

**Submission to Panel on Health Services on
Development of a Hong Kong Code of Marketing of Breastmilk Substitutes***

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1. Breast milk is best for infants, breast feeding is normal and there is no substitute and no other “feeding choice” for them as evidenced by the following reports.

Table 6.1. Summary of effect of breastfeeding and comparison with other interventions

Outcome	Range of effect of other public health interventions in later life				Breastfeeding (current review)	
	Diet / Dietary advice	Exercise	Multiple risk factor intervention	Modest salt restriction	Pooled effect size (95% confidence interval)	Conclusion
Blood pressure (mean difference in mm Hg, 95% CI)						
Systolic	-2.1 (-2.8 to -1.4)	-3.84 (-4.97 to -2.72)	-4.2 (-4.6 to -3.8)	-2.03 (-2.56 to -1.50)	-1.21 (-1.72 to -0.70)	The effect of breastfeeding is significant, but smaller than the effect of other interventions.
Diastolic	-1.6 (-2.7 to -0.6)	-2.58 (-3.35 to -1.81)	-2.7 (-2.9 to -2.5)	-0.99 (-1.4 to -0.57)	-0.49 (-0.87 to -0.11)	
	ref. (45)	ref. (185)	ref. (186)	ref. (187)		
Total serum cholesterol (mean difference in mmol/L, 95% CI)	-0.13 (-0.23 to -0.03)		-0.14 (-0.16 to -0.12)		-0.18 (-0.30 to -0.06)	The effect of breastfeeding is significant and larger than the effect of other interventions.
	ref. (45)		ref. (186)			
Overweight or obesity	<i>Diet/dietary advice and exercise</i> 5/6 studies showed no effect on childhood obesity. Meta-analysis not done because of heterogeneity between studies.				Odds ratio 0.78 (0.72 to 0.84)	The effect of breastfeeding is significant (22% reduction), while other interventions showed no effect.
		ref. (184)				
Type II diabetes	<i>Diet/dietary advice and exercise</i> 31-46% reduction in risk in persons with impaired glucose tolerance.				Odds ratio 0.63 (0.45 to 0.89)	The effect of breastfeeding is significant (37% reduction) and of similar magnitude to the effect of other interventions.
		ref. (188)				
Intelligence test scores					Mean difference 4.9 points (2.97 to 6.92)	The effect of breastfeeding is significant, with a substantial effect size.

Ref: Evidence on the long-term effects of breastfeeding : systematic review and meta-analyses / Bernardo L. Horta et al. 2007, WHO

* A breastmilk substitute is any food or drink given to a baby of any age which replaces breastmilk. The World Health Organisation recommends six months of exclusive breastfeeding with continued breastfeeding alongside family foods for up to two years and beyond

Appendix 2. Excess Health Risks Associated with Not Breastfeeding

Outcome	Excess Risk* (%) (95% CI†)	Comparison Groups
Among full-term infants		
Acute ear infections (otitis media) ²	100 (56, 233)	EFF‡ vs. EBF§ for 3 or 6 mos
Eczema (atopic dermatitis) ¹¹	47 (14, 92)	EBF <3 mos vs. EBF ≥3 mos
Diarrhea and vomiting (gastrointestinal infection) ³	178 (144, 213)	Never BF¶ vs. ever BF
Hospitalization for lower respiratory tract diseases in the first year ⁴	257 (85, 614)	Never BF vs. EBF ≥4 mos
Asthma, with family history ²	67 (22, 133)	BF <3 mos vs. ≥3 mos
Asthma, no family history ²	35 (9, 67)	BF <3 mos vs. ≥3 mos
Childhood obesity ⁷	32 (16, 49)	Never BF vs. ever BF
Type 2 diabetes mellitus ⁶	64 (18, 127)	Never BF vs. ever BF
Acute lymphocytic leukemia ²	23 (10, 41)	Never BF vs. >6 mos
Acute myelogenous leukemia ⁵	18 (2, 37)	Never BF vs. >6 mos
Sudden infant death syndrome ²	56 (23, 96)	Never BF vs. ever BF
Among preterm infants		
Necrotizing enterocolitis ²	138 (22, 2400)	Never BF vs. ever BF
Among mothers		
Breast cancer ⁸	4 (3, 6)	Never BF vs. ever BF (per year of breastfeeding)
Ovarian cancer ²	27 (10, 47)	Never BF vs. ever BF

* The excess risk is approximated by using the odds ratios reported in the referenced studies.

† CI = confidence interval.

‡ EFF = exclusive formula feeding.

