



WHO Code of Marketing of
Breastmilk Substitutes:
*Applying to Home Visiting
Programs*



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REVENTION & E **EARLY INTERVENTION**
Policy

Speaker

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Research Faculty



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Objectives

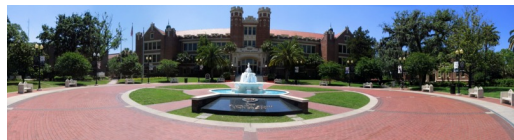
- Objective 1:
To familiarize the audience with the WHO Code of Marketing and its relevance to home visiting programs.
- Objective 2:
To explore the potential benefits of applying the WHO Code of Marketing to home visiting programs, such as ensuring unbiased and evidence-based information.
- Objective 3:
To discuss practical strategies and guidelines for implementing the WHO Code of Marketing in home visiting programs, including ways to monitor and enforce compliance and encourage active participation and collaboration among stakeholders.
- Objective 4
Define promotion, protection, and support as they relate to breastfeeding success.
- Objective 5
Describe national and international strategies for increasing breastfeeding initiation and duration.



Background

Home Visiting & Training Since 1993

- First wave, Federal Healthy Start grant 1993-96
- Early Head Start & Young Parent Project home visiting programs
- *Partners for a Healthy Baby* curriculum & training now in the 5th edition, 2023
- Breastfeeding Counselor Course adopted in 2019 and delivered to over 900 participants




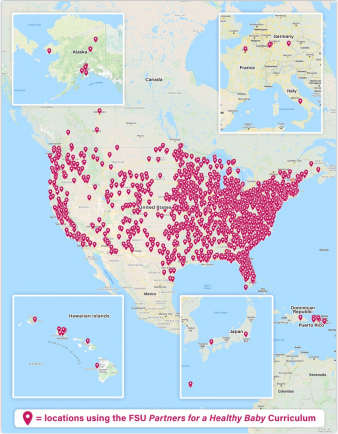
 **Partners for a Healthy Baby**




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 **Programs and Models Using *Partners***



 = locations using the FSU Partners for a Healthy Baby Curriculum

- Early Head Start (EHS)
- New Parent Support Program
- Healthy Start
- Healthy Families America
- Parents as Teachers
- Non-profit community programs
- Faith-based organizations

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US Breastfeeding Data

- Breastfeeding rates used to develop the **Healthy People** goals were originally collected retrospectively by a formula manufacturer, Abbott (Ross) Labs.
- In 2001, the Centers for Disease Control and Prevention (CDC) began to collect breastfeeding initiation and duration rates through the National Immunization Survey.



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U.S. 2022 Breastfeeding Report Card

National initiation rate: 83.2%

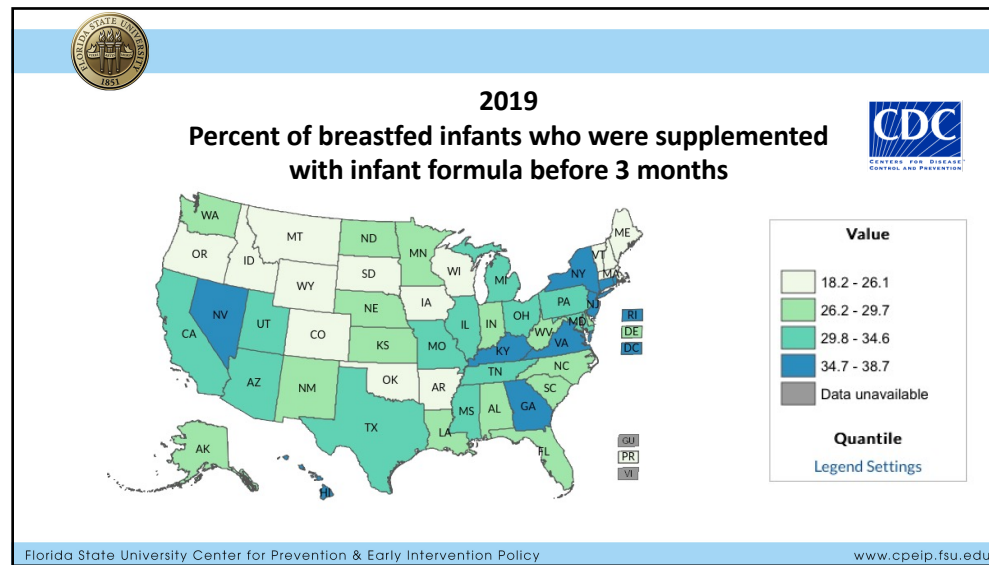
- 55.8% continuation at 6 months
- 35.9% continuation at 12 months
- 19.2% of infants receive formula in the first 2 days of life



