



Commercial infant foods and lactation devices: Marketing, misuse, and mortality

Abstract ID: 147928

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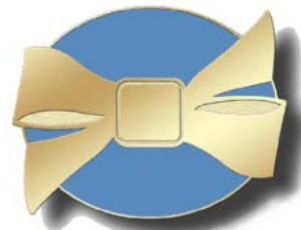
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Learning Objectives

- 1. Recognize impact of marketing versus impact of scientific information re: commercial formula and/or breast pumps.**
- 2. List possible outcomes of over-use of medical devices designed to aid with lactation difficulties.**
- 3. Describe at least one way in which commercial infant formula manufacturers capitalized on the HIV-pandemic.**
- 4. Describe alternatives to the use of breast pumps.**



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Outline



- Importance of breastfeeding and dangers of lack of breastfeeding and the impact of over-use/misuse of medical intervention
- International Code of Marketing of Breast-milk Substitutes: Marketing practices that disrupt or displace breastfeeding
- Activities of the commercial sector internationally
- Alternatives to the over/misuse of these products

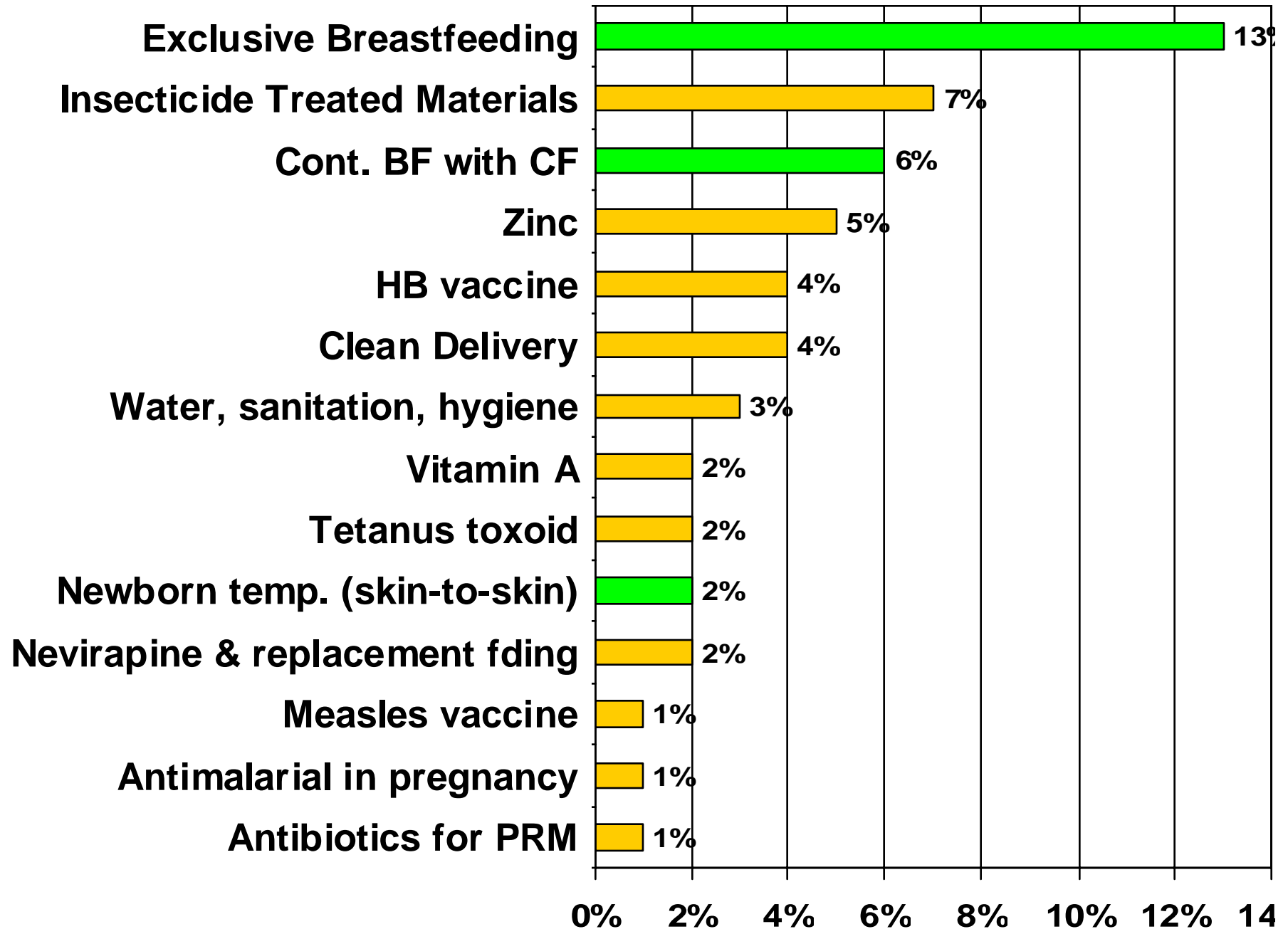


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Preventive Interventions that Save Children's Lives





CDC findings:

Risk factors for diarrhea in Botswana emergency

- Children visiting emergency room with diarrhea compared to those visiting for other reasons
- Interview: health, feeding, environment factors

Characteristic	AOR* (95% CI)
Not breastfeeding	50.0 (4.5 – 100)
Storing drinking water	3.7 (1.5 – 9.1)
Overflowing latrines	3.0 (1.1 – 8.6)
Standing water near home	2.6 (1.1 – 6.3)
Caregivers not washing hands	2.5 (1.1 – 5.0)

**adjusted for SES, age, and mother's HIV status (feeding not adjusted for HIV)*



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Impact of overuse/abuse of interventions developed for medical needs



- Formula based on cow's milk were developed and tested nearly a hundred years ago for the rare situation of lactation failure.
 - Overuse has been a massive uncontrolled and unmonitored experiment
 - The results can be seen above, and in the recent AHRQ publication
- Electric breastmilk extractors ('pumps') were developed to augment hand expression in the situation of prematurity, when increasing milk supply is vital
 - Expressed milk feeding is not equivalent to breastfeeding
 - A second massive uncontrolled and unmonitored experiment is underway
- Human milk for profit – a new frontier in commercialization



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*International Code of Marketing
of Breast-milk Substitutes*



