



# INFACT Canada/ IBFAN North America

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**Newsletter Fall 2008/Winter 2009**

## Breastfeeding from 6 to 24+ months while learning about solid foods

*“Protect, promote and support exclusive breastfeeding for six months ... and appropriate complementary foods, with continued breastfeeding for up to two years or beyond.”<sup>1</sup>*

**T**his milestone of infant and young child feeding (IYCF) endorsed at the 2001 World Health Assembly is the foundation for the Global Strategy for Infant and Young Child Feeding.<sup>2</sup>

To date the emphasis placed on improving exclusive breastfeeding rates for the first six months, followed by complementary foods, has been met with reasonable success. Both in Canada and globally rates of exclusive breastfeeding are gradually increasing. Improving breastfeeding practices with appropriate complementary feeding is

estimated to prevent about 20 per cent of young child deaths annually.<sup>3,4</sup>

Improving breastfeeding rates from 6 to 24 months, while complementing breast-milk with high-nutrient, energy dense foods, remains a public health challenge as these rates remain stagnant or in some cases are falling. To address the importance of support for sustained breastfeeding and complementary feeding, partner organizations<sup>5</sup> of the World Alliance for Breastfeeding Action (WABA), met recently to ad-

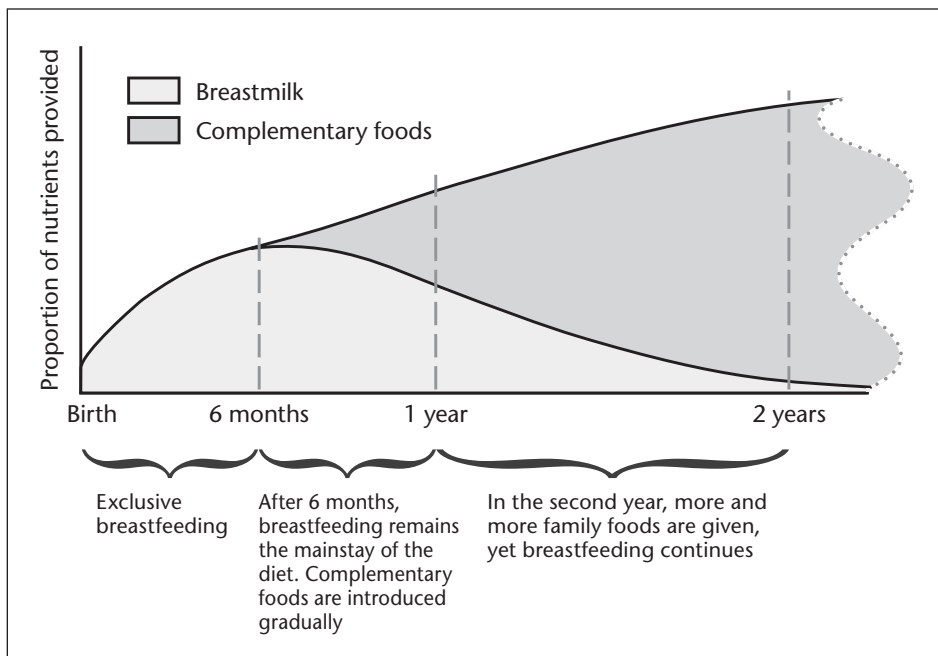


Gov. of Zambia, FAO

dress the needs for improving feeding practices.

### ***Importance of sustained breastfeeding***

Continued breastfeeding provides health protection and disease prevention,



**Optimal breastfeeding and complementary feeding practices from birth to two plus years<sup>12</sup>**

optimal development, including cognitive development for the child; social and psychological development of trust and security for the mother-baby dyad; and continued health benefits for mothers such as reduced risk for breast and other cancers.

Nutritionally, human milk remains the most important “food” during this age span, providing nearly all the child’s micro-nutrient, protein, long chain fatty acid and energy needs in an easily accessible, absorbable, secure and efficient way.<sup>6,7</sup>

### **Complementing foods while continuing breastfeeding**

The “complementing” of breastmilk with other foods is a learning experience for young children while their nutritional needs are gradually increasing. The discovery of new tastes, textures and colours is an exciting time, and provides the cast for

life-long food preferences. The increase in complementary foods is gradual over the 6 to 24+ months while breastmilk provides the largest portion of energy and nutrients from 6 to 12 months.

### **And what are the challenges to implementation?**

A number of factors continue to be barriers to full implementation of optimal IYCF recommendations. Chief among them is the **continued marketing and promotion of follow-up and growing-up formulas**. These have been declared “not necessary”<sup>1</sup> by the WHO, yet the proliferation of these products and subsequently the undermining of sustained breastfeeding continues. The aggressive marketing of commercial complementary foods, especially fortified cereal products and jarred baby foods, complete with


menus and feeding schedules, creates confusion for parents. Moreover these compete directly with continued breastfeeding, family based complementation and the discovery of new foods as part of the baby’s development.

### **Consideration of special needs and emergencies**

The challenge of addressing childhood malnutrition remains a global problem. Estimates are that 10 million children die every year from preventable causes and that two-thirds are related to less than optimal feeding. Specialized fortified food products—sometimes referred to as ready-to-use-therapeutic-foods (RUTFs)—have been developed over the years to try to address acute malnutrition and to feed young children in emergencies. Although such foods have a place in the overall treatment schemes of acutely malnourished children, these food products should be limited to emergencies and should not be used as a means to replace continued breastfeeding and the normal complementary feeding of local family foods. Current attempts at mass distribution of “fortified products” as a means to prevent malnutrition are receiving strong criticism. Schemes like the one recently proposed in India put public funds towards a government-industry partnership, leading many to believe that such plans are of greater benefit to baby food companies than public health. Long-term side effects of fortified products remain unknown; nor does research exist that would confirm any advantage over the promotion of sustained breastfeeding and quality local family foods.

