



INFACT Canada/ IBFAN North America

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Newsletter Summer 2008

Exclusive breastfeeding satisfies infants' iron needs

Since 2001, global health organisations have universally recommended six months of exclusive breastfeeding and a further 18 months of breastfeeding for infants and young children. While exclusive breastfeeding rates are increasing globally, so is the scientific evidence of the importance and efficacy of this policy as critical to meeting the complex nutritional, immunological and nurturing

needs of a growing and developing child. A recent study¹ from India emphasizes the importance of exclusive breastfeeding in meeting the iron needs of infants, even when mothers themselves may have iron deficiency. *Continued on page 2*

New research affirms the adequacy of iron intake when infants are exclusively breastfed to six months of age.



Breastfeeding opponents such as manufacturers of infant formulas have for many years characterized breastmilk as being “low in iron.”² This has stimulated decades of controversy about the adequacy of breastmilk to meet an infant’s iron requirements and has led to questioning the iron status of infants exclusively breastfed for the first six months of life. This has caused not only considerable confusion resulting in bad practices such as the recommendation for unnecessary supplementation with iron fortified formulas, but also the widespread application of micronutrient supplementation without adequately establishing the necessity to do so.

The exclusive breastfeeding and iron status study by the University College of Medical Sciences and National Institute of Immunology, Delhi, India puts an end to the low-in-iron myth. The researchers followed normal healthy, full term infants born to both anemic and non-anemic mothers. Iron parameters were measured in the cord blood at 14 weeks and again at 6 months. As well, breastmilk iron and lactoferrin were measured. Exclusively breastfed infants who received water, non-nutritive feeds or vitamin drops were included. Infants who received nonhuman milk for 3 days or more or received iron supplements were excluded from the study. All the mothers were supplemented with iron and folic acid.

The authors determined that:

1. Babies of non-anemic and anemic mothers who were exclusively breastfed until six months of age did not develop iron deficiency anemia or iron deficiency;
2. The baby’s iron status had no relationship with the breastmilk iron and lactoferrin concentration at any particular time.

The researchers noted that the **“breastmilk iron and lactoferrin are efficient-**

Anemia uncommon in breastfed babies

“Anemia in the breastfed baby is uncommon for the following reasons:

The healthy full term infant has ample iron stores at birth, enough to last for at least 6 months of life.

Iron in human milk is well absorbed—49 per cent as opposed to 10 per cent from cow’s milk and 4 per cent from iron-fortified formula. The high lactose and vitamin C levels in human milk aid the absorption of iron.

Breastfed babies do not lose iron from their bowels, as do babies who are fed cow’s milk, which has been shown to cause intestinal fissures.”

—From the Breastfeeding Answer Book, La Leche League⁹

ly absorbed in the gut and together with body iron stores, the iron supply is sufficient to maintain iron metabolism during the first six months of life in appropriate for gestational age babies.”

The study has significance for both industrialized and developing countries. In developing countries iron loss due to gastrointestinal bacterial and parasitic infections, as well as malaria, is common and maternal anemia may be more frequent. Despite this, exclusive breastfeeding, in addition to increased immunological protection against infections, is also able to ensure adequate iron status for the first six months of life without costly or risky interventions. Risks related to interventions include increased growth of harmful gut bac-

How much iron is too much?

| Source | mg of iron /100ml | format | % absorbed |
|-----------------------------|-------------------|---|------------|
| Breastmilk | 0.05 | iron and lactoferrin** | 49 |
| Infant formula: routine* | 0.50 | ferrous sulphate | 4 |
| Infant formula: extra iron* | 1.22 | ferrous sulphate | 4 |
| Commercial baby cereals* | 3.0 – 4.0 | elemental iron, ferrous gluconate, ferric pyrophosphate | 4 |

Formula-fed infants receive approximately 25 times the amount of iron that breastfed babies consume.

When infants are fed iron fortified infant formula in addition to iron fortified commercial baby cereals their iron intake is extremely high compared to an exclusively breastfed infant. Commercial baby cereals continue to be marketed from 4 months of age in Canada contrary to Health Canada’s infant feeding recommendations and in violation of the International Code of Marketing of Breast-milk Substitutes and relevant resolutions of the World Health Assembly.

*Data derived from infant formula and commercial baby food labels sold in Canada.

**Lactoferrin is the iron binding protein found in human milk that assists in the absorption of iron from the infant’s gut. Lactoferrin is bacteriostatic and deprives bacteria access to iron and thereby limits the growth of pathogens such as *E. coli*.

teria such as the iron dependent *E. coli* that cause gut damage and disease; increased gut irritation leading to blood (iron) loss; reduced micronutrient—copper and zinc—availability and more recently, evidence has emerged linking iron supplementation to increased mortality and morbidity in malaria-prevalent areas.^{3,4,5}

Importantly, the findings confirm that there is no need to give iron-rich foods or

therapeutic iron to exclusively breastfeeding babies before six months of age; doing so may harm the infant.

