Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Établi 1949

OPHA Position Paper: The WHO Code and the Ethical Marketing of Breastmilk Substitutes

Contents:

A Position Paper and Resolution adopted by the
Ontario Public Health Association
Code: 2010-01 (**PP)**
Status Active

Resolution: WHO Code and the Ethical Marketing of Breastmilk Substitutes

WHEREAS Canada approved the International Code of Marketing of Breast Milk Substitutes but has not enacted legislation that encompasses all or nearly all of the provisions of the Code and subsequent World Health Assembly (WHA) resolutions; **and**

WHEREAS Health Canada recommends that all healthy term infants be exclusively breastfed for the first six months of life and then continue to be breastfed, with the addition of safe and appropriate complementary foods, up to two years of age and beyond; **and**

WHEREAS health professionals are unique in their obligation to be an objective source of information to the public and need to be able to provide information that is current, evidence based and reflective of best practice; **and**

WHEREAS the manufacturers and distributors of products covered by the Code violate the Code and subsequent WHA resolutions in the way they market their products; **and**

WHEREAS in order to make an informed decision about infant feeding a parent or caregiver requires information free of commercial influence; **and**

WHEREAS the mission of the OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario; **and**

WHEREAS breastfeeding is a population health strategy that must be protected, supported and promoted to optimize the health of our entire population;

THEREFORE BE IT RESOLVED THAT the OPHA will adopt this position paper;

AND FURTHER BE IT RESOLVED THAT the OPHA will uphold the International Code of Marketing of Breast Milk Substitutes (further referred to as "the Code") ;

AND FURTHER BE IT RESOLVED THAT the OPHA will continue to collaborate and partner with professional associations and organizations to increase the protection, promotion and support of breastfeeding through adherence to the Code;

AND FURTHER BE IT RESOLVED THAT the OPHA will continue to advocate at the federal level for the legislation of the Code including the ability to enforce this legislation.

Executive Summary

The International Code of Marketing of Breast Milk Substitutes, commonly referred to as the WHO Code, was endorsed by the 34th Assembly of the World Health Organization in May 1981. Since the WHO Code was endorsed there have been many World Health Assembly (WHA) resolutions, which clarify the Code and keep it up to date with current scientific knowledge and marketing trends. The Code provides minimum requirements to protect and promote appropriate infant and young child feeding practices. It focuses on the regulation of marketing infant formula and products associated with bottle feeding. Its aim is to advocate for breastfeeding, but if infants are not breastfed, it recommends that infants be fed safely on the best available nutritional alternative. Mothers must be enabled to make informed decisions about infant feeding free from commercial influence. Clearly health care providers, supportive health services, and enforceable laws on a national level all play a role in giving effect to the Code and subsequent resolutions. Canada gave its approval to the International Code in 1981 as part of a near global consensus. Canada, however, has not enacted legislation that encompasses all or nearly all of the provisions of the Code and subsequent WHA resolutions. Only some provisions of the Code and subsequent resolutions have been adopted in other laws, in particular, those pertaining to quality, labelling and consumer protection. Sadly, this approach has allowed inappropriate marketing practices to take root.

Despite compelling evidence on the positive short and long term effects of breastfeeding on the health of mothers and infants, breastfeeding initiation, exclusivity and duration is not consistently practiced in developed or developing countries. According to the Canadian Maternity Experiences Survey (2009) 90.3 % of mothers initiate breastfeeding; however 53.9 % continue breastfeeding until 6 months postpartum and only 14.4 % report exclusive breastfeeding.

This position paper outlines how the protection, promotion and support of breastfeeding can be enhanced by ensuring appropriate marketing and distribution of formula and related products in accordance with the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. It explores the responsibilities of Public Health care providers and health care facilities' policy under the WHO Code and how national legislation can help in the full implementation of the WHO Code.

OPHA Position Paper: The WHO Code on the Ethical Marketing of Breastmilk Substitutes.

The Rationale for an OPHA Position Paper on the WHO Code.

In this century, health teaching and the dissemination of health information has moved from a person to person exchange, to a population health promotion model. Today, a wide variety of information milieus exist to give the public messages impacting health. These include the marketing practices by private interest groups. The effect of this trend affects almost all health subjects. This presents unique challenges to the goals of health professionals.

