

Dear Chairman, Council and Panel Member,

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

I am writing to support the Government's plan to promulgate the voluntary Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children in mid-2017 to protect breastfeeding and support the optimal feeding of infants and young children ("IYC") aged below 36 months.

Global Strategy of Infant and Young Child Feeding (GSICF) was adopted by the World Health Assembly (WHA) of the World Health Organization (WHO) and UNICEF in 2002. It clearly stated, "Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants" [1]. Breastfeeding decreases the occurrence and/or severity of numerous infectious diseases, for example, bacteraemia, bacterial meningitis [2], diarrhoea [3], late-onset sepsis, necrotizing enterocolitis [4], otitis media [5], respiratory tract infection [6], and urinary tract infection [7]. Compared with individuals who were formula-fed, individuals who were breastfed were associated with a decrease in the incidence of asthma [8], leukaemia, Hodgkin disease, lymphoma [9], both type 1 and type 2 diabetes mellitus [10], hypercholesterolemia, and obesity [11] in their childhood and adulthood. A local study also found that breastfed babies had fewer illness-related doctor visits compared with formula fed infants during the first 18 months of life [12]. Maternal benefits of breastfeeding includes the reduction of menstrual fluid loss and increased birth spacing as a result of lactational amenorrhea [13], and a decrease of afterbirth bleeding and more rapid uterine involution due to a higher concentration of oxytocin [14]. Women could get back to their pre-pregnancy weight quicker and easier as well [15]. Human milk feeding also related to risk reduction of a certain diseases, such as breast cancer [16,17], ovarian cancer [18], hip fractures and osteoporosis [19]. A previous meta-analysis incorporating 47 international studies further supported that the relative risk of breast cancer is decreased by 4.3% for each year when a mother breastfeeds [16]. This maternal health benefit was also found in women with deleterious BRCA1 mutations, whom had a statistically significantly decreased risk of breast cancer when they breastfed for a cumulative total of more than 1 year [20]. These benefits have an enormous positive impact on economy by reducing the healthcare costs to childhood, adulthood, as well as maternal health problems and cancers.

As a global public health recommendation, WHO recommends that infants up to 6 months of age should be exclusively breastfed [1]. With the addition of appropriate complementary solid foods, mothers should continue breastfeeding for up to two years of

age or beyond. The benefits of breastfeeding are shown to be proportional to its duration and exclusiveness.

Like any modern cities, exclusive breastfeeding and especially continuous breastfeeding had been made very difficult for many women in Hong Kong. Although the breastfeeding rate on discharge from maternity units was 82.9% in 2012 according to the department of health, the exclusive breastfeeding rate at 4month and 6 month were rapidly dropped to 19.1% and 2.3% respectively. While more hospitals are committed to be baby-friendly and more women opted for breastfeeding, the majority cannot follow through and give up within 6 months post-delivery [21].

Local studies showed that the main obstacle was lack of support for the continuation of breastfeeding among new mothers in Hong Kong, particular from the family, community [22], workplace [23] and the hospital practices [24]. Feeding choices are not usually discussed in pre-natal follow up, and lots of front-line pre-natal clinicians do not include such discussion in their daily practice.

Another unique difficulty is that over 60% of these new mothers have to return to work-force. With Asians highly value societal cohesion and family harmony, new mothers may feel obliged to switch to formula feeding when their relatives, particularly elders such as grandparents of the babies e.g. mother-in-laws, discourage them to continue breastfeeding when difficulties are encountered [25]. In reality, there are hundreds of examples in all the social media breastfeeding support groups, where breastfeeding mothers shared examples of how the significant caretakers of their babies (usually grandparents) held misconceptions from the advertisement that formula milk is superior to human milk in terms of nutritional values and other false benefits (like kids drinking formula milk will have higher IQ, smarter etc.).

Unexpectedly, even local healthcare providers, for instance, general practitioners, often recommended women to switch to formula-feeding when women encountered difficulties in producing sufficient breastmilk, rather than provide support to aid breastfeeding [25]. Little training in breastfeeding and infant feeding are offered in the medical and nursing curriculums is likely the reason why healthcare providers are not equipped to provide support on breastfeeding. As a mother who breastfed for 22 months, my personal experience was that a GP advised me to stop breastfeeding and switch to formula quoting the marketing pitch from formula milk commercials.

The general public (and most of the older and less well-educated population) usually rely on other sources for information support in dealing with issues in breastfeeding. Advertisement on TV, newspaper and magazines is undoubtedly still one major source of information. I believe that the government has crucial responsibility to create and promote an environment that protects, promotes, and enable not only parents but other caretakers to make informed decisions on infant feeding free from commercial influence.

Regards,

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