For industrialized countries where maternal iron status is generally secure, the findings represent yet more affirmation^{7,8} that exclusive breastfeeding meets an infant’s requirements for this important micronutrient. Interventions aimed at

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Saskatoon boob blog bust-up

Canadian mothers have done it again. Seventy breastfeeding moms and babies turned out in Saskatoon on April 29 to protest anti-breastfeeding comments made by a local radio producer. NewsTalk 650 producer Tammy Robert had posted a disparaging blog on April 3, in which she argued it had been inappropriate for a politician to breastfeed her daughter at a press conference. Local mothers soon decided to take a stand and refute Robert's attitude that women should keep breastfeeding to themselves.

The controversy began when Amber Jones, recently elected leader of the Saskatchewan Green Party, held a press conference on April 2, during which she breastfed her six-month old baby before speaking to reporters. In her vitriolic blog



Mothers protest outside NewsTalk 650 radio station.

posting entitled *Children and Places They Don't Belong*, Robert accused Jones of using her daughter as a "political prop" and demanded "What the hell are you trying to prove?" by breastfeeding so publicly. Robert suggested that the politician should have used a breastpump and a baby

sitter, and left the child at home.

Weeks later, local mothers turned out in droves to protest Robert's comments by nursing their infants in front of the radio station's offices, garnering headlines in the city's press. Robert defended her comments, telling a Saskatoon newspaper that "This was never about breastfeeding or attacking mothers or attacking attachment parenting, it was my opinion on . . . the way [Jones] handled her press conference. I stand by that viewpoint, that I don't think it's right to use babies as political props."

NewsTalk 650 seems to think that Robert's comments are defensible, as her blog posting had still not been removed from the radio station's website weeks after it was posted. And unfortunately, Robert and her employers are not the only ones who frown upon public breastfeeding. It is precisely attitudes like hers that lead to an unsupportive environment for breastfeeding mothers and discourages women from breastfeeding in public.

Statements like Robert's have helped create a culture in which public breastfeeding is discouraged, and women are generally expected to keep their public and working lives segregated from motherhood. Practically, what this means is it's harder for women to breastfeed, and their infants are needlessly deprived of the best possible nutrition and disease protection. Infants' health is ultimately negatively affected by these intolerant attitudes.

World Breastfeeding Week 2008 seeks to address this problem. This year's theme is Mother Support: Reclaiming Our Breastfeeding Culture. The theme speaks

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World Breastfeeding Week 2008

We hope you will join with INFACt Canada in celebrating this year's World Breastfeeding Week, October 1-7, 2008. As always, the goal of WBW is to promote the importance of breastfeeding for all women, children, families and communities. Public health groups, health workers, and activists all over the world will be marking the week with promotional campaigns and breastfeeding sit-ins.

"Mother Support: Reclaiming our Breastfeeding Culture" is the theme for this year's World Breastfeeding Week. This theme reflects the idea that it takes more than a mother and child to make breastfeeding successful. To ensure the health of our children, we need a culture which nurtures positive attitudes about breastfeeding, and affirms breastfeeding as the normal, healthy way to feed infants. Positive breastfeeding cultures have been eroded by the corporate influence of infant formula companies, and it is time that we reclaimed them.

A mother needs circles of support to breastfeed successfully. Breastfeeding mothers deserve basic, accurate and timely infor-

mation, encouragement, skilled and practical help and empathy from those around them. Women should be empowered in their own right, as well as in their roles as mothers and providers of breastfeeding support to other women. If all women breastfed exclusively for six months, and continued breastfeeding for two years and beyond, as recommended by the World

Health Organization, global under-five mortality and morbidity rates would be drastically reduced.

Breastfeeding is not just the mother's responsibility: the health system, government, and society as a whole have important roles to play in ensuring a culture supportive of breastfeeding.

To help plan WBW activities, every year INFACt Canada produces the World

Breastfeeding Week Action Kit. This year's kit includes fact sheets on the WBW theme, 2 mini-posters, a BFHI tear-off pad, 2 Wheels of Savings, a Risks of Formula Feeding Brochure, and our new Breastfeeding Rights wallet card.

The cost of this year's kit is \$65. See the back of this newsletter for details on how to order.



Police officer breastfeeds Chinese quake victims

Jiang Xiaojuan, a police officer in China's Sichuan province, was hailed as a national hero earlier this year when she began breastfeeding babies victimized by the country's devastating earthquake. Jiang, who at the time had a 6-month old baby of her own, started breastfeeding a baby she rescued from the rubble on the day of the quake.