It has been the intent of public health educators to improve the health of populations based on scientifically proven facts and relationships. Their objective is to promote health to benefit society. In contrast, private and for profit groups selling and promoting medical and health products usually have monetary gain as their overriding priority. This creates a departure from the mission and values of public health education principles.

The World Health Organization (WHO) states that exclusive breastfeeding for the first 6 months of life is the physiological norm for infant feeding and superior to all forms of formula feeding. At 6 months, breastfeeding should continue with the addition of appropriate complementary foods until 2 years of age and beyond.[1] Formula and mixed feeding (combined breastfeeding and formula feeding) increases the risk of gastrointestinal disease, respiratory tract infections and otitis media in the infant.[2] Breastfeeding has a dose related response resulting in a reduced risk of obesity and insulin-dependent and non-insulin-dependent diabetes mellitus later on in life. The maternal health benefits of breastfeeding include decreased postpartum bleeding, natural contraception attributable to lactational amenorrhea, increased child spacing, and decreased risk of breast and ovarian cancer.

The health and nutritional status of mothers and their children are intimately connected. The breastfeeding dyad depicts mothers and their children as a biological and social unit, therefore mothers and their children will share the problems related to under nutrition and ill health[3] . It is estimated globally that maternal and child under nutrition is the cause of 3.5 million deaths with 35 % of the disease burden in children younger than 5 years of

[1] World Health Organization. Global Strategy for Infant and Young Child Feeding, The Optimal Duration of Exclusive Breastfeeding. Geneva, 2001.

[2] Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Report/Technology Assessment No. 153 (Prepared by Tufts-New England Medical Center Evidence-based Practice Center,). Publication No. 07-E007. Rockville, MD:Agency for Healthcare Research and Quality. 2007.

[3] Global strategy for infant and young child feeding. (2003).*World Health Organization,*.Retrieved March 26, 2009, from http://www.who.int/gb/ebwha/pdf_files/WHA54/ea54id4.pdf.

age. Mixed feeding in the first 6 months of life is estimated to result in 1.4 million deaths and 10 % of disease burden in children younger than 5 years of age.[4]

Despite the compelling evidence on the positive short and long term effects that breastfeeding has on the health of mothers and infants, **breastfeeding initiation**, **exclusivity and duration according to the WHO recommendations are not consistently practiced in developed or developing countries.** According to the Canadian Maternity Experiences Survey (2009), 90.3 % of mothers initiate breastfeeding, however only 53.9 % continue breastfeeding until 6 months postpartum and14.4 % report exclusive breastfeeding up to this point[5].

This position paper outlines how the protection, promotion and support of breastfeeding can be enhanced by ensuring appropriate marketing and distribution of formula and related products in adherence with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions. This will empower parents to make informed decisions about infant feeding without commercial influence.

History and Background

In Canada and throughout the world, there have been a variety of trends in infant feeding. During the early and mid 1900's hand feeding from birth became the norm in industrialized countries and hand fed babies survived and grew. Advances in the prevention of disease led to an increased faith in modern science and medicine. As medical technology advanced, childbirth was moved from the home to the hospital. By the middle of the 19th century most women were giving birth in hospitals surrounded by technology and regimented practices that separated mothers and babies and interfered with breastfeeding. Cow's milk products were promoted as the modern and civilized way to nourish a baby.

The emancipation of women, which began in the 1920's, also changed the social climate. Women were no longer bound by their biology to feed their young. Other feeding permitted women to pursue other interests. With the dawn of the WWII, women moved into the workforce replacing men at war. This was a time when the Canadian dairy industry grew and public health officials began to promote formula feeding. This was deemed to be feasible since clean water was more available for the reconstitution of alternative feeding products. There was a massive campaign to educate mothers coinciding with a sharp decline in breastfeeding rates.

[4] Black, R.E., Allen, L.H., Bhutta, Z.A., Caulfield, L.E., de Onis, M., Ezzati, M., Mathers, C., Rivera, J. (2008). Maternal and child under nutrition: global and regional exposures and health consequences. *The Lancet*, 371, 243-260.

