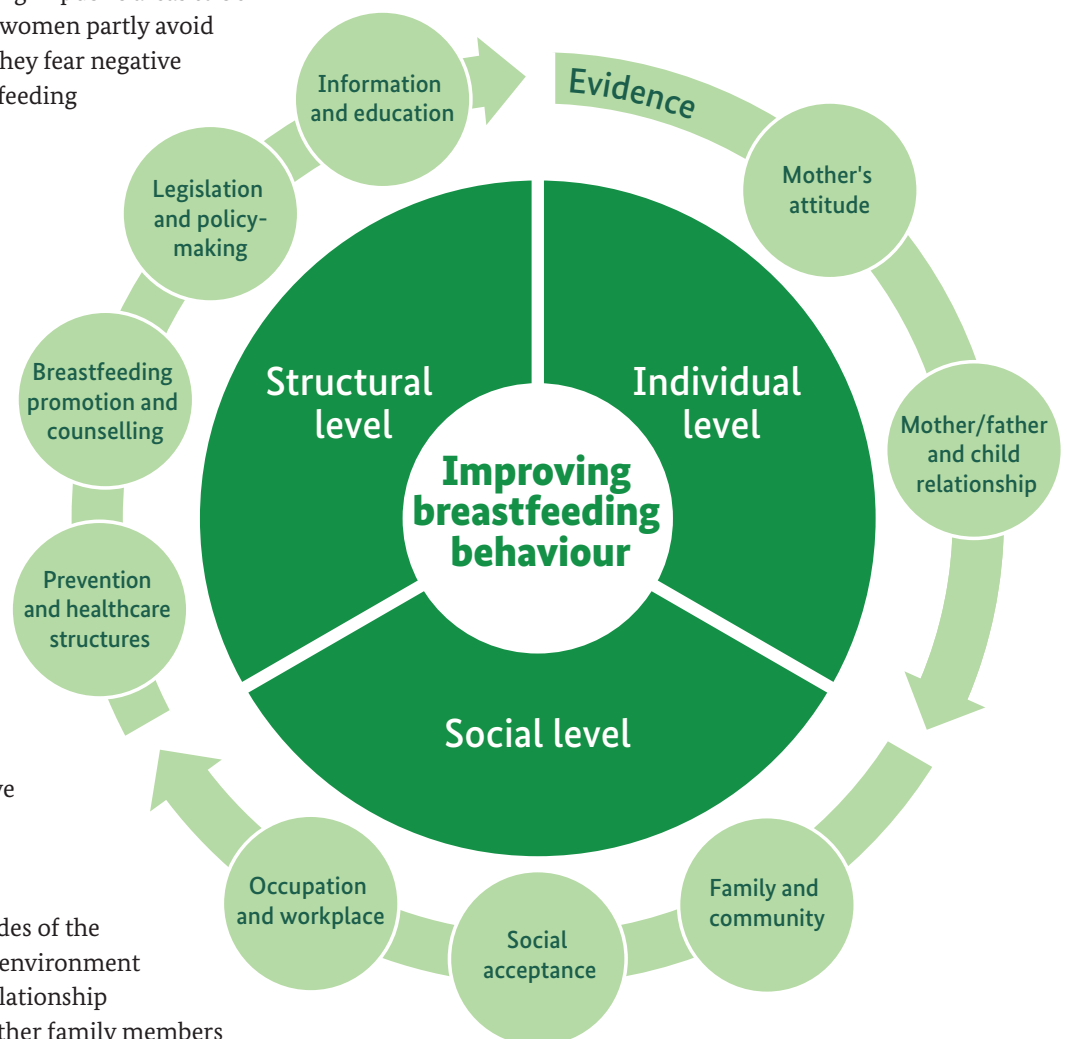


Figure 3: The different levels of factors that determine breastfeeding behaviour

2

Breastfeeding Promotion in Germany

Breastfeeding Promotion in Germany

The importance of breastfeeding for a healthy start to life is beyond question. This is why the Federal Government has long been making efforts to encourage more women to breastfeed and to do so over a longer period of time.

2.1 Existing schemes, measures and initiatives to promote breastfeeding

Basic cornerstones of breastfeeding promotion comprise the 1990 Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, the Babyfriendly Hospital Initiative (BFHI) launched by the WHO and the United Nations Children's Fund (UNICEF), and the International Code of Marketing of Breast-milk Substitutes. Building on these foundations, the World Health Assembly (WHA) adopted the Global Strategy for Infant and Young Child Feeding in 2002, which, in turn, served as a basis for the European Action Plan presented in 2004.

In 1994, the Federal Government set up the National Breastfeeding Committee (NSK). Its primary aim is to promote breastfeeding in Germany. The NSK is composed of members of professional medical associations and organisations which are committed to the promotion of breastfeeding in Germany. It advises the Federal Government, issues directives and recommendations and supports initiatives to remove existing obstacles to breastfeeding. Since April 2019, the NSK has been located at the MRI's Department of Child Nutrition.

