INFACT Canada

IBFAN North America

Infant Feeding Action Coalition, 63 Burtch's Lane Rockport, ON K0E 1V0 • www.infactcanada.ca

Newsletter
Winter 2006

Scientific fraud and child health

How Nestlé-funded research supported deceptive "hypoallergenic" claims

In 2002, Memorial University in Newfoundland was shocked by the early retirement of one of its most renowned scientists, Dr. Ranjit Chandra. For over twenty years, Chandra had made a distinguished career conducting research on nutrition and infant feeding and was considered a world-class expert in his field, but in 2000 his work began to unravel. The prestigious British Medical Journal rejected one of the studies he submitted to its editors, who believed the results had been faked.

Over the next few years, the more Chandra's work came under scrutiny, the more suspicious his research seemed, until finally one of his research assistants came forward to say that she had never helped him conduct several of his published studies which had been paid for by Nestlé and other infant formula companies.[1] While Chandra has packed up and headed overseas, the effects of the Nestlé studies he faked will linger on, and their publication should serve as a disturbing example of conflict of interest, greed and an industry's callous disregard for the health of thousands of infants who suffered the consequences of self-serving marketing deceptions.

Photo by Melanie Gillis

Breastfeeding protects against the development of allergies

Chandra's studies[2,3] on Nestlé formula purported to prove that the company's Good Start formula reduced the incidence of allergies in children, and justified the company's claim that this new brand of formula was hypoallergenic – that the product could reduce atopic symptoms in infants at risk to levels similar to even better than those seen in exclusively breastfed infants. With the publication of the studies, Nestlé had a new kind of formula, a new market, and a new source of profits. Dr. Chandra got paid. Everyone was happy. But Chandra's results just weren't true. He never even conducted studies on Good Start formula.

The Chandra scandal reveals the

inherent problems with corporate-funded medical research. While there is clearly a need for companies, especially those producing food products, to improve quality and safety through generally accepted scientific research, the reality is that corporations like Nestlé are also motivated by marketing needs which do not necessarily accord with objective medical research.

For companies like Nestlé, the stakes resting on research favourable to their products are very high. When Chandra did his first study for the company in the late 1980s, Good Start was already being marketed as a hypoallergenic formula, and the company was under intense pressure from the Food and Drug Administration to verify its claims about the product. Had it not been able to find a study that proved Good Start reduced the risk of allergies in children, Nestlé would have been in serious trouble. So evidently they sought out Dr. Chandra, gave him significant funds to do research into the formula, and he returned the results Nestlé needed. It didn't matter that Chandra's work ran counter to the vast body of medical knowledge, which asserts that breastfeeding, rather than any formula, is the greatest factor in lowering the incidence of allergies. Nestlé had one study that said their formula could achieve similar results , and used this to gain a marketing edge.

According to UNICEF "Formula feeding is expensive and carries risks of additional illness and death, particularly where the levels of infectious disease are high and where preparation and storage of these substitutes is not carried out properly. Many studies indicate that a non-breastfed child living in disease-ridden and unhygienic conditions is between six and 25 times more likely to die of diarrhoea and four times more likely to die of pneumonia than breastfed infants. A recent study of postneonatal mortality in the United States found a 25% increase in mortality when infants were not breastfed."[5]

The Chandra studies opened up a whole new market for Nestlé. His research was cited in Nestlé formula promotions all over the world and in product monographs sent to physicians and nutritionists.[4] Never before had allergy-prone infants been so forcefully targeted by formula companies. Despite the well-known long-term health benefits of breastfeeding, parents around the globe with a history of allergies were now urged to buy Nestlé's new "break-through" formula, and thousands did. As a result, unknown numbers of babies over the past decade and a half have been unnecessarily exposed to the risks of artificial feeding.

Nestlé's hydrolized infant formula became one of the company's best-selling infant foods. Many more parents bought the similar products released by Nestlé's competitors in the wake of Chandra's bogus research. All the major formula companies aimed to increase their market shares with brands claiming to reduce the risk of allergies in children. They based these claims on corporate-funded research building on Chandra's manufactured results.

The Nancy Olivieri Case

Although Nestlé has come under fire for decades for its unethical marketing of infant formula, the Chandra case illustrates a problem embedded in corporate-funded research that goes far beyond just one company. In 1998, a furor erupted when Nancy Olivieri, a researcher at the Hospital for Sick Children and the University of Toronto, went public with the results of a clinical trial she had conducted on a drug to treat a rare blood disease. She had discovered that deferiprone, a pill produced by the pharmaceutical company Apotex, was ineffective and potentially toxic in some patients.