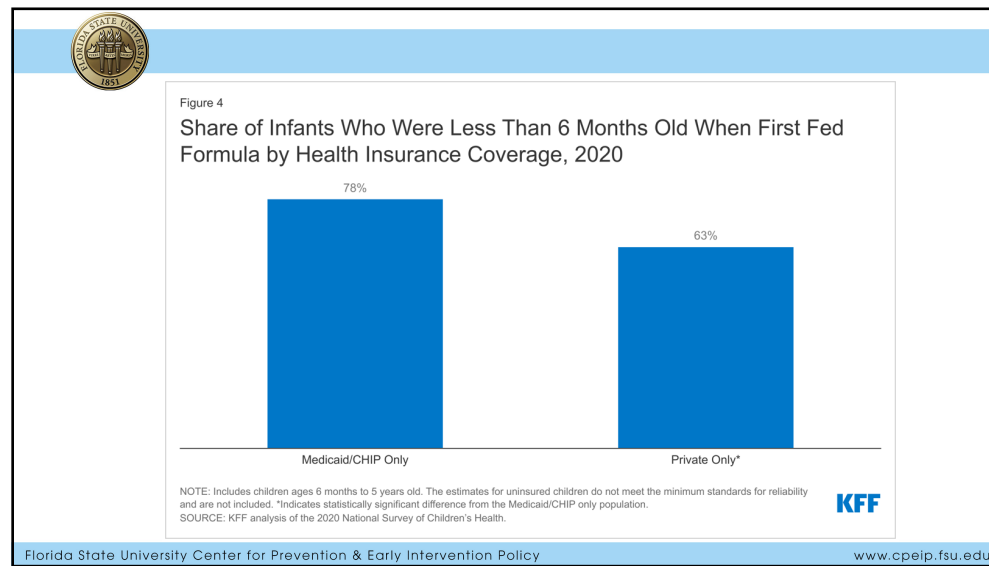
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Promotion, Protection, and Support of Breastfeeding and Policy



photo credit
WHO/Unicef

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Key Ingredients

Breastfeeding Promotion

- Goal setting, education, and messaging to increase *initiation and duration*.

Breastfeeding Protection

- Legal protections in legislation
- Restricting marketing practices that *undermine* breastfeeding

Breastfeeding Support

- Best practices in hospital birthing care
- Health care practices
- Community programs
- Home visiting programs

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Promotion: National Public Health Goals

<https://health.gov/healthypeople>

Healthy People 2030 Goals

- Increase rates to at least:
 - 42.4% exclusive breastfeeding at 6 months (current rate 25.6%)
 - 54.1% still breastfeeding at 12 months (current rate 35.3%)

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Promotion of the Benefits of Lactation for Women

- Lowers risk for breast and ovarian cancer.
- Suppresses estrogen and assists with suppressing the return to fertility.
- Helps with a return to pre-pregnancy weight.
- Strengthens bones.
- Facilitates bonding and attachment /mental well-being.
- Breastfeeding improves maternal health by reducing postpartum bleeding.