In its first Prevention Report (2019) issued in the follow-up to the National Prevention Conference (NPK), the RKI drew upon its health monitoring data to provide an overview on the current health situation and the determining factors for different population groups. In the report, the RKI also highlighted the potential of exclusive breastfeeding in the prevention of disease. In this context, the RKI underlines the importance of encouraging women to breastfeed exclusively for at least the first four to six months of their baby's life and highlights the need to take adequate action with regard to mothers with a lower level of education.

THE NATIONAL PREVENTION STRATEGY

The National Prevention Conference, a working group consisting of the statutory umbrella organisations of the German social security agencies, is tasked with developing and updating the national prevention strategy. To this effect, in addition to the Prevention Report that is to be issued every four years, the NPK formulates the Federal Framework Recommendations in which it primarily establishes the common objectives, priority areas of action and target groups, as well as identifying the organisations and institutions to be involved. The common objectives focus on people's individual life histories and are intended to help people in Germany to grow up, live and, once they have reached working age, work in a healthy way. They are also intended to promote healthy ageing. The Federal Framework Recommendations are implemented at municipal level, with the implementation being regulated in detail by the social security agencies at Laender level, in coordination with other competent bodies and relevant institutions and organisations in the German federal states.

Furthermore, breastfeeding promotion has been enshrined in the national health goals as defined by the gesundheitsziele.de cooperation network. The health goals have been agreed by the responsible stakeholders in the health-care system and aim to enhance the health of individuals and specific groups and are committed to fostering health-promoting structures. Objectives, intermediate goals and specific recommendations for implementation are developed for each health goal. The health goals build on extensive technical expertise and are primarily implemented by the partners of gesundheitsziele.de.

Two of these health goals are relevant for breastfeeding promotion and, consequently, for the National Strategy for the Promotion of Breastfeeding. Firstly, the national “Growing Up Healthily” goal (2010) highlights the need for action in the three designated areas of life skills; food, nutrition and diet; and physical exercise; and emphasises the importance of these areas. Breastfeeding promotion is identified as a recommended measure in relation to ensuring healthy diets for families. Secondly, the national “Health and Childbirth” goal (2017) focuses on the physiological processes that occur during pregnancy, birth and the period up to one year postpartum. This goal highlights the importance of effective breastfeeding counselling, starting before childbirth and continuing beyond birth and the first few weeks of the baby’s life. This aspect is taken up in the present Strategy.

Breastfeeding promotion measures already in place cover different levels. For example, pregnant and breastfeeding women have access to a variety of counselling and support services. Midwifery care financed by the statutory health insurance funds is of particular importance in this regard.

However, despite the various national and international schemes, measures and initiatives, well over half of all women in Germany do not follow the recommendation to exclusively breastfeed their baby during the first four to six months. The National Strategy for the Promotion of Breastfeeding aims to rectify this by consolidating the existing measures and strengthening breastfeeding promotion in the preventive healthcare sector.

2.2 The “Becoming Breastfeeding-Friendly” (BBF) research project

The BBF project, carried out from 2017 to 2019, enabled Germany to take stock, for the first time, of the current state of breastfeeding promotion in a comprehensive and systematic manner, cooperating with relevant stakeholders and institutions in this field. The BBF project was initiated by the BMEL and coordinated by the Healthy Start – Young Family Network (Netzwerk Gesund ins Leben) located at the BZfE and the National Breastfeeding Committee in collaboration with Yale University. The project concluded that Germany is, to date, a moderately breastfeeding-friendly country. The stocktaking of the current situation also included identifying the strengths and weaknesses of breastfeeding promotion and presenting recommendations for improvement.

In line with the BBF project’s key recommendation to develop a National Strategy for the Promotion of Breastfeeding, the BMEL commissioned the MRI to draw up and implement a participatory process which was then used as a basis for formulating the National Strategy for the Promotion of Breastfeeding. The BMEL also tasked the MRI with coordinating the Strategy’s subsequent implementation.





3

Participatory
Development of the
National Strategy
for the Promotion of
Breastfeeding

Participatory Development of the National Strategy for the Promotion of Breastfeeding

Although breastfeeding centres around mother and child, both are influenced, advised and supported by their closest family environment and also by a great number of other people throughout the breastfeeding period. Thus, for instance, gynaecologists, paediatricians, midwives, health visitors, nurses, paediatric nurses and early-intervention medical specialists all provide healthcare for mothers and children. In addition to that, there are other occupational groups that provide advice to families. The social environment also has a major impact. To ensure that the National Strategy for the Promotion of Breastfeeding addresses all levels of this intricate network, seven strategic fields were identified based on the outcome of the BBF process. These fields are complemented by the cross-sectional task of communication (cf. Sections 4 and 5).