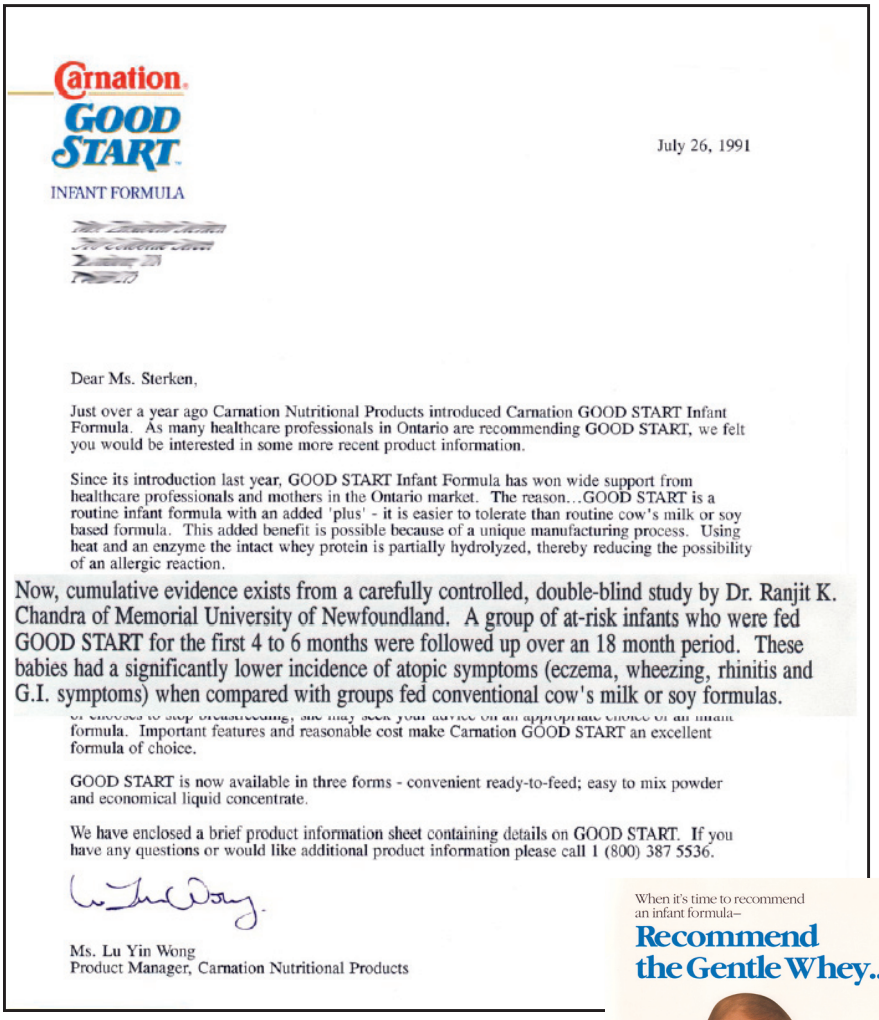
Olivieri decided that she was obligated to report the findings to her institutional review board and submit them for publication in a peer-reviewed journal, but Apotex was determined to bury her research and launched a lawsuit against her, claiming she had violated a confidentiality agreement she had signed with the company. Nevertheless, Olivieri submitted her findings for publication.

At the time, Apotex was negotiating a $30 million grant to U of T and the Hospital for Sick Children. Both institutions refused to support

Formula feeding trials raise concerns

Aside from the conflicts of interest raised by corporate-funded formula trials, a larger question looms as to whether formula trials using infants are ethical.

- Research using babies could have long-lasting consequences, effectively altering infants lives well into adulthood. Trials using infants should be at best a last resort, after all other methods of testing, such as animal trials, are exhausted.
- Parents who subject their children to such trials must be made fully aware of the benefits of breastfeeding, and the risks of formula feeding, particularly of the experimental brand being tested. Parents should be supplied with full product information relating to the formula, including the ingredients used.
- Breastfeeding, and not regular formulas, must be used as the control because breasfeeding is the acknowledged best standard of practice. Often, industry-funded trials only compare the experimental formula to a regular brand. Slight differences in the new formula allow for claims that it is "better" while it fails any comparison to breastmilk.
- Parents should not be coerced into participating in trials. The request for participation should come not from their doctor or nurse, but from an outside person who is clearly partial.



Carnation GOOD START INFANT FORMULA

July 26, 1991

Dear Ms. Sterken,

Just over a year ago Carnation Nutritional Products introduced Carnation GOOD START Infant Formula. As many healthcare professionals in Ontario are recommending GOOD START, we felt you would be interested in some more recent product information.

Since its introduction last year, GOOD START Infant Formula has won wide support from healthcare professionals and mothers in the Ontario market. The reason...GOOD START is a routine infant formula with an added 'plus' - it is easier to tolerate than routine cow's milk or soy based formula. This added benefit is possible because of a unique manufacturing process. Using heat and an enzyme the intact whey protein is partially hydrolyzed, thereby reducing the possibility of an allergic reaction.

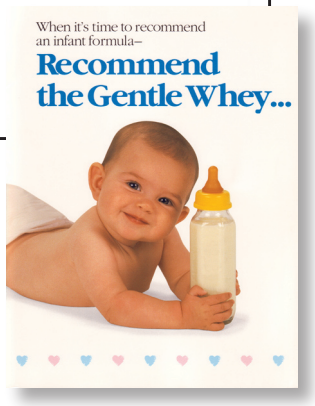
Now, cumulative evidence exists from a carefully controlled, double-blind study by Dr. Ranjit K. Chandra of Memorial University of Newfoundland. A group of at-risk infants who were fed GOOD START for the first 4 to 6 months were followed up over an 18 month period. These babies had a significantly lower incidence of atopic symptoms (eczema, wheezing, rhinitis and G.I. symptoms) when compared with groups fed conventional cow's milk or soy formulas.

formula. Important features and reasonable cost make Carnation GOOD START an excellent formula of choice.

GOOD START is now available in three forms - convenient ready-to-feed; easy to mix powder and economical liquid concentrate.

We have enclosed a brief product information sheet containing details on GOOD START. If you have any questions or would like additional product information please call 1 (800) 387 5536.

Ms. Lu Yin Wong
Product Manager, Carnation Nutritional Products



Olivieri. Instead she was stripped of one of her positions at the hospital and publicly chastised by Sick Kids for speaking out. Finally, after a protracted legal battle, during which Olivieri alleged she was harassed for following her moral obligations, she won an undisclosed settlement from the hospital and the university in 2002.

The Olivieri case garnered worldwide recognition and serves as a stunning example of the unbalanced nature of the corporation-researcher relationship. Faced with unfavourable test results, companies can use confidentiality agreements to keep critical findings from the public, rendering mute the voice of the researcher. Corporations can also use their substantial financial power to pressure institutions into protecting their corporate interests. As Olivieri's four-year struggle illustrates, it is very difficult for relatively powerless individuals to combat such tactics. ❖

References:

1 O'Neill-Yates C. The secret life of Ranjit Chandra. *The National* (Canada): (Three features). 31 January – 2 February 2006.

2. Chandra R, Singh G. Shridhara G. Effect of feeding whey hydrolysate, soy and conventional cow milk formulas on incidence of atopic disease in high risk infants. *Annals of Allergy* 1989; 63: 102-6.

3. Chandra R. Five-year follow-up of high risk infants with family history of allergy who were exclusively breastfed or fed partial whey hydrolysate, soy and conventional cow's milk formulas. *Journal of Pediatriatric Gastroenterology and Nutrition* 1997; 24: 380-8.

