



Commentary

ETHICS AND BREASTFEEDING PROMOTION

by José J. Gorrin-Peralta, MD, MPH and Ana M. Parrilla-Rodríguez, MD, MPH

As the struggle for the promotion of breastfeeding advances and makes important headway in improving rates of initiation and duration, it is to be expected that the artificial milk industry will attempt to fight back and cut its losses. More aggressive strategies are being employed, promotion of artificial milk to the lay public is done through massive and sophisticated techniques and large amounts of money are used to recruit health professionals as allies in their marketing ploys.

Unable to rationally counteract the ever increasing evidence of the benefits of breastfeeding over artificial feeding, and ignoring the enormous body of knowledge regarding the hazards of artificial milk, the formula industry insists on selling the idea that their concoctions are as close to mother's milk as humanly possible.^{1,2} Their marketing strategists have shown the effectiveness of penetrating the reproductive health care services. Valaitis and Howard have reported on these strategies, which involve offers for free samples during pregnancy, the distribution of printed materials on infant feeding (including breastfeeding), and the use of physicians' offices for the distribution of their propaganda.^{3,4} Howard has shown that exposure of the mothers to promotional material prepared by artificial milk manufacturers significantly increased interruption of breastfeeding in the first two weeks. The author concludes that these materials should be eliminated from the prenatal scenarios.⁵

The formula industry has used the influence and prestige of health professionals to sell their products.^{3,6} Physicians, nurses, nutritionists and other health professionals routinely receive gifts, free samples, dinners and financial support for conventions, trips and continued education.^{1,2,7} While the American Medical Association used to require formula companies to market their products only to the medical profession, Nestle (Carnation), Bristol Myers/Mead Johnson, Gerber and others have established massive and aggressive campaigns to consumers through the media since the decade of the eighties.^{1-2,6-7}

As we speak of the nutrition and the rearing of our children it is essential that we realize that the profit motive of the formula industry is in open

contradiction with public health. Mother's and baby's interests, and the goal of optimal health for both, are best met when breastfeeding is carried out as recommended by the American Academy of Pediatrics and the World Health Organization; that is, exclusive breastfeeding for the first six months and prolonged breastfeeding after solids are initiated.⁸⁻⁹ Formula companies, on the other hand, pursue the maximization of their market share by increasing the number of mothers who buy their products, as early as possible and for the longest period of time possible. They tackle breastfeeding mothers through the supplementation strategy, knowing fully well that exclusive breastfeeding is not only healthier but necessary for an adequate production of milk. They have inundated the market with formulas for toddlers as well. For decades they had open season all over the world, with pathetic disregard for the increasing rates of malnutrition and mortality produced by the abandonment of breastfeeding.⁷ In developed countries their strategies included the separation of the mother from her baby in the hospital, the abandonment of rooming-in and the institutionalization of nurseries, early introduction of artificial milk, nipples and pacifiers and large monetary donations to hospitals in exchange for their distribution of the companies' products.

Medical, dental, nursing and nutrition schools, on the other hand, excluded breastfeeding education from their curricula and we have produced several generations of these professionals with profound deficiencies in knowledge regarding the importance of breastfeeding and the dangers of artificial milks, as well as poor attitudes towards this most important strategy of health promotion.¹⁰⁻¹³ As this has happened, the formula companies provide loans, grants, gifts and trips in an unending stream of thinly disguised bribery.⁷ The journal Pediatrics reported 10 years ago that the pharmaceutical industry has promotional expenses between \$6,000 and \$8,000 per year per physician.¹⁴ Is there such a thing as a free lunch, after all?

Ever since the creation of the International Baby Food Action Network (IBFAN) in 1979, as

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ABM International Conference to be Held in Washington

Don't miss the 6th International Academy of Breastfeeding Medicine Conference, November 2-5, 2001 in Washington, DC. The theme for this year's conference is **Research, Knowledge and Advocacy: Capital Ideas in Breastfeeding**. ABM's annual conference focuses on physician needs for the latest scientific and evidenced based clinical information about human lactation and breastfeeding. The international conference is also an important launching site for clinical and basic science research regarding human lactation and provides important opportunities to meet with colleagues worldwide with similar academic and clinical interests.

The meeting will begin on Friday, November 2nd with a program entitled, What Every Physician Needs To Know About Breastfeeding. This session geared towards practicing physicians in family practice, pediatrics and obstetrics will provide an overview of topics that are fundamental to supporting breastfeeding in the medical setting. Alternatively, attendees can participate in one of two-advanced workshops sessions on the Epidemiology of Breastfeeding or Maternal Issues in Breastfeeding.

