كمنترين كصيحتن
KEMENTERIAN KESIHATAN
MINISTRY OF HEALTH

THE CODE OF PRACTICE

for Health Workers on Ending Inappropriate Marketing of Foods and Related Products for Infants and Young Children (0-5 years) in BRUNEI DARUSSALAM

MINISTRY OF HEALTH
JALAN MENTERI BESAR, BANDAR SERI BEGAWAN, BRUNEI DARUSSALAM. BB3910

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"AS HEALTH WORKERS"

we promote, protect and support breastfeeding
acting on our responsibilities under the Code of Practice

We DO NOT:

x Allow direct and indirect advertising and promotion of products* covered by this Code of Practice
x Allow our work places to be used for product* display or promotion
x Accept free or low-cost supplies of products
x Give samples to pregnant women or mothers
x Allow companies to contact pregnant women or mothers

*This Code of Practice covers:

- infant formula, specialized formula, follow-on formula and growing-up formula, fortified soymilk, complementary foods, foods and beverages such as cereals, jarred foods, infant teas, juices and mineral water that are represented as suitable to be fed for infants less than six months old
- feeding bottles, teats and related items such as pacifiers

Foreword

by Minister of Health

Breastfeeding is key to providing the best start for infants, and important for both mother and child health. The government of Brunei Darussalam through the Ministry of Health is committed to lead, scale-up and sustain its efforts in protecting, promoting and supporting breastfeeding and improving breastfeeding rates in the nation. This action is crucial in supporting the *Wawasan 2035 National Vision* as breastfeeding generates healthy, smart, confident and affectionate citizens.

The WHO recommends exclusive breastfeeding for 6 months as the optimal way of feeding infants, with the addition of safe, nutritious complementary foods and continued breastfeeding up to 2 years of age or beyond. It is well known that breastmilk promotes cognitive development, and protects both mother and baby from disease.

The Ministry of Health has demonstrated strong commitment for initiatives that promote breastfeeding as well as optimal infant and young child feeding practices. Among them is The National Strategy for Maternal, Infant and Young Child Nutrition 2014-2020 which was formulated to provide a framework for Brunei Darussalam as a whole society approach to promote, protect, support and monitor Maternal and Young Child Nutrition. The adaptation of ***the International Code of Marketing for Breastmilk Substitutes (1981, WHO) and subsequent WHA resolutions*** is considered a key element in this national framework.

The International Code of Marketing for Breastmilk Substitutes (WHO, 1981) was developed as a global health strategy that aims to prevent aggressive marketing practices that often prevent mothers from meeting their own breastfeeding goals. The International Code aims to protect all mothers and babies regardless of feeding practices (whether breastfeeding, formula-feeding or combination feeding).

The Code of Practice for Health Workers on Ending Inappropriate Marketing of Foods and Related Products for Infants and Young Children (0-5 years) is an adaptation of the International Code of Marketing of Breastmilk Substitutes (WHO, 1981) into the health care system of Brunei Darussalam.

Health care systems, and health care workers provide essential guidance to optimal infant feeding practices, encourage and facilitate breastfeeding, and provide objective and consistent advice to mothers and families about the superior value of breastfeeding, or, where needed, on the proper use of infant formula. The Code of Practice for Health Workers (Brunei Darussalam) is a code of conduct for health care workers which aims to prevent aggressive and inappropriate marketing of breast milk substitutes and related products. It is hoped that all relevant health care workers as well as distributors will endeavor to abide by the ethical guidelines of this Code.

Lastly, I would like to take this opportunity to express my sincere appreciation to the individuals who have contributed to the completion and implementation of this Code.

Dato Seri Setia Dr Haji Mohammad Isham bin Haji Jaafar,
The Honourable Ministry of Health,
25 Jamadilawal 1440H / 31 January 2019M

Awknowledgements

The Technical Working Group on the development of The Code of Practice for Health Workers on Ending Inappropriate Marketing of Foods and Related Products for Infants and Young Children (0-5 years) in Brunei Darussalam under the auspices of the Maternal, Infant and Young Child Nutrition Taskforce of Ministry of Health, Brunei Darussalam has established this Code of Practice through a series of workshop and several meetings. The members of the Technical Working Group are represented by health professionals and/or healthcare workers from various departments within the Ministry of Health as well as members of the academia namely, Pengiran Anak Puteri Hajah Rashidah Saadatul Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam. Their invaluable contribution and commitments have led to the success and completion of this Code of Practice for Health Workers.