4. Carnation Good Start. Letter to Elisabeth Sterken from Steve Allen, Director, Nutritional Products Group, Carnation Good Start, a division of Nestlé. 31 October 1990.

5. Obtainable at: http://www.unicef.org/nutrition/index_breastfeeding.html

WHA addresses conflict of interest

In 2005, the World Health Assembly passed a resolution to the International Code of Marketing of Breastmilk Substitutes addressing the problems associated with corporate-funded infant feeding research. Resolution 58.32 urges Member States of the WHA:

"(4) to ensure that financial support and other incentives for programmes and health professionals working in infant and young-child health do not create conflicts of interests;

(5) to ensure that research on infant and young-child feeding, which may form the basis for public policies, always contains a declaration relating to conflicts of interest and is subject to independent peer review."

According to the preamble of the document, the basis of the resolution was the concern that "nutrition and health claims could be used to promote breast-milk substitutes as superior to breastfeeding." In the past few years there has been a startling rise in formula health claims - based on research funded by formula companies themselves - that assert certain brands are "better" or "reduce the risk" for certain conditions. Despite these claims, medical research overwhelmingly indicates that all formulas are inferior to breastmilk as a source of infant nutrition.

Nestlé using deadly labels in South Asia

Another shocking example of Nestlé's disastrous and negligent marketing practices has surfaced in Laos. Dr. Leila Srour, one of INFACT Canada's colleagues in the region, has reported visiting a village in the Southeast Asian country and finding a mother there gravely ill. In an email to INFACT, Dr. Srour related:

"Sadly, she died of unknown cause, perhaps tuberculosis. The couple have eight children, including a 5 month old...(Relatives) were giving a supplement by bottle. They brought me...a can, embossed with Nestle...The community development person assured me that these cans have "the picture", so they knew that this milk is for babies."

Tragically however, despite being marked with "the picture," the logo of a Nestlé cartoon bear, the bottle that relatives were feeding the infant did not contain infant formula, but rather a substance called "Sweetened Beverage Creamer." This creamer is intended to be used to flavour coffee, and is wholly nutritionally inadequate for an infant. Incredibly, Nestlé is marketing the product to a population with a high incidence of illiteracy using a logo that seems to imply the product is baby food.

The label on the beverage creamer shows a mother bear cradling a baby bear, which clearly would lead many parents to assume that the product was made to feed to infants, especially after seeing similar cartoons on Nestlé formula packages. The label bears a message asserting that "Sweetened Beverage Creamer is not to be used as a breast milk substitute," but as 39 per cent of Laotian women are unable to read, this is hardly an adequate measure to prevent misuse. Furthermore, the warning is written in Lao, English, and Thai, but many people in rural Laos do not speak any of these languages.

Feeding babies on this innutritious product for any period of time could cause grave and irreversible health problems, including brain damage and death. The Bear Brand label also appears on other products that could easily be mistaken for breastmilksubstitutes, such as condensed and evaporated milk. By using these labels, Nestlé has exhibited a reckless disregard for infant health, and the consequences will likely be severe. Infants could easily die as a result, if some already haven't. Dr. Srour reported:

"The Bear Brand Sweetened Beverage Creamer travels to the most distant parts of Laos, even remote mountain villages...The Bear Brand coffee creamer is now a very well recognized (breastmilk) substitute used by many parents...In the capital city, infants with severe malnutrition have been identified, who have been fed this product as a substitute so their mothers could return to work."

Either Nestlé's actions are a result of what can only be called criminal incompetence, or it is insidiously trying to sell its creamer to mothers who are unable to afford expensive formula. Please write to Nestlé and urge them to put an end to this deadly scenario. Write your own letter or personalize INFACT's opposite. ❖

Nestlé to buy Body Shop

The Body Shop, long known for its image as an ethically-conscious company and its stance against animal testing, has accepted a takeover bid from cosmetics giant L'Oréal. L'Oréal is partly owned by Nestlé, which has a 26 per cent stake in the company. Nestlé is the target of the world's largest international consumer boycott because of its aggressive and unethical marketing of infant formula. Many consumers around the world refuse to buy any of the company's products until it ceases to endanger the health and lives of infants. Should the Body Shop be taken over by L'Oréal, any purchase of a Body Shop product would profit Nestlé. As such, the Body Shop will be added to the list of boycotted brands by INFACT Canada and ethical consumers everywhere.

Massachusetts free formula ban: breastfeeding protection or government intrusion?

When Marsha Walker, a Lactation Consultant working in Massachusetts wrote to INFACT Canada that her State had revised its perinatal regulations to include a provision that forbids any commercial marketing, including the distribution of gift bags containing formula samples, to new mothers in hospital, we all felt the hard work accomplished by Marsha as a member of the Mass. Breastfeeding Coalition had finally paid off.

Clearly this was a sensible public health decision in improving supports for infants to receive the health advantages of breastfeeding. However, not everyone has perceived the ban as a supportive measure for mothers. Under attack from several quarters - including the State Governor, Mitt Romney - the formula sample ban was suspended. Thus the hospital governing board decided to hold off on any action until at least May, clearing the way for the controversy to swell in the coming months.

Even an editorial in the University of Boston's Daily Free Press weighed in on the skirmish. Referring to "hard-line breast-feeders," the editorial claimed the ban was an intrusion on a mother's prerogative to feed as she sees fit. The editorial, griping on about how women do not want to breastfeed 100 per cent of the time and how fathers would need formula to feed their children, argued, despite all the clear scientific evidence to the contrary, that "formula samples will not sway her decision either way." And on top of that concluded, " the evidence in favor of breastfeeding over formula is not so overwhelming… This is one area where the government shouldn't have any say." ❖

Kathryn Rowan
Vice President, Corporate Affairs
Nestle Canada
25 Sheppard Ave. W.
North York, ON
M2N 6S8

Dear Nestlé,

It has recently been brought to our attention that your company is marketing products such as coffee sweeteners and condensed and evaporated milk in Laos using Bear Brand labels showing a mother and baby bear. Given the fact that Nestlé's infant formula products are also marked with a cartoon bear and there are high rates of illiteracy in the region, we at INFACT Canada find it hard to see how Nestlé does not consider the Bear Brand labels a danger to public.