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Promotion of the Benefits of Breastmilk for Baby

- Breastfeeding is the most complete form of nutrition for infants.
- Breastfeeding protects an infant from a wide array of infectious and noninfectious diseases short-term and long-term.
- Reduction of ear infections
- Reduction of GI/tummy issues



Support: Need for Paid Leave



- The U.S. has one of the *most limited* maternity leave policies in the world
- The U.S. has one of the lowest *breastfeeding rates* as compared to other economically developed countries
- The U.S. did not grant *unpaid* maternity leave (FMLA) until 1993



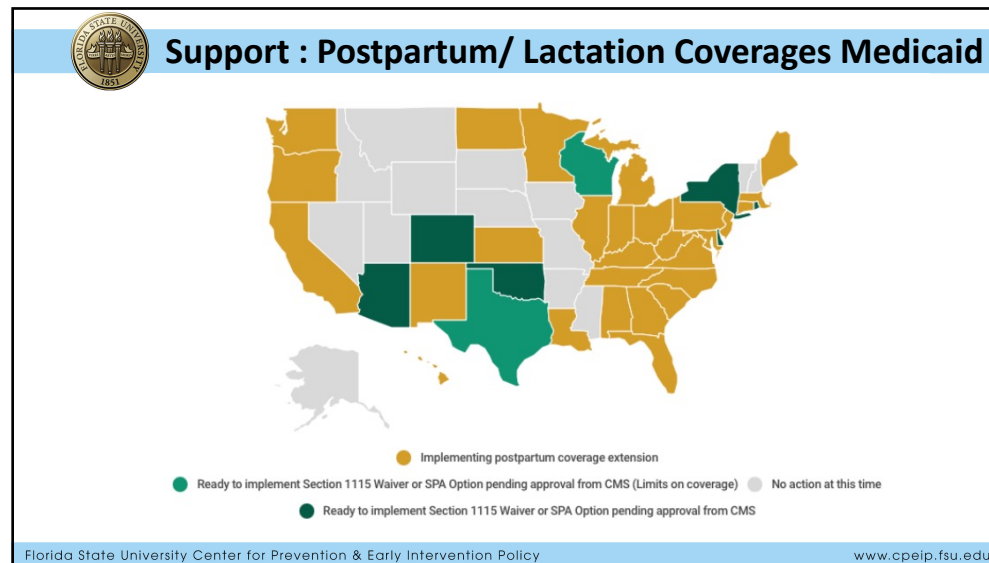
Support: Reality for Working Parents

- Lack of support and understanding about production.
- Lack of up-to-date instruction from health care providers.
- Very few companies have paid leave.
- Many women work for small businesses that may not offer a workplace lactation program.
- Lactation support is not always available in some areas.
- May not receive an *appropriate* double breast pump.




Support: Access to Lactation Care






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 **Support Loopholes**

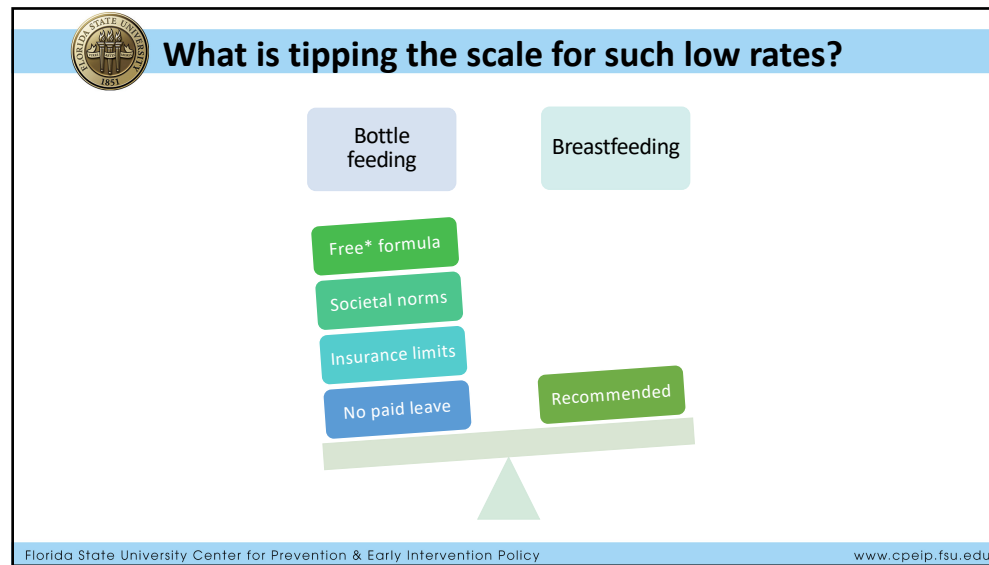
Coverage of pumps and care

- Subject to reasonable medical management to determine frequency, method, treatment, or setting
- Type of pump covered
- Whether the pump is rented or purchased
- Whether provider pre-authorization or prescription is required
- Whether provided before or after birth
- Education provided on use



