

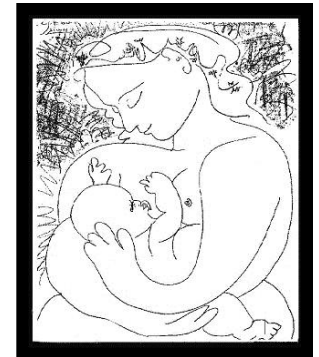
SESSION 4

PROTECTING BREASTFEEDING

Breastfeeding Promotion and Support

A Training Course for Health Professionals

*Adapted from the Baby Friendly Hospital Initiative:
Revised, Updated and Expanded for Integrated Care (Section 3)
WHO/UNICEF 2009*



Session Objectives:

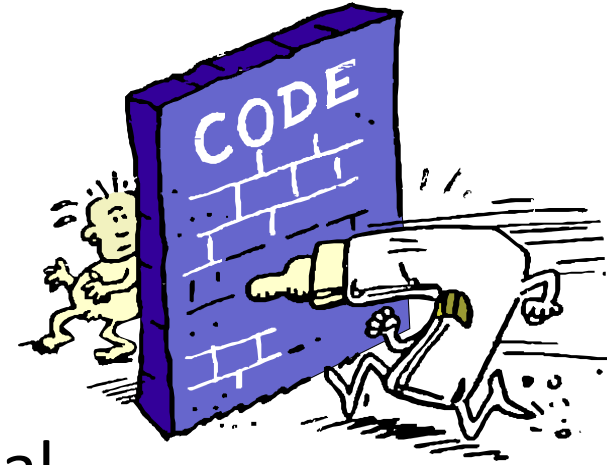
At the end of this session, participants will be able to:

1. Discuss the effect of marketing on infant feeding practices
2. Outline the key points of International Code of Marketing of Breastmilk Substitutes.
3. Describe Code of Ethics for The Marketing of Infant Foods and Related Products in Malaysia.
4. Discuss the violation and how to respond to marketing practices.
5. Donation in emergencies and situation.

1. Effect of Marketing on Infant Feeding Practices

What might be the effect of giving gifts on infant feeding decisions?

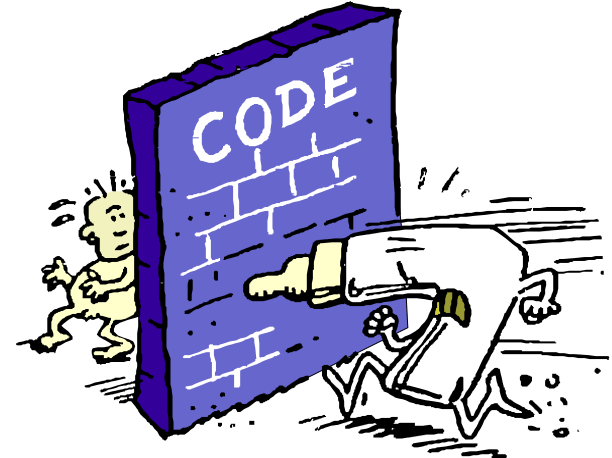
The effect of Marketing on Infant feeding Practices



- Marketing & promotion of commercial breastmilk substitutes can **undermine** breastfeeding
- Contributed substantially to the global decline in breastfeeding

Can you think of some ways that breastmilk substitutes are promoted, advertised or marketed locally?

The effect of Marketing on Infant feeding Practices



- Women are not able to make informed choices about infant feeding if they receive biased and incorrect information
- Women will not get personal and social support
- May get conflicting advice and subtle pressure
- undermine the confidence of the women
- doubt her ability to breastfeed