INFACT Canada has received reports that Bear Brand products are widely mistaken as breastmilk substitutes. Obviously, babies cannot survive on coffee sweetener. Extremely malnourished infants have been turning up in hospitals in Laos after being fed your products. It is very likely some have died.

Nestlé cannot allow this to continue. It would be very easy for the company to save lives by replacing the logo with something more appropriate and infinitely less dangerous. In Thailand, the same products bear logos of coffee cups, eliminating any confusion. Simply placing warnings on the products that they are not to be used as breastmilk substitutes is not enough, as 39% of Laotian women are unable to read. This rate is higher in rural areas.

We appeal to your conscience in imploring you to do something about this situation. Innocent lives are being ruined by what we can only hope is a case of unintentionally dangerous marketing. We sincerely hope that the labels are not being used to entice impoverished mothers to buy products that are unsafe but much cheaper than infant formulas. Such deliberate exploitation of the poverty and illiteracy of the Laotian people would be an injustice of the gravest kind.

We demand that Nestlé replace the logo on their Bear Brand products, and launch an educational campaign to inform Laotian parents on the dangers of using such products as breastmilk substitutes. If Nestlé fails to do so, your company will be knowingly contributing to the deaths of unkown numbers of Laotian infants.

And this rebuttal from Marsha Walker:

"You could inform the company that wishes to include an actual sample of formula that powdered formula is not a sterile product, that approximately 14% of powdered formula cans contain pathologic bacteria, and that they might be liable if a mother fed the formula to her baby and the baby became ill. The company could then be asked to make sure that it recorded the lot number of each can and the mother's address to whom it was given in case the mother needed to be notified of a formula recall. Written information should be given to the mothers who receive the gift formula on the safe preparation, reconstitution, use, and storage of the formula. They should also tell the mothers that leaving the reconstituted formula at room temperature causes the bacteria count to double every 30 minutes. The company also has the obligation to make sure that it informs the mother of the side effects of replacing her breast milk with a substitute and that she needs to seriously consider if she wishes to increase her infant's risk for diabetes, overweight/obesity, and allergies if any of these are present in the family.

Health Canada infant feeding recommendations improved

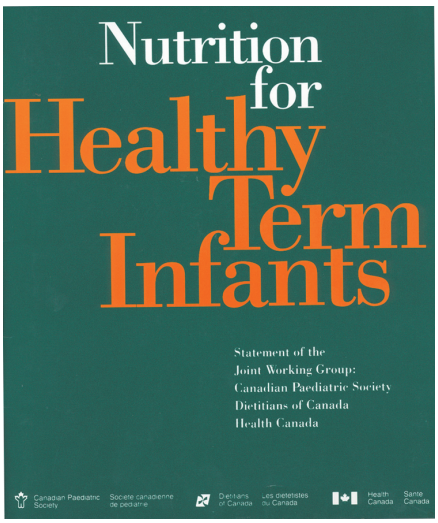
Health Canada's revision of the 1998 Nutrition for Healthy Term Infants (posted on its website January 2006) is a greatly improved document over its 1998 predecessor. Now less bogged-down by its previous need to balance breastfeeding and formula feeding (although the attempt to balance the two is still evident), the revision is more evidence-based and in greater conformity with World Health Organization recommendations.

Of particular interest are the revised recommendations on complementary feeding. Some interesting improvements:

(i) Age of introduction. As a global public health recommendation, the World Health Organization recommends that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond (WHO, 2003).

Because iron absorption from human milk is depressed when the milk is in contact with other foods in the proximal small bowel, early use of complementary foods may increase the risk of iron depletion and anemia.

(ii) First foods. During the transition to solid foods, it is vital that infants continue to ingest an adequate volume of breast milk ***or formula*** *(our emphasis). In Canada, the most commonly used first food is iron-fortified infant cereal. Meat and alternatives are iron-containing foods that can also be introduced at this stage. The foods in this group include meats, fish, poultry, cooked egg yolks, and alternatives such as well-cooked legumes and tofu. Iron from meat sources is better absorbed than iron from non-meat sources.*



Health Canada policies now in greater conformity to WHO recommendations

There is little nutritional or developmental benefit associated with the practice of adding infant cereals or other puréed foods to bottles containing formula or milk. In fact, an important reason for the introduction of solids is the developmental readiness of the infant to progress from sucking to spoon-feeding and from ingesting liquids to more textured foods.

Vegetables and fruits are added next to the infant's diet; they add colour, flavour, texture and variety to infants' diets. The introduction of milk products such as cottage cheese, other cheeses and yogurt usually follows. Egg white which contains at least 23 different glycoproteins is not traditionally given to infants

continued on p. 7

Meat or pap?

Meat as a first complementary food for breastfed infants

Although meat is considered an excellent source of iron, it has not always been perceived as a suitable first complementary food. Our perception of first foods has been strongly influenced by the marketing of fortified cereal-based foods, even though the iron absorbed from these foods is extremely low.

A recent study has confirmed that the consumption of highly refined and fortified cereal foods may not be the best way to maintain adequate iron status for infants. Researchers from the University of Colorado wanted to determine the nutritional efficacy and effect on infants of the consumption of either meat or iron-fortified infant cereal as their first complementary food. They randomized 84 exclusively breastfed infants at four months of age to receive either pureed beef or iron-fortified infant cereal as the first complementary food, starting after five months and continuing until seven months. In addition to anthropometrical and developmental data, the infants were monitored for zinc and iron status at nine months.

What they found:

1. Zinc intakes were greater for the meat group.
2. Head circumference was larger for the meat group.
3. Tolerance and acceptance was similar for the two groups.
4. Biochemical indicators were similar for both groups.
5. Motor and mental measurements did not differ between the two groups, but the meat group had a higher behaviour index.

