Breastfeeding and co-sleeping
Is it safe for infants to sleep alone?

Parental co-sleeping is a near universal practice. Across the globe, babies and mothers sleep together, and in nature our mammalian cousins demonstrate the normality of remaining "joined" after the drama of birth separation. A tiny newborn's need for her mother's closeness and warmth, heartbeat and voice follows a crucial developmental pattern after the disruptive separation of birth.

Donna Isenor, a mother of three tells us:

"With my first, the baby slept in our room in a bassinet until he was 3 months old, and then moved into his crib. I would make the trek to his room about 4 times a night, an hour each time, and couldn't figure out why he wouldn't stay asleep for more than 2 minutes after I laid him on the hard crib surface after nursing him."

With her third child, Donna abandoned both basinet and crib and finds that her daughter and self, as well as siblings and spouse all sleep much better.

In Canada, like some other industrialized countries, health practitioners and health ministries promote separate sleeping with the use of nurseries and cribs, and do not condone bed sharing, assuming the practice to be "unsafe". Co-sleeping is nevertheless common. In North American parenting, obsessed with infant independence and sleeping through the night, has its roots in a number of religious-cultural beliefs which have subsequently evolved in our unquestioned medicalized approach of regarding co-sleeping as a health hazard and causation for infant suffocation.

McKenna lists these influences as: our fear of children witnessing sex or touching; our values of independence and autonomy; the rise in parental "experts" and decline in confidence and parental intuition; the use of separate rooms; our concept of hygiene, and the emphasis on the husband and wife pair at the exclusion of children. He comments that many of these culturally fixed ideologies are often "mistaken for science.
in this area*. Witness the many books written to solve an infant/child’s sleep problems and the underlying assumptions that sleep practices predispose desired developmental outcomes.

In contrast, in cultures where co-sleeping is the norm mothers express horror upon hearing that babies may be made to sleep alone. Guatemala ct and a Vietnamese immigrant mother reported that when they were very young babies alone would contribute to SIDS because when you sleep with your baby you always sleep lightly and notice breathing changes. Chinese mothers also consider babies too little to sleep alone and believe co-sleeping makes for happy babies. In Africa, separation is unheard of and mothers sleep with their children for several years.

McKenna also raises the question: Does sleeping alone create individuals who are more independent? Do we get the anticipated outcomes? Research shows us quite the reverse is true.

English children who slept alone were more fearful than children who co-slept. A survey of college-age subjects reports males who had co-slept to have higher self-esteem, and have less guilt and anxiety. For women, co-sleeping was associated with easier physical contact and affection as adults. Other studies have found that having co-sleep pro-moted confidence, self-esteem and intimacy and better relationships with teachers and less dependence.

The feeding of baby milks in bottles with artificial teats also contributes to our independent sleeping crisis. This too is an actively promoted practice and is often perceived to be without harm. Studies which include analysis with infant feeding show that for artificially fed and sole sleeping infants, SIDS (crib death as it was originally called) is at an increased risk. The risk of SIDS also increases with parental smoking, legal and illegal drug use, as well as overdiagnosing children. While in societies where co-sleeping is the norm, SIDS is a rare phenomenon.

A recent longitudinal study*, that followed 154 infants for a period of 3 years, notes in its conclusions that professionals should be cautious about issuing warning to parents regarding bed-sharing. “There is at present no evidence linking this practice, when engaged responsibly, with any sort of problematic outcome.” The authors question the assumption that solitary sleep is safer and more beneficial to children’s well-being. Rather than issue warnings, a discussion with parents about the practice is far more bene-ficial.

“Co-sleeping has opened my eyes as a mother to the need for my daughter to be close to me both during the day as well as the evening hours, even though she’s sleeping, she still senses my presence near her and is calmer, and more relaxed because of it and I don’t have the worry as to whether she is getting enough food,” notes Donna Iensen.

North American medicalization of both infant sleeping and feeding raises the important question of how far we have evolved from the biological norm. Some interesting research shows us the absurdity and severity of solo sleeping and bottle feeding infants.

Human infants are low-toxic, frequent suckling species and psychologically adapted for close mother-baby contact, essential for the baby’s optimal development and to maintain the mother’s milk supply notes the author. By separating the sleep logs and interviewing parents (253 families) on infant feeding and co-sleeping, the author demonstrates a clear beneficial relationship between bed-sharing and breastfeeding. At age three months, breastfed infants received night feedings 2 to 3 times per night compared to less than one feed for the formula fed infants. They also found a significant relationship between bed-sharing and duration of breastfeeding and conclude that the data supports the positive impact of bed-sharing on breastfeeding.

Detailed analysis of the nighttime breastfeeding patterns of 20 co-sleeping mother and baby pairs found that routine bed-sharing infants breastfed three times longer than infants who routinely sleep separately. The authors suggest that in fact the longer breastfeeding episodes could be protective against SIDS, as breastfeeding has an overall positive impact on reducing the incidence of SIDS. McKenna also raises the question: Does sleeping alone create individuals who are more independent? Do we get the anticipated outcomes? Research shows us quite the reverse is true.

Abstracts


Infants who are fed infant formulas reconstituted with fluoride-containing water have been reported with increased incidence of dental fluorosis. Consumption of fluoride may range from 150 to 200 times greater for infants fed powdered formulas than for those who are breastfed. The authors set out to study the relationship between the “prevalence and severity of fluorosis” and infant feeding practices. There was no fluoridation in the water system in the community study area (Wellington-Dufferin-Guelph Public Health Unit)

Data was obtained for a total of 1,739 children aged 7 to 8 years who were screened for fluorosis and parents filled out a questionnaire regarding early feeding practices. Breastfeeding was reported for 67 per cent of the children - 37.3 per cent for less than six months; 24.6 per cent for 6 to 12 months and 7.8 per cent for more than 12 months. Fluorosis was dose related to the duration of breastfeeding - the longer the breastfeeding, the lower the presence of fluorosis. Formula feeding was reported by 24 per cent of the parents with 59.3 per cent reporting reconstituted with tap water. Using multivariate analysis the authors concluded that the longer the breastfeeding, the lower the risk of fluorosis, and that in both fluoridated and non-fluoridated communities breastfeeding has a protective effect. They also concluded that the dental profession should increase efforts to support breastfeeding.


Another study that affirms that not breastfeeding has a detrimental impact on the full potential of cognitive development. Using the Bayley Mental and Psychomotor Development Indices these Spanish researchers set out to determine the impact of breastfeeding and formula feeding on cognitive and motor development at 18 months of age. For infants breastfed for up to 4 months, the mean score in mental development indices was 4.7 points greater than for formula fed infants. When the infants who were breastfed longer than 4 months were included in the sample, the difference was 7.2 points. Including parental IQ as a confounding variable accounted for less than 1 per cent of the difference and remained statistically significant for all 4 months. (Note - the authors included those partially breastfed in their breastfeeding cohort - exclusive breastfeeding may demonstrate an even greater positive effect of breastfeeding on cognitive outcome.)