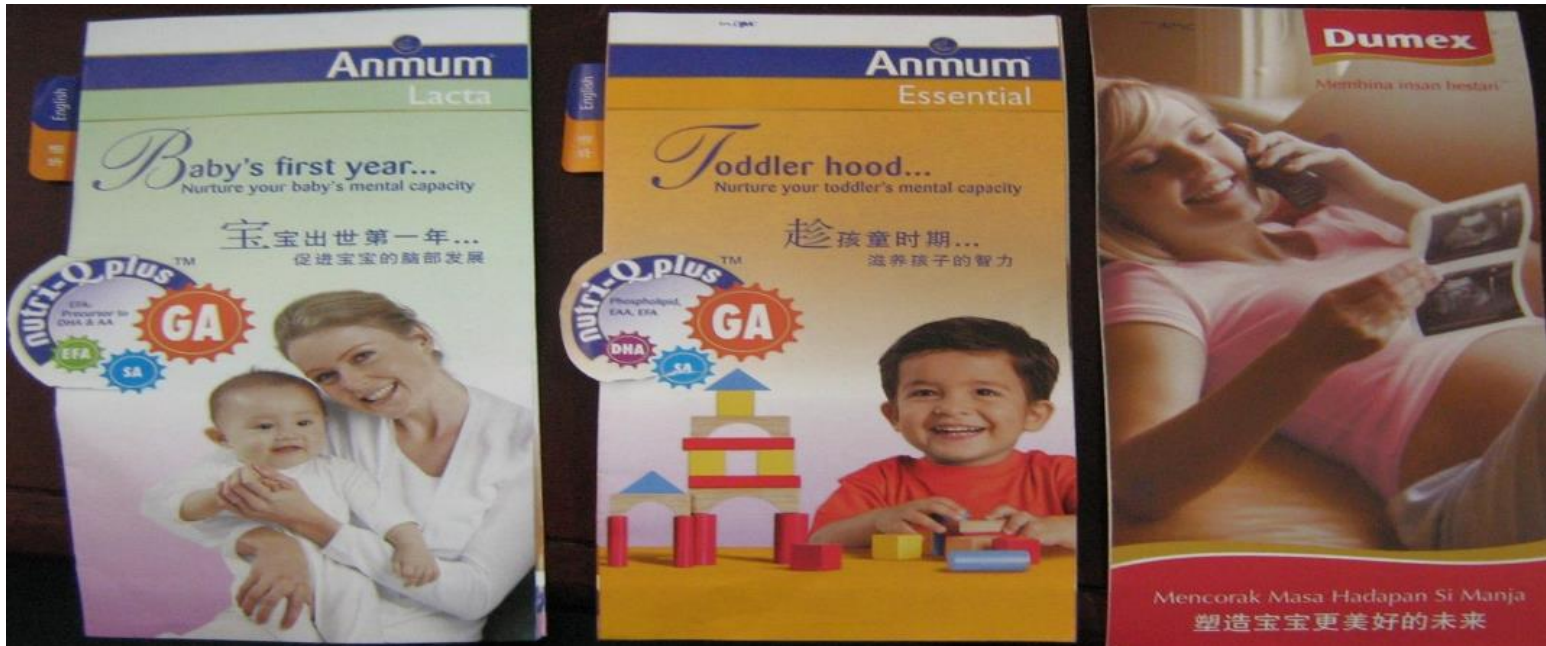
How does promotion compete with breastfeeding ?



Clever work!

Getting customer contact details by reaching out to parents of young children (above one year old), to avoid violating the Code directly. Companies are aware that the same parents are quite likely to have other children below that age, so promotion of infant formula still gets through!!

How does promotion undermine breastfeeding ?



Information materials that promote brand awareness through promotion of growing-up milk and milk for mothers. Mothers are turned into brand loyalists

How does promotion undermine breastfeeding ?



Free supplies of infant formula available at clinic

How does promotion undermine breastfeeding ?



Open display of infant formula products at a private clinic, giving the impression that doctors endorse these products and therefore they must be as good as, if not better than breastmilk

How does promotion undermine breastfeeding ?

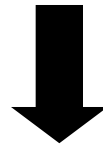
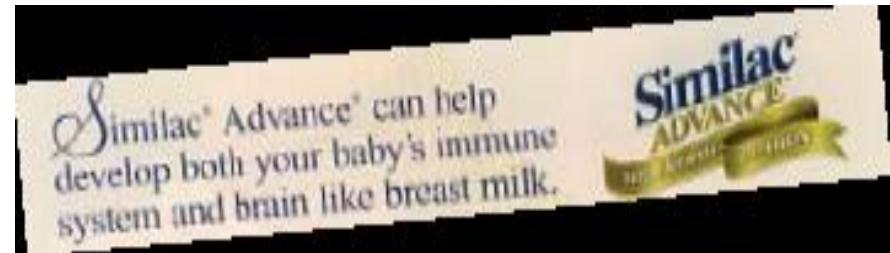


**TESCO CUTEST BABY
CONTEST SPONSORED BY
INFANT FORMULA
COMPANIES**

Article 4.10 :

**prohibits any manner of
involvement of the infant
formula industry with baby
shows (for infants aged 0-36
months)**

How does promotion undermine breastfeeding ?