Over 59,000 people were killed in the disaster, which hit the country on May 12, 2008. Thousands of infants were orphaned or separated from their mothers, and were in desperate need of nutrition. Jiang spent hours every day breastfeeding babies and at one point was feeding nine infants.

While newspaper headlines declared her "China's Mother No. 1", Jiang was humble about her life-saving work. "I am breastfeeding, so I can feed babies. I didn't think of it



Photo courtesy CNN

Jiang received a promotion in the local police department for her heroic efforts.

much," she said. "It is a mother's reaction and a basic duty as a police officer to help."

Jiang's efforts are a perfect example how breastfeeding contributes to food security. Instead of having to wait for aid shipments in the aftermath of the disaster, Jiang and other Chinese mothers were able to immediately provide food to many infants around them.

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increasing iron levels in infants would represent a costly waste of resources and increased health risks that may have long term negative effects.

References

1. Raj S, Faridi M, Rusia U et al. A prospective study of iron status in exclusively breastfed term infants up to 6 months of age. *International Breastfeeding Journal* March 1; 3:3, 2008.
2. Ziegler, E. E. and Fomon, S. J. Strategies for the Prevention of Iron Deficiency: Iron in Infant Formulas and Baby Foods. *Nutrition Reviews* 54:348-354, 1996.
3. Schümann K, Ertle T, Szegeyer B, Elsenhans B, Solomons NW. On risks and benefits of iron supplementation recommendations for iron intake revisited. *J Trace Elem Med Biol.* 21:147-68, 2007.

4. WHO. Conclusions and recommendations of the WHO Consultation on prevention and control of iron deficiency in infants and young children in malaria-endemic areas. *Food Nutr Bull.* Dec;28(4 Suppl):S621-7, 2007.
5. Domellöf M, Dewey KG, Cohen RJ, Lönnnerdal B, Hernell O. Iron supplements reduce erythrocyte copper-zinc superoxide dismutase activity in term, breastfed infants. *Acta Paediatr* 94: 1578-1582, 2005.
6. Duncan B, Schiffman RB, Corrigan JJ, Schaefer C. Iron and the exclusively breastfed infants from birth to six months. *J Pediatr Gastroenterol Nutr* 4: 421-425, 1985.
7. van Rheenen P, de Moor L, Eschbach S, de Grooth H, Brabin B. Delayed cord clamping and haemoglobin levels in infancy: a randomized controlled trial in term babies. *Trop Med Int Health.* 12:603-16, 2007.
8. Pisacane A, De Vizia B, Valiante A, Vaccaro F, Russo M, Grillo G, Giustardi A. Iron status in breastfed infants. *J Pediatr* 127: 429-431, 1995.
9. Mohrbacher, N. Stock, J. *The Answer Book La Leche League International*, Schaumburg, Illinois. p.144, rev. 1997

UNICEF study in Indonesia demonstrates dangers of formula as humanitarian aid

A UNICEF study in the aftermath of the 2006 earthquake found 42.6 per cent of infants under five-months-old were fed infant formula after the quake—a sharp increase from the pre-quake figure of 27.8 per cent. Rates of diarrhea increased by sixfold as the consumption of formula doubled.

Anne H. Vincent, head of UNICEF Indonesia's health and nutrition department, noted a strong correlation between formula consumption and deaths due to diarrhea in the province during this period.

She said the increase in diarrhea cases was caused by unmonitored donations of infant formula to the disaster-stricken area, coupled with poor sanitation and limited access to clean water.

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to the idea that to ensure the health of our infants, breastfeeding support must come from all levels of society. Governments, health care systems, and the public at large must all work to create an environment where breastfeeding is not only accepted, but encouraged and championed.

About 80 per cent of children less than two years old who were affected by the earthquake received infant formula, which was handed out in clear plastic bags with no instructions on how to prepare it.

"Very often the first aid you see arriving locally is formula. These donations are often uncontrolled," Vincent said. To make matters worse, she said, the donations encouraged mothers to stop breast-feeding their children and instead feed them infant formula.

UNICEF has renewed calls for donors to refrain from sending formula milk as humanitarian assistance to victims of disasters, saying it could cause even more deaths.

—Proditia Sabarini, *The Jakarta Post*, Jakarta.



Bisphenol ban: protecting infant health, or missing the big picture?

Since INFACT Canada's newsletter ran a cover story in late 2007 on the safety concerns surrounding bisphenol-A, there have been a lot of important developments concerning the chemical. In April, Health Canada announced that it believes BPA is toxic, and the

Canadian government has effectively banned the use of the chemical in the manufacturing of baby bottles.