How is breastfeeding affected when solids are introduced and when formula is introduced? These authors from Sweden studied 506 mother-baby pairs to compare the changes in patterns and duration of breastfeeding. They found that the introduction of solids was associated with little or no change in breastfeeding patterns and frequency and duration. Frequency remained constant after the first month of introducing solids and then began to decline slowly and suckling duration started to decline. Slowly, after solids were introduced. Interestingly they found no effect on breastfeeding duration when solids were introduced. When formula was introduced, the impact on sucking and frequency was both. Both frequency and suckling duration declined rapidly. As well they determined that the earlier the introduction of the formula, the shorter the breastfeeding duration. In conclusion they noted that the introduction of solids can be done with the protection of breastfeeding and that health care workers need to be aware of the impact on breastfeeding of introducing solids.
Safe Co-Sleeping

Although breastfeeding mothers safely co-sleep with their infants, this age-old practice is frequently under attack. Safe co-sleeping is often confused by many myths and attitudes and evaluated with sleeping arrangements that do place infants at risk. A case in point is a new study published by Dr. James Kemp. The Kemp study notes that the risk of suffocation was up to 40 times higher for infants who sleep in adult beds when compared with cribs. What the study failed to do was differentiate between breastfeeding and formula fed babies. In addition, the study did not identify any risk factors associated with parental behaviours including smoking, alcohol or drug consumption (both legal and illegal) and illness.

Rather than placing babies at risk, co-sleeping and breastfeeding have been shown to lower the risk of SIDS and is recommended by the UNICEF UK Baby Friendly Initiative and the UK Foundation for the Study of Infant Deaths.

According to the UNICEF guide, “Sharing a bed with your baby”, co-sleeping can make breastfeeding easier because it allows an infant to nurse on demand and to sleep facing their infant, which helps protect the baby from being covered by bedding or pillows.


Mothers Read Between the Lines

Although seemingly trivial, advertisements and the media’s portrayal of parental roles have a powerful impact on parental decision-making. To foster a breastfeeding culture, these latent messages need to utilize the scientific evidence that is available for the promotion of optimal parenting practices - including infant feeding.

A case in point is recent TV commercials marketing library services to a mainstream audience that contained a baby bottle prominently displayed. In response, INFACT Canada board member Kim Hancock, the Director of Library Services for the Western Health Care Corporation in Corner Brook, Newfoundland wrote to the Calgary Public Library to point out that the “image suggests that bottle feeding is the ‘norm’ for infant nutrition.” She also points out in her letter that: “As a public library with a vested interest in a population who has been provided with the opportunity to reach their highest potential for literacy, there comes a responsibility to not inadvertently promote health behaviours / decisions which ultimately have a negative impact on IQ and reading abilities. The ‘Breastfeeding: Bringing Evidence to Practice’ conference held November 7-8 2003 provided participants with validated medical evidence that formula feeding is associated with lower IQ’s.”

Hancock went on to say: “I urge you to consider changing your advertisement to remove the image of the baby bottle. Alternatives include a mother nursing her baby in the library - either while using the computer, or while reading a book to her toddler while nursing [her] infant.”

Mark your Calendars for

The 14th Annual National Breastfeeding Seminar
Breastfeeding: Understanding the Ethical Issues
June 3 & 4, 2004

In order to ensure infant safety, UNICEF recommends the following common sense precautions while co-sleeping:

- Mattresses should be firm, flat and clean.
- Babies should not be allowed to get too warm. Babies should not be over-dressed; bedroom temperature should be between 16 and 18 degrees Celsius.
- Mothers who are ill, or who are taking medication that might affect their ability to respond to baby, should temporarily discontinue co-sleeping.
- Sheets and blankets are recommended over duvets and quilts.
- Mothers should ensure that infants cannot get stuck between the mattress and the wall or fall out of bed.
- Ensure that others who are sharing the bed (i.e. partner, older children) are aware of the infant’s presence.
- Pets should not be allowed to share the bed.

For further information about the benefits of co-sleeping, visit www.babyfriendly.org.uk/parents/leaflets

For information on how to protect against SIDS, go to: www.sids.org.uk

UNICEF UK Baby Friendly Initiative, 2003

Thyme For Some Action

Thyme Maternity, a Canadian maternity clothing retailer, is currently running a contest in which the winner receives an RESP for their child from the Canada Savings Bond Trust Plan. Numerous members have reported that a recent company catalogue contains an application for the contest that includes the question “Would you like to receive a free sample of Nestlé Goodstart?” This promotion is a blatant violation of the International Code of Marketing of Breast-milk Substitutes, and undermines the protection of breastfeeding. It also contradicts statements on Thyme Maternity’s website which praises breastfeeding as the optimal method of feeding a baby. The contest application, assuming it is shared by Thyme with Nestlé, gives the infant formula company access to the names, addresses and phone numbers of hundreds, if not thousands, of new and expectant mothers. Please contact Thyme Maternity and let them know that a company who claims to be looking after the interests of mother and baby has no business doing business with Nestlé.

Thyme Maternity
250 Souve West
Montreal Quebec
H3L 1Z2

customers@maternity.ca
Formula Deaths Raise Concerns About Manufacturing Safety

C ontroversy and fear arose recently in Israel and worldwide with the discovery that a kosher soy formula lacked the required amount of Vitamin B1 - thiamine - resulting in the deaths of three infants. The deficient formula has also been associated with the potentially fatal brain damage in at least ten other babies. Remedia, the formula produced by the German company Humana Milchunion, boasts H. J. Heinz Co. as a primary shareholder.

Thiamine, an essential B vitamin, is a required ingredient in baby formula needed to support the growth and development of the nervous system. Lack of this vitamin over a continuous period of approximately 18 days can cause severe brain damage and even death. The infants who died had symptoms of brain damage - diarrhea, vomiting, and restlessness - as did the other children who became ill. All had been fed the deficient Remedia kosher soy formula.

Reports indicate that the manufacturer of the product, Humana Milchunion, failed to add the proper amount of 385 micrograms of thiamine per every 100 grams of formula. Instead they added only 29-37 micrograms per 100 grams, even though the product label indicated 385 micrograms. According to Remedia, Humana Milchunion was under the mistaken impression that soybeans contained enough thiamine to warrant a removal of the essential vitamin without proper verification.

These tragic deaths again call into question the safety of formula feeding and the need to warn parents of its risks. Not only does formula lack the immunological benefits of breastmilk, but it may contain contaminants, such as Enterobacter sakazakii. Parents need to be fully informed regarding the choice to formula feed. Furthermore, the refusal of many governments to regulate these products according to the International Code of Marketing of Breastmilk Substitutes, aggravates the problem. Much of the time families buy a product without any knowledge of what it contains. In addition to these reoccurring concerns about the safety of labelling, the Remedia issue only adds more uncertainty.


Jamaican Health Minister: Globalization a Threat to Breastfeeding

J ohn Junior, Jamaica’s Minister of Health, cautioned about the negative impact of globalization on breastfeeding during the launch of Jamaica’s National Breastfeeding Week in September.