The authors suggest that more research is needed to develop optimal complementary feeding guidelines and conclude that the introduction of meat as a first complementary food for exclusively breastfed infants is beneficial and associated with improved zinc intakes. ❖

Krebs N F et al. **Meat as a First Complementary Food for Breastfed Infants: Feasibility and Impact on Zinc Intake and Status.** J Pediatr Gastroenterol Nutr. 42:207-214, 2006

continued from p. 6

until one year of age to minimize any possible allergic reactions (Anet et al., 1985; Langland, 1982).

(iii) Table foods. The transition to other solid foods, such as more textured purées, finger foods and table foods eaten by the rest of the family, takes place in the latter part of the second six months of life because infants are ready to chew and need more texture in their foods. Safe finger foods include bread crusts, dry toast, pieces of soft cooked vegetables and fruits, soft ripe fruit such as banana, cooked meat and poultry, and cheese cubes. At this time, most infants are developmentally ready to feed themselves and should be encouraged to do so (Hahn, 1993; Satter, 1990; Illingworth and Lister, 1964). Important feeding behaviours at this time include taking food from a spoon, chewing, self-feeding with fingers or a spoon, and independent drinking from a cup ***or bottle*** *(our emphasis) (Pridham, 1990; Satter, 1990). By one year of age, the ingestion of a variety of foods from the different food groups of Canada's Food Guide to Healthy Eating is desirable.*

(iv) Home-prepared foods. Parents and caregivers may prepare their infant's solid foods by puréeing cooked fresh or frozen foods. Current infant feeding practices (later introduction of solid foods) are not likely to result in an infant consuming sufficient plant nitrate to cause methaemoglobinaemia even in susceptible infants (AAP, 1970). ❖

Breastfeeding while introducing gluten reduces risk of coeliac disease

Coeliac disease (CD), also known as gluten sensitive enteropathy, is an intolerance to gluten found in cereal grains such as wheat, rye and barley and characterized by intestinal malabsorption. In industrialized countries the prevalence in children aged 7 years is about 1 per cent. Although the exact cause of CD is unknown, is it assumed that there may be an environmental trigger - perhaps early infant feeding - that makes the immune system of infants vulnerable to subsequent development of the disease.

In order to determine the effect of early infant feeding practices on the development of CD, i.e. the impact of breastfeeding versus no breastfeeding; the duration of breastfeeding; and the effect of breastfeeding while introducing gluten-containing foods, the authors of one study reviewed the literature available on breastfeeding and CD.

The study performed a review of articles and a meta-analysis. Fifteen relevant articles were identified, of which six met the inclusion criteria. All were case-controlled studies.

The researchers concluded that children with CD were breastfed for a significantly shorter period of time. The risk of developing CD decreased significantly by 63 per cent for children breastfed for two months or less. Children being breastfed at the time of gluten reduction had a 52 per cent reduction of risk of developing CD compared with children who were not breastfeeding at the time of introduction.

The authors pose two potential mechanisms for the protective effect. Firstly, that continued breastfeeding limits the actual amounts of gluten received. Secondly that breastfeeding protects against intestinal infections. Infections can increase the permeability of the infant's gut and therefore allow the passage of gluten into the lamina propria.

Others have suggested that breastmilk IgA may reduce the immune response to ingested gluten or immune modulation may occur through specific T-cell suppressive effects.

The authors suggest further research to determine if breastfeeding delays the onset of CD or if the protection provided by breastfeeding is permanent. ❖

Akobeng A K et al. **Effects of breast feeding on risk of coeliac disease: a systematic review and meta-analysis of observational studies.** Arch Dis Child 91: 39-43, 2006

The US National Institute of Health to review safety of soy formula

The NIH has assigned an independent scientific panel to review the latest research about the safety of soy baby formula and the estrogen genistein found in soy products

The consumption of soy products has been rising in recent years even though concerns exist about the effect of soy estrogens on human development and reproduction. Soy-based drinks represented the fastest-growing food category worldwide from 2003 to 2004.

The Center for the Evaluation of Risks to Human Reproduction, part of the National Institute of Environmental Health Sciences and the National Toxicology Program, has convened a committee of 14 scientists to review the safety of soy known to contain biologically phytoestrogens. Genistein, a flavonoid found in soy, is known to mimic the effect of estrogen in humans. The panel will also be expected to note what additional research is needed.

A coalition of soy trade groups have objected to the review, claiming that soy-based baby formula has been used for more than 35 years. The statement also said findings from animal research cannot reliably be extrapolated to humans.

However, this raises the question: should history of use be a claim for safety?

A final report will be posted online in in late May to help consumers make informed choices. If follow-up action is required, it will be left up to regulatory agencies such as the Food and Drug Administration.

Jack Newman's Clinic has new location

Dr. Jack Newman, well known for his support for breastfeeding women, has found a new home for his clinic. Now located at the Canadian College of Neuropathic Medicine in North York, Toronto, Dr. Newman, clinic founder and pediatrician, was the first in Canada to start a hospital-based breastfeeding clinic in1984 at the Hospital for Sick Children. He has been a member of the Board of Directors of INFACT Canada since 1985. Newman's working experience straddles the globe, from Latin America to Africa. These experiences have afforded him a wealth of first hand knowledge of breastfeeding cultures and practice. Since then he has become a highly sought after speaker on breastfeeding topics.

In December 2005, North York General Hospital shut down Newman's popular support clinic, citing space and resource shortages. Each year, the Newman clinic helps nearly 3,000 mothers overcome breastfeeding problems.

The Newman Breastfeeding Clinic and Institute are now located at 1255 Sheppard Avenue East, Toronto, just steps from the Leslie subway station.

Clinic closures in Ontario have finally caught the attention of one MPP thanks to considerable activism by a number of concerned parties. NDP Health critic, Shelly Martel, in a letter to Ontario's Minister of Health Promotion, Jim Watson urges him to take a lead role *"to develop a provincial strategy to truly support mothers and newborns with breast-feeding."*

Ms. Martel notes a number of gaps in services available to breastfeeding mothers.