Where mothers are HIV+, WHO has updated its statement on IYCF and HIV<sup>9</sup> to take into account the high mortality rates when infants are not breastfed. The update

## **Important principles of continued breastfeeding and food complementation**

1. the breastfed child is the norm on which to base child feeding policies, and practices;
2. the mother and baby dyad form an inseparable, biological and social unit;
3. the protection, promotion and support of breastfeeding is essential from 6 to 24+ months of age;
4. the elimination of commercial pressures from food industries in making feeding decisions is needed through the full implementation of the International Code of Marketing of Breastmilk Substitutes<sup>8</sup> and relevant WHA resolutions;
5. mothers and babies have the right to access culturally appropriate, environmentally safe, high nutrient and energy dense, local, family foods;
6. initiation of complementary foods needs to be adequate and timely, not too early and not too late; nor should they replace breastmilk. 

recommends exclusive breastfeeding—when conditions are AFASS<sup>10</sup>—and to continue breastfeeding after six months while receiving regular assessments.

Interestingly, researchers have noted that, “where there is an absence of effective governmental regulatory infrastruc-

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# Powdered formula linked to deaths of U.S. babies

The recent deaths of two infants in the U.S. have been linked to powdered infant formula. The Beacon News released a joint report with CBS2 on November 14 detailing the unfortunate story of Conor McGray, a child born prematurely on November 17, in Aurora, Illinois. After being fed on Mead Johnson's Enfamil powdered infant formula, Conor developed meningitis, which led to his death in May 2008. The disease was believed to have been caused by an infection of *Enterobacter sakazakii* bacteria.

On December 1, a male infant in New Mexico was reported to have died from an *E. sakazakii* infection of the central nervous system and bloodstream. At the same time, a baby in another New Mexico county was hospitalized by the organism. Both babies had been fed on powdered infant formula, but had been infected by different strains of the bacteria.

The tragic deaths of these babies highlight the need for parents to be made aware that powdered formula is not sterile. Because regular sterilization processes damage powdered formula, manufacturers use less effective methods on the powder. Therefore they can never guarantee that powdered formula does not contain dangerous organisms such as *E. sakazakii*. The Beacon News report found that there have been two cases of severe *E. sakazakii* infection in Illinois, as well as cases in at least 17 other states in the USA.

*E. sakazakii* infections are extremely deadly, with a fatality rate of 40 to 80 per cent, but the number of infections related to powdered infant formula is not fully known. Most cases of infection related to contaminated formula are unreported, as the link between powdered formula and illness is overlooked.

At greatest risk are infants with weak immune systems and those born prematurely or with low birth weight. Premature babies are often fed powdered human milk fortifiers which are also potential vectors for *E. sakazakii*.

Both the Food and Agricultural Organization and the World Health Organization have reacted quickly in addressing this global public health concern. After several Expert Meetings, in 2004,<sup>1</sup> 2006<sup>2</sup> and 2008,<sup>3</sup> and the development of Guidelines for the Preparation, Storage and Handling of Powdered Formulae, as well as several World Health Assembly Resolutions, the UN agencies made some key recommendations:

- intrinsic contamination of powdered infant formula with *E. sakazakii* and *Salmonella* has been a cause of infection and illness in infants, including severe disease, and can lead to serious developmental sequelae and death;
- parents and caregivers should be regularly alerted that powdered infant formulae are not sterile;
- powdered formula should be reconstituted at 70 °C and left-over formula

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# Codex refuses to set *E. sakazakii* standards for follow-up formula

The Codex Committee on Food Hygiene, the international body responsible for setting food safety standards, met December 1-5, 2008 in Guatemala City. The question of whether to set microbiological standards for *Enterobacter sakazakii* for powdered infant formula marketed for infants over the age of six months was on the agenda.

*E. sakazakii* infections usually affect infants under the age of six months, but while reported cases of infections in older infants are few, the reasons for setting microbiological standards for these lethal microorganisms are many. The number of unreported cases is pot-

entially large. Reported cases generally come from outbreaks in neonatal units or NICUs and rarely from home settings. In home settings, illness caused by *E. sakazakii* may not so easily be traced back to a formula tin because the highly technical lab tests may not be available and ignorance about the lack of sterility of powdered formula persists.

Nevertheless the Codex Committee, dominated by industrialized countries, decided that the "lack of adequate scientific evidence" justified erring on the side of risk. Hence no microbiological criteria for *E. sakazakii* will be required for formula marketed to children over


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## Healthy infants at risk too

On 7 October, 2002, Health Canada issued a **Health Professional Advisory** on *Enterobacter sakazakii* infection and powdered infant formula. "Although premature infants and those with underlying medical conditions may be at highest risk, healthy infants may not always be immune to *Enterobacter sakazakii* infections."

Health Canada draws attention to the fact that:

- 1 Powdered infant formulas are not commercially sterile products.
- 2 Human milk fortifiers which are added to preterm breast milk are also available in powdered format, and formulas for infants with metabolic conditions are available only in powdered form.
- 3 Powdered soy-based infant formulas may also become contaminated with *E. sakazakii*.

INFACT Canada has urged Health Canada to also send out warnings to parents and caregivers and has called for these warnings to be reflected on the labelling of powdered formula tins. 

# Canada's largest maternity hospital gets BFI designation

By Frances Jones, BC Women's Hospital Lactation Consultant

We at BC Women's Hospital are proud to announce that our facility was designated by the Breastfeeding Committee for Canada as a "baby-friendly" hospital under the Baby-Friendly Initiative (BFI) on November 4, 2008. The day was marked by an announcement ceremony attended by staff and invited guests, followed by a special lunch to honour staff nurses. Among the speakers, both the Honourable Mary Polak, BC Minister of Sport and Healthy Living, and Jennifer Hill, a consumer representative on BC Women's BFI Steering Committee, referred to their own experiences with infant feeding in hospital—21 years and four years ago respectively—emphasizing the long term effect of care received at the time of child birth.

Pam O'Sullivan, vice president of the Acute Perinatal Program at BC Women's summed up the achievement. "We are thrilled to have achieved the BFI designation," she said, "but recognize that it is just the first step along an ongoing road of change based on best evidence. There is no going back. This is how we care for women now and in the future. The BFI

designation is a key step along the road to better care for women, their newborns and their families."