Icons and images that claim superiority subtly persuade mothers to switch from breastfeeding to the “more superior” alternatives

Undermining breastfeeding



Buying brand loyalty by giving incentives to Health Professionals who in turn, recommend it to mothers

2. Outline the key points of International Code of Marketing of Breastmilk Substitutes

The International Code Of Marketing Of Breastmilk Substitutes

- A Baby Friendly Hospital abides by this code
- The International Code is agreed at the World Health Assembly (WHA) 1981
- The International Code is **not a law**
 - it is a **recommendation** based on the judgement of the collective membership of the highest international body in the field of health, the World Health Assembly

The Aim of the International Code Of Marketing Of Breastmilk Substitutes

- The **safe** and **adequate** nutrition of all infants
- To achieve the aim we must:
 - **Protect, promote and support** breastfeeding
 - Ensure that breastmilk substitutes (BMS) are **used properly** when they are necessary
 - Provide **adequate information** about infant feeding
 - **Prohibit** the advertising or any other form of promotion of BMS.

3. Describe the Code of Ethics for the Marketing of Infant Foods and Related Products in Malaysia



KEMENTERIAN KESIHATAN MALAYSIA
MINISTRY OF HEALTH MALAYSIA

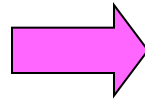
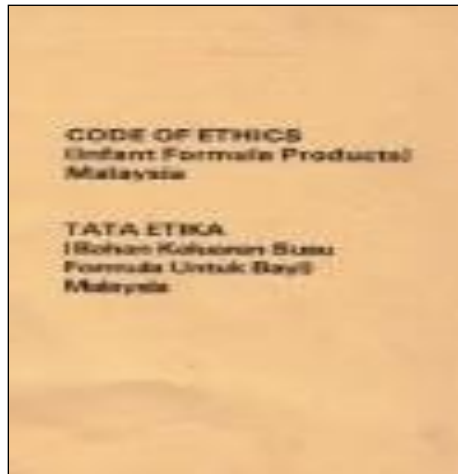


Code of Ethics for The Marketing of Infant Foods and Related Products in Malaysia

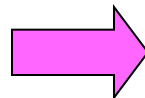
Malaysian Code

- 1st published by MOH in 1979
- Published before the International Code of Marketing of Breast Milk Substitutes (1981)
 - but was based on 1975 International Council of Infant Food Industries (ICIFI) Code and
 - had several weaknesses
- revised 4 times – 1983, 1985, 1995, 2008

CHRONOLOGY OF CODE DEVELOPMENT IN MALAYSIA

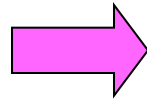


- Published in 1979
- Covers *only Infant Formula (0-12 mths)*
- Based on International Council of Infant Foods Industries (1975)

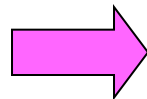


- Published in 1983
- Scope cover *only for infant formula (0-12 months)*
- Include the *Guidelines of Monitoring* In the state level

CHRONOLOGY OF CODE DEVELOPMENT IN MALAYSIA

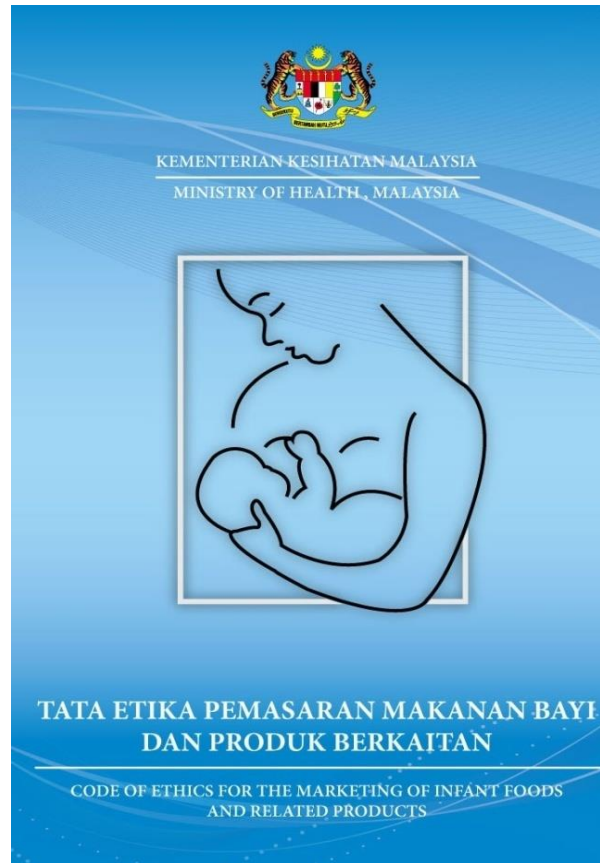


- Published in 1985.
- Scope cover *only for infant formula (0-12 months)*
- The scope was *extended to maternity homes*



