

Health professionals and the International Code of Marketing of Breast-milk Substitutes

Breastfeeding is the best

There is no doubt that breastfeeding is the healthiest means of infant feeding. The benefits are outlined well in the 2005 American Academy of Pediatrics Policy Statement on Breastfeeding.¹ This holds true for both developing² and developed^{3,4} countries. In 2001 the World Health Assembly (WHA) recommended that infants be exclusively breastfed for the first 6 months, then with the introduction of appropriate complementary foods, continue to be breastfed to 2 years or beyond.⁵ In Hong Kong, a survey done by the Baby Friendly Hospital Initiative Hong Kong Association in 2005 (released at the World Breastfeeding Week press conference in July 2006) found that the breastfeeding initiation rate had increased to 64.2%. This rate drops significantly once the baby goes home. According to Hong Kong Department of Health Statistics (presented at the World Breastfeeding Week press conference in July 2005), in 2004 the exclusive breastfeeding rate was only 11.5% at 4 to 6 months.

The International Code of Marketing of Breast-milk Substitutes

Medical reasons for not breastfeeding are rare. Breastfeeding was indeed the norm till the late 19th century. Peripartum medical practices started to interfere with successful breastfeeding. Coupled with the improved storage of cow's milk, a profitable formula feeding business grew rapidly. Aggressive marketing of formula milk and rising infant mortality led to the adoption of the International Code of Marketing of Breast-milk Substitutes at the WHA in 1981 by an overwhelming majority of countries.⁵ At first glance, a marketing code for the industry has little relevance to health professionals, yet many of the marketing practices take place in health care facilities and the community and involve health professionals.

Scope of the code

The code covers breast-milk substitutes (BMS) including "infant formula...other milk products, foods and beverages...for use as a partial or total replacement for breast-milk, feeding bottles and teats." Follow-up formulas were marketed to allow constant visibility of brand names after 1981. A 1986 WHA resolution⁵ clarified that such formulas are unnecessary. In fact, artificially fed infants over 12 months old can be given ordinary milk for adult consumption and progressively adopt the family diet. There is growing concern about childhood obesity yet little awareness that some of the '3' and '4' formulas have up to one third more calories (100 cal/100 mL) than breast-milk (67 cal/100 mL) or cow's milk (64 cal/100 mL).

World Health Assembly resolutions made subsequent to the adoption of the code have similar standing to the code as passed. These resolutions keep pace with science and marketing trends and have technical endorsement from the World Health Organization (WHO) secretariat. Hong Kong's Department of Health Breastfeeding Policy⁶ promulgated in 2003 clearly defined BMS to include follow-up formula. Hence, promotion of these formulas in Hong Kong is a violation of the WHA recommendations.

Major provisions of the code and subsequent relevant World Health Assembly resolutions

Major provisions of the code and subsequent relevant WHA resolutions⁵ are:

1. Governments have the responsibility to provide information on infant feeding. Donations of informational materials by manufacturers or distributors should only be made at the request and with the written approval of the appropriate government authority.
2. No advertising of breast-milk substitutes to the public.
3. No direct or indirect free samples or gifts to mothers or their relatives.
4. No company sales representatives to contact mothers directly or indirectly.
5. No gifts or personal samples to health workers. Samples provided are to be for professional evaluation or research at institutional level. Health workers should not give samples to pregnant women or mothers of infants and young children.
6. Information to health workers should be scientific and factual.
7. Financial support to health professionals should not create conflicts of interest.
8. All information to mothers should include the benefits of breastfeeding and the costs and hazards of artificial feeding.
9. No promotion of products in health care facilities including no free supplies.
10. No words eg "humanized", "maternalized", or similar terms, pictures and text idealising artificial feeding on labels.
11. Nutritional and health claims are not permitted.

Code implementation

Successful implementation of the code depends on countries incorporating its provisions into their local legislation, but the code does state that irrespective of such incorporation, industries should monitor their own practice.

Violations in Hong Kong

Unfortunately violations are rampant in Hong Kong. The

Department of Health has produced comprehensive information on infant feeding for the public yet commercial materials with many subtle messages undermining breastfeeding are seen in many clinics and hospitals. Most distributors of infant formula have mother-and-baby clubs enabling company personnel to distribute samples and messages to mothers that impede breastfeeding. Giving samples to mothers who intend to breastfeed undermines their confidence. The use of samples reduces breast-milk supply, so formula is needed and bought, which is why 'free' samples are given. Giving samples to mothers who elect to formula feed creates an apparent advantage over breastfeeding mothers.

Nurses in the maternal and child health centres are well trained to provide infant feeding advice, whether on breast or formula feeding. Company-run mother and baby clubs and company 'educational' information are not only unnecessary but undesirable because of the inherent conflict of interest. That is why the Code specifically addressed this issue by prohibiting company personnel from having direct contact with pregnant women or mothers of infants and young children. Under the Code, company 'informational or educational equipment or materials' for the public can only be provided "at the request and with the written approval of the appropriate government authority or within guidelines given by governments for the purpose".

Sponsorship

Although sponsorship of health professionals is not prohibited by the code, the 1996 WHA resolution⁵ cautioned against conflicts of interest. Health professionals may feel they are immune to commercial promotional activities. Social science studies have concluded otherwise. Research done on medical residents found that 61% thought promotions did not influence their practice while they believed the same for only 16% of other physicians.⁷ Even 'small gifts' have an effect or else they would not be used.⁸ Professionals are targeted for sponsorship to obtain their goodwill. Being in a position of trust, their recommendation gives the brand professional endorsement. Sponsorship also creates a sense of obligation, a need to reciprocate, and an unconscious unwillingness to speak ill of the product or company. The company image is thus enhanced.

All hospitals in Hong Kong receive free supplies although the Hospital Authority is working towards discontinuing this practice. Companies are keen to provide free supplies as most mothers continue with the brand started in maternity units. Hospitals assist in promoting the formula by their endorsement.

Nutritional and health claims

Theoretically, when nutrients are added to formula they should be of scientifically proven value. Breast-milk, the gold standard, is impossible to imitate as interacting components vary during a feed, at different times of the day

or seasons of the year, and according to the age of the infant. Unfortunately, the addition of new ingredients is used as a marketing tool. Although a Cochrane Data Systematic Review found no benefit from the addition of long chain polyunsaturated fatty acids to infant formula⁹ and the US Food and Drug Administration has refuted the claim that partially hydrolysed whey protein in infant formula reduces the risk of food allergy,¹⁰ claims of their value remain. Hence the 2005 WHA resolution⁵ stated that "nutrition and health claims" should not be permitted for BMS.

Conclusion

The code does not prohibit the sale of BMS but regulates their marketing. Advertisement and promotion of a product for sale may be a widely accepted practice in the commercial world but BMS are not usual commercial products. Breastfeeding is a major public health concern and should not have to compete with commercial enterprises. At the 25th anniversary of the code, its incorporation into Hong Kong legislation is way overdue. As health advocates, apart from urging the government to take action, health workers can alert manufacturers and distributors of violations and report them to the government as recommended by the WHA. Short of this, health workers can at least familiarise themselves with the spirit and provisions of the code and subsequent relevant WHA resolutions so as not to inadvertently facilitate violations, to the detriment of the health of our community.

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