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Abbreviations

BMS	Breastmilk substitutes
MIYCN	Maternal, Infant & Young Child Nutrition
NCD	Non-communicable Diseases
WHA	World Health Assembly
WHO	World Health Organization

Glossary

Term	Definition
Breastmilk substitutes (BMS)	Any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of five years (including follow-on formula and growing-up milks), whether or not suitable for that purpose.
Complementary foods	Any food, whether manufactured or prepared at home, suitable as a complement to breastmilk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called weaning food or solids.
Distributor	A person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this code. A 'primary distributor' is a manufacturer's sales agent, representative, national distributor or broker.
Emergency (crisis, disaster)	An event or series of events involving widespread human, material, economic or environmental losses and impacts that exceed the ability of the affected community or society to cope using its own resources and therefore requires urgent action to save lives and prevent additional mortality and morbidity. The term encompasses natural disasters, man-made emergencies and complex emergencies. Emergencies can be slow- or rapid-onset, chronic or acute.
Follow-on formula	A formula product represented either as a breastmilk substitute or replacement for infant formula that constitutes the principle liquid source of nourishment in a progressively diversified diet for infants aged 6-12 months.
Growing up milk	A formula product specifically marketed for toddlers and young children from 12 months of age. Other names include junior milks and *1-2-3 milks*.
Health care facilities	Places that provide health care (public and private). They include hospitals, clinics, health centres and specialized care centres, such as birthing centres and psychiatric care centres.
Health care system	Governmental, non-governmental or private institutions and associations, engaged, directly or indirectly in the provision of health care or in training and education of health professionals and health personnel.

Health professional associations	A professional association (also called a professional body, professional organization or professional society) in the field of health, healthcare and medicine. It is usually a non-profit organization seeking to further a particular profession, the interests of individuals engaged in that profession and the public interest. e.g. Brunei Medical Association, Brunei Association of Medical Laboratory Services, Allied Health Professional Association.
Health worker	A person working in a component of a health care system, whether professional or non-professional, including doctors, dentists, nurses, midwives, allied health professionals (e.g. pharmacists, nutritionists, dietitians, health education officers), administrators, voluntary, unpaid workers and anyone providing information to pregnant women, mothers, parents and families.
Infant	Any person up to twelve (12) months of age.
Infant formula	An infant formula product represented as a breastmilk substitute for infants which satisfies the nutritional requirements of infants aged up to 6 months, and adapted to their physiological characteristics.
Label	Any tag, brand, mark, pictorial or other descriptive matter, written, printed, stenciled marked, embossed, or impressed on, or attached to, a container of any products within the scope of this code.
Manufacturer	A corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this code.
Marketing	Product promotion, distribution, advertising, public relations and information services.
Marketing Personnel	Any persons whose functions involve the marketing of a product or products coming within the scope of this code.
Pacifier	An object with a teat which allows the infants to suck, without the purpose of providing food.
Samples	Single or small quantities of a product provided without cost.
Supplies	Quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.
Teat	A thing resembling a nipple, especially a perforated plastic bulb by which an infant can suck milk from a bottle.
Young children	For the purpose of this document, young children means children between 1-5 years of age.

1 Introduction

Breastmilk is the ideal food for infants. Exclusive breastfeeding meets all the infant's nutritional and fluid requirements up to six months of age. With the introduction of nutritionally adequate and safe complementary foods at six months of age, breastmilk continues to provide essential nutrients up to two years or beyond. Breastfeeding forms a unique biological and emotional basis for the health of both mother and child and is the best and safest way to feed infants (Appendix 1). Breastfeeding also has been proven to provide long-term health benefits in the form of reduced risk of obesity and non-communicable diseases (NCDs) during adolescence and adulthood.

The World Health Organization (WHO) has urged all member states to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation. All member states are urged to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond. In particular, the World Health Assembly (WHA) called on governments to ensure global compliance with the International Code of Marketing of Breastmilk Substitutes (WHO 1981) and subsequent relevant WHA Resolutions - hereinafter referred to as the International Code.

The Code of Practice for Health Workers on Ending Inappropriate Marketing of Foods and Related Products for Infants and Young Children (0-5 years) in Brunei Darussalam – hereinafter referred as the Code of Practice for Health Workers - is based on the International Code. The *Code of Practice for Health Workers* is to be practised by all health workers in Brunei Darussalam.

> "Breastmilk continues to provide essential nutrients up to two years or beyond"

2 Aim

The *Code of Practice for Health Workers* has the same aim as the *International Code* (WHO, 1981) and subsequent relevant WHA Resolutions, which is to contribute to the provision of safe and adequate nutrition for infants and young children by:

- protecting, promoting and supporting breastfeeding
- ensuring the proper use of breastmilk substitutes (BMS), when these are necessary, on the basis of adequate information without conflict of interest
- ending inappropriate marketing and distribution of BMS and foods for infants and young children

The *Code of Practice for Health Workers* aims for all health workers to:

- protect, promote and support breastfeeding by giving clear, consistent and accurate information about the importance of breastfeeding and the health risks of BMS
- encourage mothers and families before the birth of their infant to make an informed decision on the feeding method they will use
- help mothers and families to prevent and resolve the most common problems that cause mothers to stop breastfeeding
- meet their obligation to give detailed information and advice to parents, caregivers and families of breastfed and formula-fed infants on infant feeding
- ensure appropriate and safe preparation, usage and storage of BMS when necessary
- provide guidance on the timely introduction of nutritionally adequate and safe complementary foods

3 Scope

3.1 Scope of Implementation

The *Code of Practice for Health Workers* is a code of conduct for all health workers in Brunei Darussalam. It provides guidelines on ethical practices for health workers in the health care setting to protect breastfeeding, deter health workers from being used as channels for the promotion of artificial feeding as well as support mothers and infants under their care, consistent with the International Code (WHO, 1981). All health workers need to adhere to this *Code of Practice for Health Workers*.