The primary program will follow on November 3-5 with the presentation of research papers and talks by a variety of internationally known experts in breastfeeding and human lactation. By popular request, ABM will additionally present a follow-up meeting on November 5-6, open to all practitioners with an interest in breastfeeding and human lactation. We welcome you to include the entire health care team in "ABM Course for Health Team Members." Speakers from the ABM Annual Meeting, as well as other experts in breastfeeding, will present a high level professional program for interested practitioners. Mark your calendars and plan to attend. It promises to be a great meeting.

For complete information regarding these programs please contact the Office of Continuing Professional Education at the University of Rochester School of Medicine & Dentistry @ (716) 275-4392 or visit the Academy's webpage @ www/bfmed.org.

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well as the approval by the World Health Assembly, in 1981, of the International Code on Marketing of Breast Milk Substitutes, the international community has been active in the protection of the rights of mothers and babies to breastfeed without undue commercial interventions or pressures.¹⁵ Over fifty countries have adopted laws which incorporate all or some of the provisions of the International Code.¹⁶ At IBFAN Puerto Rico, the authors are working closely with our fellow Latin American IBFAN committees in strengthening the Caribbean network and increasing the effectiveness of our efforts against the powerful formula companies. Active advocacy is being carried out to support legislation in favor of the breastfeeding dyad including regulation of formula companies' marketing activities which violate the Code. At this writing we are supporting the creation by law of a coalition with participation of professional organizations, IBFAN, the Maternal and Child Health Program, the Puerto Rico Department of Health, the WIC Program, UNICEF Puerto Rico and La Leche League. This wide coalition will coordinate breastfeeding promotion and protection efforts in the island.

As we periodically face the unfortunate news of a colleague or organization who succumbs to the offers and economic power of the artificial milk industry, we must renew our commitment to the cause of breastfeeding promotion. We must be adamant in refusing to accept any financial support from these companies which allows them to market their products against the public health and through the utilization of our prestige as health professionals. It is necessary that we realize the importance of our work, our image in society and, above all, the health of the people. We must refuse to play the game of these huge economic interests. We must fulfill our obligation to return breastfeeding to its role as the cultural norm for the nutrition and the rearing of our children. Let us not fall prey to the pseudo-democratic defenders of "free choice." In the interests of the health of mothers and children, the real choice is not between doing what is best for them or what can harm them. The real free choice lies in promoting a society where families receive solid, scientific information on what best benefits their children, so that they can really exercise the right of informed consent, free from the devious influences of highly sophisticated marketing strategists who only serve the selfish economic interests of their employers.

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other to ensure that issues of mutual concern are considered in all relevant sessions.

Rationale: Working group members noted that the emergency working group has fully consider-

ed breastfeeding in its deliberations; other working groups did not fully consider the contribution and issues surrounding breastfeeding and complementary feeding in relation to their mandate.

♦ *Issue 7: Breastfeeding as household food security*

Recommendation: Breastfeeding/breastmilk should be taken into account in all work on household food security and in assessing women's economic contribution.

Rationale: Breastfeeding is the staple food for about 5% of the population of Africa and yet is ignored in current food balance sheets and in economic assessments of food availability and use.

♦ *Issue 8: Complementary foods and feeding*

Recommendation: Presentations must be included in next year's working group meeting addressing this issue and related indicators, training, growth, with a focus on both appropriate and adequate food and feeding behaviors.

Rationale: Due to the dramatic circumstances and issues raised this year, this important subject was barely addressed.

♦ *Issue 9: SCN role with related sectors*

Recommendation: That the SCN Secretariat serve as a communication expediter when meetings or strategy development on issues that might impact on breastfeeding, nutrition and food come to their attention. We also recommend if SCN participants become aware of such events/discussions, that they forward this information to the Secretariat to communicate to the working group for action.

Rationale: Multiple sectors impact on breastfeeding, complementary feeding, and food and nutrition, including those that address women's lives, fertility, and food production.

♦ *Issue 10: Need for increased community, program, and advocacy involvement in support of optimal breastfeeding behaviors (i.e., support of exclusive breastfeeding for 6 months, continued with complementary feeding for 2 years or more, and appropriate nutritional, social, and workplace support for potentially pregnant, pregnant and lactating women)*

Recommendation: SCN request that all UN agencies report on support for and progress in community activities, programs and advocacy for these optimal breastfeeding behaviors.

Rationale: Given the recognition by the working group participants that optimal breastfeeding includes the definition above, given that few agencies or individuals are aware of this, given that breastfeeding provides the staple food for a percentage of the world's population, given that the nutritional status of reproductive age women may impact on breastfeeding, and given that these populations are considered the most vulnerable, all agencies and organizations involved in health or nutrition logically must adequately support optimal breastfeeding behaviors.