In a participatory process, highly dedicated experts were actively involved in developing specific objectives and recommendations for each of the strategic fields (information box 4). They brought to bear in the discussion the perspectives of occupational and professional associations, health insurance funds, public institutions, the National Breastfeeding Committee, medical faculties, clinics and families. In total, more than 150 stakeholders contributed to the process with their manifold perspectives, expert opinions and diverse input (cf. Section 4). A coordination body specifically set up at the MRI for the purpose assisted and guided the work undertaken in the seven strategic fields. The BMEL tasked the Healthy Start – Young Family Network located at the BZfE to coordinate the additional, cross-sectional area of communication (cf. Section 5).

The working documents produced by this process form the basis of the present National Strategy for the Promotion of Breastfeeding. They are available in the MRI report, which will be published together with the Strategy.

THE STAGES OF THE PARTICIPATORY PROCESS CONDUCTED IN THE SEVEN STRATEGIC FIELDS

After certain delays due to the Covid-19 pandemic, the **kick-off event** for the development of the National Strategy for the Promotion of Breastfeeding took place online in September 2020. In the course of the event, objectives for the individual strategic fields were identified and prioritised.

In the subsequent **working phase**, participants held strategic group meetings online to identify key objectives and develop specific activities. The outcomes were summarised in working papers.

In February 2021, all spokespersons of the strategic groups came together online to foster **networking** and clarify overlapping subjects that had been addressed by several different strategic groups.

A **consensus survey** undertaken in March 2021 revealed that there was very broad agreement with the results achieved through the process so far. At the same time, the survey helped to identify minority voices and subject-related discrepancies.

The working documents produced by the process formed the basis of the present **National Strategy for the Promotion of Breastfeeding**.

4

The Strategic Fields for a More Breastfeeding- Friendly Germany

The Strategic Fields for a More Breastfeeding-Friendly Germany

Breastfeeding promotion needs to tackle various areas if it is to be successful. Therefore, the National Strategy for the Promotion of Breastfeeding focuses on the following seven strategic fields: evidence-based guidelines; basic and advanced training and continued professional development; prevention and healthcare structures; breastfeeding promotion in municipalities; breastfeeding in the workplace; the marketing of breast-milk substitutes; and systematic breastfeeding monitoring. Communication on breastfeeding promotion is a cross-sectional task that is closely interlinked with the seven strategic fields.

Promoting breastfeeding is a multi-layered process. During the participatory process, the experts involved drew up various objectives and measures to enhance breastfeeding promotion in the short, medium and long term. Some of these measures, for example, in the field of communications, will have an instant effect and improve the situation directly. Others, such as adjustments in the training of medical staff, will only have an impact in the long term.

In the individual strategic fields, the National Strategy for the Promotion of Breastfeeding outlines a vision of how to improve the conditions for breastfeeding in Germany in a sustainable manner and what steps are required to achieve this goal.

4.1 Evidence-based guidelines

Breastfeeding promotion and counselling both work most effectively if they are carried out in accordance with the latest scientific findings. Current scientific evidence is increasingly being included in medical guidelines drafted under the auspices of the Association of the Scientific Medical Societies in Germany (AWMF). To ensure that all the occupational groups which interact with pregnant or breastfeeding women issue the same, scientifically-based recommendations, it is necessary to develop an evidence-based AWMF guideline on breastfeeding which complies with the highest quality classification standard (S3).

Figure 4: The Strategic Fields of the National Strategy for the Promotion of Breastfeeding



OBJECTIVE:

In the field of breastfeeding, all the relevant occupational groups take the same approach to breastfeeding in accordance with the latest scientific findings.

APPROACH:

- The S3 AWMF guideline on breastfeeding duration and interventions to promote breastfeeding will be drawn up without delay.
- Once the guideline has been finalised, which is scheduled to be in 2022, it will serve as the scientific foundation for all activities to promote breastfeeding.
- Existing medical guidelines such as “Allergy Prevention” or “Diabetes and Pregnancy”, which also contain information about breastfeeding, will be reviewed in accordance with the recommendations formulated in the new guideline and adapted during the regular revision process.
- A non-technical version written in easy-to-understand language for (prospective) parents and families will also be developed.
- The new recommendations will be published.

4.2 Basic and advanced training and continued professional development

The care services accessed by mothers during pregnancy, at birth and during the first two years of their infant's life have a large impact on breastfeeding initiation and duration. Occupational groups in the fields of medical care, midwifery, nursing and other relevant healthcare professions need to have adequate knowledge and skills to be able to provide appropriate counselling. To this end, the issue of breastfeeding must be incorporated into, or receive a greater emphasis in, the curricula for basic and advanced training and in the continued professional development of the relevant occupations. Determining the concrete contents of curricula and teaching is incumbent on the Laender and professional associations.

OBJECTIVE:

The relevant occupational groups acquire the necessary knowledge on breastfeeding and breastfeeding promotion as part of their basic and advanced training or continued professional development.

