Breastfeeding in Friuli Venezia Giulia

Sir,

In 2001 we published in your journal a paper on the effects of planning by objectives on breastfeeding rates in Friuli Venezia Giulia, a region in the northeast of Italy.1 In that paper we reported our results for 1998 and 1999 and we concluded that our planning activities, including a mechanism for financial penalties for local health authorities not achieving their own targets, had been effective.

The planning and data collection systems introduced in 1998 and described in our paper are still enforced and the rate of exclusive breastfeeding at discharge has been formally included among the indicators of hospital performance. The data from hospitals and immunization centres are regularly entered into an intranet system and compiled. Summary results are available to the public in the website of the Regional Health Authority, at http://www.sanita.fvg.it/ars/specializza/progetti/fr_latte.htm (in Italian).

We would like to report the progress of our breastfeeding rates from 1998 to 2004. Figure 1 shows the rates of the various categories of breastfeeding at discharge and at ~16–19 weeks of age, when infants attend for their second immunization. The rates represent the regional mean; there are variations among hospitals and local health authorities, wider among the former than the latter group. The data are fairly complete and cover ~95% of all infants born and 90% of those residing in the region at 16–19 weeks of age (on average 9500 per year).

From our experience we conclude that (i) by the use of a sound and participated planning system breastfeeding rates, in particular exclusive breastfeeding, can gradually improve; (ii) improvement occurs more rapidly in hospitals, mainly through the implementation of the 10 Steps to Successful Breastfeeding of the Baby Friendly Hospital Initiative, but the curve tends to flatten after some years, indicating the need to revitalize the programme implementation; and (iii) improvement is much slower at the community level, where more support to breastfeeding is required from the whole health and social system. This implies not only the training of health workers and monitoring of their practices, but also the involvement of lactation consultants, peer counsellors and mother-to-mother support groups, changes in the cultural representation of infant feeding towards a culture of ‘breastfeeding as the norm’, and adequate protection of all working mothers through appropriate legislation.2

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References

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