According to an article in the Jamaican Observer Reporter, Minister Junior said, “World Trade Organization priorities, and preserving the economic interest of the developed world and international co-operation are major areas of focus, many times putting profit ahead of mother-to-child public health programs. The issues affecting mothers and children are therefore often suppressed by these realities and, because of this, we must guard against the weakening of the International Code of Marketing of Breast-milk Substitutes which could be endangered by these processes.”

“The onus is on us to preserve and promote the breast feeding culture for the health and well being of all our mothers and babies while at the same time promoting peace and justice,” he concluded.

Fitzroy Henry, nutritionist and director of the Caribbean Food and Nutrition Institute (CFNI), echoed Junior’s concerns. “In this globalized environment, the need for economic gain puts profit before people -- a major problem for social sectors such as health and the needs of mothers and children are easily jeopardized,” he warned. “Breastfeeding-friendly practices can be lost while the commercialization of infant-feeding practices, through breast-milk substitutes, could become the norm -- therefore we must be vigilant.”

Henry warns that the International Code can be manipulated and interpreted as a restriction of the right of formula manufacturers to compete freely in the marketplace. He also maintains that the baby food industry has attempted to mislead people into thinking that the Code is no longer valid. Henry urges public and private investment in the promotion of breastfeeding to reverse declining breastfeeding practices. He recommends that the financial case in favour of breastfeeding must be promoted and cites savings and reduced expenditure on formula, lower net food cost to households, and lower overall health care costs.

Based on Henry’s figures, the cost of giving breast-milk substitutes to a three-month old infant was estimated in 1991 at 90 per cent of the salary of a minimum wage earner; 78 per cent of a community health aid’s salary; 36 per cent of a clerk’s; 26 per cent of a teacher’s and 22 per cent of a registered nurse’s salary. He argued that it was important for these estimates to be done again, in order to see the real cost of not breastfeeding.

Source: Jamaica Observer Reporter, September 18, 2003

Drug Companies Push to Influence Cochrane Collaboration

T he Cochrane Collaboration will debate the issue of conflict of interest at the Annual Cochrane Colloquium in Barcelona in November. The Cochrane Collaboration is an international non-profit and independent organization, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions.

The Collaboration’s rulebook currently stipulates “direct funding from single source with a vested interest in the results of the review is not acceptable.” Supporters of drug company sponsorship believe that the Cochrane needs commercial support and could benefit from companies’ perspectives. Opponents say sponsorship will influence research agendas and damage the Collaboration’s independence and integrity.

The Cochrane debate comes at a time when there is a growing body of evidence that industry funding is associated with favourable outcomes. Evidence was presented earlier this year in two large systematic reviews. Bekelman et al found a “significant association between industry sponsorship and pro-industry conclusions” in biomedical research. Lexchin et al showed that studies sponsored by pharmaceutical companies were four times more likely to have outcomes favouring the sponsors’ products when compared with studies funded by other sources.


Globalization a Threat to Breastfeeding

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INFACT Canada's Ben Spurr hands out Nestlé brochures at Dundas Square. This demonstration was one of the first steps towards what INFACT Canada hopes will be a revitalized Canadian Nestlé Boycott campaign. In the next few months, INFACT will be monitoring Nestlé’s activities and taking action against the company whenever possible. To keep up to date with all Nestlé Boycott news, join the INFACT Canada Nestlé Boycott mailing list by going to the Boycott section on our website at www.infactcanada.ca.

Join the Nestle Boycott mailing list! email us at: ben@infactcanada.ca for regular updates on the campaign. Nestle Boycott action kit coming soon!

Australia's comedians, Kate Langbroek, made television history in September when she, as a celebrity breastfed on national television. Ms. Langbroek was making her first television appearance after the birth of her son six weeks earlier. When he got hungry, she fed him.

This perfectly normal act has stirred up quite a controversy in Australia, a country known for its support of breastfeeding. While some entertainers are critical of Ms. Langbroek’s actions, Lee King, director of the Australian Breastfeeding Association, is calling for more role models.

Dr. Bruntland went on to say that their IQ can be potentially lowered by a few points and they are at greater risk of infections and [at] a greater risk of asthma [and] allergies."

The rest, as they say, is history. The Norwegian example provides an excellent model for Canada, which already has many advantages in place. What is missing is the structural, financial and governmental support that will ensure that breastfeeding is accepted as the norm. In order to match Norway's success, we need political leadership to uphold the provisions of the International Code, including legislation to ban the advertising and promotion of formula, as well as adequate funding for promotion and training of health care professionals.

Australian Breastfeeding Gets Star Quality

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INFACT Canada Embarrasses Nestlé

When Nestlé staged a new product promotion at Toronto’s Dundas Square in October, INFACT Canada was on hand to confront company representatives. For the several Nestlé executives in attendance, it soon became obvious that the company’s claim that “…there is no longer any significant boycott activity” is not true in Ontario’s capital. Having a seven-foot banner that read “Stop Baby Bottle Deaths, Boycott Nestlé”, INFACT employees and a group of boycotters took to the square and began handing out leaflets and stickers to those looking for a free sample of Nestlé chocolate milk.

Most were eager to learn why Nestlé was being targeted and were shocked to hear about the company’s deplorable behaviour. In all, close to a thousand people were informed about the boycott, with our health legislation conform to the WHD International Code of Marketing of Breast-milk Substitutes and subsequent relevant Resolutions of the WHA. Our goal is to ensure that marketing restrictions and informative labeling be in place to support breastfeeding and optimal complementary feeding practices.

Key issues of concern include:

• Advertising restrictions as required by the International Code for infant foods
• Labelling (as defined to include all packaging materials, shelf talkers, brochures and anything accompanying the infant formula product) that is informative and does not idealize infant formula and infant foods
• No nutrition and health claims for infant formulas and foods for infants and young children

Background materials for the review are on Health Canada’s website at: http://renewal.hc-sc.gc.ca

For more information, contact the INFACT Canada office 416-595-9819, or email Elisabeth Sterken at esterken@infactcanada.ca.

Norway Leads Industrial Nations Back to Breastfeeding

A n astounding 99 percent of Norwegian mothers breastfeed their newborns. Six months later, 80 percent are still breastfeeding. These amazing success rates are the result of a grassroots campaign that began more than thirty years ago. Convinced that breastmilk was better than formula, Elisabeth Helsing led the campaign by writing a light-hearted guide to breastfeeding in 1970. She asked a local health official - a young Gro Harlem Bruntland - if she would consider printing the booklet. The rest, as they say, is history.

Dr. Bruntland went on to become Norway's prime minister and received world acclaim as an architect of sustainable development and head the World Health Organization. In Norway, Dr. Helsing’s efforts led to the creation of several mother-to-mother support groups that ultimately stoked a national increase in breastfeeding.

Government funding supplied training for hospital staff, encouraging the establishment of baby-friendly practices.

Today, mothers breastfeed anywhere, anytime - on buses, in parks, cafes and stores. Norway’s extended maternity benefits support breastfeeding mothers, who receive 10 months leave at full pay or 12 months leave at 80 percent pay. Women are also entitled to return to work after two hours off a day to breastfeed their child, either at home or in the office, and women are also allowed to breastfeed at their desks.