APPROACH:

- The curricula for basic and advanced training and continued professional development for the relevant occupational groups should be analysed to identify any need for adjustment. Basic training, in this context, designates the primary professional qualification (via studying or vocational training). Advanced training (e.g. as a medical specialist) builds on the primary qualification. Successful candidates are awarded a certificate. Continued professional development serves to broaden the skills of those already in the workforce.
- Uniform, evidence-based teaching content must be devised for all these areas of training and education as required. This content should be based on the forthcoming AWMF S3 guideline on breastfeeding duration and interventions to promote breastfeeding. The different needs of the individual occupations should be taken into account:
 - a greater focus should be placed on sharing breastfeeding knowledge, both in medical degrees and in the corresponding advanced training as medical specialists (especially in the branches of gynaecology, paediatrics, general medicine and internal medicine).
 - In the basic and advanced training for midwives, which already contains a wealth of information on breastfeeding, more attention should be paid to networking with the research community and integrating applicable outcomes of evaluated breastfeeding promotion projects.

- In the nursing sector, the teaching content regarding breastfeeding included in the basic and advanced training curricula is, to date, rather generic. It should therefore be made more specific and firmly established in line with the competences required for the different vocational qualifications.
- It is important to identify the breastfeeding-related training needs in the above-mentioned occupations as well as in other healthcare professions and occupations that deal with the family environment and to lay down appropriate teaching and learning content and quality criteria.

4.3 Prevention and healthcare structures

Breastfeeding has a beneficial impact on the health and wellbeing of both mother and child. In order to fully benefit from the preventive potential of breastfeeding, difficulties with breastfeeding must be avoided or detected early on and dealt with in order to prevent premature weaning. This requires appropriate conditions and healthcare structures that provide all women with low-threshold evidence- and needs-based breastfeeding counselling during pregnancy and following childbirth.

OBJECTIVE:

The prevention and healthcare structures in place are oriented towards the actual needs of women and offer favourable conditions for breastfeeding promotion and counselling.

APPROACH:

- The existing healthcare structures offering comprehensive breastfeeding counselling must be evaluated. One important aspect is the question of whether the existing breastfeeding counselling services currently financed by health insurance funds and municipalities are sufficient and meet women's needs.
- Should shortcomings be identified, their causes must be analysed and suggestions made as to how these gaps in counselling can be closed. If this cannot be achieved by the current counselling system based on appropriately funded midwifery services, research should be undertaken to determine the extent to which other qualified occupations are also in a position to provide breastfeeding counselling. According to the "Health and Childbirth" goal, possible approaches could include addressing the issue of breastfeeding in the applicable directives on maternity care or adding antenatal breastfeeding counselling as an additional item to women's maternity records. It is up to the joint self-government of physicians, hospitals and health insurance funds in Germany to decide on possible adjustments.

- The “10 Steps to Successful Breastfeeding“ developed by the WHO and UNICEF should, in the long term, be applied in all maternity clinics with outpatient units for pregnant women, child-health clinics with care facilities for preterm and newborn infants, and in birthing centres.

4.4 Breastfeeding promotion in municipalities

The environment in which families live has an important impact on breastfeeding behaviour. Low-threshold breastfeeding promotion measures at municipal level are therefore particularly suited for reaching women who are less likely to initiate breastfeeding or more likely to stop breastfeeding after a shorter period than other comparison groups. Many municipalities are aware of their role in breastfeeding promotion and are actively committed to creating a breastfeeding-friendly environment for families and offering them support. For such services to be effective, the public must be made aware of the measures and networking must be facilitated between all the local stakeholders. Social acceptance of breastfeeding also depends largely on the position taken by municipalities in this regard.

OBJECTIVE:

Municipalities support families by providing them with needs-based, interconnected and low-threshold services in the field of breastfeeding promotion.

APPROACH:

- Municipalities are advised to also tackle the task of breastfeeding promotion, notwithstanding the responsibilities of the statutory health insurance funds to provide relevant services and funding. Municipalities should, in particular, establish breastfeeding promotion as an integral part of their health promotion and ante- and postnatal prevention work and interlink it closely with other preventive healthcare activities. As a general rule, municipalities should systematically integrate their work in breastfeeding promotion into their municipal health planning and reporting schemes and support stakeholders in establishing or expanding dedicated networks.
- By positioning themselves as a “breastfeeding-friendly municipality”, municipalities can promote the acceptance of breastfeeding and improve the general conditions for breastfeeding in everyday life. A guideline is currently being developed at Federal Government level to support municipalities in becoming breastfeeding-friendly.
- At municipal level, too, support measures should primarily focus on vulnerable groups and families with fewer socio-economic opportunities. Municipal stakeholders and dedicated (infant) guidance systems in maternity clinics will point these groups towards low-threshold ways of gaining access to breastfeeding promotion services. Breastfeeding-friendly places and self-help activities such as the provision of breastfeeding and baby cafés can help women to experience breastfeeding in practice and build their personal networks.
- To support municipalities in their communication and public relations work, the Healthy Start – Young Family Network, working on behalf of the Federal Government, provides quality-approved information and materials on breastfeeding promotion, which municipalities can in some cases complement with their own information (cf. Section 5).