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- Lactation is a crucial part of a woman's reproductive cycle
- This includes the right to breastfeed, **or not**
- The right to access feeding support free of bias
- A continued need for reliable health information



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Influences of Decision Making

The top reasons for not starting at all was

- Does not want to (32%)
- Perceptions of
 - Dietary restrictions or health concerns
 - Loss of freedom
 - Embarrassment
 - Lack of support
 - Pain

The evidence is strong. Formula milk marketing, not the product itself, disrupts informed decision-making and undermines breastfeeding and child health.

How the marketing of formula milk influences our decisions on infant feeding (WHO) 2022

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Surgeon General's Call to Action to Support Breastfeeding

- Use community organizations to promote and support breastfeeding.
- Support better tracking of breastfeeding rates as well as factors that affect breastfeeding.



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CDC Guide to Breastfeeding Interventions

“Fund training programs for health educators
...who work with women of childbearing age to
educate mothers about breastfeeding.”



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US Preventative Services Task Force

“Professional support may be delivered during pregnancy, the hospital stay, the postpartum period, or at multiple stages.

It may be conducted in an office setting, in the hospital, through home visits, through telephone support, or any combination of these.

Sessions generally last from 15 to 45 minutes, although some programs have used shorter or longer sessions.

Most successful interventions include multiple sessions and are delivered at more than 1 point in time.”



The Baby-Friendly Hospital Initiative

Designed to recognize hospitals and birth centers that have taken steps to provide an optimal environment for breastfeeding using “Ten Steps”

- Step 10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.





Home visiting and breastfeeding protection What is the fit?



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Protection using The International Code of Marketing of Breast-milk Substitutes (“The WHO Code”)


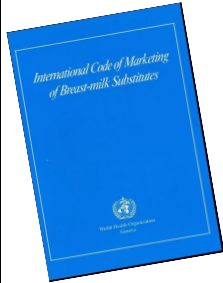


- Adopted by the World Health Assembly (WHA) in 1981
- Calls for all governments to regulate marketing practices that promote breast-milk substitutes
- To date, no legal action has been taken to implement this Code in the U.S. (most recent attempt was 2018)

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The overall aim of the International Code of Marketing of Breastmilk Substitutes is the safe and adequate nutrition for all infants.


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What is the “WHO Code”

- Enact means to regulate the promotion and marketing of breast-milk substitutes.
- The Code addresses **marketing**.
- Covers all breast-milk substitutes:
 - infant breast-milk substitutes
 - follow-up breast-milk substitutes
 - toddler drinks/milks for babies up to the age of 36 months
- Also includes other food such as water, teas, and cereals marketed for infants under 6 months of age.
- Feeding bottles and teats (nipples).



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What Does the “WHO Code” Say?



1. No advertising or promotion of any breast-milk substitutes, feeding bottles or teats.
2. No free samples, free or low-cost supplies (including donations).
3. No promotion of products in or through health-care facilities.
4. No contact between marketing personnel and mothers (including health workers paid by a company to advise or teach).
5. No gifts or personal samples to mothers and their families, or health workers.
6. Labels should be in an appropriate language and have no words or pictures idealizing artificial feeding.
7. Only scientific and factual information to be given to health workers.
8. Governments should ensure that objective and consistent information is provided on infant and young child feeding.
9. All information on artificial feeding, including labels, should explain the benefits of breastfeeding and warn of the costs and hazards associated with artificial feeding.
10. Health-care workers and health systems should comply with the Code (and all subsequent WHA resolutions on infant feeding) independently of any government action to implement it.



WHO Code Impacts

*“Rates of exclusive breastfeeding are **20% higher** in countries that have legislation substantially aligned with the International Code of Marketing of Breastmilk Substitutes than in countries without it.*

And continuation of breastfeeding in the first two years of life is more than twice as high when the legislation is substantially aligned with the Code.”