With over 7,550 births per year, BC Women's is the largest single site maternity hospital in Canada, and the largest



Mary Polak (3rd from left) joined with Frances Jones (4th from left) and other BC Women's staff to celebrate achieving the Baby-Friendly designation

hospital in the country to receive the designation. The hospital has been officially pursuing "baby-friendly" status for about four years. However, interest in Baby-Friendly goes back to 1990, when BC Women's was selected as the Canadian test site for the UNICEF Baby-Friendly Hospital Initiative self-assessment form. When the BFHI was officially launched by WHO/UNICEF in 1991, BC Women's struck a committee to work on the Initiative.

BC Women's progress was accelerat-

ed in response to a letter to all BC maternity facilities from the Ministry of Health encouraging achievement of the BFI. Additionally, a hospital initiative focusing on evidenced-based care resulted in serious progress culminating in the External Assessment team visit in July, 2008. The active support of BFI by the senior administration is what made the difference in moving the Initiative forward at BC Women's.


Support for breastfeeding is key to the BFI but many other evidenced-based concepts such as skin-to-skin care immediately following either vaginal or caesarean birth apply to all families no matter how they plan to feed their infants.

On the Breastfeeding Committee for Canada website located at <http://breastfeedingcanada.ca> are *The Ten Steps and Practice Outcomes Indicators for Baby-Friendly Hospitals*. At BCW, we used this document to develop a mock assessment tool and completed two mock assessments in 2004 and 2005 before an external assessor was invited to look things over. Regular meetings of both the steering committee and a small group of front line educators helped to implement needed changes.

Challenges we faced included keeping mothers and healthy babies together from birth to discharge, appropriate supplementation (offered only with medical indications), skin-to-skin care including in the operating room, documentation, assessment, purchase of all breast milk substitutes and supplies, follow through for non-compliance of policies and interdisciplinary cooperation. Strategies developed included "roll by education" (tar-

getting staff in their work areas), fortune cookies with BFI slogans, regularly scheduled 20-hour in-house infant feeding courses, educational posters, one-page bathroom reading with key information and pens to recognize progress, to name a few.

The increased awareness by all hospital staff of infant feeding issues has resulted in the integration of care related

to infant feeding into many hospital policies, the development of a hospital policy specifically directed at the WHO Code of Marketing of Breast Milk Substitutes, formula and donor milk teaching sheets requiring staff and mother signatures documenting informed choice and improved chart forms for clearer documentation of appropriate assessments and interventions. 



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*"There is no going back. This is how we care for women now and in the future."*

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# World Breastfeeding Week 2008

**W**orld Breastfeeding Week was celebrated for the 17th time in Canada this year, October 1 to 8. On the weekend afterwards, mothers and babies gathered across the country to mark the event. Over 4000 babies at 171 sites participated in the Quintessence Breastfeeding Challenge, and many health workers used the opportunity to boost their breastfeeding promotion. This year's theme, *Mother Support: Reclaiming our Breastfeeding Culture*, emphasized the need for all members of society to support breastfeeding.

## Montreal

## Largest



Montreal was host yet again to the largest nurse-in in the country. Five hundred and fifteen babies were breastfed at a ceremony organized by the Montréal and Laval Public Health Department, the Québec Lactation



Consultant Association, La Leche League, Nourri-source and the Canadian Cancer Society. Québec minister of health Yves Bolduc made a surprise visit to the event, to shake hands and kiss at least one baby.

## Toronto East General



Toronto East General Hospital joined the celebrations by hosting an information display in the Coxwell Lobby. In September 2007 TEGH became the first hospital in the Toronto area to be designated Baby-Friendly.

## North York



Two hundred hungry infants and toddlers gathered at North York Civic Centre on Thanksgiving weekend with their family and friends to participate in the 2008 Quintessence Breastfeeding Challenge.

Overall Toronto had an 87 per cent increase in participation from 2007. Toronto placed 6th out of 353 participating sites worldwide for most children breastfed at one time in one place.

## Penticton



A nurse-in took place at The Can Coffee Company in Penticton, B.C. Seventeen mothers and babies and three future mothers with stuffed animals participated. "We are working on the younger generation!" said Meggie Ross, one of the WBW organizers.

## Nipawin



This sign appeared outside the Co-op Grocery store in Nipawin, Saskatchewan, thanks to the Primary Health Care Team. Slogans were posted throughout the region to support World Breastfeeding Week.

## Sarnia



Ireland Fields Berilli decided to nurse her own doll at the Baby Fair in Sarnia, Ontario. "She is still nursing, and saw all the other moms nursing their babies, so she just picked up her doll and nursed her," said her mom Jess Berilli, "Everyone saw this and took pictures and thought it was so adorable."

## Québec City



In Québec City, 228 babies were breastfed simultaneously in a local mall, making it one of the largest nurse-ins in the country.

## Yellowknife



Twenty-five moms came out to the breastfeeding challenge in Yellowknife, Northwest Territories. Moms sported t-shirts reading "Moms, boobs, and babies."

# Breastfeed ~~SWIM~~ at Your Own RISK

*Despite no evidence that breastfeeding in the water is unsanitary, mothers feeding their babies in public pools continue to face harassment*

This October, yet another mother was asked to leave a Canadian pool because she was breastfeeding. Cinira Longuinho was feeding her infant at the AquaCentre in Newmarket, Ontario, when the pool's owner approached her and suggested she breastfeed somewhere else. Longuinho was embarrassed and humiliated, and after leaving the AquaCentre, contacted local media. Within days, the story had made headlines across the country.

Longuinho's experience has been shared by many women. While many people seem to be reluctant to confront a breastfeeding mother in other settings, swimming pools are an absolute hotspot for such incidents. And while lifeguards and pool operators cite health hazards as the reason for ejecting breastfeeding pairs, there is a large amount of evidence that breastfeeding in a pool is perfectly safe, and what is really at issue is society's discomfort with breastfeeding in public.