4.5 Breastfeeding in the workplace

Successful breastfeeding promotion also means supporting breastfeeding in the workplace as well as in educational and training environments. According to KiGGS Wave 2, almost 60 percent of all mothers breastfeed exclusively until the end of the postnatal maternity protection period (as set out in the German Act on the Protection of Working Mothers) – commonly referred to as “maternity leave”. After introducing complementary foods, approximately one fifth of mothers continue breastfeeding until their baby is 12 months of age, while roughly 16 percent continue breastfeeding beyond the infant’s first year. The Act on the Protection of Working Mothers governs women’s health protection to allow all mothers who return to the workplace shortly after giving birth to breastfeed their babies. It also applies to students, trainees and school pupils. However, beyond the legal provisions, it is crucial to create adequate structural conditions that support and promote breastfeeding in the enterprises and (educational) facilities themselves.

OBJECTIVE:

The educational and working environment becomes more breastfeeding-friendly.

APPROACH:

- To support a more breastfeeding-friendly working environment, workplaces are encouraged to implement measures for breastfeeding promotion. It should be emphasised that being breastfeeding-friendly provides added value for workplaces and staff. To this end, a guidance document will be drawn up containing instructions on how to make workplaces breastfeeding-friendly (cf. Section 5).
- To ensure that all stakeholders involved in breastfeeding promotion in the workplace are familiar with the relevant rights, opportunities and duties, pregnant and breastfeeding women, workplaces and multipliers are supplied with information specifically tailored to their needs.
- By identifying and disseminating best practice examples, workplaces receive ideas on how to implement breastfeeding promotion measures. Workplaces with exemplary breastfeeding promotion measures in place can serve as role models for other interested workplaces by offering so-called “breastfeeding fellowships”.
- The general conditions for students, pupils, family members providing support, people not covered by statutory health insurance schemes and self-employed workers should be examined to determine possible need for action.

- In order to make pertinent expertise more widely available and facilitate an implementation process that, wherever possible, takes into account all relevant stakeholder groups, a network consisting of actors in the field of promoting breastfeeding in the workplace and scientists who conduct research in this area should be developed at national and, where appropriate, at international level.

4.6 Marketing of breast-milk substitutes

Breast milk is the natural food for babies. As the infant grows and develops, breast milk continuously adapts to the baby’s changing nutrient requirements and is therefore ideally tailored to its needs. Advertising often suggests that it is possible to substitute breast milk without any problems. This can cause uncertainty in young families and reduce women’s motivation to breastfeed. For this reason, there are clear regulations for the marketing of breast-milk substitutes. The relevant legal provisions can be found in Commission delegated regulation (EU) 2016/127. It applies to infant formula and follow-on formula with the exception of formula manufactured from protein hydrolysates which are currently governed by the national Dietetic Foods Ordinance. When laying down the applicable legal requirements, the legislative bodies were strongly guided by the WHO’s non-binding “International Code of Marketing of Breast-Milk Substitutes”.

OBJECTIVE:

The regulations on the marketing of breast-milk substitutes are brought more systematically to the attention of experts and authorities to limit the impact of industrial corporations.

APPROACH:

- Requirements for the marketing of breast-milk substitutes will be communicated to both expert staff in healthcare and social professions and to the general public in an easy-to-understand way.
- It should be examined whether there is further need for regulation, for instance in order to implement the other recommendations contained in the WHO Code. Furthermore, complementary approaches should be proposed to illustrate how implementation could be achieved beyond existing standards.

- The German federal states are responsible for monitoring compliance with the legal regulations on the marketing of breast-milk substitutes and they should be made more sharply aware of this issue. An assessment will be made as to whether the setting up of a central reporting office would facilitate the notification of infringements.
- All parties involved should be adequately informed and sensitised in order to raise awareness of the risks posed by lobbying from industrial actors and of the conflicts in interest this might cause. Thus, for example, it is essential to take a critical look at information and advertising materials and to check to what extent training courses can be organised without there being conflicts of interest on the part of instructors and without funding and involvement from industry.

4.7 Systematic breastfeeding monitoring

Developing targeted measures to promote breastfeeding requires up-to-date and accurate data on breastfeeding behaviour in Germany. Establishing a continuous, systematic and standardised breastfeeding monitoring system is, therefore, an integral part of the National Strategy for the Promotion of Breastfeeding.

OBJECTIVE:

A systematic breastfeeding monitoring system continuously supplies accurate data on breastfeeding behaviour in Germany.