Citing the closure Breastfeeding Clinics such as the one at the Brantford General Hospital one year ago, Martel wrote, *"This clinic provided the only publicly accessible service to women needing professional breast-feeding help in Brantford and Brant County."* She noted that this is not the only clinic closed: *"Clinics have also closed in Sarnia and at St. Michael's Hospital and the Humber River Regional Hospital in Toronto and also the specialized breast-feeding services provided by Jack Newman which were available at North York General Hospital."*

More gaps exist in the public health unit system where some health units may have funding for a lactation consultant but many do not. And where no such service exists, new mothers may have to pay privately for such expertise—and this cost can be prohibitive for parents.

Lastly, gaps also exist *"in the hospital system itself where, despite a Coroner's Jury recommendation in l997, that all Ontario hospitals providing obstetrical services be encouraged to establish breast-feeding clinics in their hospitals; that every hospital in Ontario have at least one lactation consultant on staff; and, to increase expertise in breast-feeding, hospitals should provide financial assistance to nursing staff to upgrade their skills in breast-feeding techniques. Instead, there are recent examples of hospitals closing their outpatient breast-feeding clinics and I suspect a survey of hospitals regarding lactation consultants or even support for nurses to expand their skills in breast-feeding, would reveal how little progress has been made since l997."* ❖

RNAO interest groups propose increased breastfeeding support

The Childbirth Nurses Interest Group (CNIG), the Community Health Nurses Interest Group (CHNIG) and the Pediatric Nurses Interest Group (PedNIG) have joined in submitting a proposed resolution to the RNAO (the Registered Nurses' Association of Ontario) for their upcoming AGM in April. The resolution proposes that the RNAO urge the provincial government to implement the Baby-Friendly Initiative (BFI) in Ontario. The resolution is supported by both the Ontario Breastfeeding Committee and the Ontario Public Health Association.

Because of clinic closures and cutbacks in breastfeeding support services in various parts of Ontario, the sponsors felt this was an opportunity to show their organizational interest in the support, promotion and protection of breastfeeding. Many individual members had already participated in letter writing campaigns.

The RNAO resolution is seeking:

- Provincial funding for BFI training, and a provincial breastfeeding coordinator;
- The inclusion of the BFI in the revision of the Mandatory Core Services Guidelines;
- The implementation of the International Code of Marketing of Breast-Milk Substitutes.

For more information contact:

Leslie Ashton, RN, BSc
Policy & Political Action Network Officer
Childbirth Nurses Interest Group, RNOA
ashtonl1@rogers.com
or check out the RNOA website at: **www.rnao.org**

Breastfeeding and curling win again!

Former Canadian curling champion, Sandra Schmirler set the gold standard for combining motherhood and curling when she won the gold at the Nagano Olympic Games back in 1998. Winning not only the Olympian big one, the six times women's champion for Saskatchewan also went gold, breastfeeding her baby all through the rigorous preparations. Sadly Sandra passed away at the young age of 36 years. The Sandra Schmirler Foundation can be found at www.sandraschmirler.org

This February in Turin there was another Canadian curling champion breastfeeding her baby: Glenys Bakker, a 43 year old mother of a two year old and a five month old daughter, who was breastfeeding right up to the time her mother won the bronze medal in women's curling. When in Halifax for the Olympic qualifying matches, Bakker breastfed her daughter Sara, between ends and carried her on to the podium when her rink won. "For me it's fitting because she has been there right from the beginning and she's been a apart of this whole process," Bakker told the CBC. ❖

Renewed interst in milk banking may see new banks established

Donated human milk made available through methods of screening, testing, and pasteurization approved by the Human Milk Banking Association of North America is known to be a highly valuable nutrient and immunological combination for ill and high needs infants. The closure of approximately 20 donor milk banks several decades ago because of perceived worries about the transmission of viruses such as HIV and hepatitis through breastmilk, and by a Canadian Pediatric Society client relationship with infant formula companies, was a devastating blow from which human milk banking in Canada has never recovered. Over the years high needs infants have died or suffer long term sequella because they were unable to benefit from donated milk. Today, however, the fears of viral infection seem to have subsided – there have been no reported cases of transmission via pasteurized human milk – and plans for the re-establishment of banks are appearing on hospital agendas in Toronto, Montreal, Saskatchewan, Nunavut and Alberta. Premature and special needs babies can't wait!

Highly cost effective and requiring little space or staff time, milk banks are the cheapest way to provide low risk feeding. According to Frances Jones of Canada's only Donor Milk Bank, the BC Women's Hospital is able to receive milk according to the prescribed protocol from anywhere in Canada. ❖

New Brunswick aims to increase breastfeeding rates

Needing to address lower than average breastfeeding rates, the Province of New Brunswick launched its Wellness Strategy Action Plan to include the important provision:

- Implement Baby-Friendly to promote, support and protect breastfeeding, and to collect data to measure breastfeeding duration rates in New Brunswick, which are among the lowest in Canada. This represents an investment of $100,000. ❖

Canada's Baby Friendly facilities are six and counting…

To date six facilities across Canada have received the Baby-Friendly designation. However many more are actively working on achieving the BFI status.

1. Installation Hôpital Brome-Missisquoi-Perkins du Centre de santé et de services sociaux la Pommeraie

Cowansville (Québec)
Designated in July 1999. Designation confirmed in November 2004.

2. St. Joseph's Healthcare Hamilton

Hamilton (Ontario)
Designated in March 2003

3. Centre hospitalier Saint-Eustache

Saint-Eustache (Québec)
Designated in May 2004

4. Maison de naissance Mimosa du Centre de santé et de services sociaux du Grand Littoral

Saint-Romuald (Québec)
Designated in January 2005

Baby-friendly community health services in canada

1. Mission communautaire du Centre de santé et de services sociaux d'Argenteuil

Lachute (Québec)
Designated in November 2004

2. Mission communautaire du Centre de santé et de services sociaux du CLSC La Pommeraie

Cowansville (Québec)
Designated in September 2005 ❖

What's happening?

World Breastfeeding Week Oct 1 to 7
25 Years of Protecting Breastfeeding
Celebrate the 25th anniversary of the International Code

Watch for INFACT Canada's WBW Action Kit for ideas, resources and how to get your local community and media involved.

Action Kit will be available by June 1

Annual National Breastfeeding Conference June 1 and 2
Breastfeeding: Good Health for the Family
Join other health care providers in two stimulating days of presentations and discussions with world-renowned breastfeeding researchers and experts.