[5] *Mothers Voices*, Public Health Agency of Canada, Maternal and Infant Health Section Health Surveillance and Epidemiology Division Centre for Health Promotion Health Promotion and Chronic Disease Prevention Branch, 2009 Pg 13.

In the years between 1920 and 1960 the majority of Canadian women abandoned breastfeeding, and the task of health education of mothers was taken on by professionals and national publications. Population based learning emerged. When the increase in feeding cow's milk resulted in higher infant mortality rates, scientists worked at improving the artificial baby milk rather than increasing breastfeeding rates.

By the 1970's breastfeeding rates were rising in Canada and other Western nations. There was a movement away from medicalized perinatal health care. The focus shifted to women's capabilities and needs rather than the medical management of childbirth. There was an increased recognition of the importance of breastfeeding in the health of the nation.[6]

Meanwhile, in developing regions breastfeeding rates continued to decline. Western attitudes regarding infant feeding reached developing countries through health care providers helping those populations and through relief projects where surplus milk was shipped abroad. Unfortunately infant formula was marketed to mothers who could not afford it or were living in conditions that made formula reconstitution and feeding unsafe. Formula was diluted to make it last and unclean water was used to reconstitute the formula. Rates of disease in children rose due to lack of protection through breastfeeding. Pictures of undernourished and dying infants from developing countries attracted world attention during the 1970's. Concern about the marketing of infant formula in developing countries increased.

In recognition of this growing problem, WHO/UNICEF hosted an international meeting about infant and young child feeding in 1979. The meeting included representatives of governments, health organisations, companies and campaigning groups and called for the development of an international code of marketing, as well as action on other fronts to improve infant and young child feeding practices. The International Baby Food Action Network (IBFAN) was formed by six of the campaigning groups at the meeting. IBFAN started to grow as other groups joined or were formed.

Of note is the fact that in 1980 at a US Senate Hearing on the subject of violation of the WHO recommendations, four US infant milk companies admitted that they did not intend to abide by WHOs interpretation of the recommendations of the 1979 WHO/UNICEF meeting.

In response to this, the 33rd World Health Assembly adopted the recommendations of the 1979 WHO/UNICEF meeting, recalling resolutions WHA27.43 and WHA31.47 affirming breastfeeding to be essential for the harmonious physical and psychosocial development of the child. An urgent action was called for by governments and the Director-General in order to intensify activities for the promotion of breastfeeding and the development of actions related to the preparation and use of weaning foods based on local products. It was restated that there was an urgent need for countries to review sales

[6] Nathoo, Nathim ; Ostry, Aleck, The One Best Way: Breastfeeding history, politics and policy, Sir Wilfrid Laurier University Press 2009

promotion activities of baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation.

By May 1981, a Code of Marketing was endorsed by the 34th Assembly of the World Health Organization, and the International Code of Marketing of Breast Milk Substitutes came into being.[7] Canada gave its approval to the International Code as part of a near global consensus. **The Code focuses attention on how the infant formula industry influences both health care providers and consumers to support the use of manufactured baby milk.** It was passed as a recommendation to all member states "to take action to give effect to the principles and aim of the Code as appropriate to the social and legislative framework, including the adoption of national legislation, regulations or other suitable measures".

The WHO Code on the Ethical Marketing of Breast Milk Substitutes included the following measures:

- No advertising of any of these products to the public
- No free samples to mothers
- No promotion of products in health care facilities, including the distribution of free or low-cost supplies
- No company sales representatives to advise mothers
- No gifts or personal samples to health workers
- No words or pictures idealising artificial feeding, or pictures of infants on labels of infant milk containers
- Information to health workers should be scientific and factual
- All information on artificial infant feeding, including that on labels, should explain the benefits of breastfeeding and the costs and hazards associated with artificial feeding
- Unsuitable products, such as sweetened condensed milk, should not be promoted for babies
- Manufacturers and distributors should comply with the Code's provisions even if countries have not adopted laws or other measures.