§ EBF = exclusive breastfeeding.

¶ BF = breastfeeding.

Ref : U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

However, risk of formula feeding are many:-

Additional risks to babies who are fed infant formula:

- * infection from contaminated formula in particular *Cronobacter sakazakii*, *salmonella*
- * effects of environmental contaminants e.g. melamine
- * effects of added ingredients e.g. algal LUPA

Besides the

- lung infections
- middle ear infections (otitis media)

- becoming overweight
- diabetes
- diarrhea
- chronic illness
- reduced cognitive development
- allergies
- asthma
- heart disease
- higher risk of SIDS
- childhood cancers

(Risks of Formula Feeding, Infact Canada, November 2002, revised July 2006)

The health benefits to society in ensuring exclusive breastfeeding of all infants are thus tremendous not taking into account economic advantages.

2. Hence there is great need to *normalize* breast feeding as the sole choice for feeding newborn babies. There are very few genuine indications for mothers who should not or cannot breast feed their babies.
 3. The society need to ensure all newborn babies be provided with best food they rightly deserve. Freedom on trade or advertisement must not surpass our mother and children's right to health.
 4. Hence infant formula should not be marketed or distributed in *any* environment in ways that may interfere with the protection and promotion of breastfeeding.
 5. Brand name advertising is not the same as impartial information. The aims of the WHO code are to ensure that health workers, mothers and carers receive full and impartial information. The aim of brand name advertising is the opposite – it provides selective information, projecting only the qualities that advertiser chooses. Banning advertising does not deny anyone the right to buy baby milk if they choose. Consumers can always contact health care workers or companies to obtain detailed information on the composition of the products. Mothers and babies should have the right to a delivery in a non-commercial environment and be assured of impartial advice.
 6. There are abundant scientific evidences that direct-to-consumer advertising of infant formula and the practice of marketing infant formula through the health care system have deleterious effects on breastfeeding initiation, duration, and exclusivity and violate principles of business ethics. Examples provided from United States Breastfeeding Committee are as follows:-
- Advertising of infant formula in obstetricians' offices lowers the rate of breastfeeding among women who visit those offices prenatally.
 - Exposure to infant feeding information through media advertising has a negative effect on breastfeeding initiation.
 - Breastfeeding mothers who receive free formula samples at hospital discharge are more likely to introduce solid foods by two months postpartum.
 - Women who did not receive hospital discharge packs containing formula are more likely to be exclusively breastfeeding at three weeks postpartum.

- Women who receive a hospital discharge pack with a manual breast pump but no formula breastfeed exclusively for longer compared to women who receive formula in their discharge pack.⁶
- Women who receive free commercial formula are less likely to begin breastfeeding and less likely to still be breastfeeding at 7 – 10 days.
- The propensity to stop breastfeeding and prematurely introduce solids after exposure to formula marketing is more significant among less educated mothers, first-time mothers, and mothers who were ill postpartum.
- Formula samples provided in health care settings present the appearance that health care providers sanction and encourage the use of formula for all mothers. This practice undermines the entire health care system and weakens the credibility of health care providers.
- In a study among women who had initiated breastfeeding, 66.8% reported having received commercial hospital discharge packs. Women who received these packs were more likely to exclusively breastfeed for fewer than 10 weeks than were women who had not received the packs.
- In a study on infant feeding advertisements in 87 issues of *Parents* magazine, a popular parenting magazine, from the years 1971 through 1999, content analysis showed that when the frequency of infant formula advertisements increased, the percentage change in breastfeeding rates reported the next year generally tended to decrease.
- Infant formula company websites, printed materials, coupons, samples, toll-free infant feeding information lines, and labels may mislead consumers into purchasing a product that appears equivalent or superior to human milk. This may induce reliance on a biased source for infant feeding guidance.

Ref: United States Breastfeeding Committee: *Statement on marketing of human milk substitute*. Washington, DC: United States Breastfeeding Committee. 2011

7. Infant formulae are unique as they are sole or major source of food for infants feeding on them. Yet the only safety standard for them is “reasonable certainly of no harm”. The safety and bioavailability of the many ingredients added have not been tested and scientifically proven to be beneficial. Many of the health claims are thus largely unproven and can be misleading.
8. The present Food Labeling Regulation does not apply to infant and special dietary foods namely : (a) formula intended to be consumed by children under the age of 36 months; (b) food intended to be consumed principally by children under the age of 36 months; and (c) other food for special dietary uses. The recommendations made at Report No. 57 of the Director of Audit — Chapter 4 Nov 2011 on NUTRITION LABELLING OF INFANT AND SPECIAL DIETARY FOODS should be implemented immediately especially for (d) and (e) on Hong Kong Code.