World Health Organization
Geneva

The WHO/UNICEF Code of
Marketing of Breastmilk Substitutes:
What Every Health Worker Should
Know

With thanks to David Clark, UNICEF

**Protecting
Infant Health**

*A Health Workers' Guide to the
International Code of Marketing
of Breastmilk Substitutes*

10th edition



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“Those who make claims about infant formula that intentionally undermine women’s confidence in breastfeeding are not to be regarded as “clever entrepreneurs just doing their job”, but as human rights violators of the worst sort”

**Stephen Lewis,
Deputy Executive Director,
UNICEF, April 1999**



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What is the aim of the Code?



“To contribute to the provision of safe and adequate nutrition for infants,
by the protection and promotion of breastfeeding, and
by ensuring the proper use of breastmilk substitutes,
when these are necessary,
on the basis of adequate information and through
appropriate marketing and distribution.”



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Preamble to International Code



“In view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breastmilk substitutes,

the marketing of breastmilk substitutes requires special treatment,

which makes usual marketing practices unsuitable for these products.”



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What does the Code say?



1. No advertising of breastmilk substitutes, feeding bottles or teats (BMS) and other products to the public.
2. No free samples to mothers.
3. No promotion in healthcare facilities, including no free or low-cost supplies.
4. No company personnel to contact mothers.
5. No gifts to health workers. Health workers should never pass samples on to mothers
6. No words or pictures idealising artificial feeding, including pictures of infants on the labels.



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What does the Code say?



7. Information to health workers should be scientific and factual.
8. Information on artificial feeding, including that on labels, should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.
10. **Manufacturers and distributors should comply with the Code's provisions even if the country has not acted to implement the Code.**



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What the Code does not say:

The Code does not try to stop breastmilk substitutes, such as commercial formula or commercially processed human milk, from being available in shops, pharmacies and supermarkets for use when necessary on the advice of a health worker.