Canada was the first country to limit the use of the chemical, which is believed to adversely affect infant's reproductive systems later in life; Health Canada's proclamation made international headlines. For years, scientists and citizens alike in many countries have been concerned with BPA's health affects, and Canada's bold move

will only increase the pressure on other national health agencies to consider banning BPA in their own jurisdictions. The level of popular concern over the chemical is so high at this point that many bottle manufacturers are finding it prudent to switch to BPA-free products, and its likely that the voluntary elimination of BPA from the manufacturing process will outpace a bureaucratic ban in many countries. Canada's health officials should certainly be

applauded for legitimizing the concerns that have surrounded the chemical for so long.

While Ottawa's decision was welcome news, the government's press conference to announce the BPA ban was troubling. After Minister of Health Tony Clement and Minister of Environment John Baird took



Health Minister Tony Clement and Environment Minister Jim Baird distributed baby bottles to mothers at an April press conference.

to the podium to proclaim the news, they began happily distributing BPA-free baby bottles to a crowd of mothers who had been assembled for the event.

Distributing baby bottles is of course a violation of the International Code of Marketing of Breastmilk Substitutes, a document designed by the WHO/UNICEF to protect infant health by stopping the promotion of artificial feeding. That our

national health minister would be ignorant enough of the Code to engage in violating it so enthusiastically is disturbing.

The press conference seems typical of Canada's contradictory health policies on infant feeding. Canada has endorsed the International Code, and yet has not implemented it into meaningful legislation. Health Canada and the Canadian Pediatric Society recommend exclusive breastfeeding

for 6 months, and yet little institutional support has been given to our health system to ensure that this recommendation is carried out. So perhaps it should not be surprising that our health minister would announce a positive decision to protect infant health one minute and then turn around and violate the Code in the next.

Canadian mothers need consistent information on infant feeding. This means promoting breastfeeding as the unequalled

way to feed babies. Needlessly handing out baby bottles only muddies this message and contributes to the normalization of artificial feeding. The Honourable Mr. Clement's actions have only underscored that while Canadian babies may be safe from the dangers of BPA, they're still vulnerable to the serious risks posed by the irresponsible marketing of artificial feeding products. Much more work is needed in this country to ensure infants are as healthy as they can be.

Filipino laws being unevenly applied

Frequent readers of this newsletter will be well acquainted with the struggle to protect breastfeeding in the Philippines. INFACT Canada has long been publicizing and assisting with that country's attempts to legislate the International Code into law. In the fall of 2007, after a lengthy legal battle, the Supreme Court of the Philippines endorsed laws restricting formula advertising, but stopped short of the outright ban prescribed by the Code.

All formula advertising is now evaluated on a case by case basis by an Inter Agency Committee (IAC), comprised of health advocates, the Department of Health, and representatives of the formula industry. It is becoming increasingly clear that the IAC's application of the new laws is doing little to curb the aggressive advertising of breastmilk substitutes.

INFACT's contacts in the country are reporting that formula companies are being as aggressive as ever in their search for profits. Television ads are promoting formula with labels that do not comply with Filipino standards. Abbott is distributing promotional information to health work-

ers. Parents are even getting advertisements for formula sent directly to their cell phones via text message. The text ads inform mothers that if they want a child who is healthy "all around" and who will grow up without any problem, they should contact the Mead Johnson help line.

"Formula companies are using their seat on the IAC to slow and weaken the regulating process."

All of these forms of advertising contravene Filipino law, but must be evaluated on a case by case basis by the IAC before they can be stopped. It is becoming apparent that formula companies are using their seat on the IAC to slow and weaken the regulating process. After a legal battle that dragged on for years, there appears to be much more to do to protect breastfeeding in the Philippines. The country has some of the lowest breastfeeding rates in the world, and it is estimated that 10,000 Filipino children die each year from inadequate or no breastfeeding.

BC health minister condemns Nestlé's Code violations

Burnaby activists get promotional event cancelled



BC Minister of Health George Abbott has expressed his support for the International Code.

Last September, Nestlé attempted to stage an “educational” event for health professionals at the Burnaby Hospital in British Columbia.

The event was an egregious violation of the International Code, and thanks to a letter campaign from INFACT Canada’s members, and enthusiastic local activism, Nestlé was forced to cancel. At the time, those who participated in the campaign considered the cancellation a victory, and it was hoped that Nestlé would think twice about trying to bias health workers in BC again.

Unfortunately, we underestimated the determination of the company to infiltrate Burnaby’s health institutions, and therefore it was with some surprise that we learned the company was sponsoring

another so-called educational event for Burnaby’s health professionals in June.