In recent years, breastfeeding in swimming pools has led to confrontations in numerous cities, including Hamilton, Edmonton, Toronto, and now Newmarket. As far as we know, there has only been

one comprehensive report published on the phenomenon—by the Breastfeeding Action Committee of Edmonton (BACE) in 2002. The report is highly detailed and should put the issue to rest once and for all: **breastfeeding in a swimming pool is in no way hazardous to babies or other swimmers.**

The report refutes all of the arguments that continue to be used to justify ejecting breastfeeding mothers and babies from pools:

- While it is claimed that babies should not breastfeed in the water because they **may ingest water**, this is not a health hazard. All babies in swimming pools can be expected to ingest a small amount of water (about ¼ cup per swim). Most pools have baby swim programs and actively encourage babies to blow bubbles in water and otherwise submerge themselves. Breastfeeding poses no greater risk to the baby than these activities, which are actively promoted by many pools.
- **Breastmilk in the water** poses no risk to other swimmers. The American Centre for Disease Control's Healthy

Swimming project has outlined extensive guidelines for potential health implications of babies in water. While many "biological contaminants" are listed, including sweat, hair, urine, feces, skin cells, and lotion, breastmilk is not considered a biological contaminant.

- Similarly, the American Occupational Safety and Health Administration has made it clear that breastmilk is not an occupational hazard and **does not pose the risk of exposure to pathogens.** The OSHA has stated "breast milk is not included in the standard's definition of 'potentially infectious materials.' Therefore contact with breastmilk does not constitute occupational exposure."
- Even when breastmilk is ingested for months or even years, it is not considered a significant source of mother to child transmission for diseases such as Hepatitis. **A few drops of milk in litres of chlorinated water therefore cannot be considered a vehicle of transmission for such diseases.**
- Despite concerns about **breastfeeding babies having bowel movements in the pool while feeding**, this is a risk posed by all babies. In fact, after the first month of life, breastfed babies have bowel movements less frequently than their formula-fed counterparts.
- Similarly, breastfed infants are less likely than formula-fed babies to spit up, and in any case, **spitting up is no more dangerous than the saliva that is omnipresent in the water from other swimmers.**

While swimming pools generally have rules against food or drinks in the pool, it is clear that breastfeeding in the water has no ill health effects for anyone involved.

Health experts **recommend it is vital that breastfeeding infants be fed on cue**, as this helps to maintain the mother's milk supply and ensure the pair can continue to breastfeed successfully. Surely in this case the nutritional needs of the infant supercede the need to follow the pool rules to the letter.

Given the complete lack of evidence to suggest that breastfeeding in pools presents a health hazard, it is clear that there is a deeper cause to the harassment constantly experienced by mothers in this setting. It is telling that in many cases, the mother is only confronted after another swimmer complains to staff, and other patrons' attitudes seem to play at least as big a role as health concerns. That is why the BACE recommended that all pools develop a policy that focuses on other patrons instead of the mother. Under this type of policy, **staff should explain to other swimmers that breastfeeding in a pool is perfectly safe, rather than trying to persuade mothers to be "more discreet."** The report's other recommendations were:

- That all **staff be educated as to the health benefits** and normalcy of breastfeeding
- To **communicate breastfeeding friendly policies** to pool staff, mothers, and all pool users
- To install signs and literature indicating that breastfeeding mothers are welcome on the premises; **language indicating that mothers should be "discreet" should not be used**

For the full BACE report and appendices, please see:

[breastfeedingalberta.ca/files/BMPC-MainDoc.pdf](http://breastfeedingalberta.ca/files/BMPC-MainDoc.pdf)

and

[breastfeedingalberta.ca/files/BMPC-Appendices.pdf](http://breastfeedingalberta.ca/files/BMPC-Appendices.pdf) 

# Melamine in infant formula

## Tainted milk scandal rocks China

In what has been described as one of China's worst food safety crises, in the Fall of 2008 more than 13 000 children were hospitalized by melamine poisoning, and at least four infants died. Melamine is high in nitrogen, and when added to milk it can give the appearance that the product is high in protein. It is believed that dairy producers watered down their milk and laced it with melamine in order to fool quality control tests. By watering down their products, the farmers could sell higher quantities of milk.

As the scope of the problem became clear, the Chinese government dispatched 2.2 million inspectors to 6 million dairy farms in the country, and recalled all liquid and powdered milk produced before September 14, 2008. Major baby milk manufacturers also rushed to ensure consumers that their products were safe.

As the government and corporations sought to repair public confidence in

the milk supply chain, the World Health Organization released statements urging health officials and the public to consider the bigger picture that had been exposed by the crisis. WHO's Director-General Margaret Chan said that the milk scandal revealed the dangers posed by declining breastfeeding rates in Asian countries.

China has over 6 000 designated baby-friendly health facilities, and breast-

feeding rates actually rose throughout the course of the 1990s. In 2000, 62 per cent of poor rural women in China breastfed their babies. But by 2005, that number had declined drastically to 32 per cent. In 2008, sales of formula in China were predicted to increase by 29 per cent. Currently, it appears formula advertising is outpacing breastfeeding promotion in the increasingly market-oriented country.

As more mothers abandon breast-



**A baby receives treatment for melamine poisoning in a Chinese hospital. The Chinese government set up emergency clinics across the country to attend to the tens of thousands of infants who ingested tainted baby milk.**

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## Officials in Canada and U.S. raise concern by setting “safe” melamine levels

Melamine is a chemical normally found in industrial products such as tanning leather, flame retardants, cleaning products and glue. In September of this year, infant formula from 22 different Chinese companies was found to be tainted with melamine. When high levels of melamine are ingested it can cause kidney stones and even kidney failure. As the Chinese government scrambled to contain the problem, the U.S. and Canadian governments began testing formula in their own countries for melamine contamination, and found trace amounts.

While the levels of melamine in North American infant formula are much lower than those found in Chinese formula, even low levels contribute to the range of chemicals and additives already found in formula. Infant formula has been found to contain bisphenols, heavy metals, phthalates, acrylamides, fluorides, dioxins, and other foreign substances. Some of these chemicals inadvertently enter formula through manufacturing or packaging processes, while others are added intentionally as emulsifiers or thickeners, which companies use to cosmetically enhance formula.

The long-term effects of exposure



**Melamine, usually manufactured as a powder to be added to paint and other products, was found in trace amounts in infant formula being sold in North America.**

to these chemicals are not fully known. However, it has been shown that infants' developmental processes can be easily disrupted during early life. Studies also

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**Canada and U.S. deem melamine levels safe** show that because children have more years of future life than adults, early exposure to toxins is more likely to lead to chronic diseases which take years to develop (Landrigan et al. 2004). Therefore even low levels of toxic substances in infant formula can be potentially harmful, particularly if formula is the sole source of nutrition.