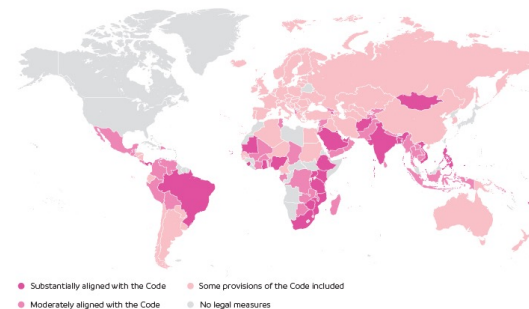



Figure 2: National legal status of the Code, 2022

Dr. Tedros,
World Health Organization, 2023



Protection:
U.S. history on adoption of the WHO Code




- U.S. only country to vote against in 1981
- In 2018 the U.S. was accused of trying to disrupt the WHA proceedings

Opposition to Breast-Feeding Resolution by U.S. Stuns World Health Officials


New York Times, 2018

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Protection using The WHO Code



WHO reveals shocking extent of exploitative formula milk marketing

The second report in a series detailing exploitative marketing practices employed by US\$ 55 billion baby formula industry, shows parents, particularly mothers, are being insidiously and persistently targeted online

28 April 2022 | News release | Geneva | Reading time: 3 min (907 words)

Formula milk companies are paying social media platforms and influencers to gain direct access to pregnant women and mothers at some of the most vulnerable moments in their lives. The global formula milk industry, valued at some US\$ 55 billion, is targeting new mothers with personalized social media content that is often not recognizable as advertising.

A new World Health Organization (WHO) report titled *Scope and impact of digital marketing strategies for promoting breast-milk substitutes* has outlined the digital marketing techniques designed to influence the decisions new families make on how to feed their babies.

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Addressing Challenges to Safe Feeding

“When a mother has chosen not to breastfeed, when supplementation of breastfeeding is medically indicated, or when supplementation is chosen by the breastfeeding mother it is crucial that safe and appropriate methods of formula mixing, handling, storage, and feeding are taught to the parents.”

- Baby Friendly Hospital Initiative Guidelines and Evaluation Criteria 2016



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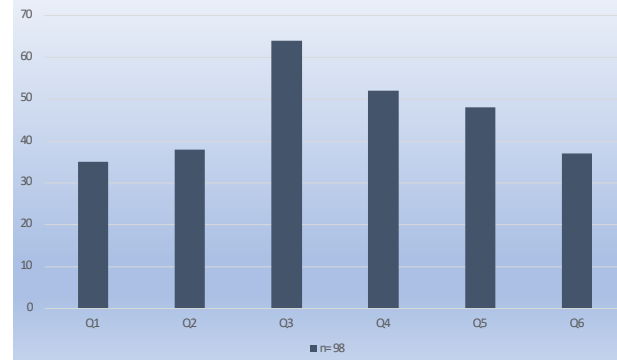
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FSU CPEIP Breastfeeding Counselor Course

Question: What education do you provide about formula education?



- 1) Risk/benefit of early weaning
- 2) Differences between powder, concentrate and ready-to-feed
- 3) Safe storage and handling
- 4) Right amounts to offer for age/weight
- 5) Responsive feeding versus feeding on a schedule
- 6) What to do during disasters/shortages

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What parents thought...

A 2008 study showed the majority of U.S. formula-feeding parents

- 77% did not receive instruction on formula preparation
- 73% did not receive education on safe storage
- 38% thought that powdered formula (not sterile) and ready-to-feed (sterile) were both unlikely to contain germs.

Source: *Infant Feeding Practices Study II*



Infant Formula Types

- *Ready to feed*-sterile product and does not need water.
- *Concentrated formula* -sterile and requires 1-1 water for mixing.
- *Powdered infant formula* (PIF) not sterile and requires sterile/safe water 2-1 to mix.
- Need to teach parent how to sterilize water, safely mix, handle and store.





European Formula?



Cons

- Has not been authorized yet for import
- European standard vs US FDA standard
- Recall tracking would be difficult
- May not be in English
- Uses metric system
- More expensive
- Could sit in shipment too long

Pros

- European standard vs US FDA standard
- Goat and cow milk bases are made
- Safety is monitored in Europe
- Displaces the market in the US and offers competition!