Regulation of nutrition information

9. The regulation of nutrition information for infant and special dietary foods is important because such foods are targeted at the more vulnerable subgroups of the population with special dietary needs. Six years have however passed since the

Administration undertook in 2005 to review the need for introducing nutrition labeling requirements for infant and special dietary foods (see para. 5).

10. No verification of nutrition information. Since its establishment in 2006 and up to mid-2011, the CFS had not conducted any risk assessment studies on nutrition of infant and special dietary foods. In its food surveillance, the CFS had also not selected any such foods for verifying the correctness of the nutrition information declared.

The Audit has recommended that the Secretary for Food and Health should, in collaboration with the Director of Food and Environmental Hygiene and the Director of Health:

- (a) conduct a review to critically consider introducing appropriate law or regulations to govern nutritional composition and labelling of infant and special dietary foods marketed in Hong Kong;
- (b) step up the regulation of nutrition information on infant and special dietary foods marketed in Hong Kong, including enhancing the CFS food surveillance programme to cover laboratory tests of more infant and follow-up formulae to ensure their nutritional safety and adequacy;
- (c) urge the CFS to:
 - (i) before specific law or regulations in (a) above is/are introduced, encourage food traders to comply with the Codex standards and guidelines, verify the validity of claims used by food traders to promote their foods and, where necessary, take appropriate action under section 61 of the PHMSO;
 - (ii) step up its actions to follow through enquiries/complaints;
 - (iii) provide further clarifications on the definition of “foods for special dietary uses” and step up its publicity efforts to help the trade and consumers determine whether a food product is a “food for special dietary uses”; and
 - (iv) take appropriate follow-up actions on Audit’s observations in the case studies reported;
- (d) introduce appropriate monitoring and sanction mechanisms to support the effective implementation of the Hong Kong Code, taking into account the development of specific law or regulations in (a) above; and
- (e) closely monitor the implementation of the Hong Kong Code and plan for the conduct of a post-implementation review in due course.

Ref: Report No. 57 of the Director of Audit — Chapter 4 Nov 2011 on *NUTRITION LABELLING OF INFANT AND SPECIAL DIETARY FOODS*

Hence it is essential to:

9. Ensure that the marketing of pregnancy, infant and follow on formulae is conducted in a way that minimizes its negative impacts on exclusive breastfeeding and that claims about formula are truthful and not misleading in that:-
 - ban all promotion of breastmilk substitutes (including follow-on formula, specialised formulas and other bottle-fed products)
 - prohibit baby feeding companies from seeking direct or indirect contact with pregnant women and mothers and carers of infants and young children and other members of the public
 - prohibit baby feeding companies from offering sales incentives and bonuses or setting sales quotas linked to breastmilk substitutes for personnel employed by or on behalf of the company,
 - prohibit all idealising text and images from all breastmilk substitutes,
 - prohibit company-produced or sponsored materials on pregnancy, maternity, infant feeding or care
 - the Government must provide objective information on infant feeding to parents, care givers and professionals, avoiding conflicts of interest in funding infant feeding programmes,
 - where possible prohibit all health and nutrition claims on foods for infants and young children.
 - require clear warnings about the fact that powdered formula is not a sterile product and may contain harmful bacteria, alongside clear instructions on how to reduce risks from possible contamination,
 - prohibit the promotion of names associated with breastmilk substitutes and their use on other products.
 - prohibit the promotion of any product in a way that could lead to it being used for babies under 6 months (complementary foods and follow on formula should not be marketed in ways that undermine breastfeeding).
 - restrict information for health professionals to scientific and factual matters with no idealising text or images,
 - prohibit promotion in healthcare facilities and gifts to health workers (allowing only single samples for evaluation),
 - require a pre-authorisation procedure for all new ingredients and addition of authorised ingredients
 - introduce regulations for the marketing of feeding equipment, feeding bottles, teats, dummies etc. in line with the International Code.
10. Government should develop an appropriate monitoring and sanction mechanism to ensure compliance of the Hong Kong code.
11. Government should establish a broad, high-level, Central Committee on Breastfeeding composed of representatives from relevant government departments, NGOs and health professional associations, with adequate resources and appropriate authority to develop multi-pronged policy and regulatory strategy to promote,

coordinate, support and monitor exclusive breastfeeding for 6 months for all newborn babies in Hong Kong. Failure to breastfeed exclusively for 6 months is a system issue not an individual failure of the mother.