The International Code of Marketing Breast Milk Substitutes (1981) was a set of recommendations adopted by the World Health Assembly (WHA) as a **minimum** requirement to protect and promote appropriate infant and young child feeding practices. The Code is now an integral part of the Global Strategy for Infant and Young Child Feeding (2003). It focuses on the regulation of marketing infant formula and products associated with bottle feeding. Its aim is to advocate for breastfeeding but if infants are not breastfed, for whatever reason, it recommends that infants be fed safely on the best available nutritional alternative. In addition, it recommends that formula be available when needed, but not be promoted (International Code of Marketing Breast Milk Substitutes, 2008).

[7] World Health Organization International Code of Marketing of Breast-Milk substitutes, WHO Geneva 1981

The Code In Canada

The Code is a recommendation of the WHO but has no legal binding. It does however carry a strong moral and political weight. At a country level the decisive factor for the implementation of the Code is a political commitment to protect, promote and support breastfeeding. Countries can do this by translating the Code into national legislation, regulations or other suitable measures and monitoring compliance, imposing sanctions and making available adequate resources for follow-up.[8]

As of 2008, 148 countries have taken action to adopt the Code at a national level. Governments in Brazil, Botswana, Ghana, India, and the Philippines strengthened the impact through adopting comprehensive Code-based legislation. Implementation and enforcement of the Code are especially lacking in countries where national measures and legal infrastructures are weak.

Canada has not enacted legislation that encompasses all or nearly all of the provisions of the Code and subsequent WHA resolutions. Some provisions of the Code and subsequent resolutions have been adopted within other laws, in particular, those pertaining to quality, labelling and consumer protection. Unfortunately, this approach has fostered inappropriate marketing practices to take root.[9]

The Impact of Marketing of Infant Formula

There are several social, economic and cultural factors, which are unique to each individual country that influence the rate of breastfeeding initiation, exclusivity and duration. One factor that has been proven to negatively impact breastfeeding world wide is the aggressive marketing of infant formula.[10] This marketing has been directly supplying hospitals and community health services with free formula and supplies as well as coupons for free formula. There is supportive evidence for an association between the use of supplements and premature cessation of breastfeeding.[11] The use of supplements at an early stage after discharge has also been prospectively studied. It was found that in Brazil the relative risk of stopping breastfeeding by 1 month was 3.7 times higher when formula was used at 1 week, than when infants did not receive formula.[12]

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[8] Code Essentials 2: Guidelines for Policy makers on Implementing the International code Of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. Publisher: IBFAN February 2009 in Pensang, Malaysia. pages 7,8, 10,11

[9] Ibid, page 9.

[10] Evidence for the Ten Steps to Successful Breastfeeding, World Health Organization 1998 Pg 50

[11] Ibid, Evidence for the Ten Steps to Successful Breastfeeding Pg 51

[12] Martines JC, Ashworth A, Kirkwood B (1989) Breast-feeding among the urban poor in southern Brazil: reasons for termination in the first 6 months of life. *Bulletin of the World Health Organization*, 67(2):151-161.

In many countries in East Asia and the Pacific region, "the combination of ineffective public health systems, slick and expensive marketing of milk formula and poor enforcement of marketing regulations have contributed to the decline of breastfeeding".[13]

In the Philippines, the rate of exclusive breastfeeding at 4 to 5 months of age fell from 20 % in 1998 to 16 % in 2003 in direct proportion to an increase in formula advertising.[14] An analytical study from the United States showed that the number of advertisements promoting infant formula and associated paraphernalia in *Parents* magazine increased dramatically between 1972 and 1999 and were negatively correlated with the decline of breastfeeding initiation rates.[15] In contrast, Cambodia's exclusive breastfeeding rates have increased from 11 % in 2000 to 60 % in 2005. The dramatic increase in breastfeeding has positively contributed to a decrease in Cambodia's child mortality rates: falling from 95 infant deaths in 2000 to 65 in 2005. This is a result of an aggressive campaign in promoting breastfeeding and reducing formula advertising.[16]

Although the International Code of Marketing Breast Milk Substitutes was adopted by the WHA in 1981 many violations of the Code continue. Violations have been found in both developed and developing countries such as **Canada,** the United Kingdom, Hong Kong, West Africa, South Africa, Bangladesh, Poland and Thailand.[17]