Contamination of Formula

- Powder formula has been associated with serious illness and death in infants due to contamination with *Cronobacter* bacteria.
- Risk increases if formula is prepared, handled or stored incorrectly.





Growth After Mixing

- Most outbreaks are related to improper storage temperatures for extended periods of time.
- Sterile water is recommended to be used for powdered formula.



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Parent Teaching



photo credit
WHO/Unicef

- Contributes to reducing milk supply
- Differences in types
- Best water to choose
- Safe storage and handling
- Right amounts to offer for age
- Responsive feeding versus feeding on a schedule
- Dangers of shortages during man-made or natural disasters

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Parent Teaching

- Teach parents the proper way to mix formula to avoid:
 - bacteria that could harm their infant.
 - increased risk of serious illness due to inappropriate preparation and storage of formula.
- Parent teaching should happen prenatally and again postpartum.
- Parents should be taught how to prepare with a return demonstration.
- Reminders to wash hands.
- How to properly boil water and what water not to use.
- Add water first, then add powder.



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Boiling Water

Boil enough water each day. AAP, CDC and FDA recommends boiling water for 1 minute.

What about these water sources?


- **Bottled water:** NOT sterile and needs to be boiled before use
- **Tap water:** NOT sterile and needs to be boiled before use
- **Softened tap water:** too high in sodium
- **Filtered water:** may add silver and bacteria
- **Mineral water:** too high in sodium, other minerals
- **Distilled water:** contains no minerals
- **Well water:** may contain harmful nitrates, bacteria



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Non-Commercial Resources

- **CDC Formula and Cronobacter**
<https://www.cdc.gov/cronobacter/>
- **Dr. Bridget Young, RD**
<https://babyformulaexpert.com>
- **AAP How much to feed?**
<https://www.healthychildren.org/English/ages-stages/baby/formula-feeding/Pages/Amount-and-Schedule-of-Formula-Feedings.aspx>
- **FDA Recalls on Formula Due to Safety Issues**
<https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts>



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Model Policies Aligned with the WHO Code


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State Model Policy Example: Florida Healthy Start

<p>Chapter 5: Healthy Start Services Breastfeeding Education and Support (Cont.)</p>	<p>Standards & Criteria documentation based on goals, and referrals to local breastfeeding support groups or other support sources.</p> <p>5.1.e Prenatal breastfeeding education includes anticipatory education on barriers to breastfeeding and on breastfeeding in the early postpartum period, exclusivity, and continuation.</p> <p>5.1.f A breastfeeding plan of care is written to include specific breastfeeding outcome goals that involve the woman in her own care.</p> <p>5.1.g All educational materials and breastfeeding promotion and support activities comply with the World Health Organization Code of Marketing of Breastmilk Substitutes.</p>
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Commercial Model Policy Example: Medela Pumps



Update on Medela's Marketing Guidelines

Dear Medela Customer,

Medela has been an advocate for breastfeeding for more than 60 years and is fully committed to the goals of the WHO and its recommendations for breastfeeding to support mothers, babies, and families along their breastfeeding journeys. **We are fully committed to the goals of the World Health Organization's International Code of Marketing of Breast Milk Substitutes** (further referred to as International Code) and resolutely support mothers, babies, and families along their breastfeeding journey.

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International Policy Example: The Innocenti Declaration (1990) Unicef

1. Appoint a national breastfeeding coordinator and establish a multisectoral breastfeeding committee.
2. Ensure that every facility providing maternity services fully practices all the *Ten Steps to Successful Breastfeeding*.



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The Innocenti Declaration (1990)



3. Take action to enact the WHO International Code of Marketing of Breastmilk substitutes.
4. Enact imaginative legislation protection the breastfeeding rights of working women and established means for its enforcement.

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System Level Policy Example: The Baby-Friendly Hospital Initiative

- UNICEF & WHO, initiated in 1991
- Designed to recognize hospitals that adopt the *Ten Steps to Successful Breastfeeding*
- 27% of births as of 2022 in the U.S.