- Published in 1995.
- The scope was extended to *infant formula (0-12 months), follow up formula (6 months to 3 years), feeding bottle and teats/ pacifiers.*
- Includes *guideline for information materials and label* and also the structure and term of reference for the organization responsible to the code

Current (2008)



Code of Ethics for the Marketing of Infant Foods and Related Products in Malaysia

AIM

- To **uphold** the supremacy of breast milk;
- to assist in the safe and optimal nutrition of infants by the **protection, promotion and support** of breastfeeding.
- also aims to ensure **appropriate marketing** and proper use, when required, of designated products (infant formula, follow-up formula, special formula, feeding bottles, teats and pacifiers) and complementary foods.

SCOPE

- Covers the basic principles of marketing and product information of designated products and complementary foods in Malaysia.
- also provides guidelines on ethical practices for :
 - a. manufacturers and distributors of designated products and complementary foods
 - b. health professionals and health personnel in the health care system.

Designated products are.....

1. Infant formula (for infants 0-12 months) including ready to feed formula
2. Follow up formula (for infants 6 months to 3 years) including ready to feed formula.
3. Special formula
4. Any other product represented or marketed for feeding infants up to the age 6 months
5. Feeding bottle
6. Teats and pacifier

The code is applying to:

- Manufacturers and distributors of designated products
- Health professionals and health personnels
- Information materials and labels of designated and complementary food

Ethical Practices for Manufacturers and Distributors of Designated Products

Manufacturers and distributors of designated products should:

- *abide* by this Code and observe professional and marketing ethics and established rules of conduct in all contacts.
- *ensure* that company personnel involved in sales and marketing of designated products abide by this Code
- *not market*, promote, or advertise designated products
- *Not provide* samples, supplies or gifts of designated products.

Ethical Practices for Manufacturers and Distributors of Designated Products

Manufacturers and distributors of designated products should:

- Not provide any educational or *promotional material* pertaining to maternal and child care and infant and young child feeding
- Not *advertise or promote* designated products within the health care system, child care centres, retail outlets and the mass media.
- No *donations* of designated products except to charitable organisations and in crisis situations, emergencies and natural disasters, provided sanitation is good in the recipient area.

Ethical Practices for Manufacturers and Distributors of Designated Products

Manufacturers and distributors of designated products should:

- not conduct any *activity* that involves infants, and young children, pregnant women and mothers of infants and young children for the purpose of *promoting* designated products.
- ensure that the remuneration of company personnel be on a fixed and regulated basis, and not related in any way with sales of designated products

Ethical Practices for Manufacturers and Distributors of Designated Products

Manufacturers and distributors of designated products should:

- not give, directly or indirectly, *incentives* in cash or in kind to health professionals and health personnel, retail outlets and child care centres as an inducement for promoting designated products
- Not obtain personal details of infants and young children, pregnant women and mothers of infants and young children from any source for the purpose of promoting designated products.

Ethical Practices for Manufacturers and Distributors of Designated Products

Manufacturers and distributors of designated products should:

- not permit company personnel to :
 - have direct or indirect *contact with pregnant women*, parents of infants, members of their families and child-care providers for the purpose of promoting designated products.
 - perform educational functions related to infant feeding.
 - perform promotional activities related to designated products at child care centres.