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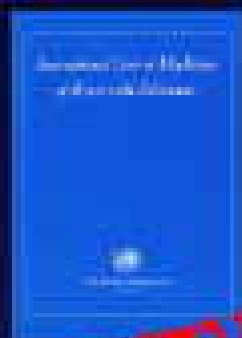


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Breaking the Rules Stretching the Rules 2004

Evidence of Violations of
the International Code of Marketing
of Breastmilk Substitutes and
Subsequent Resolutions



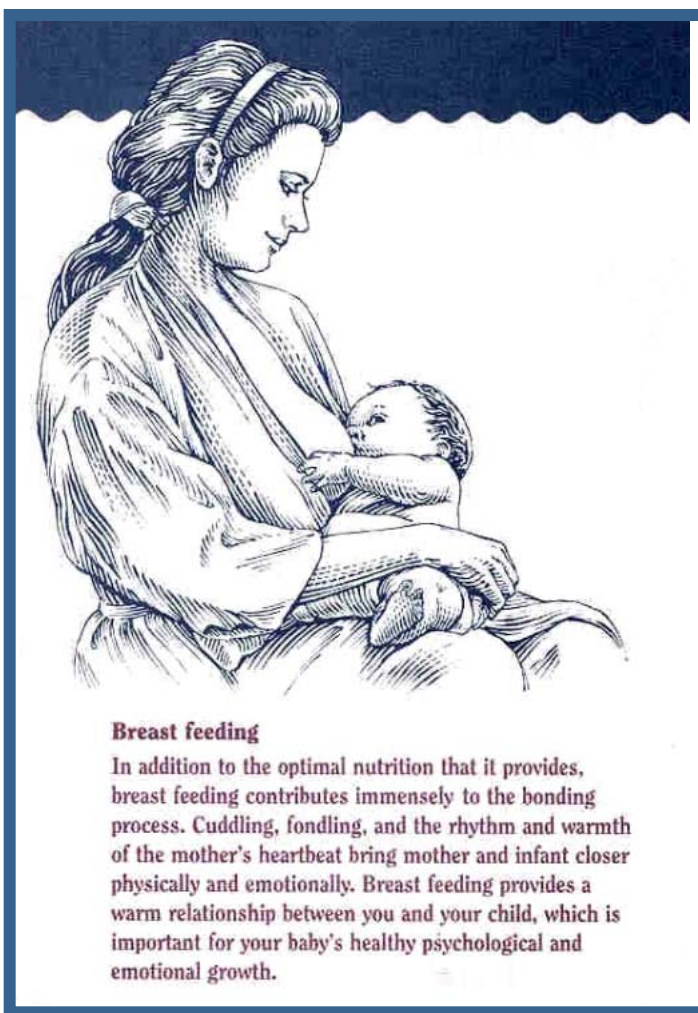
OVERVIEW



INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES AND SUBSEQUENT RESOLUTIONS

