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By Email & Fax

Prof Hon Joseph LEE Kok-long, SBS, JP
Chairman
Panel on Health Services
Legislative Council of the
Hong Kong Special Administrative Region
of the People's Republic of China

Dear Prof. Lee,

**Re: The Hong Kong Code of Marketing of Formula Milk
and Related Products, and Food Products for Infants & Young Children**

Breastfeeding is the natural way to provide **optimal nutritional, immunological and emotional nurturing for the growth and development of infants, with benefits proportional to its duration and exclusiveness (1-4).**

Apart from well-recognized **short-term health benefits** like protection from gastrointestinal and middle-ear infections in the child population, the benefits of early nutrition on **long term health**, such as the predisposition to non-communicable diseases in later years is also well established. The Evidence on the Long-term Effects of Breastfeeding published by the World Health Organization (WHO) in 2007 revealed subjects who were breastfed had lower mean blood pressure and total cholesterol, higher performance in intelligence tests, and also lower prevalence of overweight/obesity and type-2 diabetes (2). Besides, studies also show that breastfeeding **protects mothers** from premenopausal breast cancer (5).

Therefore, **suboptimal breastfeeding causes significant economic loss and preventable mortalities**, which are evident even in developed countries. A recent US economic study revealed that if 90% of US families complied with global recommendation of exclusive breastfeeding for 6 months, it would have saved \$13 billion/year and prevented an excess of 911 infant deaths (6).

WHO recommends that babies should be breastfed exclusively in the first 6 months. At around 6 months of age, solid food should be introduced to their diet, with continued breastfeeding to 2 years old or above (7).

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Thus, an environment which protects, promotes and supports breastfeeding should be advocated. Virtually all mothers can breastfeed, provided that they have accurate information, and the support of their family, the health care system and the society.

Evidences revealed that a comprehensive, multi-disciplinary approach to implementing effective breastfeeding promotions is important to improve breastfeeding duration and exclusiveness at a population level (8-10), including **the protection of infant feeding choices from commercial influences, and implementation of social policies to support sustained breastfeeding in the workplace and the community.**

Other evidence from randomized controlled trial (RCT) also revealed that exposing expectant mothers and mothers to formula promotion materials and commercial discharge packs decreases their breastfeeding duration and exclusivity (11). Thus, regulation of the aggressive marketing of breastmilk substitutes is crucial to protect, promote and support breastfeeding and strengthen the foundation for the future health of the population.

The World Health Assembly (WHA) adopted the International Code of Marketing of Breast-milk Substitutes (WHO Code) in 1981(12). The WHO Code recommends restrictions on the marketing of breastmilk substitutes. It states that there should be absolutely **no advertising and promotion of breastmilk substitutes, bottles and teats to the general public**; neither health facilities nor health professionals should have a role in promoting breastmilk substitutes; and free samples should not be provided to pregnant women, new mothers or families.

The Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes (Taskforce) was set up in June 2010 to develop and promulgate the **Hong Kong Code**, which aims to protect breastfeeding and contribute to the provision of safe and adequate nutrition for infants and young children. The voluntary Hong Kong Code provides guidelines to manufacturers and distributors of formula milk; feeding bottle, teats and pacifiers; and, food products for infants and young children aged 36 months or below (13).

Exclusive breastfeeding (EBF) rate remained low in Hong Kong. According to the 2015 Department of Health (DH) Breastfeeding Survey on babies born in the year 2014, EBF rate at 4 months was 27% (14). Numbers of factors affect the prevalence of breastfeeding, the exclusiveness and duration, including mothers' choice to feed their infants with breastmilk substitutes.

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Besides, evidence shows suboptimal infant and young child feeding practices, and widespread parental misconception on milk feeding in Hong Kong. In 2010, the DH conducted the Infant and Young Child Feeding Survey to examine the diet and nutrient intake of young children in Hong Kong. The survey showed the unbalanced food consumption pattern of children aged 12 months and above, they had inadequate intake of vegetables and fruits, high intake of protein-rich foods and formula milk (15). Children who drank more milk than the recommended volume (480 ml per day) generally consumed a smaller amount of grains, vegetables and fruits. Thus, the children are difficult to establish a healthy eating habit (16).

Parental knowledge and attitudes are the major determinants of their feeding practices and dietary patterns of their children (17). The Survey also revealed that over 80% of parents of 4-year-old children agreed that milk was indispensable for growth and development of a child. About half (53.4%) of the parents agreed that Follow-up formula is added with nutrients that promote the child's brain development which cannot be found in other foods and one-fourth (25.4%) believed that Follow-up Formula can replace other food to provide nutrients (17). These reflect the consequence of aggressive formula advertising.

Survey on Mothers' Views of Formula Milk Promotion and Information on Infant and Young Child Feeding, done by Family Health Service, DH in 2013, revealed that **mothers could not easily distinguish between Infant Formula and Follow-up Formula in advertisements or promotions. Branding seems to be great effective marketing strategy, where Follow-up Formula is packaged to look like Infant Formula. While marketed aggressively for older infants, Follow-up Formula also effectively promotes Infant Formula, even it is not being advertised** (18).

An earlier British study also found around 60% of mothers and expectant mothers thought follow-on formula advertising was promoting infant formula (19).