3.2 Scope of Products

The *Code of Practice for Health Workers* applies to breastmilk substitutes, any food being marketed or otherwise represented as a partial or total replacement for breastmilk, and food for infants and young children. These include:

- infant formula
- specialized formula (formula for preterm babies or hypoallergenic formula)
- follow-on formula and growing-up milk
- fortified soymilk
- complementary foods
- foods and beverages such as cereals, jarred foods, infant teas, juices and mineral water that are represented as suitable to be fed to infants less than six months old

The *Code of Practice for Health Workers* also applies to feeding bottles, teats and related items such as pacifiers.

4 Articles

of the *Code of Practice for Health Workers*

4.1 Health workers must protect, promote and support breastfeeding

4.1.1 The Ministry of Health requires all health workers in Brunei Darussalam to protect, promote and support breastfeeding. They should be familiar with their responsibilities and accountabilities under the *Code of Practice for Health Workers*, and related Ministry of Health policies and strategies.

4.1.2 Health workers play an essential role in guiding feeding practices by encouraging and facilitating breastfeeding, and providing objective and consistent advice to mothers and families about the superior value of breastfeeding.

4.2 Health workers should enable mothers to make an informed decision about infant and young child feeding

4.2.1 Health workers should give accurate, objective and consistent information and educational material on breastfeeding, and should discuss the benefits and problems associated with the different methods of feeding so parents can make an informed decision.

4.2.2 Health workers should be aware of individual circumstances, and apply best clinical practice for those circumstances to ensure appropriate health care and safe and adequate nutrition for all infants. For example, although almost all women can breastfeed, some mothers decide not to breastfeed their infants, are unable to breastfeed, or try to breastfeed without success. In some medical situations, establishing breastfeeding is more difficult than others and additional lactation support is required. If the mother is unable to establish breastfeeding, an appropriate infant formula should be provided for the baby or wet nursing if acceptable to the mother and her family.

4.2.3 Antenatal information on appropriate infant nutrition should always be presented in the context of breastfeeding as the biological norm and as an unparalleled way of feeding an infant. Pregnant women who wish to know about formula feeding should be provided with accurate information without any conflict of interest. Any instructions in the use of infant formula should be undertaken one to one with the woman concerned and not in a class setting.

4.2.4 Mothers who do not breastfeed their infants should receive the same attention from health workers and the health care system since not breastfeeding is associated with increased risks to the health of infants and mothers.

4.3 Health workers must assist mothers and families to breastfeed

4.3.1 Health workers should be knowledgeable about breastfeeding and breastfeeding management, skilful in helping mothers and able to access further information and support as required. Even though it is a natural act, breastfeeding is also a learned behaviour. Almost all mothers can breastfeed provided they have accurate information, support within their families, communities and from the health care system.

4.3.2 Health workers need to work with women in a way that increases women's confidence in their ability to breastfeed. Health workers must not undermine breastfeeding by creating negative perceptions and behaviour towards breastfeeding.

4.3.3 Health workers should help to prevent or resolve the most common problems that cause mothers to stop breastfeeding.

4.3.4 Health workers should acknowledge the important role of skilled and knowledgeable peer supporters and peer support groups, refer mothers to them and work in collaboration with these groups in the community.

4.3.5 Health workers should provide mothers with information about storing expressed breastmilk. Mothers should be informed that there is a cup method of feeding expressed breastmilk. Where appropriate, information about sterilising bottles/containers should be given without implying or creating a belief that bottle feeding is equivalent or superior to breastfeeding.

4.4 Health workers must ensure appropriate use of formula when necessary

4.4.1 Only health workers should demonstrate to mothers or family members how to prepare and use formula. Family members who need to use formula require instruction and information on the preparation and safe storage of formula, feeding techniques and types of formula available.

4.4.2 Health workers who cannot provide a family with information about formula feeding must refer the family to another health worker who can provide the information without any conflict of interest.

4.4.3 Health workers should strengthen the health and nutrition education of these mothers and their family members in order to foster preparation for the initiation and maintenance of breastfeeding of any future infants born, whatever the previous feeding experience. These mothers should be referred to community-based breastfeeding support groups for future births.

4.4.4 Health workers should not promote a specific brand of formula, or be involved in the promotion of products used for infant feeding.

4.5 All information prepared by health workers on formula feeding should explain the benefits of breastfeeding, and the costs and health risks of the unnecessary or improper use of formula.