APPROACH:

- A new field of research on the development and implementation of a systematic breastfeeding monitoring system will be created at the MRI's Department of Child Nutrition.
- There are different, and in some cases complementary, starting points for implementing breastfeeding monitoring approaches. As a first step, it should be determined what instruments are best suited for recording comprehensive and up-to-date data while at the same time conserving resources. A particular focus will be placed on the mandatory quality assurance procedures in maternal-fetal and neonatal medicine, which covers all hospital births, and the regular health screenings for children aged under 9.
- Data from existing studies will be taken into account to incorporate further factors likely to influence women's breastfeeding behaviour.
- A concept for the storage and evaluation of the collected data will be developed.
- In the medium term, the data gathered as part of the breastfeeding monitoring will be published at regular intervals.



5

Communication
Strategy to Increase
Relevant Knowledge
and Acceptance

Communication Strategy to Increase Relevant Knowledge and Acceptance

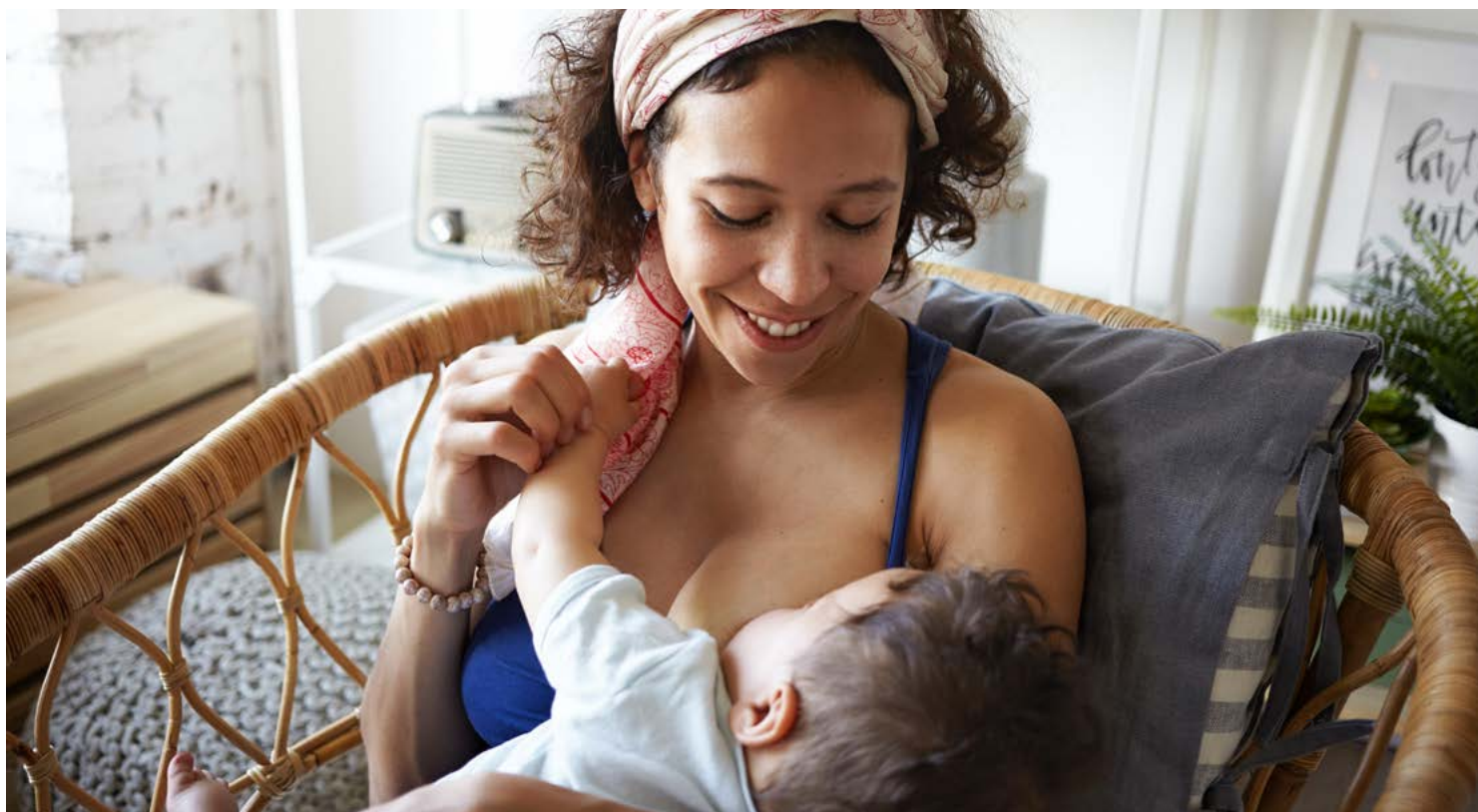
Every year, almost 800,000 babies are born in Germany and their parents are faced with the question of how best to feed them. These families can be supported by setting up targeted communication campaigns to promote breastfeeding, directly addressing families, those offering counselling services and society as a whole.