Nestlé sent invitations to Burnaby pharmacists to attend a talk entitled “The Infant Feeding Maze” at a downtown hotel. A free dinner was to be provided. This talk was a clear violation of the International Code, specifically Article 7.3 which states “No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers.” A free dinner at an expensive hotel could certainly be construed as a financial inducement.

Resolution 49.15 of the World Health Assembly, which carries the same weight as the Code, states companies like Nestlé have a responsibility “to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest.” Clearly the sponsorship of nutrition conferences by a formula company creates a conflict of interest for health workers who attend.

Health professionals in Burnaby immediately mobilized to stop the event, and enlisted INFACT Canada’s help. Nestlé was targeted for the campaign, along with the Dietitians of Canada and the College of Dietitians of BC, as the speaker at the event was a registered dietitian on Nestlé’s payroll. Hundreds of letters were written to all parties involved demanding that they respect the Code.

Nestlé, DC and the CDBC all responded with statements asserting the event was not in fact a violation. A letter sent by Nestlé said “This educational event is in line with Code intent.” The CDBC said that they had no reason to believe there was anything wrong with the event, and a spokesperson for DC supported the fact that a registered member of her organization was participating.

Under any objective reading of the Code, a “wine and dine” talk by a formula company to health professionals who work with mothers and babies is a clear violation. Any claims to the contrary were put to rest by the Honourable George Abbott, BC’s minister of health. A letter from Mr.

Abbott’s office to Burnaby breastfeeding activists said, “The Code recognizes that the unethical marketing of breast-milk substitutes undermines breastfeeding and therefore, the public interest. By targeting health professionals as invitees for the June 12, 2008 “wine and dine” event, it is clear that Nestlé is violating the Code’s sub-section, 7.3.”

This statement is a hugely significant one, and represents support for the Code at the highest levels of the provincial government. Nestlé and the other invested parties cannot with any credibility continue to claim events like these are harmless, now that the health minister himself has

stated otherwise.

Mr Abbott also encouraged breastfeeding advocates to play a role in putting a stop to Code violations, writing “*I understand that community groups and breastfeeding champions have and continue to influence the outcomes of events that do not meet the standards of the Code. I encourage you to continue in the provision of this influence in order to promote and support breastfeeding.*”

After such massive outcry against the event, Nestlé decided to cancel it. However, it did so not because it admitted the talk would violate the Code, but “In an effort to avoid placing those [who were to attend] in any difficult situations.” The company also pledged to continue its contact with Burnaby’s health professionals, saying “we have made arrangements to provide the ... information in an alternate manner.”

Because the company refused to acknowledge it was breaking the Code, Burnaby activists and health professionals decided to go ahead with a public demonstration that had been planned against the event. Dozens of protesters showed up and local media publicized the event.

After trying and failing to hold promotional events aimed at health professionals twice in a matter of months, and having been rebuked by the province’s health

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Nestlé cancelled its wine and dine event in Burnaby, but local activists staged a demonstration anyway to protest the company’s ongoing malpractice.



South Africa seeks to legislate the Code

The South African Department of Health has drafted new regulations for the marketing of infant formula and follow-on foods. Should they be implemented, they will legislate key provisions of the International Code, including an outright ban on formula advertising, and the elimination of health and nutrition claims. Powdered formula tins will also have to carry a warning that their product is not sterile and could contain pathogenic microorganisms.



South Africa's laws are already fairly strong, but are being openly flouted by formula companies. Our partner organization in the UK recently reported that Nestlé is using shelf-talkers which claim Nestlé for-

mula "protects" babies. This is in violation of the Code, which states that there should be no point of sale advertising, nor any health claims made about the properties of formula.

Nestlé has said that the shelf-talkers do not violate South African guidelines, and has told the UK media: "This allegation is incorrect and the Advertising Standards Authority of South Africa has, in fact, already ruled that this advertising did not contravene any advertising restrictions." However, the Advertising Standards Authority lists no such ruling on its website, and the Department of Health, which is usually consulted on such matters has said it has no knowledge of a ruling. The DOH told media, "The Department of Health is extremely concerned about all the health claims that Nestlé makes on the new NAN 1, 2 and 3 tins. The health claims are a contravention of the current South African Regulations. A meeting was held with representatives of Nestlé and Department of Health and it seems they were not aware that they are transgressing

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minister, Nestlé's aggressive marketing in British Columbia has clearly not been successful. However, if past experience has taught breastfeeding activists anything, it's that the company is relentless in its pursuit of influence in the health care sector.

For now, stopping Nestle can be celebrated, and supporters of the International Code can go forth armed with a ringing endorsement from BC's minister of health. However, no one should expect that this is Nestlé's last attempt to use Canadian health workers to promote their products.

the Regulations. However, they are reluctant to change the labels."