4.5.1 Information and educational materials (whether written, audio or visual) dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on the following points:

- the benefits and superiority of breastfeeding
- preparation for and maintenance of breastfeeding
- maternal nutrition
- the negative effect on breastfeeding if mothers practice mixed feeding
- the difficulty of reversing the decision not to breastfeed
- where needed, the proper use of formula. When such material contains information about the use of formula, the information should include the social and financial implications of formula use; the health risks of inappropriate foods or feeding methods; and, in particular, the health risks of the unnecessary or improper use of formula

4.5.2 Information and educational materials should not use pictures or text that may idealise the use of formula.

4.5.3 All materials used to provide information should be objective and consistent with current knowledge.

4.6 Health workers must be aware of the key principles of the International Code

4.6.1 The key principles are provided in Appendix 2A.

4.6.2 A health worker may contact BMS companies only for scientific and factual product information and only after permission from relevant authorities such as the Maternal, Infant and Young Child Nutrition (MIYCN) Taskforce.

4.7 Health care facilities should not promote BMS

4.7.1 A health care provider environment should not display items provided by BMS companies such as formula, bottles, teats, posters, placards, growth charts, calendars, pens, prescription pads, clocks, formula preparation charts or any other articles including social media videos/pictures displaying the name or logo of a manufacturer or product covered by this *Code of Practice for Health Workers*.

4.7.2 Only mothers and families who have made informed decision to use formula may be given information relating to formula products on discharge and this should be provided discretely (refer Article 4.2.3).

4.8 Health care facilities should not accept donated BMS products

4.8.1 Health care facilities may purchase formula at wholesale prices in accordance with the principles of the Baby Friendly Hospital Initiative (WHO, 2009), through the normal procurement process, and not through free or subsidised supplies.

4.8.2 Organisations and institutions should not accept donated supplies or free promotional samples of formula from manufacturers or distributors.

4.9 Health workers, health care systems, health professional associations and non-governmental organizations should not create conflict of interest with any distributor/ marketing personnel/manufacturer of BMS and related products within the scope of this Code of Practice

They should not:

- accept free products, samples or reduced-price BMS or foods for infants and young children from companies, except when necessary for the purpose of professional evaluation and research at an institutional level, following permission from relevant authorities such as the MIYCN Taskforce
- accept equipment or services from distributor/marketing personnel/manufacturer of BMS and related products within the scope of this Code of Practice
- give samples or supplies of BMS and related products within the scope of this Code of Practice to any person including pregnant / lactating women, mothers of infants, or members of their families
- accept any gift, contribution or benefit, financial or material inducements, of whatever value (including free meals) from distributor/marketing personnel/manufacturer of BMS and related products within the scope of this Code of Practice
- allow health facilities to be used for commercial events, contests or campaigns to promote BMS and related products within the scope of this Code of Practice
- allow any distributor/marketing personnel/manufacturer of BMS and related products within the scope of this Code of Practice to distribute / advertise any gifts or coupons or information to parents, caregivers and families through health facilities
- allow any distributor/marketing personnel/manufacturer of BMS and related products within the scope of this Code of Practice to directly or indirectly provide education / advertisements to parents and caregivers
- allow any distributor/marketing personnel/manufacturer of BMS and related products within the scope of this Code of Practice to sponsor all forms of meetings of health workers

4.10 The Code of Practice for Health Workers in emergency situations

4.10.1 In the case of emergency situations, such as natural disasters, donated supplies of BMS and related products must be overseen by relevant agencies without any conflict of interest. BMS may be given to infants who are medically required to be fed or are already on formula provided the benefits outweigh the health risks of the emergency situations. The supply must be continued as long as the special circumstances continue and must not be used as a sales inducement. In such circumstances breastfeeding families should be protected in order to minimize the consequences of commercial influence of BMS.

Appendix 1

Benefits of Breastfeeding

INFANTS & CHILDREN

- *Halal*, hygienic, inexpensive, convenient and readily available source of complete nutrition to support growth and development
- Personalised medicine to infants and young children (Victora et al., 2016)
- Higher performance in intelligence tests of children and adolescents, with an increase of 3.4 Intelligence Quotient (IQ) points (Horta et al., 2015)
- Prevent childhood deaths and illnesses in both high-income and low-middle income countries (Victora et al., 2016); lower mortality rates and incidence of infections (Stuebe, 2009)
- Major protection against diarrhoeal illnesses (Victora et al., 2016)
- Breastfeeding could prevent 72% and 57% of hospital admissions due to diarrhea and respiratory infections respectively (Horta & Victora, 2013)
- Reduced prevalence of asthma (Australian Centre for Asthma Monitoring, 2009; Victora et al., 2016)
- Associated with 68% reduction in malocclusions (Peres et al., 2015)
- Reduction of Sudden Infant Death Syndrome (SIDS) by 36% (Ip et al., 2007); breastfeeding duration of least 2 months was associated with half the risk of SIDS (Thompson et al, 2017)
- Improved visual-motor performance for very low birthweight infants (<1500g) after adjustment of socioenvironmental factors (Smith et al, 2003)
- Reduced occurrence of acute otitis media in the first two years of life (Bowatte et al., 2015)
- Provides some protection in the development of allergies in infants regardless of familial history of allergies (Kramer, 2011; Prescott & Nowak-Wegrzyn, 2011)
- Suggestive evidence of protection against overweight or obesity in childhood, adolescence and early adulthood (Victora et al., 2016)
- Breastfeeding is associated with a 19% reduction of childhood leukaemia incidence (Amitay & Keinan-Boker, 2015)
- Improved visual functions in full-term and premature infants (Anderson et al, 1990 & Carlson et al, 1993)