Although there is no scientific evidence showing babies fed formula milk with added nutrients, such as DHA, prebiotics and probiotics, etc., could establish the same health outcome as breastfed babies, the majority of participants believed that formula feeding was equally good and suitable as breastfeeding (18). This was evidenced by 80% of mothers believing that babies could equally obtain nutrients such as DHA from breast milk and formula milk; and that breastfed and formula-fed infants were equally healthy (18).

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Also from the above survey on Mothers' Experience of Formula Promotion and Information on Infant and Young Child Feeding (2013) from FHS, when mothers were being asked what considerations were most influential in their choice of formula milk products for their babies, mothers ranked among their top preferences "Constituents of formula milk (including additives like DHA, etc. that promoted health)", which are messages frequently carried in formula milk advertisements (20).

All the above evidences, together with findings from a recent survey (21) that revealed the **unbalanced dietary pattern and over-dependence on formula milk of young children, suggest that the advertisements and promotion of follow up formula milk do affect mothers' perception, feeding choices and practices.**

From the survey on Mothers' Views of Formula Milk Promotion and Information on Infant and Young Child Feeding, done by FHS, DH in 2013, with regard to the proposed HK Code, the majority of mothers accepted the restrictions on advertising and promotion of formula milk provided that product information could be obtained on request. They also accepted that production and distribution of information materials on breastfeeding and formula feeding should be limited to non-commercial sources (18).

From all the above evidences, we strongly urge the implementation of the Hong Kong Code of Marketing of formula Milk and Related Products, and Food products for Infants and Young Children.

Thank you for your attention.

Yours sincerely,



Dr. Chan Pui Kwong
Hon. Secretary
Hong Kong Doctors Union

Cc: Dr. Ko Wing-Man, Secretary for Food and Health
Prof. Sophia Chan, Under Secretary for Food and Health
Legislative Councillors

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References:

1. World Health Organization. Global Strategy for Infant and Young Child Feeding. 54th World Health Assembly (Report no. A54/INF.DOC./4). Geneva, WHO, 2001.
2. World Health Organization. Evidence on the Long-term Effects of Breastfeeding: Systematic Reviews and Meta-analyses. Geneva, WHO, 2007.
3. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries: evidence report/technology assessment no. 153. Rockville, MD: Agency for Healthcare Research and Quality; 2007. AHRQ Publication No. 07-E007.
4. Agostoni C, Braegger C, Decsi T, Kolacek S, Koletzko B, Mihatsch W, et al. Breast-feeding: A commentary by the ESPGHAN Committee on Nutrition. *J Pediatr Gastroenterol Nutr.* 2009 Jul;49(1):112-25.
5. Labbok MH. Effects of breastfeeding on the mother. *Pediatr Clin North Am.* 2001 Feb;48(1):14358.
6. Bartick M & Reinhold A. The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost. *PEDIATRICS.* Volume 125, Number 5, May 2010.
7. <http://www.who.int/topics/breastfeeding/en/>
8. Dyson L, Renfrewa MJ, McFadden A, McCormicka F, Herberta G and Thomasa J. Policy and public health recommendations to promote the initiation and duration of breast-feeding in developed country settings. *Public Health Nutrition.* 2010; 13(1), 137-144.
9. 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.
(Link: <http://www.surgeongeneral.gov> (access on 1.7.2012))
10. WHO/UNICEF. Innocenti Declaration on Infant and Young Child Feeding. New York: UNICEF; 2005.
11. Kaplan DL and Graff KM. Marketing Breastfeeding—Reversing Corporate Influence on Infant Feeding Practices. *J Urban Health.* 2008 July; 85(4): 486-504.



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12. World Health Organization. International Code of Marketing of Breast-milk Substitutes. Geneva, WHO, 1981.
13. Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants & Young Children ("The HK Code")
14. DH, Breastfeeding survey 2015
15. Woo J, Chan R, Li L & Luk WY. A Survey of Infant and Young Child Feeding in Hong Kong: Diet and Nutrient Intake. Department of Medicine and Therapeutics and Centre for Nutritional Studies, the Chinese University of Hong Kong & Family Health Service, Department of Health of the Hong Kong SAR Government; 2012.
16. Leung S, Leung C & Luk WY. A Survey of Infant and Young Child Feeding in Hong Kong: Milk Consumption Survey. Family Health Service, Department of Health of the Hong Kong SAR Government; 2012.
17. Leung S, Leung C & Luk WY. A Survey of Infant and Young Child Feeding in Hong Kong: Milk Consumption Survey. Family Health Service, Department of Health of the Hong Kong SAR Government; 2012.
18. Mothers' Views of Formula Milk Promotion and Information on Infant and Young Child Feeding .Family Health Service , DH ; 2013.
19. National Childbirth Trust/ UNICEF UK, 2005. Follow-on milk advertising survey: topline results. Retrieved 15th June 2010 from http://www.unicef.org.uk/press/pdf/nct_unicef.pdf
20. Survey on Mothers' Experience of Formula Promotion and Information on Infant and Young Child Feeding. Family Health Service , DH ; 2013.
21. Kaplan DL and Graff KM. Marketing Breastfeeding—Reversing Corporate Influence on Infant Feeding Practices. J Urban Health. 2008 July; 85(4): 486–504.