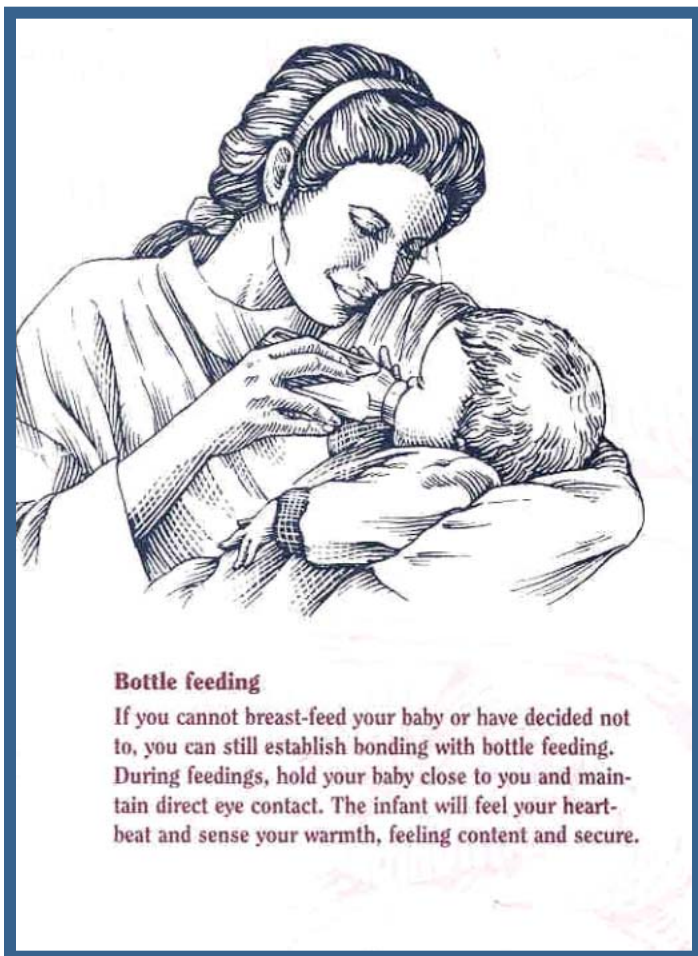
Nonetheless

Monitoring reveals
widespread violation
of the Code



Breast feeding

In addition to the optimal nutrition that it provides, breast feeding contributes immensely to the bonding process. Cuddling, fondling, and the rhythm and warmth of the mother's heartbeat bring mother and infant closer physically and emotionally. Breast feeding provides a warm relationship between you and your child, which is important for your baby's healthy psychological and emotional growth.



Bottle feeding

If you cannot breast-feed your baby or have decided not to, you can still establish bonding with bottle feeding. During feedings, hold your baby close to you and maintain direct eye contact. The infant will feel your heartbeat and sense your warmth, feeling content and secure.

Which mother looks happier?
Which mother looks more interested in her child?



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BACK IN THE USA!

18/8/06



18/8/06



18/8/06



As a result of marketing approaches:



- Women are not being protected from influences that disrupt breastfeeding
- Parents are not being protected from misinformation and manipulation
- General misbelief that artificial feeding is “normal”, and that the use of bottles and teats is normative behavior for child feeding
- Also marketing encourages general misbelief that expressed milk, even pasteurized human milk, is the equivalent of direct breastfeeding
- Decisions are made to artificially feed infants without knowledge of the risks to infant’s and mother’s health
- Governments are not fulfilling their duties towards parents and children



What is our responsibility?



- Health workers are the targets of the marketing and bear the responsibility for the success or failure of the Code.
- Five articles are of special interest for health workers:
 - Article 4: Information and Education
 - Article 5: Protection of the Public
 - Article 6: Health Care Systems
 - Article 7: Health Workers
 - Article 9: Labelling
 - Article 11: Implementation and Monitoring



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What has been the response of the commercial sector to Code activities?



- Sue the Government of India
- Waive the flag of World Trade treaties in Peru and elsewhere
- Persecute whistle blowers
- Abuse power gained through the recently increased public/private profile in the UN
- Threaten the President of the Philippines
- Increase misleading advertising in the US and globally



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Alternatives to the over/misuse of these products: What we must do now:



- Pay attention to the marketing techniques used for products that were originally designed for use as prescribed medical practitioners.
- Seek physiological and non-commercial alternatives
- Use commercial products judiciously and when truly necessary
- Continually assess what are the true barriers to early and exclusive breastfeeding and fight for reform in these areas
 - Maternity practices
 - Donor milk
 - Workplace



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Alternatives to the over/misuse of these products: What we must do now:



- STOP treating Code violators as “partners” in the formulation of infant feeding policies or health care.
- WHA 49.15 urges Member States to ensure that monitoring of the Code is carried out in a transparent independent manner, free from commercial influence
 - The Code recommends that Governments turn to WHO and UNICEF - not the industry that the Code is intended to regulate - for assistance in drafting Code legislation
 - And consider...
 - How was tobacco advertising and use reduced?



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Conclusions (1 of 2)



- Public policy is needed that supports:
 - the availability of these products for use when needed,
 - minimizes false public perceptions of excessive “need” for the product
 - associated actions to protect the public, and the reality of the timeline necessary for major social change.



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Conclusions (2 of 2)



- Marketing practices associated with infant feeding may have led to population norms that are not in the best interest of maternal and child health.
- Public policy can and must be developed to reduce potential harmful health outcomes that result from over/misuse of these products.
- THANK YOU



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