SPECIAL BENEFITS FOR PREMATURE INFANTS:

- Protection from infection (eg, urinary tract infection and sepsis)
- Protection against necrotizing enterocolitis (NEC)
- Shorter duration of hospital stay
- Protection from retinopathy of prematurity
- Protection from bronchopulmonary dysplasia
- Possible beneficial effects on cardiovascular development (Schanler et al, 2018)

Benefits of Breastfeeding

MOTHERS

- Faster maternal recovery from childbirth through accelerated uterine involution and reduced risk of haemorrhage, thus reducing maternal mortality (Sobhy & Mohame, 2004)
- Prolonging lactational amenorrhoea (Chowdhury et al., 2015), thus preserving maternal haemoglobin stores through reduced blood loss, leading to improved iron status
- Improved bone mineralization and thereby, decreased risk of post-menopausal hip fracture (Chantry et al., 2004; Dursun et al., 2006)
- Prolonged period of post-partum infertility, leading to increased spacing between pregnancies (Rutstein, 2005; Erenal et al., 2010)
- Possible accelerated weight loss and return to pre-pregnancy body weight (Neville et al., 2014)
- Significant protection against Type 2 Diabetes (Aune et al., 2014)
- Reduced risk of breast cancer by 4.3% for every 12-month of lifetime breastfeeding. In addition, a further 7.0% reduction for each birth (Victora et al., 2016); strong evidence that breastfeeding helps protect against breast cancer (WCRF/AICR, 2018)
- Reduced risk of ovarian cancer by 18% (Victora et al., 2016)

Benefits of Breastfeeding

SOCIETY

- Contributes both directly/indirectly to the achievement of the newly launched Sustainable Development Goals by 2030 (Victora et al., 2016)
- Breastfeeding can break the cycle of poverty by preventing malnutrition and ensuring food security for infants and young children (WABA, 2018)
- Protective effects of breastfeeding in infancy extend to later life, with reduced risks of obesity and NCDs; (WHO, 2007; Victora et al., 2016)
- Longer breastfeeding duration is associated with increased IQ and higher income, which contributes to the economy of a country (Horta et al., 2015)
- Promotes bonding and attachment between mothers and their children (WCRF/AICR, 2018)
- Significantly reduces national health costs (UNICEFF, 2012)
- Breastfeeding women are less likely to be absent from work because of baby-related illnesses (Murtagh & Moultan, 2011)
- Breast milk is an environmentally safe and friendly product (Francis & Mulford, 2002, Victora et al., 2016)

Appendix 2A

International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions

1. Aim	To contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.
2. Scope	Applies to **breastmilk substitutes*** [1] or any food being marketed or otherwise represented as a partial or total replacement for breastmilk. These include product such as: • **Infant formula** • **Follow-up milks *** • **Growing-up milks *** • **Complementary foods *** • Foods and beverages such as **cereals, jarred foods, infant teas, juices and mineral water that are represented as suitable to be fed to infants less than six months old. *** The International Code also applies to **feeding bottles and teats.**
3. Promotion	No advertising or promotion of above products to the public. No nutrition or health claims on products. *^ ii
4. Samples	No free samples to mothers, their families or health care workers.
5. Health care facilities	No promotion of products, i.e. no product displays, posters, calendars or distribution of promotional materials. No use of mothercraft nurses or similar company-paid personnel.
6. Health care workers	No gifts or samples to health care workers. Financial support and incentives should not create conflicts of interest. ^ iii
7. Supplies	No free or low-cost supplies of breastmilk substitutes to any part of the health care system. ^ iv
8. Information	Information and education materials must explain the benefits of breastfeeding, the health hazards associated with bottle feeding and the costs of using infant formula. Product information must be factual and scientific. Governments to avoid conflicts of interest so materials under infant and young child programmes should not be sponsored by companies. ^ v
9. Labels	Product labels must clearly state the superiority of breastfeeding, the need for the advice of a health care worker and a warning about health hazards. No pictures of infants, other pictures, or text idealising the use of infant formula. Labels must contain the warning that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately. ^ vi
10. Quality	Unsuitable products, such as sweetened condensed milk, should not be promoted for babies. All products should be of a high quality (Codex Alimentarius standards) and take account of the climatic and storage conditions of the country where they are used.

Note: For the full text of Code and resolutions, see:
www.who.int/nutrition/topics/wha_nutrition_iycn/en/index.html

(*) denotes products and definitions which are clarified by the WHO Guidance on ending the inappropriate promotion of foods for infants and young children which was welcomed by WHA Resolution 69.9 [2016].