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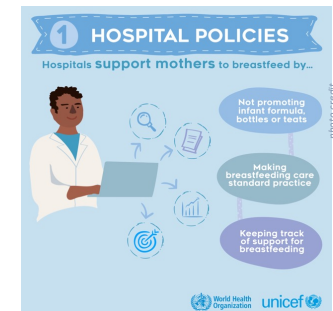
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Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
 - a) Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.



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Ten Steps to Successful Breastfeeding



6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.



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Ten Steps to Successful Breastfeeding


9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.

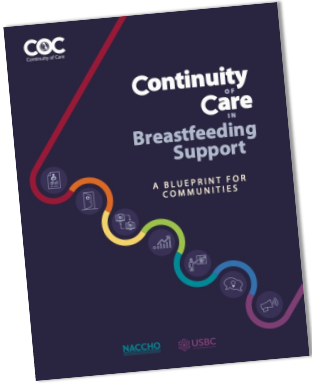


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 **System Policy Example: NACCHO**



Patient Education


- Breastfeeding not approached as preventative model
- Lack of anticipatory guidance education and empowerment
- Patient education starting late in the pregnancy or at birth
- Lack of skilled providers and limited provider training available
- Conflicting messages with lack of consistent and evidence-based education (providers, society, online)
- Limited education provided on laws and family-friendly rights
- Provider implicit bias, and provider's own lactation experiences influencing their education provision on breastfeeding
- Aggressive infant formula marketing influencing education content and providers' priorities
- Staffing constraints, time constraints
- Family members not included in education and care plan
- Lack of community trust on provider
- Limited diversity among skilled lactation support throughout the perinatal continuum

2.3

Eliminate all formula marketing practices, such as accepting free or discounted formula supplies and promotional materials from manufacturers, and designate storage for formula products away from clients' view. Commit to following the guidelines of the International Code of Marketing of Breast Milk Substitutes and educate staff about the risks of aggressive formula marketing to chest/breastfeeding families.

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 **Examples of Opportunities to Improve Protection**


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 **Trending...**







Read an article: 10 points
(limited to five times per calendar month).




Watch a video: 10 points
(limited to two times per calendar month).

>>>






Complete a poll: 25 points.





Invite a friend: 1,000 points.




How Much Formula Should a Newborn Eat?
2-3 fl oz of formula or breast milk every 3-4 hours (6-8 feedings/day)

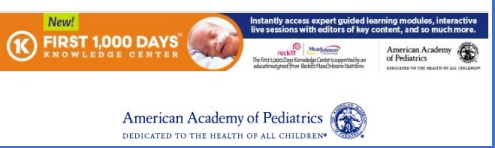
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New!



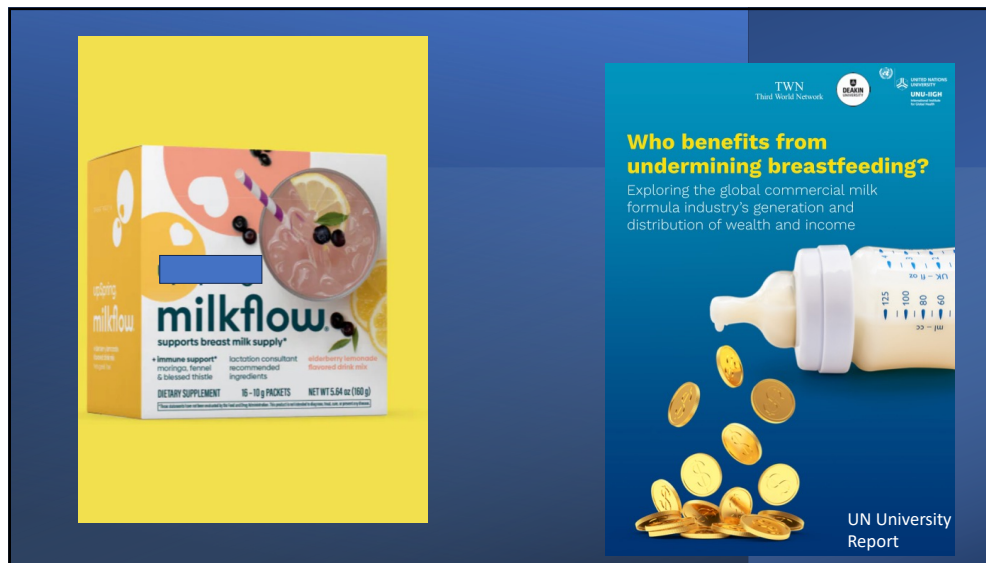
Instantly access expert guided learning modules, interactive live sessions with authors of key content, and so much more.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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..”breast milk has become commodified, breastfeeding commercialized and technologized, and the mother–infant relationship disrupted..”- Kath Ryan, Ph.D