In Canada, 60 out of 80 formula samples tested were found to contain melamine, at levels ranging from 4.31-346 nanograms per gram. In the United States, Mead Johnson's Enfamil was found to contain .14 parts per million, and Nestlé's Good Start contained .247 ppm.


In early October, the FDA released a statement saying that any amount of melamine in infant formula could potentially cause health problems for babies. "The FDA is currently unable to establish any level of melamine and melamine-related compounds in infant formula that does not raise public health concerns," the statement said. This led many to believe that the organization was taking a zero-tolerance stance on the chemical.

However, on November 28 it seemed to reverse this position by setting what it deemed a safely allowable level of melamine in infant formula. Only two months after saying that any level of melamine raises potential health risks, the FDA has now said that any amount up to 1 part per million is safe. There has been no new evidence or research conducted since the FDA said that any

amount of melamine in formula causes health concerns, and therefore it is difficult to determine what has caused the agency to change its position. Originally, administration scientists had said there was no way to determine the effects of long-term exposure to melamine on babies' developing kidneys, and that premature infants might be especially at risk, as they absorb larger doses of the chemical than full-term babies.

Canadian health officials have also set a similar standard (500 ng/g) on an interim basis.

Foreign substances will never be eliminated from infant formula. In

the course of manufacturing and distributing formula, the product inevitably comes in contact with all kinds of equipment and packaging which may be sources of chemical contamination, and of course environmental contaminants are bound to leech into formula as well. The only way to avoid exposing infants to these toxins is through exclusive breastfeeding. While it has been shown that environmental contaminants can also be present in breastmilk, studies<sup>1</sup> have determined that the health benefits of breastfeeding, including its immunological properties, far outweigh any danger posed by foreign substances in breastmilk. 

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*"Even low levels of melamine contribute to the range of chemicals and additives already found in formula"*


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#### Learning about solid foods

tures"<sup>11</sup> the use of fortified food products is not advised.

Clearly long-term sustainable approaches are needed to ensure household food security, and respect the right to culturally appropriate foods. Additionally care must be provided to control parasites and reduce infectious diseases like malaria, which represent a significant drain on a young child's nutritional status.

All in all the protection of breastfeeding must remain integral to preventing malnutrition. 

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#### Tainted milk scandal rocks China

feeding, Chinese infants have become exposed en masse to the risks associated with formula feeding. Formula products all over the world are pulled from shelves with alarming regularity because of hazardous defects in the manufacturing process. In 2005, millions of litres of formula were recalled in Europe after ink on the packaging leaked into the product.

Given the dangers posed by formula feeding, the tainted milk scandal has only exposed the larger health crisis of the region's poor breastfeeding rates. Low- and high-ranking quality control officials have been fired in the wake of the scandal, and the Chinese government is possibly facing the largest class action lawsuit in the country's history from parents of the affected children. This might lead to reform in China's quality supervision practices, yet there seems to have been little call for better programs to promote breastfeeding at the national level. China's Health Minister Chen Zhu was quoted as saying breastfeeding is an "important" component of the government's national family health program that is being "vigorously promoted," yet the Communist Party has presided over nationally declining breastfeeding rates for years.

However, it seems that the scandal has led many mothers to reconsider the value of breastmilk. Hospitals in Taiwan reported a 30 per cent increase in enrolment in breastfeeding classes in the wake of the scandal, and mothers who had stopped breastfeeding were asking their doctors how to start again. Across China, wet nursing, a practice previously deemed bourgeois and therefore undesirable in the communist state, was reported to be once again on the rise. 

# Iron-fortified formula can lead to lower IQ, study finds

Formula companies are constantly looking for ways to differentiate their brands from so-called “standard” formulas. For years, one of the ways they have done this is to market their formula as being “iron-fortified.” Brands with names like Similac Advance with Iron, or Enfamil Lipid-Based Formula with Iron have become commonplace. This marketing seeks to tap into the conventional wisdom that receiving extra iron is very good for young children.

However, a groundbreaking study strongly refutes the idea that more iron always leads to healthier children. New research by U.S. scientists has found that **“iron-fortified” infant formula can lead to serious neurodevelopmental delays in healthy children.** The extensive study, conducted on nearly 500 Chilean infants and spanning 10 years, found that by the age of 10, healthy infants who had been fed iron-rich formula scored lower on neurological tests. These included tests for spatial memory, visual motor integration, IQ, visual perception and motor coordination. The high-iron group had lower scores “on every outcome,” said Dr. Betsy Lozoff, the principal researcher. There was an **11-point difference in IQ scores** between the low-iron and high-iron groups, a gap considered significant.

Babies in the control group in the study were fed regular formula. Given the importance of breastfeeding for healthy cognitive development,<sup>1</sup> it is expected that the demonstrated **differences in outcomes**

**would have been even greater had the iron-fortified group been compared with breastfed children.**

While the study found that iron-fortified formula had **some benefits for iron-deficient babies, those with sufficient iron levels appeared to be adversely affected.** Iron deficiency is not considered a problem for most infants in the industrialized world. Exclusive breastfeeding has been shown to provide infants with sufficient amounts of iron even when mothers are undernourished.

The study, which was presented at a joint meeting of the Pediatric Academic Societies and the Asian Society for Pediatric Research, has convinced some doctors that the composition of iron-rich formula needs to be changed. “Most of us in the iron field would be comfortable with formulas having less iron in them,” said Dr. Michael Georgieff. “[...] there may be potential toxicity in certain groups consuming a high-iron formula.”

The Lozoff study is important because it studied children over a long period of time, thus illustrating the effect of high-iron formula on children later in life. In addition to its length, the high number of children involved in the research lends the findings greater weight.

Clearly, formula companies have never taken the time to investigate the long-term impact of high-iron formulas on healthy children, and have been marketing iron-fortified products to the general public for years with no warning of its consequences.

In light of this new study, marketing formula to healthy children on the basis of its high-iron content appears highly irresponsible.