Ethical Practices for Manufacturers and Distributors of Designated Products

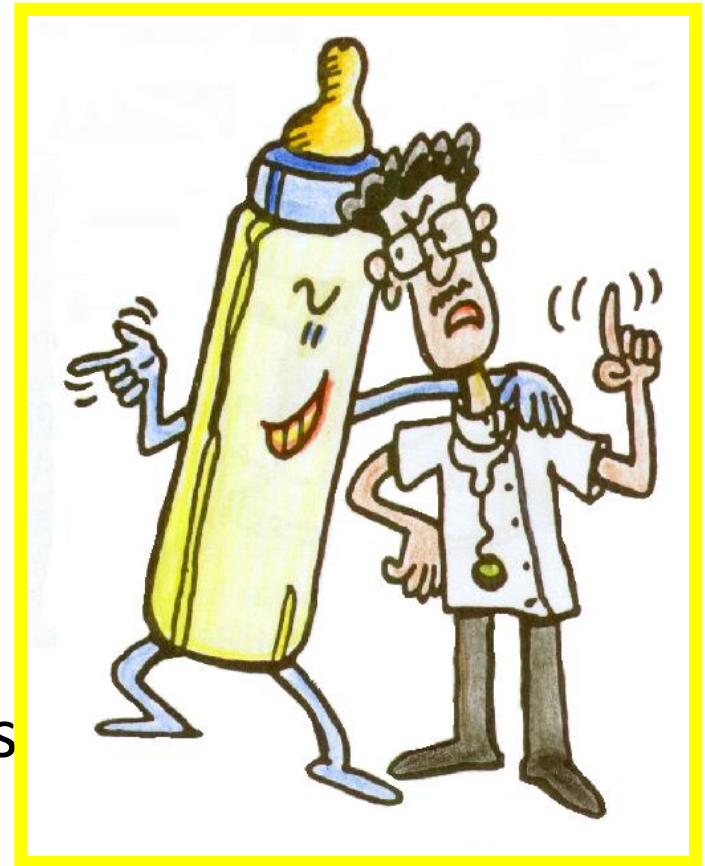
Manufacturers and distributors of designated products should:

- Not allow company personnel to wear *uniforms*, which are *similar* to that of any health professional or health personnel except in their company premises
- *no display* of designated products in trade shows, conferences, seminars, exhibitions or any other similar forum
- no mother-craft services

Ethical Practices For Health Professionals and Health Personnel

Health Professionals and Health Personnel should:

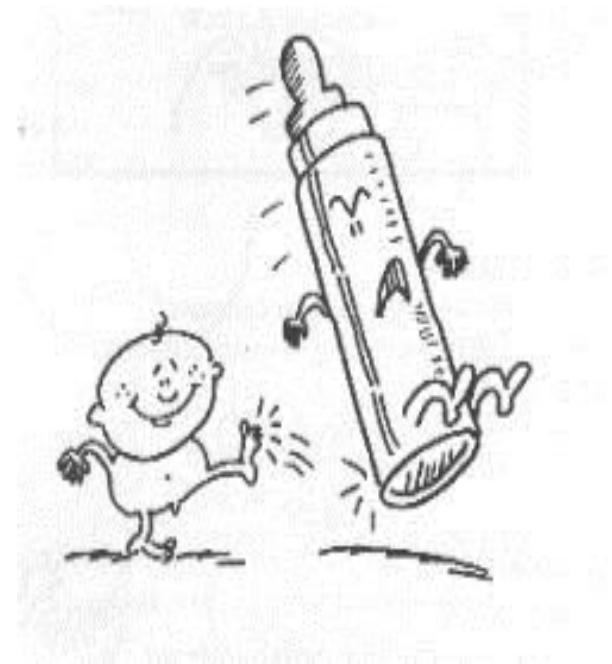
- **Encourage** all mothers to breastfeed exclusively for 6 months
- **not accept** any designated product, incentives and sponsorship from companies



Ethical Practices For Health Professionals and Health Personnel

Health Professionals and Health Personnel should:

- not allow marketing of designated products and complementary foods in the health care system
- not accept **free samples** of products for redistribution to parents



Ethical Practices For Health Professionals and Health Personnel

Health Professionals and Health Personnel should:

- Not purchase designated products at low cost i.e ***below 80%*** recommended retail price
- Not accept promotional materials on designated products except vetted scientific literature.
- Ensure that company personnel do not have direct/ indirect contact with pregnant/ lactating mothers and other family members in the health care system.
- Ensure that company personnel do not obtain any personal details of clients from the health care system