Nestlé recalls formula in southern Africa

Nestlé recalled all of its 400 g tins of Lactogen 1 in South Africa, Botswana, and Zambia after it was reported they contained higher than intended amounts of zinc, iron, and copper. The company announced the recall after it received complaints that babies fed on the formula were vomiting and had diarrhea. A spokesperson for Nestlé Switzerland said that babies could get sick from ingesting the formula, but that it was so unpleasant looking and smelling that it was highly unlikely a child would actually swallow it! Robin Tickle of Nestlé assured consumers that the probability of a baby actually keeping the formula in its body was so low that the higher levels of trace metals in the product were unlikely to have a negative effect. "The likelihood of the child consuming it in terms of bringing it down and keeping it down is very small," he said, "But we cannot exclude negative health effects if you consume it."

Nestlé gets new CEO

Peter Brabeck, who has been Nestlé's CEO since 1997, stepped down in April. Brabeck presided over the development of Nestlé's aggressive business practices, which have seen the company buy up smaller groups and ruthlessly



Nestlé's new boss, Paul Bulcke

sell off any of its subsidiaries if they show less than 5-6% annual growth. During his tenure as CEO, he showed a stunning obstinacy towards any issue to do with infant formula, refusing to engage in dialogue with Nestlé's critics or admit that his company might be acting unethically. He claimed that he personally investigated any allegations of Nestlé marketing malpractice, and yet throughout his time as CEO Nestlé continued to flagrantly violate the International Code of Marketing of Breastmilk Substitutes. His attitude on corporate responsibility was clearly illustrated in 2005, when he angrily told a room of Boston investors "What the hell have we taken away from society by being a successful company that employs people?"

Brabeck will remain head of the Board of Directors, and be replaced in the CEO position by Paul Bulcke. Hopefully, Bulcke will exhibit more openness than his predecessor. In the past, Nestlé executives have engaged with campaigners with the aim of reforming marketing practices. While the process has never yielded results, we can hope that Bulcke will listen to criticism and specifically adopt the four-point plan presented to Nestlé by IBFAN partner Baby Milk Action. Under this plan, Nestlé would commit to abiding by the International Code, and if, following a period of review, could prove that it had done so, the Nestlé boycott would be called off.

Any optimism that Bulcke will accept the plan must be cautious at best however, as he has previously said that markets Nestlé needs to focus on in upcoming years are Latin America, India, and China, all regions where the company's Code violations are well-documented. And with Brabeck still pulling the strings from the Board of Directors' chair, it's hard to see how Nestlé's new boss will affect any change.

World Health Assembly adopts recommendation for donor human milk

The World Health Assembly is the ruling decision-making body of the World Health Organization. The WHA convenes every year, and in every second year addresses issues related to infant feeding. This past May, at its 61st meeting, the WHA adopted a number of key resolutions to strengthen the global protection of breastfeeding and improve infant and young child health and survival. A critical addition to this year's assembly was recognition of the need to address the risks of intrinsically contaminated infant formula and the need to improve access to donor human milk. Serious illness and mortality rates related to infection from formula intrinsically contaminated with *Enterobacter sakazakii* are highest for low-birth weight, premature and young infants. Infection in infants up to 12 months old have been reported. Hence, the provision of donor human milk is a means to reduce the use of powdered formula and save lives.

Resolution 61.20 urges member states to "investigate, as a risk reduction strategy, the possible use of donor milk through human milk banks for vulnerable infants, in particular premature, low-birth-weight and immunocompromised infants, and to promote appropriate hygienic measures for storage, conservation and use of human milk."

Additionally, the Assembly recommended that member states:

- adopt the WHO/FAO guidelines on preparation, storage and handling of powdered infant formula;
- adopt the labelling of infant formula

as set by the standards of the Codex Alimentarius;

- improve the protection of breastfeeding by "scaling up" the implementation of the International Code of Marketing of Breastmilk Substitutes;
- strengthen support for early and exclusive breastfeeding by improving action on the Global Strategy for Infant and Young Child feeding and the Innocenti Declaration;
- and reminded its members to avoid conflict of interests in infant and young child feeding.

Breastfeeding was also recognized as critical in related resolutions. For the first time, the resolution on the Global Immunization Strategy makes reference to the importance of breastfeeding for the development of the baby's immune system. The new resolution WHA 61.15 urges Member States: "to strengthen efforts to protect, promote and support early and effective breastfeeding, in order to boost the development of infants' overall immune system."