Not only can targeted communication help to share knowledge, it can also influence perceptions and attitudes and even bring about changes in behaviour. To ensure that as many families as possible are reached, along with their social environments, account should be taken of the fact that information behaviour and needs differ according to age, family situation, educational background and media consumption.

Targeted communication is also the key to gaining broader public acceptance and creating a more breastfeeding-friendly atmosphere. At present, large parts of the population know too little about the importance and practice of breastfeeding and this repeatedly leads to tensions. Although women should be able to breastfeed their infants whenever and wherever they need to, they are often confronted with a lack of understanding or even disapproval. Sharing knowledge on breastfeeding can resolve this

tension, bring about a greater understanding for breastfeeding women and increase social acceptance of breastfeeding, also in public. A more breastfeeding-friendly atmosphere will, in turn, lead to a sustainable rise in breastfeeding rates.

In 2019, the BMEL commissioned the BZfE-based Healthy Start – Young Family Network to work with experts in the field to develop and implement a communication strategy to promote breastfeeding. The strategy particularly focuses on women who are less likely to breastfeed or who breastfeed for shorter periods than relevant comparison groups (cf. Section 1.2). It incorporates the communication measures developed for the seven strategic fields in the National Strategy for the Promotion of Breastfeeding (cf. Section 4). To better reach the target groups and ensure the acceptance, quality and reach of the information being communicated, the communication measures resulting from this strategy will be coordinated by the Healthy Start – Young Family Network at the BZfE and drafted and implemented in coordination with relevant stakeholders. Use will be made of the networking structures developed during the drafting of the National Strategy and the diverse, highly interconnected communication channels and services provided by the different stakeholders involved.



OBJECTIVES

- *Communication activities regarding breastfeeding promotion are consolidated and enhanced.*
- *Social acceptance of breastfeeding is increased and a more breastfeeding-friendly atmosphere is encouraged.*
- *Families receive target-group specific information and support during the entire period from pregnancy and childbirth to the end of the breastfeeding period.*
- *Multipliers provide assistance to pregnant and breastfeeding women.*
- *Responsible actors in the social and structural environments of families are sensitised to the importance of breastfeeding.*

APPROACH:

- The range of evidence-based information and materials with practically applicable content will be continuously expanded. The scope of information will differ from target group to target group in accordance with their specific needs.
 - Print media containing simple and clear messages and presenting breastfeeding in a realistic, solution-oriented manner compatible with everyday life will be developed. More in-depth knowledge will be provided by other media via various communication channels relevant to the target groups.
 - Specific materials containing supplementary information for expert audiences and media professionals will be made available. For instance, a breastfeeding manual in the form of a consolidated reference book and a guideline on stigma-sensitive communication in the workplace are currently being developed.
- The BMEL is exploring possible options for creating a centralised information portal to consolidate current support and information on breastfeeding and make it more readily accessible to all target groups.
- Relevant stakeholders, including scientists, practitioners and representatives of the specific target group, will be involved in the development, implementation and dissemination of communication measures on breastfeeding promotion.
- Targeted press and media work will support the extensive outreach dissemination of information among various target groups.
- Measures with a coordinated content, design and editorial approach across different channels, and statements

by trustworthy political, sport or media personalities are particularly well suited to increasing the population's knowledge about and acceptance of breastfeeding.

- The messages that “Breastfeeding women are always welcome, wherever they are” and “Breastfeeding is the natural way of feeding infants” will be supported by facts on breastfeeding.
- Events such as the World Breastfeeding Week draw public attention to the issue of breastfeeding and provide all relevant stakeholders with the opportunity to make people aware of breastfeeding topics and the concerns of breastfeeding women.
- Possible ways of integrating the subject into (early) childhood education should be explored to ensure that children and young adolescents gain a basic understanding of breastfeeding from an early age.
- Personalities and celebrities who have breastfed their babies and who publicly advocate breastfeeding are highly likely to encourage women from different social backgrounds to identify with them and initiate breastfeeding themselves.
- Multipliers will provide families with materials and low-threshold information on local counselling and support services.
- Women who are less likely to breastfeed or who only breastfeed for shorter periods need to be addressed specifically. This requires a professional communication strategy that has been evaluated to ensure its effectiveness with the target group concerned. It is crucial that multipliers focus their attention specifically on women in this specific group, are aware of their needs, provide them with respectful counselling and, where necessary, with information on further locally available support facilities such as nursing services.
- Expert staff should have comprehensive knowledge of breastfeeding promotion in accordance with the specific care duties and requirements of their individual occupations (cf. Section 4.2). The required evidence-based expertise, counselling skills such as motivational interviewing techniques, as well as access to counselling materials and services and to qualification opportunities are all part of the communication strategy.
- Occupations and volunteers in contact with pregnant and breastfeeding women (e.g. pharmacists, social workers, teachers) have an easy, low-threshold access also, and especially, to vulnerable groups. They will be provided with fundamental knowledge on the importance and practice of breastfeeding and on how to advise families about dedicated support services.