Ethical Practices For Health Professionals and Health Personnel

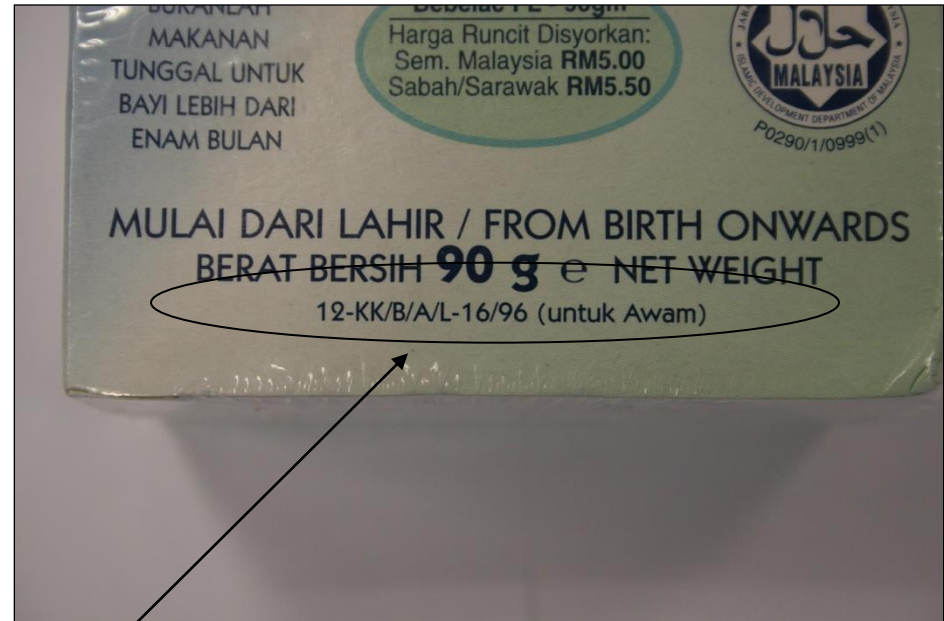
Health Professionals and Health Personnel should:

- ensure that all designated products are *kept away* from public view
- *not recommend* any particular product or company.
- Give necessary instructions for the safe & appropriate use of designated products to mothers who aren't able to breastfeed
- not be *involved* in any activity that promotes designated products.

Information Materials and labels of Designated Products and Complementary Foods

Information materials relating to designated products and complementary foods should comply with the Food Act 1983, the Food Regulations 1985, the Trade Description Act 1972 and the Price Control Act 1946. These should be submitted to the Vetting Committee for approval.

Example - Vetted material



Approval Code

4. Discuss the Violation and How to Respond to Marketing Practices

***Can you think of some ways that
breastmilk substitutes are promoted,
advertised or marketed through
Hospitals and Health Facilities?***

Infant formula vs breastmilk

Despite being the best, breastfeeding is often challenged by aggressive and competitive marketing of commercial infant foods.



Mom's milk is best — but what's second best?

We all know that mom's milk is best for newborn babies. But breast-feeding isn't for every mom. With so many kinds of infant formula in the market today, how do you choose the best formula for your baby? Jane Carver, Ph.D., M.S., from University of South Florida's College of Medicine, was recently in town to share her expertise on this matter, courtesy of Wyeth Nutrition.

In her presentation titled "Advances in Infant Nutrition: Biofactors", Carver claimed that biofactors are substances that can beneficially affect biological systems. "They may be substances that our own bodies make, or they may be essential nutrients that must be obtained from diet," she said. Human milk is used as the gold standard for identification of biofactors that are important for the developing infant.

Researchers attempt to identify biofactors in human milk that contribute to the superior clinical performance of a breast-fed infant with the goal of modifying infant formula to closely match the composition of human milk. This is because breast-fed infants experience optimum growth and development of several systems, including the immune and neurodevelopmental systems. "However, human milk is a very complex substance that cannot be precisely duplicated. Therefore, a more realistic goal may be to try to achieve clinical outcomes that are more like those of the breast-fed infant," Carver added.

Carver explained that the human milk contains many biofactors that enhance the development of the immune system of breast-fed infants. Consequently, breast-fed infants have a lower risk of illnesses, respiratory infections, and ear infections.

The complex array of immune system biofactors in human milk includes antibodies, hormones, immune- and growth-enhancing proteins, and immune cells. Many of these substances play multiple roles, and their production by the infant is often delayed during the first few months of life. One advantage of this delayed development is that calories and nutrients consumed by the infant can be used for growth and development instead of being used for immune protection.

Many of the immune system components of human milk cannot be added to infant formulas because they are unable to withstand the processing and heat treatment necessary to make formulas. Nucleotides (NT), however, are immune-enhancing factors in human milk that can be added to formulas. NTs play key roles in many biological processes. They are produced by the body, but during periods of rapid growth such as in infancy a dietary supply of NTs can provide optimum benefits. Infants fed formula with added NT suffer less diarrhea, have better immune responses to vaccination, and exhibit patterns of immune cells in the blood that are more similar to those of breast-fed infants. These observations indicate that human milk NTs are biofactors that contribute to the superior immune system development of the breast-fed infant.

It has been recognized for many years that infants, children and adults who were breast-fed get higher scores on various tests of intelligence compared with those fed formula, even after taking into account important factors such as the parents' level of education and intelligence. This advantage may relate to the presence of fatty acids such as AA (arachidonic acid) and DHA (docosahexanoic acid) in human milk.