**Study:** *Neurodevelopmental Delays Associated With Iron-Fortified Formula for Healthy Infants*, Lozoff et. Al. Presented

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## U.S. powdered formula deaths

should be discarded after each feed;<sup>4</sup>

- as a risk-reduction strategy, the possible use and, in accordance with national regulations, the safe use of donor milk through human milk banks for vulnerable infants.

The formula industry has resisted such efforts however, and the International Association of Infant Food Manufacturers (IFM) has claimed “Proposals to put labels on infant formula warning against *E. sakazakii* contamination misrepresent the scientific evidence.” The IFM also stated that it is “deeply concerned by attempts to exaggerate the danger of *E. sakazakii*” and that **warning labels would only “needlessly alarm consumers.”**<sup>5</sup>

## References

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2. *Enterobacter sakazakii* and *Salmonella* in powdered infant formula: Meeting report. Microbiological Risk Assessment Series No. 10. FAO/WHO. 2006.
3. *Enterobacter sakazakii* (*Cronobacter* spp) in powdered follow-up formulae. Meeting Report, Microbiological Risk Assessment Series. FAO/WHO. 2008.
4. For more details see *Guidelines for the safe preparation, storage and handling of powdered infant formula*, FAO/WHO 2007.
5. IFM Position on Warning Labels on Infant Formula, [http://www.ifm.net/issues/warning\\_labels.htm](http://www.ifm.net/issues/warning_labels.htm), January 2007.

at PAS 2008: Pediatric Academic Societies and Asian Society for Pediatric Research Joint Meeting.

## References

1. Daniels M C, Adair L S. **Breast-feeding influences cognitive development of Filipino children.** *J Nutr.* 135: 2589-2595, 2005.

*continued from page 5:*

## Codex refuses to set *E. sakazakii* standards the age of six months.

IBFAN, participating as an Observer Organization, proposed a precautionary approach. Currently, the Codex Committee has set a limit on the amount of *E. sakazakii* that can be present in powdered formula for infants under six months and still have the product deemed safe. IBFAN wanted to set a similar standard for formula marketed to children over six months of age. However the committee decided to favour the position of the infant formula industries, and keep these products unregulated with respect to *E. Sakazakii* and without informative labeling that powdered formulas are not sterile.

For developing countries, where the majority of infants are born and where the bulk of powdered formula is consumed, the Codex decision increases the risk of illness and death related to formula feeding. In these settings, poverty, the high probability of feeding of follow-up formula to infants younger than six months, and a lack of refrigeration already combine to make formula use a deadly proposition.


The Committee’s highly irresponsible lack of action on such a critical issue can only be interpreted as confirmation of developed nations’ priority of protecting industry interests.

# New Nestlé Boycott website launched

Nestlé boycott groups from all over the world have banded together to create a new website, [www.nestlecritics.org](http://www.nestlecritics.org). The website brings together groups who monitor and criticize different aspects of Nestlé's activities. The company has come under fire for many different reasons, including its attempts to privatize water supplies, its repression of labour rights in Columbia and the Philippines, the use of slavery in its cacao supply chain, and its unethical marketing of infant formula.

The site was launched as part of Nestlé-Free Week, which took place on Oct 1-7 to mark the 20-year anniversary of the current Nestlé Boycott campaign. Days before the site was to launch, Nestlé attempted to hijack the site and demanded that the boycott groups hand over

their domain name, which was originally [www.nestleactions.org](http://www.nestleactions.org). The company argued that the site's name might make people think it was a Nestlé-owned site and that activists were trying to pose as company representatives. This claim was fairly absurd, considering the site explicitly directed users to Nestlé's website to hear alternative views. However, organizers decided to completely deflate Nestlé's argument by changing the name to [nestlecritics.org](http://nestlecritics.org).

The site has contributions from many different Nestlé Boycott groups from all over the world, and provides a revealing counterpoint to Nestlé's disingenuous rhetoric about its corporate responsibility. Anyone wishing to contribute to [nestlecritics.org](http://nestlecritics.org) is encouraged to get in touch with the site. 




# Nasty

## Breastfeeding pioneer dies

Betty Wagner Spandikow, one of the founders of La Leche League, has died. Spandikow and six other women founded the breastfeeding support group in Chicago in 1956, when breastfeeding was very much out of fashion. The group's ori-



ginal idea of having mothers support other mothers in breastfeeding has proven extremely popular and effective. Since its founding, the group has spread all over the world and now has chapters in 68 countries.

Spandikow helped countless mothers to breastfeed, and co-wrote the classic breastfeeding book *The Womanly Art of Breastfeeding*, which has sold over 2 million copies. She had seven children, and was a part of LLL for nearly 40 years, retiring in 1991. She died on October 26 in a Chicago suburb. 

# Nestlé spied on activists, Swiss program says

A Swiss investigative news program has reported that Nestlé infiltrated an activist group and spied on its members for over a year. The organization, Attac, was preparing a book on Nestlé in 2003 when the alleged espionage began.

According to Temps Présent, a news show that airs on the Swiss francophone network, Nestlé hired the private security firm Securitas to investigate Attac, an activist group that focuses on multinational companies. A Securitas employee then infiltrated the group using a false name, and began working for a subgroup of Attac that was writing a book critical of Nestlé's business practices. As a co-author, she had access to sensitive documents and even visited the private homes of Attac members. Regular reports were made on the group's meetings to security officials at Nestlé, and it is suspected that conversations were taped using hidden recording devices.

The Securitas agent refused to be photographed with Attac members and gave no phone number or address to those she worked with. After the book was completed in 2004, she disappeared and could not be found. An anonymous phone call to Transparency International led to the story being publicized.

Nestlé's only response to the allegations has been to say that the surveillance was part of increased security measures the

company took in the months before the G8 summit in France in 2003. Meetings of the G8 usually draw substantial, even violent demonstrations, and Nestlé argues that it



hired Securitas to prevent any attacks on its offices in neighbouring Switzerland during the summit. However, the surveillance did not end until the summer of 2004, almost a year after the G8 summit had taken place.

Attac has launched a legal complaint against Nestlé and Securitas, and the Swiss Privacy Commissioner is investigating the espionage, which was apparently carried out with the full knowledge of the local police. The story has been closely followed in the European press, with many people arguing the police condoned a serious invasion of privacy.