- The guidance document for breastfeeding-friendly municipalities is an instrument that will help municipalities to create an environment which makes it easier for women to breastfeed. This document includes recommendations on how to shape municipal development processes and outlines possible financing options for relevant measures. Ready-to-print templates containing information on breastfeeding and parenting issues, which can be adapted to the individual municipality's needs, facilitate the drafting of a municipal guide (cf. Section 4.4).
- Childcare centres and nurseries are an essential part of families' everyday lives. They will be offered relevant information to help them create a breastfeeding-friendly environment for families.
- The recommendations in the guidance document on making workplaces more breastfeeding-friendly will provide workplaces with a tool to foster this and provide suitable conditions for breastfeeding. The guidance document comprises, for example, ideas on how to shape workplace development processes and designates contact persons to monitor these processes and assure quality control (cf. Section 4.5).
- Media professionals can make a decisive contribution towards increasing the acceptance of breastfeeding in society. Since the mass media influence the public perception of what is considered normal, media workers should be made aware of their responsibility to present breastfeeding women as something very natural in the content they create.
- The measures and processes provided for under the communication strategy must be continuously evaluated with regard to their effectiveness and to whether they are hitting their targets.



6

Implementing the National Strategy for the Promotion of Breastfeeding

Implementing the National Strategy for the Promotion of Breastfeeding

The participatory process initiated by the BMEL to launch the development of the National Strategy for the Promotion of Breastfeeding provided scope for in-depth discussions. Its outcome is remarkable: the experts involved have developed a variety of measures and ideas aimed at making Germany a more breastfeeding-friendly country in the short, medium and long term. In doing so, they have provided significant impetus and concentrated on the impact at a number of different levels, ranging from municipalities to the Federal Government, from women's personal attitudes to the perception of the public, from supporting individual women to making structural changes.

The National Strategy presented here lays the foundation for the targeted, continued development and sustainable improvement of breastfeeding promotion in Germany. Alongside the Federal Government, this National Strategy requires the involvement of many other actors. These include, above all, the healthcare and scientific authorities in the German federal states, the joint self-government of physicians, hospitals and health insurance funds in Germany, universities, professional associations and expert societies, as well as the large number of stakeholders actively engaged in breastfeeding promotion. To implement this National Strategy, the Federal Government will rely once more on the expertise and collaboration of the actors

already involved in the BMEL's participatory process to ensure that the Strategy will be effective at all levels. The Federal Government will be guiding this process.

Coordinating the implementation of the National Strategy for the Promotion of Breastfeeding will be incumbent on the coordination body established at the MRI's Department of Child Nutrition, while the BZfE-based Healthy Start – Young Family Network will coordinate the communication activities. The implementation will be flanked by an advisory body of representatives from the political, administrative and scientific sectors, as well as from associations and institutions, which will prioritise the objectives and measures and evaluate the entire process.

The first measures will be launched while the necessary structures are being put into place. The evidence-based guidelines on breastfeeding duration and interventions to promote breastfeeding (cf. Section 4.1) will play a key role in this regard. Since these guidelines will lay the groundwork for various measures in other strategic fields, drafting it will take priority and is intended to be finalised by 2022. By swiftly implementing the initial measures provided for in the communication strategy, the range of information available to families and professional staff will be enhanced without delay.

List of abbreviations

AWMF	Association of the Scientific Medical Societies in Germany
BBF	Becoming Breastfeeding-Friendly
BFHI	Babyfriendly Hospital Initiative
BMEL	Federal Ministry of Food and Agriculture
BZfE	Federal Centre for Food and Nutrition
KiGGS	German Health Interview and Examination Survey for Children and Adolescents
MRI	Max Rubner-Institut
NPK	National Prevention Conference
NSK	National Breastfeeding Committee
RKI	Robert Koch Institute
SuSe	Study on breastfeeding and children's nutrition in Germany
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

PUBLISHER

Federal Ministry of Food and Agriculture (BMEL)
Division 212
11055 Berlin | Germany

STATUS

As of: July 2021

DESIGN

neues handeln AG, Berlin

TEXT

BMEL

PRINTED BY

BMEL

PHOTOS

title, p. 21: Tomsickova/stock.adobe.com;
p. 8-9: Iryna/stock.adobe.com;
p. 15: Irina Polonina/stock.adobe.com;
p. 17: Seventyfour/stock.adobe.com;
p. 19: shurkin_son/stock.adobe.com

**This publication is made available free-of-charge
by the BMEL. It may not be used by political parties
or groups during an election campaign.**

Additional information is available:

www.bmel.de

 @bmel

 Lebensministerium