AA and DHA are currently being added to some infant formulas. Research over the past 30 years indicates that AA and DHA in human milk are indeed biofactors that contribute to the superior intellectual development of the breast-fed infant. AA and DHA are present in high levels in the brain and eyes; such levels were found to be higher in breast-fed infants compared with infants fed formula without AA and DHA. The results of several studies indicate that intellectual and visual development are improved in infants—especially those born prematurely—who are fed formulas with AA and DHA.

Selenium is another human milk biofactor: it is an essential nutrient that is needed in small amounts. Selenium protects the body from oxidative damage (damage due to oxygen-containing compounds). Selenium levels in the blood of most formula-fed infants are lower than those of breast-fed infants, and infants who receive selenium-supplemented formula may be protected from the development of problems associated with oxidative damage. Carotenoids are also important human milk biofactors. Approximately 30 carotenoids have been detected in human milk, with beta-carotene, lutein and lycopene being the predominant forms.

According to Carver, carotenoids may play a role in regulating the immune system and protecting the body from oxidative damage. Large studies in adults have shown an association between higher carotenoid intake and a reduced risk of several degenerative diseases. Formula-fed infants have lower blood carotenoid levels than breast-fed infants, and their levels decline at a greater rate after birth. As with selenium, carotenoids may be particularly beneficial for preterm infants, since they have lower blood levels of carotenoids and are thus susceptible to diseases associated with oxidative damage.

August 2005 Health Today 9

Competing with breast milk right from pregnancy



Indirect promotion:

Customer loyalty is captured by marketing a series of inter-related products, so that the mother can be contacted for the purpose of infant formula promotion when she has delivered her baby or when she is breastfeeding.

Winning over Doctors and Health Workers



.....even with small gifts

Cultivating medical endorsement in hospitals



Enticing moms



Bottles & Teats: Close to the breast?

VIOLATION

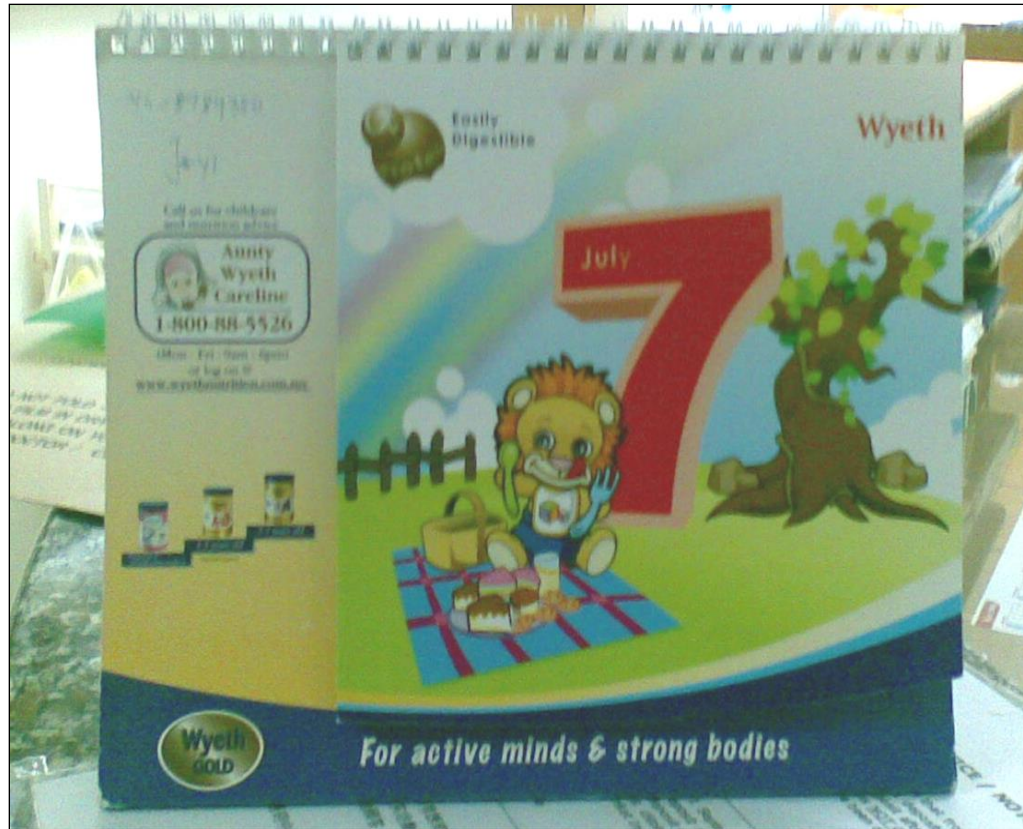


“I want it exactly like this.” ▲

.....and formula for mothers



EXAMPLES OF CODE VIOLATIONS



**Year calendar that promotes brand awareness,
found at a private specialist medical centre**

EXAMPLES OF CODE VIOLATIONS



Poster depicting baby's developmental milestones found at a private clinic

EXAMPLES OF CODE VIOLATIONS

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(Office): ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(Mobile): **019 899 8728**