Formula, once a staple in maternity wards, is conspicuously absent. Formula advertising is banned. And since formula is rarely used, stores only stock a very limited amount. The baby bottle, once an icon on shower invitations and other baby items, is rarely seen.

Norwegian mothers say everything about their culture compels them to breastfeed. “It’s something that is part of being a mother,” said Anne Baerug, the project leader for Norway’s National Breast-Feeding Centre.

The Norwegian example provides an excellent model for Canada, which already has year-long maternity benefits in place. What is missing is the structural, financial and governmental support that will ensure that breastfeeding is accepted as the norm. In order to match Norway’s success, we need political leadership to uphold the provisions of the International Code, including legislation to ban the advertising and promotion of formula, as well as adequate funding for promotion and training of health care professionals.

The Maternity Protection Campaign Kit: A Breastfeeding Perspective

The Maternity Protection Coalition (a joint effort of IBFAN, ILCA, Linkages and WABA) has put together The Maternity Protection Campaign Kit: A Breastfeeding Perspective with technical input from IMCH and UNICEF.

The kit's aim as an action tool is for groups and individuals wishing to promote maternity protection at the workplace, ... in which these campaigns can work together- length of leave, timing of leave, financial and health benefits for example.

Towards Healthy Environments for Children: Frequently asked questions about breastfeeding in a contaminated environment

In an easy-to-understand, Question & Answer format, a new fact sheet, Towards Healthy Environments for Children: Frequently asked questions about breastfeeding in a contaminated environment, provides critical information. It addresses such questions as should mothers worry about chemical contamination, why chemicals find their way into breastmilk and can chemical pollution harm breastfed babies. It also outlines how the media and baby food manufacturers use the pollution of breastmilk as a pressure point to promote formula.

The FAQ fact sheet is a collaborative effort between IBFAN, LLLI, Linkages and WABA, and was prepared by Penny Van Esterik of York University. It states,

“The existence of chemical residues in breastmilk is not a reason for limiting breastfeeding. In fact, it is a reason to breastfeed because breastmilk contains substances that help children develop a stronger immune system and gives protection against environmental pollutants and pathogens.”

Towards Healthy Environments for Children: Frequently asked questions about breastfeeding in a contaminated environment, is available in print form from the INFACT Canada office, and will be available for download in a PDF format from the INFACT Canada website at:

www.infactcanada.ca

Wyeth convicted of illegal advertising

The British Court found formula giant Wyeth, the parent company of SMA Nutrition, guilty of illegal advertising on July 8th. Wyeth, the second largest baby milk manufacturer in the world, had challenged the British government's right to regulate the marketing of baby milk products. The decision effectively outlaws similar advertisements by other baby food companies.

In his decision, Judge Ross said, "The Defendants have deliberately crossed the line in an effort to advertise directly to a vulnerable section of society. This is a cynical and deliberate breach of regulations."

The Judge fined Wyeth/SMA a total of £26,000 ($58,000 Cdn.) plus costs of £34,808 ($78,000 Cdn.). He found that Wyeth/SMA had not exercised due diligence and that SMA Director, Graham Crawford, had been "extraordinarily evasive throughout his cross-examination and that his expertise was rather less than he wanted me to believe."

Wyeth, makers of SMA, convicted of illegally advertising directly to parents in the UK.

In response to the conviction, Patti Rundall, Policy Director of Britain's Baby Milk Action said, "This case has serious implications for infant health and Trading Standards are to be applauded for their courage in pursuing it, especially as they were up against the massive legal and financial resources available to this pharmaceutical giant. We hope that Wyeth will accept the ruling and not cause further expense to the public purse by attempting to have the UK ban on advertising scrapped."

For more information, visit the IBFAN website at www.ibfan.org

Source: IBFAN (www.ibfan.org/english/News/Press/Press31July03.html) Guardian 03.08.01, Birmingham Post 03.07.31, Food Navigator 03.08.05

Wyeth convicted of illegal advertising

What You Can Do:

- Obtain a copy of HealthWise or Baby Matters from Loblaw's store across Canada and send your comments to: healthwise@albn.com.
- Write Galen Weston and let him that he shouldn't make promises he won't keep!
- Mr. Galen Weston Chairman and President George Weston Ltd. 22 St. Clair Avenue East Suite 1801 Toronto, Ontario M4T 2S8

The next 18-hour Lactation Management Courses will be held in Toronto January 29 - 31, 2004 May 14 - 16, 2004

For more information, to register for a Toronto course, or to book a training in your area call INFACT Canada - 416-595-9819

Source: INFACT (www.infactcanada.ca) INFACT Canada Newsletter Spring 2003 • Page 11
Examining this year's theme, Breastfeeding in a Globalized World for Peace and Justice, enabled the breastfeeding community to recognize and focus locally on global issues surrounding the protection and support of breastfeeding. It offered an occasion to consider the challenges and opportunities raised by globalization, while identifying the tools that are available to alleviate these challenges. Identification of these tools for action aids in our understanding of their practical application and implementation.

Globalization has expanded the power of corporations to market and advertise their products and female breasts have become key marketing tools. Corporations continue to claim health benefits that are unproven, or are misleading and inaccurate claims, the dissemination of misleading information, and marketing promotions that idealize bottle feeding.

Furthermore, globalization deepens concerns about the contamination of breastmilk through global pollution. Despite this, breastfeeding is the optimal feeding offers additional immunological benefits that other foods cannot provide. As well, mothers and babies in situations of poverty and emergencies do not need cases of formula dropped as humanitarian aid. Instead, they need to be supported, without intervention from the infant formula industry with out intervention, of humanitarian aid workers to breastfeed - a free and sustainable act.

Human rights are always of grave concern. Women continue to suffer injustices in public places because they assert their assertion of their right to breastfeed - a free and sustainable act. Human rights are always of grave concern. Women continue to suffer injustices in public places because they assert their assertion of their right to breastfeed - a free and sustainable act.
Breastfeeding Challenge Update

This year’s Quintessence Breastfeeding Challenge was bigger and better than ever before. More than 2200 breastfeeding pairs and their families participated in the event that took place at 134 sites in 20 provinces, territories and states across North America. Challenge organizer Frances Jones says that she is delighted with the numbers that show a dramatic increase over last year and is pleased that eight US states joined the Challenge for the first time.

“The Challenge fostered more discussion about breastfeeding issues than we’ve ever had before,” said Jones. “The idea that all these different sites and organizers put their hearts and souls into promoting breastfeeding and supporting women is inspiring.”

“Some breastfeeding women are still too uncomfortable to nurse in public,” she added. “Women should be welcomed to breastfeed anywhere and anytime. The Challenge reinforces the need for community support.”

Plans are already underway for next year’s challenge. Organizers hope to simplify the process and save a few trees by offering online registration. The goal is to have every province, territory, and state participate.

Whitehorse wins again!

Top honors in the Breastfeeding Challenge were awarded to Whitehorse again this year. Brenda Dedon, Community Health Nurse at the Whitehorse Health Centre and coordinator of this year’s challenge, credits lots of advertising and building on last year’s success as the keys to the Whitehorse victory.

“Nothing succeeds like success. Being last year’s winner helped,” said Dedon. “The trick is to have lots of verbal contact with breastfeeding moms through public health centres and clinics.”