The Complexity of Marketing Infant Feeding

Breastfeeding is often described as a personal decision and a lifestyle choice but the WHO Global Strategy emphasizes the need for parents to make an informed decision on how to appropriately feed infants and young children. This requires parental access to objective, consistent and complete information about infant feeding and appropriate feeding practices that is free from commercial influence. Optimal unencumbered access to correct information is consistent with the principles within the UNICEF International Rights of the Child for nutritious food as a basic human right for children.[18]

Infant formula companies provide information about both breast and bottle feeding, however the prevalent marketing strategies focus on mothers' personal choices and convenience needs, rather than evidence-based child health outcomes needed to make

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[13] World Health Organization. (June 20, 2007). *WHO and UNICEF call for renewed commitment to breastfeeding.* Press Release. Retrieved from:http://www.unicef.org/media/media_40135.html.

[14] Ibid, World Health Organization. (June 20, 2007).

[15] Foss, K.A. & Southwell, B.G. (2006). Infant feeding and the media: the relationship between Parents' magazine content and breastfeeding, 1972-2000. *International Breastfeeding Journal,* 1:10, 1-9.

[16] World Health Organization. (June 20, 2007).

[17] Taylor, A. (1999). Violations of the international code of marketing of breast milk substitutes: prevalence in four countries. *BMJ,* 316, 1117-1122.

[18] UNICEF The Convention for the Rights of Children. Geneva retrieved on July 28, 2010 from http://www.unicef.org/crc/index_using.html

informed decisions. Infant formula companies promote *personal* maternal choice. In advertising, the infant health outcomes related to feeding method are under-represented and demoted to the personal preference of the mother. The marketing key messages and visual portrayals are mother focused and coincide with current socio-cultural trends.

Companies violate the International Code and Resolutions by promoting to mothers in a variety of ways:

- Advertising
- Free samples
- Discounts
- "Help" lines and "parent clubs"
- Visits at home or at health facilities
- "Educational" materials on infant feeding
- Posters in hospitals, brand names and logos on equipment, pens, pads etc.
- Information on other products which undermine breast milk supply through their use

When health care facilities display posters, calendars, clocks and stickers with product brand logos, this gives the impression that the health care system endorses these products. Increasingly companies donate materials, which only show one company name or logo. This may be a concession to the International Code but is nonetheless a way of using the health care facility to promote one brand product. [19] Informed decision making becomes difficult for parents under these conditions as the advertising of products can often mimic scientific information, making objective decisions difficult. Since breastfeeding is highly vulnerable to brief episodes of formula use, mothers are susceptible to premature weaning based on erroneous information, even when weaning has not been the intention.

Lower income populations may be at even greater risk of the consequences of aggressive marketing since free formula and product giveaways would logically have significant appeal for these groups.

Promotion Through the Health Care System

Manufacturers and distributors of formula, bottles and other related paraphernalia promote their products through the health care system. Strategically successful marketing tactics are used by industries to influence health care workers to promote products. Some of these are listed below:

Free or discounted samples and supplies
Small gifts such as pens, prescription pads, posters, calendars

[19] Code Essentials 3: Responsibilities of health workers under the International code of marketing of Breastmilk substitutes and subsequent WHA resolutions. Publisher is IBFAN. March 2009 in Pensang, Malaysia. Pages 14 and 15.)

Large gifts such as equipment, machines, air conditioners, computers, software
Gifts of professional services such as organization of events
Enhanced relationships with government officials
Visits by representatives to doctors in private practice, professionals in health institutions, and ministries
Sponsorships of hospitals and other health care facilities, clinics, and projects
Funding of research grants and salaries
Support to attend professional events
Sponsorship of conferences, seminars and publications
Advertisements in journals and similar publications
Publication of health "information" resources

Companies would find it much harder to promote products without the cooperation and influence of health workers and others in the health care system. The WHO Code promotes responsible actions by health workers for the encouragement and protection of breastfeeding. Health workers are in a position of trust and need to practice based on objective evidence free from influence by industry. Unknowingly, many health workers may assist manufacturers and distributors in the marketing of infant feeding products in ways that undermine breastfeeding.[20]