WHA Resolution 61.14 on the The Plan of Action for the Prevention of Noncommunicable Diseases also reinforced the importance of breastfeeding. The Plan of Action makes clear reference to breastfeeding, and proposes that Member States: "promote and support exclusive breastfeeding for the first six months of life" as part of an overall strategy of preventing disease through healthy diets.

The fight to safeguard India's child nutrition program

A government-run food program for impoverished children in India is being heavily criticised by food and breastfeeding activists. The national government created the Integrated Child Development Services (ICDS) program to combat India's child malnutrition problem, but there is growing debate on how healthy the program actually is for youngsters. Half of all children in India are still not meeting their requirements for optimal nutrition.

The ICDS runs day care centres known as anganwadis, which provide malnourished children with food worth 2 rupees per child per day. Criticism has been levelled at the ICDS because in many states it has begun providing packaged, industrially processed foods to children, instead of cooked local foods. Critics are saying that processed foods are less nutritious and more expensive than local foods, and are completely unsuitable in the context of Indian poverty. Dr. Arun Gupta, who works with INFAC's partner organization Breastfeeding Protection Network India

(BPNI), told the Thaindian News "With such a low allocation (2 rupees a day), packaged food cannot provide required nutrition. We should go for hot cooked food from available local products."

While the BPNI, other like-minded organizations, and the country's nutrition experts have been pushing for local cooked foods, the Geneva-based Global Alliance for Improved Nutrition (GAIN) has complicated matters by entering the scene to advocate for processed nutrition. GAIN is a large social-commercial initiative, whose professed objective is to form public-private partnerships to improve global nutrition.

Supposedly to this end, the group has set up the Infant and Young Child Nutrition (IYCN) Alliance India, to partner with the ICDS program and provide nutrition to India's young.

Health experts in the country were immediately alarmed at GAIN's involvement however, because among GAIN's corporate partners are Danone, owner of infant formula giant Numico, and Wockhardt, own-

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The ICDS program is one of the largest child development initiatives in the world.

Photo courtesy Indian Ministry of Statistics and Programme Implementation

The ethics of using babies as test subjects

Luopajarvi K, Savilahti E, Virtanene SM, Ilonen J, Knip M, Akerblom HK, Vaarala O.

Enhanced levels of cow's milk proteins in infancy in children who develop type 1 diabetes later in life.

Pediatr Diabetes 2008 [Epub ahead of print]

It has been known for over a decade that infants fed cow's milk-based formula are at increased risk for the development of type 1 diabetes (T1D). The research presented is a part of the controversial TRIGR study project which puts infants on a cow's milk weaning formula to "reduce insulin-dependent diabetes mellitus in the genetically at risk." In a subgroup of 94 children randomized to be fed a cow's milk formula, 8 of the vulnerable subjects had progressed to Type 1 diabetes by the age of 7 years. The authors concluded that "an enhanced humoral immune response to various CM proteins in infancy is seen in a subgroup of those children who later progress to T1D."

This research raises serious ethical questions. INFACT Canada has reviewed consent forms from several Canadian centres participating in the TRIGR trials. Parents who enrolled their children in the trials were informed that: "There are no known risks associated with the trial formula—and no adverse effects were observed in the pilot study." Although the TRIGR trial researchers stated that the decision to breastfeed was supported, parents were solicited for enrolment by the TRIGR researchers who informed parents that if there were problems with breastfeeding such as mastitis, or they could not breastfeed, they would receive free formula. Once they were enrolled they received the free formula "just in case

the breastfeeding was not successful."

As well since the study design did not include exclusively breastfed vulnerable children as controls, the impact of feeding cow's milk-based formula to infants cannot be fully determined.

When the TRIGR trials were launched, INFACT Canada discussed the ethical dimensions of the research with Margaret Sommerville, a Canadian medical ethicist. She articulated some basic principles that must be taken into account when performing these feeding trials.

- Research with infants is by nature research with a vulnerable population and as such special protection is needed for this population, along with special ethical reviews.

Research using infants should only be done if it is impossible to use an adult or animal population. Researchers should consider if all the necessary animal studies have been done before proceeding.

- There may be no coercion to participate in the trial and it is important that this be spelled out in the research protocol.
- Who is on the ethics review committee? Some who are on these committees do not have full information on the implications of the research and often the research proposal is passed by only a few members of the ethics committee, not the full committee.
- When you use a control you have to use the best standard of practice as the con-

trol (in this case, a breastfed baby).

- If a randomized control method is used, then this must be justified and parents must fully understand the methodology of the research.
- There needs to be a parallel line to make sure that consent is not coerced. There needs to be a built-in safeguard to protect against coercion. The request for participation should be done by others rather than their doctor or their nurse etc. and should be an independent person.
- For informed consent there must be the fullest possible information given to parents. This information must include risks of the altered test formula, and the long-term risks of not breastfeeding.