Dedon reports that they had plenty of repeat customers, with babies ranging in age from 9 days to 27 months. What’s particularly exciting is that the majority of the babies (56%) were more than six months old, and half of those were over a year.

Bild says that having the Vancouver Island Health Authority and Breastfeeding Matters, a local promotion group, provide sponsorship for the event really made a difference and provided the essential funding for advertising.

The Breast is Best in Peterborough

A total of 43 breastfeeding mothers and their babies gathered at the Peterborough Galaxy movie theatre for the Challenge. Theatre owners donated the theatre and treated moms to an afternoon matinee. The event got a boost from The Wolf - a local radio station. Wolf DJ Jay Sharp was on hand to act as an official witness and he delighted everyone by donning an INFANT Canada Joey T-shirt. During the event, a copy of the “Breastfeeding Answer Book”, was donated to Rob Devitt, CEO of the Peterborough Regional Health Care Centre. MP Peter Adams made an appearance and gave a brief speech about creating a supportive community for breastfeeding women, and a team of local high school students helped countdown the Challenge.

INFANT Canada member Melisande Neal MC’d the event. She said that the framed appreciation certificates, given to the official witnesses, help carry the message of breastfeeding support into the community. Peter Adams, who also officiated at last year’s event, has received many comments about last year’s certificate that is proudly displayed in his office.

Peeling it off in Peel

Peel Region’s event began with a breastfeeding walk through Streetsville Memorial Park and then moved indoors to the Streetsville Kinsmen and Seniors Centre, thanks to the rain. In total 41 nursing pairs and their families were treated to presentations by Fatima Campos and Penny Van Estenik. Both women addressed breast feeding as a global issue. Penny emphasized the lack of breast feeding statistics in this country.

Victoria wins the day for having the largest number of breastfeeding moms at one site. In total, 109 moms and 112 children and their families gathered at Victoria’s Moss Street Market, an open-air venue that sells organic produce and crafts. This year marked the third Challenge event for Victoria. For the past two years, organizers have rented a local high school auditorium. The goal was to get the event out into the open. Challenge organizer Eva Bild says word of mouth was an important factor in their success. The local press also took a keen interest. Two radio personalities promoted the event beforehand and acted as hosts. They were joined by three city councilors who performed the duty of official witnesses.

Although Hamilton’s event was held on October 2nd, and therefore not officially a part of the Challenge, the City of Hamilton’s Public Health and Community Services Department, Breastfeeding Promotion Work Group hosted a “Latch In” that attracted 63 nursing mothers and 9 non-nursing mothers. A supporting cast of siblings, fathers, grandparents and friends, brought the attendance figures to over 100. It is interesting to note that non-nursing women of child-bearing age were invited. Organizers hope that event will encourage these moms to breastfeed any subsequent children.

The event included 11 displays featuring family-friendly community resources that were set-up in the theatre lobby. Dr. Moyez Ladhani, Deputy Chief of Pediatrics from St. Joseph’s Healthcare, and Jennifer Mossop, a breastfeeding mom and newly elected member of the Ontario Legislature, both gave speeches before the main event. (In total, organizers collected more than 48 door prizes, including 20 free movie passes and resources from INFANT Canada that were awarded at the event.)

Cheryl Morrow, one of the event organizers reports, “Some of the moms asked us if we could do this every week they had such a good time!”

CTV, CityTV and Now Magazine that helped to further the promotion of breastfeeding awareness. Thanks to everyone who attended.

Hamilton Latches On!

Whitehorse again this year. Brenda Dedon, Community Health Nurse at the Whitehorse Health Centre and coordinator of this year’s challenge, credits lots of advertising and building on last year’s success as the keys to the Whitehorse victory.

“Nothing succeeds like success. Being last year’s winner helped,” said Dedon. “The trick is to have lots of verbal contact with breastfeeding moms through public health centres and clinics.”

Dedon reports that they had plenty of repeat customers, with babies ranging in age from 9 days to 27 months. What’s particularly exciting is that the majority of the babies (56%) were more than six months old, and half of those were over a year.

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Hamilton Latches On!
Breastfeeding Challenge Update

This year’s Quintessence Breastfeeding Challenge was bigger and better than ever before. More than 2200 breastfeeding pairs and their families participated in the event that took place at 134 sites in 20 provinces, territories and states across North America. Challenge organizer Frances Jones says that she is delighted with the numbers that show a dramatic increase over last year and is pleased that eight US states joined the Challenge for the first time.

“The Challenge fostered more discussion about breastfeeding issues than we’ve ever had before,” said Jones. “The idea that all these different sites and organizers put their hearts and souls into promoting breastfeeding and supporting women is inspiring.”

“Some breastfeeding women are still too uncomfortable to nurse in public,” she added. “Women should be welcomed to breastfeed anywhere and anytime. The Challenge reinforces the need for community support.”

Plans are already underway for next year’s challenge. Organizers hope to simplify the process and save a few trees by offering online registration. The goal is to have every province, territory, and state participate.

Whitehorse wins again!

Top honors in the Breastfeeding Challenge were awarded to Whitehorse again this year. Brenda Dedon, Community Health Nurse at the Whitehorse Health Centre and coordinator of this year’s challenge, credits lots of advertising and building on last year’s success as the keys to the Whitehorse victory.

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Dedon reports that they had plenty of repeat customers, with babies ranging in age from 9 days to 27 months. What’s particularly exciting is that the majority of the babies (56%) were more than six months old, and half of those were over a year. Dedon notes that many of the parents who participated last year were inspired to continue to nurse in order to participate in this year’s Challenge.

“We are seeing a trend toward longer feeding since most moms have a year off,” said Dedon. “Some breastfeeding women are still too uncomfortable to nurse in public.”

Whitehorse’s winning team

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WHO/UNICEF to see how we are doing.”

Families gather at Toronto’s Holy Trinity

INFACT Canada hosted the downtown Toronto site at the picturesque Church of the Holy Trinity. A group of 24 mother and baby pairs were joined by a host of fathers, grandfathers, siblings and friends for our inaugural event. We were particularly pleased with the amount of media coverage we received from

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Loblaws falls short on promise to be Code compliant.

On April 30th, 2003, INFACT Canada staff member Suzanne Elston joined members of Greenpeace at the Loblaw Companies Annual General Meeting. INFACT had been invited to the event to help Greenpeace launch its new booklet, “How to Avoid Genetically Engineered Foods.” Greenpeace had purchased shares in the company to enable them to address the shareholder’s meeting. Holding a Greenpeace proxy, Suzanne was able to ask Loblaw’s CEO Galen Weston if he was aware that the booklet Baby Matters which had been freely distributed in Loblaw’s stores across Canada, violated the World Health Organization’s International Code of Marketing of Breast-milk Substitutes.

Mr. Weston invited INFACT to meet with Loblaw’s Vice President of Industry & Investors Relations Geoff Wilson, and Senior Director of Pharmacy Frank Kwiecień, to discuss how Loblaw’s could become Code compliant. At a meeting on May 9th, Mr. Wilson and Mr. Kwiecień were provided with substantial information about the International Code and its importance to infant health. It was clearly outlined how the Loblaw’s brochure, Baby Matters, violated the International Code. Wilson and Kwiecień were encouraged to seek alternative advertisers for the booklet and were provided with a few Code-friendly suggestions.