(^) denotes that Code provisions have been clarified and extended by subsequent World Health Assembly Resolutions which are summarised in Annex B.
i. WHA49.15 [1996], WHA54.2 [2001] & WHA63.23 [2010]

ii. WHA58.32 [2005] & WHA63.23 [2010]

iii. WHA49.15 [1996] & WHA58.32 [2005]

iv. WHA47.5 [1994] v. WHA58.32 [2005]

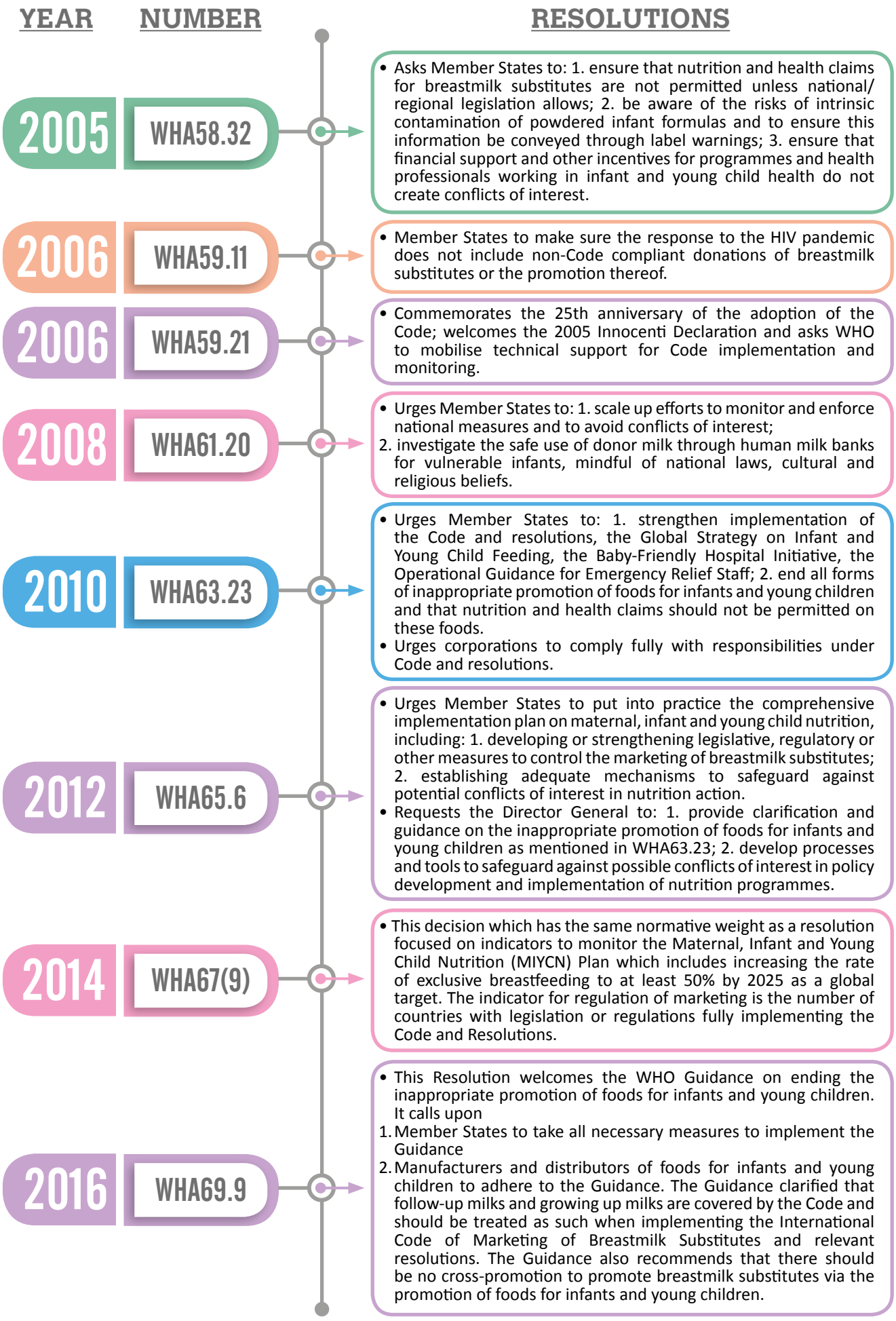
vi. WHA58.32 [2005]

Courtesy: International Code Documentation Centre/IBFAN Penang, PO Box 19, 10700, Penang, Malaysia