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er of Farex baby food. Because of its growing economy and enormous population, India is a highly desirable market for the baby food industry, but one which is extremely difficult to penetrate. India has strong pro-breastfeeding laws, and advertising any food for children under the age of 2 years is illegal in the country. Gupta and many others fear that baby food companies will use the IYCN Alliance to circumvent these laws—which are based on the International Code of Marketing of Breastmilk Substitutes—and push their products on the public.

If industrially processed complementary food products become widely distributed at government-sponsored child nutrition centres, there is no way to effectively ensure that they are not given to children under six months of age. As it is, only 28 per cent of Indian infants are exclusively breastfed for six months, and creating a reliance on processed food can only lead to the early introduction of complemen-

tary feeding. Instead, nutrition programs should emphasize breastfeeding as a stable, nutritious source of food for the first six months of life, and stress the importance of local, cheap, nutritious complementary foods thereafter.

Indians have made it clear they won't let GAIN use children to further their profit-driven agenda. The first meeting of the IYCN Alliance India in New Delhi on April 15 was disrupted by protestors, many of them public health activists, pediatricians, and women's organization members. Demonstrators demanded that India's nutrition policies be controlled by Indians, and not be allowed into the hands of foreign corporations with vested interests in creating a market for their products.

Reportedly, several United Nations representatives who were supposed to attend the meeting refused after they were informed who GAIN's corporate partners were. The WHO delegate who was supposed to chair the meeting also stayed away.

CANADA BREASTFEEDS

New Brunswick launches BFI website

The New Brunswick Baby Friendly Initiative Committee, in cooperation with the provincial Department of Health, has launched its own BFI website. The site offers information on the BFI, as well as brochures, fact sheets, and checklists for mothers. The website will be used by both mothers and health professionals, and as a tool for the province's regional health authorities, all of whom are working towards Baby-Friendly status. The website can be viewed at www.gnb.ca/0053/bfi/index-e.asp.

Ontario study finds high initiation, but low exclusive breastfeeding rates

A study on breastfeeding rates, attitudes and awareness conducted in the Ontario region of London-Middlesex has yielded mixed results. The study was conducted by the Institute of Social Research at York University, and used surveys given to parents and caregivers to determine the status of breastfeeding in the London-Middlesex region.

Nine out of ten mothers were found to initiate breastfeeding, while only 44.3 per cent responded that they breastfed for at least six months. Women who had a postsecondary education were more likely to initiate and continue breastfeeding than mothers with only a high school education. This indicates that London-Middlesex has much to do if it is to achieve its goal of having 50 per cent of infants breastfeeding for six months.

Three quarters of parents responded that they believed it was appropriate for mothers to breastfeed in public places like restaurants

and shopping malls. Parents with lower income levels were less likely to think public breastfeeding is appropriate.

A lower proportion of parents in 2006 compared to 2004 believed that infants who are exclusively breastfed for six months receive all the nutrition they need. In 2004, 85.6 per cent of respondents reported that exclusive breastfeeding provides all the nutrition a baby needs, compared to only 75.5 per cent in 2006. Similarly there was a drop in respondents who believed breastfeeding benefits a mother's health, down to 86 per cent in 2006 from 91.3 per cent in 2004.

Data collection on these topics is ongoing in London-Middlesex, and a follow-up report is due in 2009.

Toronto launches Baby-Friendly campaign

In June the city of Toronto announced a campaign to promote breastfeeding in restaurants. Information packages containing "Breastfeeding Anytime Anywhere" stickers were mailed to over 6,100 establishments, and owners are being encouraged to register to be listed as baby-friendly in a city-run directory. The stickers, to be placed in the windows of restaurants, are available in 20 different languages to reflect Toronto's diverse population.

While the campaign is designed to encourage breastfeeding in public, its critics point to the contradiction of the "Anytime Anywhere" message and the notion of only certain eateries being registered as baby-friendly. They argue that the city should be ensuring that all establishments in the city recognize a woman's right to breastfeed.



Breastfeeding Information Resource Centre



World Breastfeeding Week 2008 Action Kit • \$65

The 2008 Action Kit is designed around this year's theme "Mother Support: Reclaiming our Breastfeeding Culture".



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 kit available separately:



Fact Sheets • \$25

Set of seven fact sheets on topics related to Mother Support.



"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.

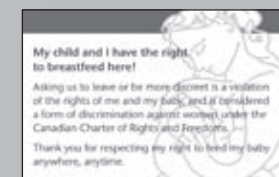


"Mother Support" mini-poster • \$2

The 2008 Action Kit is designed around this year's theme "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 mums can hand out to anyone trying to stop them from breastfeeding in public.