Key-note speakers include: Nils Bergman, Gail Blair-Storr, James McKenna, and Barbara Wilson-Clay.

To view the full program and register for the conference, please go to **www.breastfeedingconference.com**

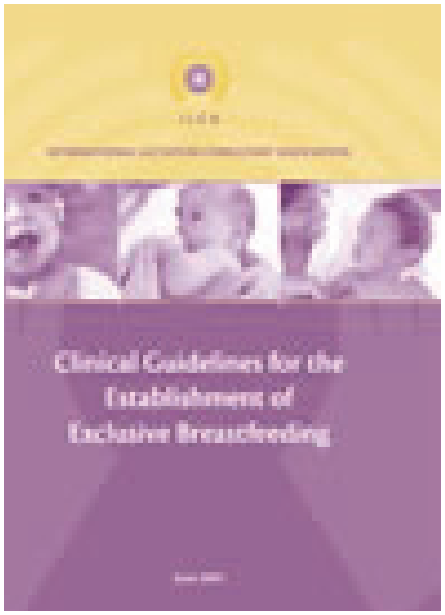
20-hour Lactation Management Training
For the 3 day-information and discussion packed curriculum; dates, costs and registration check out INFACT Canada's website:
www.infactcanada.ca

We are planning a 6-day, 40 hour advanced breastfeeding course for September 18 to 23, 2006. If you are interested in receiving more information on curriculum and fees, please email: **info@infactcanada.ca**

New Breastfeeding Medicine Journal Launched by Mary Ann Liebert
Breastfeeding Medicine, a new peer-reviewed journal written by physicians for physicians was launched today by Mary Ann Liebert, Inc. (**www.liebertpub.com**).

This new, interdisciplinary journal is the official publication of the Academy of Breastfeeding Medicine. The premier issue is available free online at **www.liebertpub.com/bfm**.

What works What doesn't
Look for the results of INFACT Canada's survey of breastfeeding support in our next newsletter. ❖



2005 Clinical Guidelines for the Establishment of Exclusive Breastfeeding

ILCA's brand new 2005 guidelines (formerly known as the "Evidence-Based Guidelines for Breastfeeding Management in the First 14 Days"), are now available as a FREE download *as well as in their professional print edition! ILCA encourages all healthcare professionals who work with new mothers and babies to become familiar with the important evidence-based strategies outlined in this document.*

Clinical Guidelines for the Establishment of Exclusive Breastfeeding provides 20 research-based recommendations based on 258 current references in such areas as:

- Facilitating breastfeeding within the first hour after birth
- Assisting the mother and infant with achieving a comfortable position and latch
- Teaching mothers to respond to baby's feeding cues
- Avoiding the use of artificial nipples and supplements
- Avoiding promotion and distribution of formula product samples
- Assessing for signs of effective breastfeeding and milk removal
- Identifying maternal and infant risk factors
- Using appropriate nutrition and supplementation measures when medically indicated
- Effective education and counseling of mothers
- Compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions
- And many more! ❖

INFACT Canada/IBFAN North America presents

A Breastfeeding Course based on

The WHO/UNICEF 20-hour Lactation Management Course

For a sound and basic training in breastfeeing management and support

April 27th, 28th, & 29th, 2006, Toronto, ON

June 20th, 21st, & 22nd, 2006, Toronto, ON

21.3 L-CERPs

For more information or to register for the course on line
Click on: **http://www.infactcanada.ca/Lactation_Mgmt_Course.htm**

Breastfeeding a lifelong investment

How infants and young children are nourished will have a profound impact on their health and development over their lifetime. It is now more clearly recognized that when infants and young children are not breastfed or receive insufficient breastmilk, there can be consequences that are long term and affect an individual's health over a lifetime. Breastfeeding protects against the double burden of malnutrition and under-fives mortality in poor countries and the consequences of inappropriate nutrition of obesity, diabetes and chronic diseases **in industrialized countries.**

Here's a brief literature review:.

Gillman M W et al. **Breastfeeding and overweight in adolescence.** Epidemiology 17: 112-114, 2006

To eliminate the social impact factor on breastfeeding and obesity, this US based study of 5,614 children looked at siblings between the ages of 9 and14 to compare duration of breastfeeding and weight outcomes within families. The findings showed that siblings breastfed for a longer period of time were less likely to become overweight. This confirms previous findings that longer breastfeeding lowers the risk of obesity in later life; hence the association appears not to be related to social and cultural factors. Overall, longer breastfeeding for each increment of 3.7 months showed a 6 per cent reduction in the risk of becoming overweight by adolescence.

Weyerman M et al. **Duration of breastfeeding and risk of overweight in childhood: a prospective birth cohort study from Germany.** Int J Obes advance online publication February 28, 2006.

Active follow-up was used to determine the relationship between breastfeeding and reduction of overweight and obesity. For 12 months all mother and baby pairs were recruited after delivery at the University of Ulm Dept of Obs and Gyn. Of the 1066 recruited, 855 were available for a two year follow-up. Of these 8.4 per cent were overweight and 2.8 per cent severely overweight and 8.9 per cent were never breastfed, while 62.3 per cent were breastfed for at least six months.

Children who were exclusively breastfed more than three months and less than six months had a 20 per cent reduction risk and those who had breastfed exclusively for at least six months had a 60 per cent risk reduction for becoming overweight.

Sadauskaite-Kuehne V et al. **Longer breastfeeding is an independent protective factor against development of type 1 diabetes mellitus in childhood.** Diabet Metab Res Rev 20: 150-157, 2004

This Lithuanian study set out to determine the early nutritional influences on the development of type 1 diabetes later in life. To confirm previous research that early introduction of complementary foods, early introduction of infant formulas and cow's milks increases the risk of type 1 diabetes, the authors compared a Swedish and a Lithuanian cohort between the ages of one to 15 years with newly diagnosed type 1 diabetes. Questionnaires were administered to determine infant feeding histories. The Swedish cohort confirmed that the longer exclusive breastfeeding, the greater protection against the development of type 1 diabetes (exclusive breastfeeding longer than five months OR of 0.54) and the longer the breastfeeding the greater the protection. For Lithuanian children, exclusive breastfeeding for longer than two months was found to be protective (OR of 0.58).