The situation is compounded by the low level of awareness among health workers regarding the real risks of formula feeding. When Code provisions and resolutions are incorporated into work policies of health care settings, misleading information and promotion are not allowed to distort health workers' perceptions.[21]

Article 7.2 of the Code allows manufacturers and distributors to provide information to health professionals regarding products covered by the Code. This product information is for health professionals and not for the wider class of health workers and should be scrutinized carefully. All materials should be carefully scrutinized and restricted to those that are factual and scientific.[22]

Conflicts of interest are common in health care settings. A conflict of interest means a "conflict between the private interest and the official responsibilities of a person in a position of trust." [23] There are three WHA resolutions on infant and young child nutrition which caution against conflicts of interest: WHA resolution 49.15 (1996), WHA resolution 58.32 (2005) and WHA resolution 61.20 (2008).[24]

[20] Code Essentials 3: Responsibilities of health workers under the International code of marketing of Breastmilk substitutes and subsequent WHA resolutions. Publisher is IBFAN. March 2009 in Pensang, Malaysia. Pages 18-19
[21] Code Essentials 3: Responsibilities of health workers under the International code of marketing of Breastmilk substitutes and subsequent WHA resolutions. Publisher is IBFAN. March 2009 in Pensang, Malaysia. Page 23
[22] Ibid Page 23
[23] Reference - Merrian-Webster online dictionary, 2005 Retrieved July 23 at http://www.merriam-webster.com/
[24] Code Essentials 3, Page 25

Manufacturers and distributors use sponsorship as a marketing strategy to give the impression that they are responsible corporate citizens and to link their name to health care workers and the health care system. Wright and Waterston state: "Sponsorship by its nature creates a conflict of interest. Whether it takes the form of gift items, meals, or help with conference expenses, it creates a sense of obligation and a need to reciprocate in some way. The 'gift relationship' thus influences our attitude to the company and its products and leads to an unconscious unwillingness to think or speak ill of them. Even if individuals are uninfluenced by sponsorship and subsequently act wholly responsibly in relation to breast and formula feeding, by accepting sponsorship or speaking at an infant formula milk company meeting they still lend credibility to the company by the visible association of their name and position with that company."[25]

Cultural effects of formula advertising on research

Professional groups exposed to the promotion of infant formula products in their work environments can be influenced to also accept the research accompanying the products. These studies are often presented as factual but do not support the health claims made. [26] It is important that resource materials available to the public through public health units reflect the most up to date unbiased evidence and are free from corporate interests.

The perception that formula feeding is the norm has become so entrenched through advertising that even scientists have been influenced. Research questions are most often designed to reflect that formula fed infants are the control group, and as such find that breastfeeding reduces morbidity and mortality, viewing breastfeeding as an intervention or pharmaceutical.[27] Public health facilities engaging in research about infant feeding need to be aware of this issue in order to design the research PICO questions to reflect breastfeeding as the baseline upon which to measure feeding and nutrition outcomes.

Effects of advertising and Rights of the Child

The Global Strategy (2003) is based on the protection and the facilitation of human rights principles as outlined in the *Convention on the Rights of the Child.* Infants and children have the right to access safe and nutritious food in order to attain optimal health. Mothers in turn, have the right to decide how to feed their children and the right to ***evidence-based*** information and appropriate conditions that will enable them to carry out their decision. As only women can breastfeed, infant feeding occurs in the context of gender inequities.

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[25] Wright, C. M., Waterston, A.J.R. "Relationships between paediatricians and infant formula milk companies" Archives of Diseases in Childhood. 91: 383-385. 2006

[26] Adamkin, D.H. (2007) Controversies in neonatal nutrition: docosahexanoic acid (DHA) and nucleotides. *Journal of Perinatology* 27, Suppl 1: S79–82.

[27] Berry, N.J., & Gribble, K.D. (2008). Breast is no longer best: promoting normal infant feeding. *Maternal and Child Nutrition*, 4, 74-79.