Ext: _____

Email Address: _____

I am pregnant - Expected Delivery Date*: **28 12 2006**

Please Tick ☒ Accordingly

1. Is this your first pregnancy?
☒ Yes
☐ No

2. Highest education:
☐ Secondary and below
☐ Diploma
☐ Degree and above
☒ Others:

3. Occupation:
☐ Administrative
☐ Executive
☐ Manager
☐ Others:
☐ Professional
☐ Business Owner
☒ Homemaker

4. Preferred language:
☒ Bahasa Melayu ☐ 华语 ☐ English

APPLICANT'S SIGNATURE* (COMPULSORY)
[Signature]
 DATE: **28-11-06.**

CLINIC/HOSPITAL STAMP (WITH FULL ADDRESS):
KLINIK PAGA HOK 088 HQ

"Getting to know you"

Anmum[®]
 For the greatest journey you'll ever take.

Promotional flyer for a mother-craft service being used for harvesting personal details of mothers

What can you do to help protect babies and their families from marketing practices?

What can health workers do ?

- Protect infants and their mothers from marketing :
 - Remove posters.
 - Refuse to accept free gifts
 - Refuse to allow free samples, gifts
 - Eliminate antenatal group teaching of formula preparation
 - Do individual private teaching of formula feeding if required
 - Report breaches of the Code to the appropriate authorities.
 - Accept only product information for scientific purposes
- Hospitals must abide by the Code - to be recognised as Baby-friendly.

Class Discussion: *How to respond to marketing practices*

1. A company representative visits the nutritionists at a nutritional rehabilitation centre to promote the use of a new, improved infant formula. He says that this formula is especially useful for malnourished babies. He offers to provide enough so that every mother may be given two free tins. If the staff is implementing the Code, **how can they respond?**

Class Discussion: *How to respond to marketing practices*

2. Izzah runs a private maternity home. Her friend, Ali, works for an infant formula company and offers to give the home posters and leaflets on breast and bottlefeeding, and supplies of formula. What can Izzah say to her friend?

Class Discussion: *How to respond to marketing practices*

3. Sam is training to be a paediatrician. He is very interested in infant nutrition. A formula company offers to fund his travel to a free conference that the company is holding and provide him with a accommodation at the conference hotel. If Sam accepts this funding, what might happen?

5. Donation in emergency situation

Donations in Emergency Situation

- Basic resources needed for safe artificial feeding
 - clean water and fuel: scarce/non-existent
- Attempts at artificial feeding in such situations increase the risk of:
 - Malnutrition
 - Disease
 - Death.
- Young children **not breastfed** miss its protective effects, vulnerable to infection and illness

- *Donations of **infant formula, foods and feeding bottles** may come from many sources.*
- *Media coverage lead these donors to believe that women cannot breastfeed in the crisis.*



These donations **should be refused** since they can result in:



- Babies who do not need formula receiving it.
- Storage and disposal problem of excess formula packaging waste.
- Advertising brands-mothers may then think are recommended brands.
- Donations of out of date or unsuitable formula, making them unsafe to use.

Additional problems can arise



- No instructions in local languages provided for the formula preparation
- Bottles and teats included though cup feeding is recommended

Additional **dangers** of unlimited supplies in emergencies

- Spillover
 - Breastfeeding mothers start to give formula
- Infants and their families become dependent
- to create a new market for later sale

Therefore if **unavoidable**:

- Use to prepare cooked food/porridges for older children
- Use with re-lactation device for relactation

Summary

- Marketing of breastmilk substitutes and bottles can undermine confidence in breastfeeding for mothers and the wider community.
- The Code of Ethics for The Marketing of Infant Foods and Related Products assist the safe and adequate nutrition of infants
- Health workers can protect families from marketing of breastmilk substitutes
- Donations of breastmilk substitutes in emergencies should be treated with extreme care



THANK YOU