Appendix 2B

Relevant World Health Assembly Resolutions Summary

YEAR	NUMBER	RESOLUTIONS
1981	WHA34.22	• Stresses that adoption and adherence to the Code is a minimum requirement. Member States are urged to implement the Code into national legislation, regulations and other suitable measures.
1982	WHA35.26	• Recognises that commercial promotion of breastmilk substitutes contributes to an increase in artificial feeding and calls for renewed attention to implement and monitor the Code at national and international levels.
1984	WHA37.30	• Requests that the Director General work with Member States to implement and monitor the Code and to examine the promotion and use of foods unsuitable for infant and young child feeding.
1986	WHA39.28	• Urges Member States to ensure that the small amounts of breastmilk substitutes needed for a minority of infants are made available through normal procurement channels and not through free or subsidised supplies. • Directs attention of Member States to the following: 1. Any food or drink given before complementary feeding is nutritionally required may interfere with breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period; 2. The practice of providing infants with follow up milks is "not necessary".
1988	WHA41.11	• Requests the Director General to provide legal and technical assistance to Member States in drafting or implementing the Code into national measures.
1990	WHA43.3	• Highlights the WHO/UNICEF statement on "protection, promoting and supporting breastfeeding: the special role of maternity services" which led to the Baby-Friendly Hospital Initiative in 1992. • Urges Member States to ensure that the principles and aim of the Code are given full expression in national health and nutrition policy and action.
1994	WHA47.5	• Reiterates earlier calls in 1986, 1990 and 1992 to end "free or low cost supplies" and extends the ban to all parts of the health care system. • Provides guidelines on donation of breastmilk substitutes in emergencies.
1996	WHA49.15	• Calls on Member States to ensure that: 1. complementary foods are not marketed for or used to undermine exclusive and sustained breastfeeding; 2. financial support to health professionals does not create conflicts of interests; 3. Code monitoring is carried out in an independent, transparent manner free from commercial interest.
2001	WHA54.2	• Sets global recommendation of "6 months" exclusive breastfeeding, with safe and appropriate complementary foods and continued breastfeeding for up to two years or beyond.
2002	WHA55.25	• Endorses the Global Strategy on Infant and Young Child Feeding which confines the baby food companies' role to: 1. ensuring quality of their products; 2. complying with the Code and subsequent WHA resolutions, as well as national measures. • Recognises the role of optimal infant feeding to reduce the risk of obesity. • Alerts that micronutrient interventions should not undermine exclusive breastfeeding.



Courtesy: International Code Documentation Centre/IBFAN Penang, PO Box 19, 10700, Penang, Malaysia

References:

Anderson GJ, Connor WE & Corliss JD (1990) *Docosahexaenoic acid is the preferred dietary n-3 fatty acid for the development of the brain and retina*. Pediatr Res. ;27(1):89.

Amitay EL & Keinan-Boker L. (2015) *Breastfeeding and childhood leukemia incidence: a meta-analysis and systematic review*. JAMA Pediatr; 169: e151025. Available on: http://archpedi.jamanetwork.com/article.aspx?articleid=2299705 (accessed on 16.04.2016)

Australian Centre for Asthma Monitoring (2009). *Asthma in Australian children: findings from Growing Up in Australia, the Longitudinal Study of Australian Children*. Cat. no. ACM 17. Canberra: AIHW. Available on: http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442453834 (accessed on 18.04.2016)

Aune D, Norat T, Romundstad P, Vatten LJ. (2014). *Breastfeeding and the maternal risk of type 2 diabetes: a systematic review and dose-response meta-analysis of cohort studies*. Nutr Metab Cardiovasc Dis; 24: 107–15.

Bowatte G, Tham R, Allen KJ, Tan DJ, Lau MXZ, Dai X, Lodge CJ (2015) *Breastfeeding and childhood acute otitis media: a systematic review and meta-analysis*. Acta Paediatr Suppl; 104: 85–95.

Carlson SE, Werkman SH, Rhodes PG, Tolley EA (1993) *Visual-acuity development in healthy preterm infants: effect of marine-oil supplementation*. Am J Clin Nutr.; 58(1):35.

Chowdhury R, Sinha B, Sankar MJ. Taneja S, Bhandari N, Rollins N, Bahl R, Martines J (2015). *Breastfeeding and maternal health outcomes: a systematic review and meta-analysis*. Acta Paediatr Suppl; 104: 96–113.

Chantry CJ, Auinger P, Byrd RS (2004) *Lactation among adolescent mothers and subsequent bone mineral density*. Arch Pediatr Adolesc Med ; 158 : 650–6. Available on: http://archpedi.jamanetwork.com/article.aspx?articleid=485758 (accessed on 15.04.2016)

Dursun N, Akin S, Dursun E, Sade I, Korkusuz F. (2006). *Influence of duration of total breast-feeding on bone mineral density in a Turkish population: does the priority of risk factors differ from society to society?* Osteoporos Int; 17:651–5

Erenal A. (2010). *A natural method for family planning: Lactational Amenorrhea Method*. Ankara: Gülhane Askeri Tip Akademisi, 383-390.

Francis S. & Mulford C. (2002). *The milk of human kindness: a global fact sheet on the economic value of breastfeeding*. London: Crossroads Books.

Horta B.L. & Victora C.G. (2013). *Long term effects of breastfeeding: a systematic review*. WHO. (Available at: http://archpedi.jamanetwork.com/article.aspx?articleid=485758 accessed on 17.04.2016)

Horta BL, de Mola CL, Victora CG (2015). *Breastfeeding and intelligence: systematic review and meta-analysis*. Acta Paediatr Suppl; 104: 14-19.