Lack of support for breastfeeding creates an environment that commercializes infant feeding and undermines mothers' capacity to breastfeed.[28]
While there are many factors contributing to a mother's decision to formula feed her infant, the impact of advertisement cannot be dismissed, especially when these advertisements misleadingly suggest that formula is an equally healthy way of feeding an infant[29]

Materials from formula companies may initially appear innocuous and even supportive of breastfeeding but housed within the counselling tips and recommendations are subtexts and underlying messages that undermine breastfeeding. Some approaches include aligning products with breastfeeding by stressing the similarities of their formula to breast milk, associating the use of formula with scientific development and quality parenting, and implying that breastfeeding, although best, is difficult and not conducive to a contemporary lifestyle.[29]

A randomized controlled trial of 547 women demonstrated that educational materials on breastfeeding produced by manufacturers of infant formula and distributed to pregnant women intending to breastfeed had a substantially negative effect on the exclusivity and duration of breastfeeding. This impact was much greater on women with uncertain or short breastfeeding goals.[30]

Inability of Governments to Limit Marketing Practices

At present there is no legal ability for the Canadian Federal government to regulate the marketing practices of the infant formula industry. An article (Canwest News Service, 2010, January 12) reported on the impact of the joint initiative of Health Canada and the Canadian Food Inspection Agency (CFIA) in 2007 after officials reviewed objections to the claims made in the advertising and labelling of infant formula. According to a summary of the initiative prepared by the project manager at CFIA, the effort to get the companies to change their marketing was a failure. It was concluded that there "were insufficient resources for inspections" and "resistance from companies to change the claims that are made on labels" (Canwest News Service, 2010, January 12).

[28] Hall Smith, P. (2008). Is it just so my right? Women repossessing breastfeeding. *International Breastfeeding Journal*. 3, 1-6.
[29] Code Essentials 3: Responsibilities of health workers under the International code of marketing of Breastmilk substitutes and subsequent WHA resolutions. Publisher is IBFAN. March 2009 in Pensang, Malaysia. Page 14
[30] Howard,C. , Howard, F., Lawrence, R., Andresen, E., and Weitzman, M. "Office prenatal formula advertising and its effect on breastfeeding patterns", Obstetrics and Gynecology, 95 (2) 296- 303, 2000)

Implications of regulatory limitations for public health services

Because there has been a lack of intent in Canadian politics to legally enforce and uphold the principles within the WHO Code, this has affected health promotion outcomes for community health service delivery. Government and health department budgets are challenged to compete with the costly advertising measures adopted by infant feeding product companies. **This necessitates policy and positions on the part of professional groups and organizations to uphold the WHO Code with or without governmental legislation.**

The noncompliance to WHO Code regulations by infant formula companies results in the distribution of free formula, free related products and aggressive marketing to the public and professional audiences without the awareness by its recipients of the effect of this marketing. When health services serve as a point of distribution for free formula materials and products this serves as an endorsement in the eyes of the public.

A precedent has been set by other professional organizations, recognizing the far reaching implications of the adoption of WHO Code principles. "The Canadian Medical Association endorsed the Code in 1992 and included the Code in their guidelines for the Ethical Association with the Pharmaceutical Industry. In developing a policy statement on breastfeeding, the Canadian Hospital Association recognized that health care facilities and agencies need to address potential ethical concerns regarding breast milk substitutes. In this context, they supported the 1981 WHO International Code of Marketing Breast Milk Substitutes".[31] The Registered Nurses Association of Ontario has also endorsed the application of the WHO Code[32].

This position paper has outlined how the protection, promotion and support of breastfeeding can be enhanced, by ensuring appropriate marketing and distribution of formula and related products in accordance with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions.

[31] College of Family Physicians of Canada, Infant Policy Statement 2004

[32] RNAO CHNIG terms of reference retrieved on July 28 2010 at http://www.rnao.org/Page.asp?PageID=924&ContentID=1258

Regarding Resolutions, Position Papers, and Motions:

Status: Policy statements (resolutions, position papers, and motions) are categorized as:

Active, if:
1. The activities outlined in the policy statement's implementation plan have not yet been completed,
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

Archived, if:
1. The activities outlined in the policy statement's implementation plan have been completed, or
2. The policy statement addresses an issue that is not currently relevant to public health in Ontario or is not based upon the most current evidence. The statement remains the position of the OPHA until a new statement is adopted that effectively reverses or essentially negates all or major elements of an earlier statement. In this instance, the former supercedes the latter.