Subsequent to the meeting, further information was sent to clarify the roles and responsibilities of retailers, and reiterate exactly what was and wasn’t acceptable in terms of advertising and content in any future publications.

INFACT responded by carefully pointing out where the booklet was in violation of the International Code and how the language of the articles it contained was detrimental to the support of breastfeeding. The content errors were corrected and a negative article on breastfeeding was replaced with information from the La Leche League website. However, when HealthWise was finally printed, the booklet still contained two full-page ads for formula and a full-page advertisement for Avent, makers of baby bottles and other related equipment.

What’s puzzling is why Loblaw’s went so far to improve the content of the booklet, and then felt short of fully complying with the International Code in its advertising. The changes that were made held up the publication of the booklet for several weeks and involved fairly extensive (and likely expensive) revisions. But because of the advertising, the final product violates the International Code and Loblaw’s inherent responsibility as both a manufacturer and distributor of infant foods - something that Galen Weston promised would not happen. As Article 11.3 of the International Code clearly states,

“Independent of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aims of this Code, and for taking steps to ensure that their conduct at every level conforms to them.”

On July 16th, INFACT Canada sent a letter to Mr. Weston requesting that the 250,000 copies of the booklet still contain two full-page ads for formula and a full-page advertisement for Avent, makers of baby bottles and other related equipment.

Continued on pg. 11

Celebrating World Breastfeeding Week 2004

“Exclusive breastfeeding: the gold standard - safe, sound and sustainable”

World Breastfeeding Week 2003 Summary

Examining this year’s theme, Breastfeeding in a Globalized World for Peace and Justice, enables the breastfeeding community to recognize and focus locally on global issues surrounding the protection and support of breastfeeding. It provided an occasion to consider the challenges and opportunities raised by globalization, while identifying the tools that are available to alleviate these challenges. Identification of these tools for action aids in our understanding of their practical application and implementation.

Globalization has expanded the power of corporations to market and advertise their products and female breasts have become key marketing tools. Increasingly, there is a need for people to consider the issues that affect us worldwide and use the knowledge gained to aid in the society in which they live. Through the protection and encouragement of a supportive view of breastfeeding, we can achieve cultures that enable all women to breastfeed. In the end we all benefit.
The Maternity Protection Campaign Kit: A Breastfeeding Perspective

The Maternity Protection Coalition (a joint effort of IBFAN, ILCA, Linkages and WABA) has put together The Maternity Protection Campaign Kit: A Breastfeeding Perspective with technical input from IMCH and UNICEF. The kit's aim as an action tool is for groups and individuals wishing to promote maternity protection at the workplace, ... in which these campaigns can work together - length of leave, timing of leave, financial and health benefits for example.

The kits are available from INFACT Canada.

Towards Healthy Environments for Children: Frequently asked questions about breastfeeding in a contaminated environment

The British Court found formula giant Wyeth, the parent company of SMA Nutrition, guilty of illegal advertising on July 8th. Wyeth, the second largest baby milk manufacturer in the world, had challenged the British government’s right to regulate the marketing of baby milk products. The decision effectively outlaws similar advertisements by other baby food companies.

In his decision, Judge Ross said, “The Defendants have deliberately crossed the line in an effort to advertise directly to a vulnerable section of society. This is a cynical and deliberate breach of regulations.”

The Judge fined Wyeth/SMA a total of £26,000 ($58,000 Cdn.) plus costs of £34,808 ($78,000 Cdn.). He found that Wyeth/SMA had not exercised due diligence and that SMA Director, Graham Crawford, had been "extra-ordinarily evasive throughout his cross-examination and that his expertise was rather less than he wanted me to believe."

Wyeth, makers of SMA, convicted of illegally advertising directly to parents in the UK.

In response to the conviction, Patti Rundall, Policy Director of Britain’s Baby Milk Action said, “This case has serious implications for infant health and Trading Standards are to be applauded for their courage in pursuing it, especially as they were up against the massive legal and financial resources available to this pharmaceutical giant. We hope that Wyeth will accept the ruling and not cause further expense to the public purse by attempting to have the UK ban on advertising scrapped.”

For more information, visit the IBFAN website at www.ibfan.org

Wyeth convicted of illegal advertising
Canada Health Protection Act alert

Health Canada is currently reviewing its various health and nutrition legislations to develop a new act, the Canada Health Protection Act (CHPA). As part of the process, public consultations will be held across the country. INFACT Canada members are encouraged to participate in these consultations to ensure that public health interests and needs are foremost and not hijacked by the economic interests of the pharmaceutical, infant formula and food companies. The use of infant formula for the protection of breast-feeding need to lobby Health Canada on the importance of having our health legislation conform to the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant Resolutions of the WHA. Our goal is to ensure that marketing restrictions and informative labeling be in place to support breastfeeding and optimal complementary feeding practices.

Key issues of concern include:
- Advertising restrictions as required by the International Code for infant foods
- Labelling (as defined to include all packaging materials, shelf talkers, brochures and anything accompanying the infant formula product) that is informative and does not idealize infant formula and infant foods
- No nutrition and health claims for infant formulas and foods for infants and young children

Background materials for the review are on Health Canada’s website at: http://renewal.hc-sc.gc.ca

For more information, contact the INFACT Canada office 416-595-9819, or email Elisabeth Sterken at esterken@infactcanada.ca

INFACT Canada Embarrasses Nestlé

When Nestlé staged a new product promotion at Toronto’s Dundas Square in October, INFACT Canada was on hand to confront company representatives. For several Nestlé executives in attendance, it soon became obvious that the company’s claim that “…there is no longer any significant boycott activity” is not true in Ontario’s capital. Having a seven-foot banner that read “Stop Baby Bottle Deaths, Boycott Nestlé”, INFACT employees and a group of boy-cotters took to the square and began handing out leaflets and stickers to those looking for a free sample of Nestlé chocolate milk.

Most were eager to learn why Nestlé was being targeted and were shocked to hear about the company’s deplorable behaviour. In all, close to a thousand people were informed about the boycott, with many instantly pledging to boycott Nestlé. At least one person poured his cup of chocolate milk on the ground after speaking with an INFACT employee.

This demonstration was one of the first steps towards what INFACT Canada hopes will be a revitalized Canadian Nestlé Boycott campaign. In the next few months, INFACT will be monitoring Nestlé’s activities and taking action against the company wherever possible. To keep up to date with all Nestlé Boycott news, join the INFACT Canada Nestlé Boycott mailing list by going to the Boycott section on our website at www.infactcanada.ca.

Join the Nestle Boycott mailing list! email us at: ben@infactcanada.ca for regular updates on the campaign. Nestle Boycott action kit coming soon!

INFACT Canada Ben Spurr hands out Nestlé brochures at Dundas Square.