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Wide Neck Bottles



Product Description


Product Includes

Compatible with Spectra Flanges and does not require an adapter. For use with the Spectra S1, S2, 9 Plus, and SG Breast Pump models.

- Bottles are BPA/DEHP-Free
- Each holds 160 mL
- Suitable for fridge and freezer
- Bottle nipples are *NOT* included

Model: MM011909

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Breastmilk Feeding Bottles with NaturalWave® Nipple


- Uniquely designed to reduce nipple confusion
- Soft Realistic nipple mimics baby's natural nursing reflexes
- Easy to clean & assemble

3 Pack \$ 8.99 (US) 2.54x10.16x10.16cm

Breastfeeding Bottles 8oz
From \$7.99

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TRY  FOR FREE

- Organic, premium ingredients
- No palm oil or corn syrup
- Modeled after breast milk


Get Offer


Organic infant formula made with premium ...



FAMIL BABY FORMULA
SAMPLES & COUPONS - \$400 VALUE!

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 **Trending...**



"babies on [redacted] wake up less overnight to feed and sleep longer between feeds."

"For each can of Bobbie delivered by Uber Eats, the organic infant formula company will donate a can of formula to a baby in need."

- Claims to reduce crying, colic, or other signs of infant distress
- Health and nutrition claims for infant formula are regulated in a similar way to other food products
- The current regulatory environment allows claims to be made for infant formula with low levels of evidence

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Protecting Breastfeeding

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Assessing Marketing Practices

Programs can adhere to the WHO International “Code” of Marketing of Breast-milk Substitutes

- No materials with formula ads
- Educational materials free of formula logos
- Check program policy statements to ensure you are sending the right messages.
- Assess if your materials normalize breast or bottle-feeding



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Responding to Marketing Practices

- Removal of formula and coupons from discharge bags and free of logos
- Use educational materials free of commercial logos and product information
- If you don't have a policy, create one, using the WHO Code, all or at least part of it



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Double Disaster in Florida: Hurricane Ian September 2022 During the Formula Shortage

- Massive destruction
- Widespread power outages
- Inaccessible roads
- Supply accessibility issues



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'Families have lost everything:' Dire need for baby formula, other baby supplies in areas devastated by Ian

"When you have that feeling of, 'can I feed my baby right now?' That is such a heartbreaking component."



HURRICANE IAN
FAMILY DONATION DRIVE

**MOMS &
BABIES**

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Facilitating Resilience

- Better messaging about infant preparedness
- Opportunity to highlight breastfeeding as a natural resource even in emergencies
- More community supports for infant feeding planning



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How to Get Involved



- State public health and perinatal regulations workgroups
- State and local breastfeeding coalitions
- Local Baby-Friendly hospital workgroups
- National, state and local associations
- Community program efforts
- Meet your local IBCLC's!

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How to Get Involved

Participants needed!

Surveying the Landscape of Breastmilk Substitute (BMS) Marketing Practices in Four Countries

The purpose of this research project is to determine the extent of breaches of the WHO Code in the countries involved, and to determine if further steps are needed to reduce such breaches.



Infant Feeding Action Coalition USA, Inc.

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How to Get Involved



- Policies
- Practices
- Education to families
- Education to providers
- Education to partners
- Training staff

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Train with us!
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Join our *Partners* Facebook Home Visitor Support Group
over 1000+ strong!
www.facebook.com/PartnersFSU



***Partners* Instagram**
@fsupartners



***Partners* Twitter**
@FSU_CPEIP



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