



## **Breastfeeding Committee for Saskatchewan Position Statement**

### **Protecting, Promoting and Supporting Breastfeeding Through The WHO Code and the Ethical Marketing of Breastmilk Substitutes**

The *International Code of Marketing Breast Milk Substitutes*, also known as “*the Code*” (World Health Organization (WHO), 1981) is a set of recommendations adopted by the 34<sup>th</sup> Assembly of the World Health Assembly (WHA) as a minimum requirement to protect and promote appropriate infant and young child feeding practices. Canada gave its approval to *the Code* as part of a near global consensus. *The WHO Code* (1981) focuses on the regulation of marketing infant formula and products associated with bottle feeding. *The WHO Code* (1981) is now an integral part of the *Global Strategy for Infant and Young Child Feeding* (WHO, 2001).

The *WHO Global Strategy* (2001) emphasizes the need for parents to make an informed decision on how to appropriately feed infants and young children. This requires parental access to objective, consistent and complete information about infant feeding and appropriate feeding practices that is free from commercial influence. Optimal unencumbered access to correct information is consistent with the principles within the *United Nations Convention on the Rights of the Child* (1989) for nutritious food as a basic human right for children.

According to the *Convention on the Rights of the Child* (United Nations, 1989), children have the right to breastmilk. Breastfeeding is often dismissed as a personal decision and lifestyle choice without full information about the lifelong health implications of such decisions and choices for both mother and child. “The combination of ineffective public health systems, slick and expensive marketing of milk formula and poor enforcement of marketing regulations have contributed to the decline of breastfeeding” (UNICEF, 2007).

### **Conclusion**

The Breastfeeding Committee for Saskatchewan upholds and endorses the International Code of Marketing of Breast Milk Substitutes (further referred to as “the Code”). Clearly health care providers, supportive health services, and enforceable laws on a national level all play a role in giving effect to the Code and subsequent resolutions. The Breastfeeding Committee for Saskatchewan will collaborate and partner with professional associations and organizations to increase the protection, promotion and support of breastfeeding through adherence to the Code. The Breastfeeding Committee for Saskatchewan also advocates for federal governmental legislation of the Code including the ability to enforce this legislation.

## What is the International Code of Marketing Breast Milk Substitutes?

The International Code of Marketing of Breastmilk Substitutes bans all promotion of bottle feeding and sets out requirements for labeling and information on infant feeding. Any activity which undermines breastfeeding violates the aim and spirit of the Code. The Code and its subsequent WHA Resolutions are intended as a minimum requirement in all countries.

When the International Code was adopted by the WHA in 1981 there was recognition that it may require clarification or even revision. Accordingly Resolutions have been adopted every 2 years since 1982 (see References). The subsequent Resolutions have equal status to the International Code and close many of the loopholes exploited by the baby food industry. Key points of the Code and these WHA Resolutions follow.

### What is covered?

All breastmilk substitutes are covered by the International Code of Marketing of Breastmilk Substitutes (WHA, 1981). These are products which are marketed in a way which suggests they should replace breastfeeding, even if the product is not suitable for that purpose. They may include

- infant formula,
- follow-up formula,
- baby foods,
- gruels,
- teas,
- juices,
- teats, nipples, soothers,
- bottles, and related equipment.

### Ethical Marketing

Baby food companies may not promote their products in hospitals, shops or to the general public.

- Baby food companies may not give free samples to mothers or free or subsidized supplies to hospitals or maternity wards.  
Baby food companies may not give gifts to health workers or mothers.
- Baby food companies may not promote their products to health workers: any information provided by companies must contain only scientific and factual matters.  
Baby food companies may not promote foods or drinks for babies.
- Baby food companies may not give misleading information.
  - There should be no contact between baby milk company sales personnel and mothers.
  - Labels must include a clear health warning.
  - Baby pictures may not be shown on baby milk labels.
  - The labels must not include language which idealizes the use of the product.

### Baby Food Labeling

- Information on labels for infant formula must be in simple and easy to understand terms in an appropriate language understood by the mother. Labels must include a clear health warning.
- Labels of infant formula must contain a statement on the superiority of breastfeeding and that the product *should only be used after consultation with health professionals*.
- Pictures or text which may idealize the use of infant formula and certain wordings, such as 'humanized' or 'materialized' or similar terms should not be used.
- Nutrition and health claims on labels for breastmilk substitutes should not be permitted unless allowed by national legislation (WHA, 2005).
- Labels must contain explicit warnings on labels to inform consumers about the risks of contamination of powdered formula with pathogenic microorganisms as directed by WHA (2005).
- Labels must conform to WHO/Food and Agriculture Organization of the United Nations guidelines on safe preparation, storage and handling of powdered infant formula (WHA, 1980).

- In line with the recommendation for exclusive breastfeeding (WHA, 2001) all complementary foods must be labeled as suitable for use by infants from six months and not earlier.

### Protection of Mothers and Babies

- Information and educational materials on *infant and young child feeding* should be objective and consistent and emphasize the importance of breastfeeding. In no case should such materials refer to a brand name of a product.
- All forms of product advertising and promotion to mothers are prohibited.
- Mothers should not be given free product samples.
- Promotional devices such as discounts and special displays at the retail level are prohibited.
- Company representatives may not initiate direct or indirect contact with mothers.
- *Health risks to infants who are artificially fed or who are not exclusively breastfed* should be highlighted through appropriate labeling and warnings.

### Health Care Provider Responsibilities

A health care provider is an individual or an institution that provides preventive, curative, promotional, or rehabilitative health care services in a systematic way to individuals, families or communities. An individual health care provider (also known as a health worker) works in a health care system. Health care providers deliver a variety of services and include medical, nursing, public/community health or allied health professions.

***The Code gives health care providers the responsibility to encourage and protect breastfeeding.***

- Materials regarding products given to health professionals by manufacturers and distributors should be limited to „scientific and factual“ matters. They should not be tools to promote the use of products.
- Product samples may be given only when necessary for professional evaluation or research at the institutional level. *In no case should these samples be passed on to mothers.*
- In order to prevent conflicts of interest, manufacturers and distributors should not give material or financial inducements to health workers.
- Three WHA resolutions on infant and young child nutrition subsequent to the adoption of the Code specifically cautioned against conflicts of interest:
  - WHA Resolution 49.15 (1996) addressed the conflicts of interest posed by accepting financial support for health professionals working in infant and young child.
  - WHA Resolution 58.32 (2005) was expanded upon the need to avoid conflicts of interest to cover programs in infant and young child health.
  - WH Resolution WHA 61.20 (2008) reiterated all of the above.

### Health Care Systems

**Health care systems** (also known as health facilities) include hospitals, clinics, primary care centres, public/community health clinics, offices and other service delivery points. Each is a health care system. Together, they form part of an overall health care system.

- **Promotion of any product is forbidden in a health care facility or system.**
  - The display of products, placards and posters concerning such products is forbidden.
  - Distribution of materials provided by manufacturers and distributors is forbidden.
- Formula feeding should be demonstrated **only** to those mothers or family members who need to use it and the information given **should include** a clear explanation of the risks of formula feeding and hazards of improper use of products on an individual basis. Donated equipment and materials should not refer to brand names of products.
- **Free Supplies:** Two WHA resolutions (WHA, 1986; WHA, 1994) effectively call for an end to all free or low-cost supplies to any part of the health care system. Manufacturers and distributors are therefore prohibited from providing products to health care facilities for free or at low cost. (According to guidelines under the Baby Friendly Hospital Initiative, „low cost“ means less than 80% of the retail price.)

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