Despite the fact that Dundas Square is a public space, the boy-cotters were confronted by security several times, and told they were not legally allowed to pass out leaflets. This did not stop INFACT from approaching people as they entered and left the square making sure that everyone Nestlé tried to entice with chocolate milk was given a glimpse of the less savoury side of the corporation.

Norway Leads Industrial Nations Back to Breastfeeding

An astounding 99 percent of Norwegian mothers breastfeed their newborns. Six months later, 80 percent are still breastfeeding. These amazing success rates are the result of a grassroots campaign that began more than thirty years ago. Convinced that breastmilk is better than formula, Elisabeth Helsing led the campaign by writing a light-hearted guide to breastfeeding in 1970. She asked a local health official - a young Gro Harlem Bruntland - if she would consider printing the booklet. The rest, as they say, is history.

Dr. Bruntland went on to become Norway’s prime minister and received world acclaim as an architect of sustainable development and the head of the World Health Organization. In Norway, Dr. Helsing’s efforts led to the creation of several mother-to-mother support groups that ultimately stoked a national increase in breastfeeding. Government funding supplied training for hospital staff, encouraging the establishment of baby-friendly practices.

Today, mothers breastfeed anywhere, anytime - on buses, in parks, cafes and stores. Norway’s extended maternity benefits support breastfeeding mothers, who receive 10 months leave at full pay or 12 months leave at 80 percent pay. Women who return to work are given two hours off a day to breastfeed their child, either at home or in the office, and women are also allowed to breastfeed at their desks.

Formula, once a staple in maternity wards, is conspicuous by its absence. Formula advertising is banned. And since formula is rarely used, stores only stock a very limited amount. The baby bottle, once an icon on shower invitations and other baby items, is rarely seen.

Norwegian mothers say everything about their culture compels them to breastfeed. “It’s something that is part of being a mother,” said Anne Baerug, the project leader for Norway’s National Breast-Feeding Centre.

The Norwegian example provides an excellent model for Canada, which already has many beneficial laws in place. What is missing is the structural, financial and governmental support that will ensure that breastfeeding is accepted as the norm. In order to match Norway’s success, we need political leadership to uphold the provisions of the International Code, including legislation to ban the advertising and promotion of formula, as well as adequate funding for promotion and training of health care professionals.


Australian Breastfeeding Gets Star Quality

Australian comedian, Kate Langbroek, made television history in September when she, as a celebrity breastfeeding, appeared on national television. Ms. Langbroek was making her first television appearance after the birth of her son six weeks earlier. When he got hungry, she fed him.

“I hope it becomes so unremarkable that there won’t be hysteria when other women do this,” she said.

Dr. Ingrid Tall, president of the Australian Medical Association also supported Langbroek’s actions. And the Australian Breastfeeding Association, is calling for more role models.

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Earlier this year, Australian MP Kristin Marshall made international headlines when she was evicted from Victoria’s Legislature for breastfeeding her 11-day-old daughter. According to officials, Marshall was removed not because she was breastfeeding, but because she brought a non-elected person into the chamber.

Source: Daniel Dayse, AAP, September 19, 2003 Australian Parents website http://azure.zibboy.net/australianparents- viewthread/forum/68threads/106
Formula Deaths Raise Concerns About Manufacturing Safety

Controversy and fear arose recently in Israel and worldwide with the discovery that a kosher soy formula lacked the required amount of Vitamin B1 - thiamine - resulting in the deaths of three infants. The deficient formula has also been associated with the potentially fatal brain damage in at least ten other babies. Remedia, the formula produced by the German company Humana Milchunion, boasts H.J. Heinz Co. as a primary shareholder.

Thiamine, an essential B vitamin, is a required ingredient in baby formula needed to support the growth and development of the nervous system. Lack of this vitamin over a continuous period of approximately 18 days can cause severe brain damage and even death. The infants who died had symptoms of brain damage - diarrhoea, vomiting, and restlessness - as did the other children who became ill. All had been fed the deficient Remedia kosher soy formula.

Reports indicate that the manufacturer of the product, Humana Milchunion, failed to add the proper amount of 385 micrograms of thiamine per every 100 grams of formula. Instead they added only 29-37 micrograms per 100 grams, even though the product label indicated 385 micrograms. According to Remedia, Humana Milchunion was under the mistaken impression that soybeans contained enough thiamine to warrant a removal of the essential vitamin without proper verification.

These tragic deaths again call into question the safety of formula feeding and the need to warn parents of its risks. Not only does formula lack the immunological benefits of breastmilk, but it may contain contaminants, such as Enterobacter sakazakii. Parents need to be fully informed regarding the choice to formula feed. Furthermore, the refusal of many governments to regulate these products according to the International Code of Marketing of Breastmilk Substitutes, aggravates the problem. Much of the time families buy a product without any knowledge of what it contains. In addition to these recurring concerns about the safety of labelling, the Remedia issue only adds more uncertainty.

Celebrate World Breastfeeding Week 2004

"Exclusive breastfeeding: the gold standard - safe, sound and sustainable"

Drugs tied to the results of the review is not acceptable. Supporters of drug company sponsorship believe that Cochrane needs commercial support and could benefit from company sponsorship.

The Cochrane Collaboration will debate the issue of conflict of interest at the Annual Cochrane Colloquium in Barcelona in November. The Cochrane Collaboration is an international non-profit and independent organization, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions.

The Collaboration’s rulebook currently stipulates that funding received from single source with a vested interest in the results of the review is not acceptable. Supporters of drug company sponsorship believe that Cochrane needs commercial support and could benefit from company sponsorship.

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Safe Co-Sleeping

Although breastfeeding mothers safely co-sleep with their infants, this age-old practice is frequently under attack. Safe co-sleeping is often confused by many myths and attitudes and evaluated with sleeping arrangements that do place infants at risk. A case in point is a new study published by Dr. James Kemp. The Kemp study notes that the risk of suffocation was up to 40 times higher for infants who sleep in adult beds when compared with cribs. What the study did fail to do was differentiate between breastfeeding and formula-fed babies. In addition, the study did not identify any risk factors associated with parental behaviours including smoking, alcohol or drug consumption (both legal and illegal) and illness.

In order to ensure infant safety, UNICEF recommends the following common sense precautions while co-sleeping:

- **Mattresses should be firm, flat and clean.**
- **Babies should not be allowed to get too warm. Babies should not be over-dressed; bedroom temperature should be between 16 and 18 degrees Celsius.**
- **Mothers who are ill, or who are taking medication that might affect their ability to respond to baby, should temporarily discontinue co-sleeping.**
- **Sheets and blankets are recommended over duvets and quilts.**
- **Mothers should ensure that infants cannot get stuck between the mattress and the wall or fall out of bed.**
- **Ensure that others who are sharing the bed (i.e. partner, older children) are aware of the infant’s presence.**
- **Pets should not be allowed to share the bed.**

For further information about the benefits of co-sleeping, visit: www.babyfriendly.org.uk/parents/leaflets

For information on how to protect against SIDS, go to: www.sids.org.uk

Mark your Calendars for

The 14th Annual National Breastfeeding Seminar

Breastfeeding: Understanding the Ethical Issues

June 3 & 4, 2004

Thyme Maternity

250 Souvay West
Montreal Quebec

H3L 1Z2

customers@maternity.ca

Mother's Read Between the Lines

Although seemingly trivial, advertisements and the media's portrayal of parental roles have a powerful impact on parental decision-making. To foster a breastfeeding culture, these latent messages need to utilize the scientific evidence that is available for the promotion of optimal parenting practices - including infant feeding.

