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School of Nursing, The University of Hong Kong Submission to the Legislative Council Panel on Food Safety and Environmental Hygiene and Panel on Health Services

on the Hong Kong Code of Marketing and Quality of Formula Milk and Related Products and Food Products for Infants and Young Children

Written statement prepared by Marie Tarrant RN MPH PhD on behalf of the School of Nursing, University of Hong Kong.

The School of Nursing at the University of Hong Kong, being an organization highly concerned with the promotion of the health and well-being of Hong Kong children, welcomes the development of the Hong Kong Code of Marketing and Quality of Formula Milk and Related Products and Food Products for Infants and Young Children (HK Code) to regulate the marketing and quality of infant formula and related products.

1. Promoting breastfeeding in Hong Kong is a key public health issue.

Breastfeeding is both a key public health and public policy issue. The benefits of breastfeeding to both the infant and the mother have been widely recognized. While more Hong Kong mothers are choosing to breastfeed their babies, few Hong Kong women exclusively breastfeed for the recommended six months of age, and most stop breastfeeding within the first few months. The high breastfeeding attrition rate in Hong Kong has been attributed to many different factors. As in many other developed societies, formula feeding is the cultural norm and breastfeeding is not widely observed in society. However, even in a highly developed society such as Hong Kong, breastfeeding provides substantial health benefits over infant formula. Studies have shown that Hong Kong infants exclusively breastfed for ≥4 months have 27% lower rate of doctors' visits for respiratory infections and

a 21% lower rate of visits for gastrointestinal infections.¹ In addition, Hong Kong infants exclusively breastfed for the first 3 months of life had a 36% lower risk of hospital admission for respiratory infections and a 49% lower risk of hospital admission for gastrointestinal infections.² The health risks associated with exposure to formula milk in infants are similar to those associated with environmental tobacco smoke exposure.³⁻⁵ Thus, protecting breastfeeding in Hong Kong would have substantial health benefits for young infants and substantial cost savings.

2. Infant formula introduction among breastfeeding babies shortens the duration of breastfeeding and is one of the strongest negative influences on breastfeeding.

In Hong Kong, even breastfeeding infants start receiving infant formula very soon after birth. Research conducted prior to the change in Hospital Authority policy on accepting free infant formula from manufacturers¹ found that more than 80% of breastfeeding babies leave public hospitals having received infant formula at least once. There is also a high prevalence of formula supplementation across the first year of life with less than one-half of all breastfeeding mothers doing so exclusively. The provision of infant formula both in the hospital⁷ and in the first month postpartum⁸ is the factor most strongly associated with breastfeeding cessation. Infants exclusively breastfed while in hospital were 40% less likely to wean before 8 weeks, even after adjusting for other variables such as returning to work. Giving an infant two bottles of formula per day at 1 month of age increases the risk of stopping breastfeeding before three months by 75%.8 Since breastfeeding is an 'on-demand' system whereby the removal of milk from the breasts stimulates the production of more milk, the provision of infant formula supplements substantially undermines new mother's efforts to initiate and maintain breastfeeding. When breastfeeding is replaced or supplemented with infant formula, less breastmilk is produced, thus necessitating the need for further formula supplementation. Therefore, it is clear why infant formula manufacturers willingly provide free infant formula to hospitals and new mothers as there are strong financial incentives to have breastfeeding infants receiving infant formula as early as possible.

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¹ Prior to April 2010, the Hospital Authority accepted free branded infant formula from the manufacturers. As of April 1, 2010, all public hospitals and most private hospitals in Hong Kong began paying market price for infant formula products.

3. Hong Kong mothers are exposed to substantial marketing of infant formula and related products and it does influence their infant feeding choices.

New mothers are exposed to infant formula advertising in many different ways. Baby and parenting magazines, baby expos, mothers groups, and even public transit venues all bombard mothers with advertisements from formula manufacturers making unsubstantiated claims about the superiority of their milk formula. In a Hong Kong study, one-half of all breastfeeding mothers report that they have been given free infant formula samples before their infant is one-month old. In addition, when choosing a brand of infant formula, many mothers choose the brand that the baby was given in the hospital, a brand recommended by a health-care professional, a brand that they received free samples of, or a brand based on an advertisement. All of these factors show that infant formula manufacturer's strategies of providing free infant formula to hospitals and health professionals and giving out free samples to new mothers are very effective marketing strategies to improve their brand awareness and to increase their market share.

4. The cessation of complementary infant formula to hospitals implemented by the Hospital Authority in April 2010 has increased the rate of exclusive breastfeeding in hospital and has increased the proportion of mothers who breastfeed for three months.

The provision of free infant formula to hospitals by infant formula manufacturers is a very effective marketing strategy for their products. When hospitals provide infant formula to new mothers, there is an implicit endorsement by the hospital and the health-care provider of both the infant formula product itself and the specific brand that the hospital is providing. Mothers do take notice of this and it strongly affects both their infant feeding behaviours (i.e., they are more likely to continue to use formula supplements or switch to formula altogether) and the brands of infant formula they select for their infants. Data collected in public hospitals both prior to the April 2010 policy implementation and after April 2010 show that the rate of exclusive breastfeeding among breastfeeding mothers has increased from 17.5% to 41.1%. In addition, the proportion of breastfeeding infants still breastfed at 3 months has increased from 38.6% prior to the policy implementation to 48.7% after policy implementation.9 These results provide evidence that limiting the marketing of infant formulas can increase breastfeeding rates in Hong Kong. Further restriction of infant formula

manufacturer's marketing and promotion efforts would undoubtedly further increase the breastfeeding rates and the exclusivity of breastfeeding among Hong Kong mothers.

5. The regulation of the promotion and marketing of infant formula should also be accompanied by greater support for breastfeeding in the antenatal and postnatal period.

Over 80% of new mothers in Hong Kong now initiate breastfeeding, so it is clear that mothers want to breastfeed and want to do what is best for their infants. However, mothers who stop breastfeeding early in the postpartum period most commonly report that they had very little preparation for breastfeeding in the antenatal period, they had very little postpartum support, they did not know how to solve common breastfeeding problems and did not have anyone to help them do so. 10 Mothers are often pressured, not only by family members but also health-care professionals, to give infant formula supplements to boost the baby's milk intake. Therefore, they often feel that their only option is to supplement their breastfeeding baby with infant formula. Regulating the marketing tactics of infant formula manufacturers is an important step in protecting breastfeeding but it should also be accompanied by greater support offered to new mothers through many channels. Thus, Hong Kong needs to establish a territory-wide breastfeeding committee made up of representatives from relevant government departments, hospitals, academic settings, and community organizations whose mandate is to promote, support, and monitor breastfeeding in Hong Kong.

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