Visit [www.nestlecritics.org](http://www.nestlecritics.org) for more information. 

*“Regular reports were made on the activists to security officials at Nestlé”*

# Supporting breastfeeding: from the birthplace to the workplace

Over the past two decades, a plethora of scientific evidence has demonstrated the benefits of breastfeeding. However, translating this knowledge into improved breastfeeding rates remains a challenge. The difficulty in translating knowledge into practice has led researchers to look at the question of how best to promote and support breastfeeding, starting in hospitals and primary care settings and extending to the workplace. The articles below are examples of new research in this area.

**Chung, M, Raman, G, Trikalinos, T, Lau, J & Ip, S. (2008). Interventions in Primary Care to Promote Breastfeeding: An Evidence Review for Preventive Services Task Force. *Annals of Internal Medicine*, 149(8): 565-582.**

The authors of this study conducted a systematic literature review on the effectiveness of primary-care initiated interventions to promote breastfeeding. Effectiveness was measured with respect to breastfeeding initiation, duration and exclusivity as well as child and maternal health outcomes. Publications from September 2001 to February 2008 were searched on MEDLINE, Cochrane Central Register of Controlled Trials, and CINAHL. Of the 147 full-text articles found, only thirty-eight randomized control trials met the study's eligibility criteria. The heterogeneity of the clinical interventions and methodology limited the study's ability to

isolate the effects of individual components

of breastfeeding interventions. However, the researchers did find that lay support significantly increased the rate of any and exclusive breastfeeding in the short term by 22% (CI 8-48%) and 65% (3-263%) respectively. The study also found that the combination of pre- and postnatal breastfeeding interventions was more effective at increasing breastfeeding duration than pre- or postnatal interventions alone. Therefore the authors conclude that a multifaceted breastfeeding intervention combining pre- and postnatal interventions and lay support would be beneficial for mothers and babies.



**Fein, SB, Mandal, B & Roe, BE. (2008). Success Strategies for Combining Employment and Breastfeeding. *Pediatrics*, 122: S56-S62.**

This study looked at 810 mothers who were enrolled in the Infant Feeding Practices Study II. All participating mothers were breastfeeding and working. The researchers used regression models to analyze the four strategies that the mothers used: 1) feeding directly from the breast only; 2)

feeding both from a pump and from the breast; 3) pumping only; 4) neither pumping nor breastfeeding during the work day. The study looked at the difference in

the percentage of milk feeds that were breastmilk the month before and after return to work, as well as the duration of breastfeeding after their return to work. The results of the study showed that the two strategies that involved feeding directly from the breast were associated with longer breastfeeding duration than pumping only. Women who did not pump or breastfeed during the work day had the shortest duration of breastfeeding after return to work. The authors concluded that the most effective strategy was breastfeeding the infant at the breast during the work day. Initiatives such as on-site childcare, telecommuting, having the infant at work, allowing mothers to leave work to go to their infant and hav-

ing the infant brought to work were all ways to support working breastfeeding mothers.

**DiGirolamo, AM, Grummer-Strawn, LM, Fein, SB. (2008). Effect of Maternity-Care Practices on Breastfeeding. *Pediatrics*, 122: S43-S49.**

The objective of this study was to determine the impact of maternity-care practices as well as baby-friendly hospital practices on breastfeeding duration. Mothers enrolled in the Infant Feeding Practices Study II who initiated breastfeeding and made the decision prenatally to breastfeed for more than two months were included in the study (n=1907). The variables considered in the study were six baby-friendly practices (breastfeeding initiation within one hour of birth, giving only breastmilk, rooming in, breastfeeding on demand, no pacifiers, fostering breastfeeding support groups), as well as various other maternity-care practices. The authors found that only 8.1% of mothers experienced all six baby-friendly practices. The results indicate that initiation within one hour of birth, giving only breastmilk, and not using pacifiers were most consistently related to breastfeeding beyond six weeks. Mothers who did not experience any baby-friendly practices were 13 times more likely to stop breastfeeding early compared to mothers who experienced all six. This study demonstrates that maternity-care practices and specifically baby-friendly practices have an impact on breastfeeding duration. Furthermore, it highlights the low rates of mothers currently benefiting from these practices and the need for more hospitals to implement baby-friendly initiatives. 🌱

# CANADA BREASTFEEDS

## Vancouver and Windsor nurse-ins

This August, nurse-ins took place in two Canadian cities to protest discrimination against breastfeeding women. In Vancouver and Windsor, breastfeeding mothers turned out in droves to show their support for two women who were harassed while nursing in



Vancouver Sun

**Breastfeeding mothers filled an H & M clothing store in Vancouver to protest against anti-breastfeeding attitudes.**

retail stores. Manuela Valle was shopping in a Vancouver H&M clothing store while nursing her two-month old baby. She was asked by staff to go into the changeroom if she wanted to nurse. Alison Loblaw had the same experience while breastfeeding her two-month old son in a La Senza lingerie store in Windsor.

The Windsor and Vancouver demonstrations attracted 50 and 60 participants respectively, many of whom were breastfeeding mothers. A spokesperson for H&M said that in the wake of the protests, the company was launching an education campaign for its staff to ensure breastfeeding mothers are welcome in its stores. In Windsor, protestors were joined by MP Jeff Watson and the may-

or's wife, Dr. Michelle Prince. These successful demonstrations are indicative of how effective grassroots breastfeeding activism in Canada has become. Again and again, using websites, blogs, and word of mouth, activists and mothers all over the country have mobilized quickly and forcefully in response to instances of discrimination against even one woman.

## Halton Region launches baby-friendly website

The community of Halton has unveiled their new Baby-Friendly website. The Halton Baby Friendly™ Initiative is a coalition of community organizations, healthcare professionals and interested individuals. The coalition aims to “promote, protect and support breastfeeding in the Halton region.” The website includes information on the benefits of breastfeeding, community resources, breastfeeding techniques, as well as more specific information for healthcare facilities, educators and businesses. Congratulations to all those involved in putting together the Halton Baby Friendly™ Initiative and website. You can check out the website at [www.babyfriendlyhalton.ca](http://www.babyfriendlyhalton.ca).