Malcove H et al. **Absence of breast-feeding is associated with the risk of type 1 diabetes: a case-control study in a population with rapidly increasing incidence.** Eur J Pediatr 165: 114-119, 2005

Data was collected via questionnaires in this case-controlled study consisting of 868 diabetic Czech children and 1,466 controls. This study too confirms that the risk for type 1 diabetes decreases with increased duration of breastfeeding. No breastfeeding was associated with an increased risk – OR of 1.93, while breastfeeding for 12 months or longer reduced the risk significantly – OR of 0.42

Martin RM et al. **Breast-feeding and childhood cancer: A systematic review with meta-analysis.** Int J Cancer 117: 1020-1031, 2005

The authors estimate that by increasing breastfeeding from 50 to 100 per cent would prevent at least 5 per cent of cases of childhood acute leukemia or lymphoma.

Guise JM et al. **Review of case-controlled studies related to breastfeeding and reduced risk of childhood leukemia.** Pediatrics 116: 724-731, 2005

This systematic review to look at the evidence for the effect of breastfeeding on the risk of developing childhood leukemia, looked at 111 studies from which they identified 32 eligible articles. Of these they reviewed 10 and found that only four had quality evidence regarding the association between breastfeeding and leukemia. In the two largest and highest-quality studies breastfeeding was associated with a significant risk reduction and in one of these studies, the duration reflected greater protection. They note that in the US approximately 1.4 billion dollars are spent annually to treat childhood leukemia.

And in poor countries

More than 10 million children die every year in low and middle-ncome countries before they reach the age of five. It is estimated that 2/3 of these deaths are related to inadequate nutrition and are preventable. Each of these numbers represents an infant or a child, with a mother and father full of hope and expectation, yet ending in tragedy. This is a global crisis of obscene proportions in a world where trillions of dollars are spent on war and destruction, while the causes of poverty and disparity are not addressed.

The 5-part Lancet Child Survival Series: The Lancet 361: 2003 documents the need to make child health an international health priority and to fight for the resources needed to give all children the right to food, health and life itself.

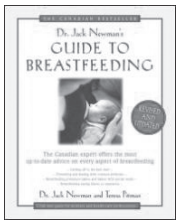
In the context of extreme poverty for so many, the promotion and support of breastfeeding not only prevents illness, but also is vital to the protection of life itself.

Preventive measures	Estimated deaths prevented	
Intervention	**thousands**	**per cent of all deaths**
Breastfeeding	1,301	13
Insecticide-treated materials	691	7
Complementary feeding	587	6
Clean delivery (efforts to ensure that childbirth is free of unnecessary contamination)	411	4
H. influenzae type b vaccination	403	4
Zinc supplementation	351	4
Clean water, sanitation, hygiene	326	3
Vitamin A supplementation	176	2
Tetanus toxoid vaccination	161	2

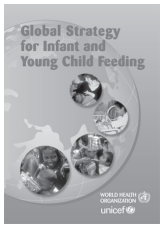
Breastfeeding Information Resource Centre

INFACT Web site: www.infactcanada.ca
Resource orders: orders@infactcanada.ca
INFACT E-mail: info@infactcanada.ca

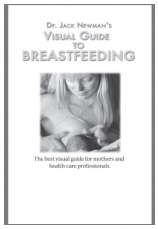
Books & DVD



■ **Dr. Jack Newman's Guide to Breastfeeding** (revised) • **$27.95**



■ **Global Strategy for Infant and Young Child Feeding.** Developed jointly by WHO and UNICEF. • **$10**



■ **Dr. Jack Newman's Visual Guide to Breastfeeding DVD** Helps you understand how breastfeeding really works and makes the breastfeeding experience a success and pleasure. • **$30**

Other Resources

New!

■ **Exclusive Breastfeeding: Vital to Baby's Health Pamphlet.** Information for parents that describes the why and how of exclusive breastfeeding. • **50¢**

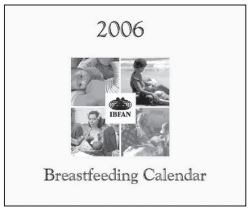
■ **Fourteen Risks of Formula Feeding Pamphlet** (revised May 2004). A brief annotated bibliography of the major health risks associated with formula feeding. • **$1**

New!

■ **Complementary Feeding: A Solid Start Pamphlet.** Information for parents about the readiness for solid food, introduction of solid food and answers to questions about complementary feeding. • **50¢**

■ **Nestlé Boycott Action Kit** Information and resources to help you promote the Boycott in your community, workplace or school. Included are fact sheets on the Boycott and documentation of Nestlé's immoral activities, Boycott stickers, petitions. • **$15**

■ **Public Service Announcement CD.** 4 humourous public service announcements with the theme "Healthy Mothers, Healthy Babies" by Moxy Fruvous • **$6**



■ **IBFAN 2006 Breastfeeding Calendar.** This renowned calendar is truly unique, because its real life photography genuinely reflects the joys of breastfeeding all over the world. • **$5** ***Special***

Posters & Tees

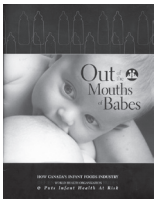
INFACT *Canada's award winning posters can be viewed at* **www.infactcanada.ca** *in the Resource Centre.*

■ **Joey t-shirt $20**

■ **Breastfeeding 101 poster**
Laminated **$12**
Unlaminated **$7**

Other

■ **Breast is Best Video**
English **$60** French **$75** Spanish **$60**



■ **Out of the Mouths of Babes** How Canada's infant food industry defies World Health Organization rules and puts infant health at risk. • **$20**

Note: Add **$7.50** to all orders for postage and handling, then 7% GST. Please allow 2-4 weeks for delivery. We accept VISA, MasterCard, Cheque or Money Order.

Note: View and order from INFACT's complete inventory at our online resource centre: **www.infactcanada.ca**