Piwoz EG, SL Huffman (2015) **The impact of marketing of breast-milk substitutes on WHO-recommended breastfeeding practices.** Food Nutrition Bulletin. Aug 27. pii: 0379572115602174. [Epub ahead of print]

Introduction

The World Health Organization (WHO) and other international organizations recommend: 1) early initiation of breastfeeding within one hour of birth, 2) exclusive breastfeeding for the first 6 months of life, and 3) the introduction of nutritionally-adequate and safe complementary foods at 6 months together with continued breastfeeding up to two years of age or beyond (1). The beneficial effects of breastfeeding on both short-term and long-term health are well established (2, 3), whereas sub-optimal breastfeeding practices are estimated to result in 800,000 child deaths annually (4).

In 1981, the World Health Assembly adopted the International Code of Marketing of Breast-Milk Substitutes (BMS). The International Code includes 14 articles and subsequent resolutions, describing the responsibility of governments, health care systems and workers and BMS manufacturers with respect to providing objective and consistent information on infant and young child feeding, BMS quality, and labeling and marketing of BMS. By 2014, 39 countries had fully implemented the Code and adopted it into their national legislation, while another 47 had implemented only some of the Code provisions.

This issue of NNA summarizes a review article published in the *Food and Nutrition Bulletin* which reported on sales and marketing practices of BMS in low- and middle-income countries. The goal of the review was to describe the influence of these practices on WHO-recommended breastfeeding behaviors (5).

Methods

BMS were defined following WHO's definition, namely, as any food or beverage that is marketed or represented as a partial or total replacement of breast-milk, independent of its suitability for this purpose. The authors further defined BMS as infant formula for children less than 6 months, follow-on formula for 6-11 month old children, and growing-up/toddler milks for children 12 months and older. The authors reviewed global and country-specific company reports, market research and media studies and collected information from Euromonitor International. The latter provides information on BMS sales, market trends and industry

patterns. Published scientific literature was reviewed for associations between BMS marketing and breastfeeding practices.

Results and Conclusions

In 2013, global sales of BMS totaled 40 billion US dollars. While sales in high-income countries have been stagnant, the sales of BMS in low- and middle-income countries have been increasing. Milk formula, which combines the three types of products for children 0 – 5, 6 – 11 and 12 months and above, was the fastest growing "healthy and functional food/drink" category in 2013. For example, sales of BMS increased by 18% in the Asia Pacific region and by 14% in the Middle East and Africa region.

The authors were unable to find data on how much companies spend on BMS marketing (5), but reports suggest that it is significantly more than what governments spend on breastfeeding promotion (6). For example in Vietnam, where the Alive & Thrive Project created mass media campaigns and worked jointly with the local health authorities and the United Nations Children's Fund (UNICEF), the media spending of BMS companies was 61-times greater than mass media spending on breastfeeding (7).

BMS manufacturers and/or importers, distributors and retailers promote BMS products directly to and through the health system. There is documentation of offering stipends to attend sponsored meetings, free gifts and providing free infant formula in maternity discharge packages from a wide range of low-and middle-income countries in Africa and Asia. All of these practices are explicitly prohibited by the Code. The impact of these practices on breastfeeding decisions has not been studied systematically.

Health care professionals are considered a credible source of information on health, including infant and young child feeding. Thus, it is of particular concern if health care professionals' advice directly undermines the WHO-breastfeeding recommendations. Studies in Pakistan and Nepal found that 40% and 36% of mothers, respectively, report having received advice from their health care professional to feed infant formula. A review of 9 randomized studies on the impact of infant formula-containing discharge packages found a negative effect on exclusive breastfeeding (8). The prevalence of providing free infant formula samples in hospital discharge packages is unknown in low- and middle-income countries. However, in the US, 81% of women report having received infant formula-containing packs in the hospital. BMS are also distributed via other means, such as home visits and through the mail. In China, 40% of women reported receiving free infant formula samples, with the majority coming from

representatives of BMS manufacturers. In the US, 55% of women reported receiving free infant formula through the mail.

By showing that a certain practice is common and accepted in the population, advertising is known to influence social norms, both with regard to BMS use and breastfeeding (5). Marketing also tries to influence attitudes. In particular, common messages in advertisements are that BMS are as good as or better than breast-milk and that it is a lifestyle choice. In Vietnam, for example, infant formula advertisement appealed to families' wish to have smart and tall children despite the lack of any scientific evidence of benefit of infant formula. How marketing can influence parental conceptions comes from an interesting study of 13 parental online chats in the UK. The single most repeated statement across all sites was that a certain infant formula brand was the "closest to breast-milk", a statement that originated from the company's own marketing (9).

The BMS advertisements often claim that their products can solve common parental concerns, including that the baby is hungry, has a digestive problem or will not sleep through the night. Although there is no evidence to support such claims, they may contribute to undermining maternal confidence in breastfeeding (5). Last but not least, BMS manufacturers also market their products towards policy makers in an effort to influence national policies concerning infant and young child feeding.

Policy Implication

Multiple factors influence breastfeeding decisions, which in turn can be influenced both positively and negatively by BMS marketing. Although there is limited scientific evidence on its impact, the authors documented in the present review that BMS manufacturers market their products through multiple channels, including marketing to and through health facilities and health professionals, policy makers and directly to consumers (5). There is a need for countries to reinforce the International Code of Marketing of BMS and relevant subsequent World Health Assembly resolutions by strengthening national legislation to prohibit BMS promotion and provision of incentives by company representatives. Companies should agree to adhere to the Code and refrain from lobbying to restrict its implementation and reinforcement. The authors also recommend ensuring that health providers are well trained in the promotion and support of optimal breastfeeding practices (5). For the latter, sustainable financing is required for governments to continue supporting breastfeeding promotion.

NNA Editor's Comments*

As outlined by the authors, increasing child survival through optimal breastfeeding practices requires multiple strategies. The influence of BMS manufacturers has to be limited and mothers have to be supported when initiating and continuing to exclusively breastfeed. There is strong evidence that antenatal counseling, individual and group counseling to support breastfeeding at delivery and postnatally can significantly increase early initiation and exclusive breastfeeding. A good model are the 10 steps to successful breastfeeding through the Baby Friendly Hospital Initiative (10).

*These comments have been added by the editorial team and are not part of the cited publication.

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