A case in point is recent TV commercials marketing library services to a mainstream audience that contained a baby bottle prominently displayed. In response, INFACT Canada board member Kim Hancock, the Director of Library Services for the Western Health Care Corporation in Corner Brook, Newfoundland wrote to the Calgary Public Library to point out that the “image suggests that bottle feeding is the ‘norm’ for infant nutrition.” She also points out in her letter that: “As a public library with a vested interest in a population who has been provided with the opportunity to reach their highest potential for literacy, there comes a responsibility to not inadvertently promote health behaviours/decisions which ultimately have a negative impact on IQ and reading abilities. The ‘Breastfeeding: Bringing Evidence to Practice’ conference held November 7-8 2003 provided participants with validated medical evidence that formula feeding is associated with lower I.Q.s.”

Hancock went on to say: “I urge you to consider changing your advertisement to remove the image of the baby bottle. Alternatives include a mother nursing her baby in the library - either while using the computer, or while reading a book to her toddler while nursing their infant.”

Thyme Maternity, a Canadian maternity clothing retailer, is currently running a contest in which the winner receives an RESP from the Canadian Scholarship Trust Plan. Numerous members have reported that a recent company catalogue contains an advertisement promoting Thyme Maternity as the optimal method of feeding a baby. The contest application, assuming it is shared by Thyme with Nestlé, gives the infant formula company access to the names, addresses and phone numbers of hundreds, if not thousands, of new and expectant mothers. Please contact Thyme Maternity and let them know that a company who claims to be looking after the interests of mother and baby has no business doing business with Nestlé.

Thyme Maternity

250 Souvay West
Montreal Quebec

H3L 1Z2

customers@maternity.ca

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in this area". Witness the many books written to solve an infant/child's sleep problems and the underlying assumptions that sleep practices predispose desired developmental outcomes.

In contrast, in cultures where co-sleeping is the norm mothers report experiencing lower stress and increased satisfaction. For example, in Guatemala mothers practice co-sleeping and report that it is a normal and essential part of mother-infant bonding. In contrast, in cultures where co-sleeping is not the norm, such as in the United States, mothers report increased stress and anxiety when trying to sleep alone with their baby. In some cultures, such as in the United States, mothers report that co-sleeping is associated with increased incidence of SIDS as sole sleeping infants may have an arousal deficit and a mother’s responsiveness to infant arousals may also be protective.

McKenna also raises the question: "Does sleeping alone create individuals who are more independent? Do we get the anticipated outcomes? Research shows that quite the reverse is true.

English children who slept alone were more fearful than children who co-slept. A survey of college-age subjects reports males who had co-slept to have higher self-esteem, and have less guilt and anxiety. For women, co-sleeping was associated with easier physical contact and affection as adults. Other studies have found that having co-sleeping promotes confidence, self-esteem and intimacy and better relationships with teachers and less dependence.

The feeding of baby milks in bottles with artificial teats also contributes to our independent sleeping crisis. This too is an actively promoted practice and is often perceived to be without harm. Studies which include analysis with infant feeding, show that for artificially fed and sole sleeping infants, SIDS (or crib death as it was originally called) is at an increased risk. The risk of SIDS also increases with parental smoking, legal and illegal drug use, as well as over dressing children. While in societies where co-sleeping is the norm, SIDS is a rare phenomenon.

A recent longitudinal study," that followed 154 infants for a period of 18 years, notes in its conclusions that professionals should be cautious about issuing warning to parents regarding bed-sharing. “There is at present no evidence linking this practice, when engaged responsibly, with any sort of problematic outcome.”

Infants who are fed infant formulas reconstituted with fluoride-containing water have been reported with increased incidence of dental fluorosis. Consumption of fluoride may range from 150 to 200 times greater for infants fed powdered formulas than for those who are breastfed. The authors set out to study the relationship between the "prevalence and severity of fluorosis" and infant feeding practices. There was no fluoridation in the water system in the community study area (Wellington-Dufferin-Guelph Public Health Unit)

Data was obtained for a total of 1,739 children aged 7 to 8 years who were screened for fluorosis and parents filled out a questionnaire regarding early feeding practices. Breastfeeding was reported for 67 per cent of the children - 37.3 per cent for less than six months; 24.6 per cent for 6 to 12 months and 7.8 per cent greater for more than 12 months. Fluorosis was dose related to the duration of breastfeeding - the longer the breastfeeding, the lower the presence of fluorosis. Formula feeding was reported by 84 per cent of the parents with 93 per cent reporting reconstitution with tap water. Using multivariate analysis the authors concluded that the longer the breastfeeding, the lower the risk of fluorosis, and that in both fluoridated and non-fluoridated communities breastfeeding has a protective effect. They also concluded that the dental profession should increase efforts to support breastfeeding.

Influence of Breastfeeding on Mental and Psychomotor Development.

Another study that affirms that not breastfeeding has a detrimental impact on the full potential of cognitive development. Using the Bayley Mental and Psychomotor Development Indices these Spanish researchers set out to determine the impact of breastfeeding and formula feeding on cognitive and motor development at 18 month of age. For infants breastfed for up to 4 months, the mean score in mental development indices was 4.7 points greater than for formula fed infants. When the infants who were breastfed longer than 4 months were included in the sample, the difference was 7.2 points. Including parental IQ as a confounding factor eliminated this difference and remained constant for infants breastfed for 4 months. (Note - the authors included those partially breastfed in their breastfeeding cohort - exclusive breastfeeding may demonstrate an even greater positive effect of breastfeeding on cognitive outcome.)

Solids and Formula: association with pattern and duration of breastfeeding.

How is breastfeeding affected when solids are introduced and when formula is introduced? These authors from Sweden studied 506 mother-baby pairs to compare the changes in patterns and duration of breastfeeding. They found that the introduction of solids was associated with little or no change in breastfeeding duration and frequency. Frequency remained constant after the first month of introduction and then began to decline slowly and sucking duration started to decline, slowly, after solids were introduced. Interestingly they found no effect on breastfeeding duration when solids were introduced. When formula was introduced, the impact on sucking and frequency was rapid. Both frequency and sucking duration declined rapidly. As well they determined that the earlier the introduction of the formula, the shorter the breastfeeding duration. In conclusion they noted that the introduction of solids can be done with the protection of breastfeeding and that health care workers need to be aware of the impact on breastfeeding of introducing formula.

Abstracts


Infants who are fed infant formulas reconstituted with fluoride-containing water have been reported with increased incidence of dental fluorosis. Consumption of fluoride may range from 150 to 200 times greater for infants fed powdered formulas than for those who are breastfed. The authors set out to study the relationship between the "prevalence and severity of fluorosis" and infant feeding practices. There was no fluoridation in the water system in the community study area (Wellington-Dufferin-Guelph Public Health Unit)