IBFAN ICDC 2008 - Code Essentials 1: Annotated International Code of Marketing of Breastmilk Substitutes and Subsequent WHA resolutions

IBFAN ICDC 2009 – Code Essentials 2: Guidelines for Policy Makers on Implementing the International Code of Marketing of Breastmilk substitutes and subsequent WHA Resolutions

IBFAN ICDC 2009 – Code Essentials 3: Responsibilities of Health Workers under the International Code of Marketing of Breastmilk substitutes and subsequent WHA Resolutions
Infant and Ying Child Feeding in Emergencies, Version 3.0 – October 2017, developed by IFE Core Group

Ip S, Chung M, Raman G, et al. (2007). *Breastfeeding and maternal and infant health outcomes in developed countries*. Rockville, MD, USA: Agency for Healthcare Research and Quality. (Available on: http://archive.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf - accessed on 18.04.2016)

Kramer M. (2011). *Breastfeeding and allergy: the evidence*. Annals of Nutrition & Metabolism, 59 (Suppl 1), 20-26.

Ministry of Health New Zealand (2007) - Implementing and Monitoring the International Code of Marketing of Breast-milk Substitutes in New Zealand

Ministry of Health Malaysia – Code of Ethics for the Marketing of Infant foods and related products (4th Edition 2012)

Murtagh L. & Moultan A.D. (2011) *Strategies to Protect Vulnerable Population: Working Mothers, Breastfeeding and the Law*. American Journal of Public Health, Vol 101; No.2: 217-223.

Neville CE, Mckinley MC, Holmes VA, Spence D, Woodside JV. (2014) *The relationship between breastfeeding and postpartum weight change – a systematic review and critical evaluation*. Int J Obes (Lond); 38; 577-90.

Peres KG, Cascaes AM, Nascimento GG, Victoria CG (2015) *Effect of breastfeeding on malocclusions: a systematic review and meta-analysis*. Acta Paediatr Suppl; 104; 54-61.

Prescott S. & Nowak-Wegrzyn A. (2011). *Strategies to prevent or reduce allergic disease*. Annals of Nutrition & Metabolism, 59 (Suppl 1), 28-42.

Rutstein, SO. (2005). *Effects of preceding birth intervals on neonatal, infant and under-five years mortality and nutritional status in developing countries: evidence from the demographic and health surveys*. International Journal of Gynaecology and Obstetrics, 89 (Suppl 1), s7-24.

Schanler RJ, Abrams SA and Hoppin AG (July 2018) *Human Milk Feeding and Fortification of Human Milk for Premature Infants*. (Available at : https://www.uptodate.com/contents/human-milk-feeding-and-fortification-of-human-milk-for-premature-infants?topicRef=5013&source=see_link – accessed on 6/11/2018)

Smith M.M., Durkin M., Hinton V.J., Bellinger D. and Kuhn L. (2003) *Influence of Breastfeeding on Cognitive Outcomes at Age 6-8 Years: Follow-up of Very Low Birth Weight Infants*. American Journal of Epidemiology, Vol 158; Issue 11: 1075-1082.

Sobhy SI and Mohame NA. (2004). *The effect of early initiation of breast feeding on the amount of vaginal blood loss during the fourth stage of labor*. The Journal of the Egyptian Public Health Association 79 (1-2):1-12

Stuebe A. (2009) *The risks of not breastfeeding for mothers and infants*. Rev Obstet Gynecol; 2: 222-31

UNICEF (2012). *Preventing disease and saving resources: The potential contribution of increasing breastfeeding rates in the UK*. (Available on: www.Unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf - accessed on 18.04.2016)

Thompson J.M.D., Tanabe K., Moon R.Y., Mitchell E.A.,McGarvey C.,Tappin D., Blair P.S. and Hauck F.R. (2017) *Duration of Breastfeeding and Risk of SIDS: An Individual Participant Data Meta-analysis*. Journal of the American Academy of Pediatrics; Volume 140; Issue 5.

Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krasavec J, Murch S, Sankar MJ, Walker N & Rollins NC for *The Lancet* Breastfeeding Series Group (2016). *Breastfeeding 1: Breastfeeding in the 21st century: epidemiology, mechanisms and lifelong effect*. Lancet; 387; 475-490.

World Alliance of Breastfeeding Actions (WABA)(2018). Breastfeeding Foundation of Life WABA World Breastfeeding Week. (Available at: http://worldbreastfeedingweek.org/2018/wp-content/uploads/2018/08/a_folder_eng_2018_A4.pdf - accessed on 6/11/2018)

World Health Organization (2009). Baby-Friendly Hospital Initiative: Revised, updated and expanded for integrated care, WHO, Geneva

World Health Organization (1981). International Code of Marketing of Breast-Milk Substitutes. World Health Organization, Geneva

World Health Organization (WHO). (2007). *Evidence on the long-term effects of breastfeeding: systematic reviews and meta-analyses*. (Available on: http://apps.who.int/iris/bitstream/10665/43623/1/9789241595230_eng.pdf - accessed on 18/04/2016)

World Cancer Research Fund (WCRF) / American Institute for Cancer Research (AICR). Continuous Update Project Expert Report 2018. Recommendations and public health and policy implications. (Available at http://dietandcancerreport.org)