## Ontario NDP calls for provincial breastfeeding strategy


Breastfeeding activists held a rally at Queen's Park on December 3rd to demand greater government support for breastfeeding. France Gélinas, the NDP health critic, was joined by representatives of the Ontario Lactation Consultant Association, the Ontario Breastfeeding Committee, and the

# CANADA BREASTFEEDS

Registered Nurses Association of Ontario, as well as a contingent of breastfeeding mothers and other supporters. The protest was spurred by the news that Ontario's most well-known breastfeeding clinic, the Newman Breastfeeding Clinic and Institute, may have to close at year's end due to lack of funding.

“The Ontario government has set goals for mothers to breastfeed, but has not yet endorsed the globally proven map to get there—the Baby-Friendly Initiative,” said Lori Levere of the OBC. Gélinas said that there is little more than “a patchwork of services” available to mothers in the province. Premier Dalton McGuinty has said that women have adequate access to breastfeeding support through Ontario's 36 public health units.

## Peel region launches breastfeeding campaign

Peel Public Health is stepping up its efforts to educate parents about the risks of not breastfeeding. A new campaign based on the slogan “Formula? No Thanks” has been initiated to provide parents with evidence that supports breastfeeding as the healthiest way to feed infants. While public health groups have been telling mothers about the importance of breastfeeding for years, many parents are still unclear about the health risks posed by infant formula. The website at [www.formulaNOthanks.ca](http://www.formulaNOthanks.ca) provides access to scientific studies, video breastfeeding tutorials, and even a special section for fathers explaining what they can do to help mothers breastfeed successfully. 

*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 breastfeeding management and support

**Downtown Toronto**

**February 9th, 10th, 11th**

**Course Facilitator: Linda Smith BSE, FACCE, IBCLC**

The course is meant for any person wishing to understand the practice of and issues surrounding breastfeeding more fully. The goal of the INFACT Canada/IBFAN North America breastfeeding course is to facilitate the need to provide those working with mothers and their families the information required to adequately support breastfeeding.

**Suitable for:** Physicians, Midwives, Obstetricians, Maternity Care Providers, Nurses, Prenatal Educators, Lactation Consultants, Doulas, Health Care Support Workers, Educators, Parents, etc.

For more information or to register visit [www.infactcanada.ca/Courses/20-HourTorontoFebruary.htm](http://www.infactcanada.ca/Courses/20-HourTorontoFebruary.htm) or call 416, 595-9819.

**Space is limited so please register soon.**

# BC prison mothers separated from their babies

British Columbia Corrections has cancelled the mother-baby program at its Alouette Correctional facility in Maple Ridge, BC, the only all-woman prison in the province. For the last four years, incarcerated women who had small children were permitted to care for and breastfeed their babies while in prison. The program was being operated on an experimental basis and corrections officials, including the prison's new warden Lisa Anderson, decided to terminate it this summer, citing safety concerns for the infants.

Five current and former inmates of the prison have filed a writ with the BC Supreme Court to reinstate the program. Since 2004, 12 mothers have cared for their babies in the facility, with nothing but positive impact reported for all concerned. At least one former inmate has told the media that finding out she was pregnant in prison was the biggest factor that led her to give up drugs and the chance to keep her baby encouraged her to live a clean life. It also gave encouragement to other women in the prison who had children outside the facility. Most importantly, arrangements were made for children to be breastfed throughout the mothers' incarceration, allowing babies to receive the important benefits of breastmilk during the first few months of life.

Mary Ellen Turpel-Lafond, BC's representative for children and youth, con-

demned the decision to cancel the program. In a letter published in the Vancouver Sun, Turpel-Lafond said **"A child's right to be breastfed and the acknowledged health benefits shouldn't be curtailed because of the imprisonment of the mother."** In the early years, the baby has an intense need to be with his or her mother, which is as basic as the need for nourishment."

The decision to separate incarcerated mothers from their young children disproportionately affects aboriginals, who make up a third of all women in BC prisons. Many aboriginal communities in BC are very remote, and thus the termination of the mother-baby program makes it extremely difficult for aboriginal mothers to have contact with children who may be with family members in their home communities.

The cancellation of the program represents a violation of infants' right to the highest attainable standard of health and wellbeing. Please write to the Honorable John Van Dongen, Minister of Public Safety, asking him to make sure the program is reinstated. His address is:

The Honourable John Van Dongen  
Room 236  
Parliament Buildings  
Victoria, BC V8V 1X4  
[john.vandongen.mla@leg.bc.ca](mailto:john.vandongen.mla@leg.bc.ca)

**The Honourable John Van Dongen**  
Room 236  
Parliament Buildings  
Victoria, BC V8V 1X4  
[john.vandongen.mla@leg.bc.ca](mailto:john.vandongen.mla@leg.bc.ca)



## Breastfeeding Information Resource Centre



### IBFAN 2009 Breastfeeding Calendar • \$15

The IBFAN 2009 annual breastfeeding calendar is packed with twelve beautiful breastfeeding images from around the world.



### Action Kit Folder • \$5

9 x 12" document folder with two breastfeeding images and the theme of this year's World Breastfeeding Week.

## Items from the 2008 World Breastfeeding Week Kit



### Baby Friendly Checklist Pad • \$4

Colourful checklist for mothers and health workers listing what makes a hospital or health facility Baby-Friendly.



### "Fine Dining" mini-poster • \$2

8½ x 11" mini-poster "Fine Dining - Breastfeeding: Anytime, Anywhere" slogan, breastfeeding duo in restaurant.



### "Risks of Formula Feeding" brochure • \$2.50

An annotated bibliography documenting the risks of artificial feeding and the benefits of breastfeeding.

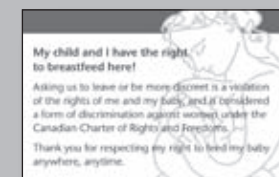


### "Mother Support" mini-poster • \$2

Beautiful breastfeeding image with the slogan "Mother Support: Reclaiming our Breastfeeding Culture."

### "Cost of Formula" wheel • \$3

Shows mothers how much they can save by breastfeeding.



### "Breastfeeding Rights" pocket card • 5 for \$1

Credit card sized pocket cards moms can hand out to anyone curious about women's right to breastfeed anywhere, anytime.