

# PROTECTING BREASTFEEDING

## Family Educators and Speakers Have a Role to Play

Do you give talks, courses, or workshops to pregnant women or families with young children? Are you responsible for training people who interact with this population?

What policies or procedures can you adopt to meet the needs of all the families you work with, while also countering the normalization of commercial infant formula and related items?

People who work with families have a considerable influence on parents' decisions about infant feeding. Training and education can play an essential role in ensuring their practices protect breastfeeding.



“Canadian communities will foster environments where breastfeeding is the easiest choice for all women and their children.”<sup>1</sup> *Public Health Agency of Canada*

### A lucrative and flourishing market...

The global market for breast milk substitutes is extremely lucrative and is flourishing; in 2019 it was USD 55 billion. The world’s production has doubled between 2005 to 2019.<sup>2</sup> Manufacturers invest exorbitant amounts to sell their products. Families are exposed more than ever to these ads.

### ... that normalizes the use of these products...

The pervasive presence of advertisements for these products make parents believe that these products are equivalent or even superior to human milk, and that using them is free of risk. Marketing also hides the risks that the use of bottles or pacifiers—even if it is occasional—can lead to early and unintentional weaning.

### ... and jeopardizes breastfeeding

As a result, the pressure exerted on parents by the infant feeding industry results in a drop in breastfeeding rates and duration.<sup>3</sup> The marketing of human milk substitutes destroys women’s confidence in their ability to breastfeed and to meet their children’s needs

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**Creating a breastfeeding-friendly environment also means taking measures to counter the normalization of commercial infant formula and related items.**

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### A code that aims to protect all families

In order to protect breastfeeding, while ensuring the safe use of breast milk substitutes, including commercial infant formula, when necessary, Canada is a signatory to the *International Code of Marketing of Breast-milk Substitutes* (the Code)<sup>4</sup>, adopted in 1981 at the World Health Assembly (WHA) by a 118 nations. Since then, the Code has been regularly updated by WHA resolutions.<sup>5</sup> The Code’s purpose is not to prohibit the use of breast milk substitutes, but to ensure “*that they are not distributed in ways that harm the protection and promotion of breastfeeding.*” This does not mean promoting breastfeeding only, but rather to help all families make an informed decision about infant feeding.

## COMPLYING WITH THE CODE

Protects BREASTFEEDING from unethical practices



Protects HEALTH PROFESSIONALS and COMMUNITY WORKERS from conflicts of interest



Protects the PUBLIC from commercial influences



# INSPIRING IDEAS

## to Respond to the Needs of All Families

### How can I ensure that my presentation does not normalize commercial infant formula and related items?

The tool in the appendix enables speakers and educators to evaluate the presentations they are making to families and to confirm that they are complying with all aspects of the Code.

### When I discuss the safe use of commercial infant formula with a parent or during health professional training, can I use photos of bottles?

Educational material can contain pictures of products within the scope of the Code, as long as they are required to understand the information and that they do not idealize their use (for example, a picture of a smiling baby with a bottle in their hands should be avoided). No image of a product within the scope of the Code should be used to promote the activity.

**Articles 4.2 and 7.2 of the Code** stipulate that informational and educational materials should not *“use any pictures or text which may idealize the use of breast-milk substitutes” or “imply or create a belief that bottle feeding is equivalent or superior to breastfeeding.”*<sup>4</sup>

**Article 7.1** states that *“those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code.”*<sup>4</sup>

### When and how can I discuss the use of commercial infant formula and bottles in an appropriate manner?

Artificial feeding should only be discussed with parents who use this feeding method, and only in an individual consultation. Information about them should include a clear explanation of the risks associated with these products, including their potential effects on breastfeeding.

### During a group activity with parents, a woman asks what brand of commercial infant formula she should use with her baby, who has reflux. What should I say?

It is better to not discuss this subject the entire group, and to give information only to parents who require this information. A succinct answer can be given and parents can be invited to ask their question privately at the end of the meeting or referred to a resource knowledgeable about breastfeeding. In any case, there is no scientific proof that one brand of commercial infant formula is better than another; they are similar in quality.

## PRODUCTS WITHIN THE SCOPE

of the *International Code of Marketing of Breast-milk Substitutes*

- All food and beverages for children under 36 months of age
- Bottles and nipples
- Pacifiers



## Watch for misleading terms!!

We have chosen to use “commercial infant formula” here, but the word “formula” can be misleading. It is intended to give artificial milk a scientific quality; people may believe this is a scientific formulation that has been thoroughly researched in a lab. “Baby milk,” on the other hand, gives the impression that this is the normal milk for babies. Neither perception is true. These terms are part of the strategy commercial infant formula manufacturers use to increase their credibility in the eyes of the public. “Artificial infant milk,” “artificial baby milk,” or “commercial milk substitute” are other alternatives that may be worth considering. Emphasizing the commercial or artificial nature of infant formula contributes to protecting breastfeeding and valuing human milk.

## References

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# DID YOU KNOW?

## A Major Gap

There is a large gap between reality and recommendations. Although most women initiate breastfeeding immediately after childbirth, breastfeeding rates decrease rapidly over the first few weeks. In Quebec, only 62% are still breastfeeding their baby at four months, a long way from recommendations.<sup>6</sup>

Health Canada and other organizations recommend breastfeeding exclusively for six months and sustained breastfeeding for up to two years or longer with appropriate complementary feeding after six months.<sup>7</sup>

## Early Weaning

Only 8% of women stop breastfeeding at the time they had planned.<sup>8</sup> The main reason they give for stopping breastfeeding earlier is their perception that they are not making enough milk, even though insufficient milk production is rare and often associated with the use of bottles or bottle nipples.<sup>8</sup> Connecting breastfeeding families to appropriate support is the most appropriate solution.

## Unnecessary commercial food

Basic foods are appropriate to complete a breastfed or formula-fed baby’s diet. Processed foods and beverages, which are generally more expensive and contain more sugar, are unnecessary. Some toddler milks are not advised for use.<sup>9</sup>



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Thank you to the Ministère de la Santé et des Services sociaux du Québec for their financial contribution to this publication

# SELF-ASSESSMENT TOOL

## to Ensure Education and Talks to Families Comply with the Code

### Arm's length from industry

- No in-kind or monetary contribution has been received by a manufacturer or distributor of a product within the scope of the Code.
- At the beginning of each talk, educational session, or training, all speakers and presenters disclose their potential conflicts of interest.

### Clear and reliable information

- To align with the objective of the optimal development of young children and the wellbeing of women, families, and society, breastfeeding is presented as the safest and most appropriate feeding method to meet the child's needs.
- Information given to parents do not have pictures or text which may idealize the use of products within the scope of the Code, nor does it imply or create a belief that these products are equivalent or superior to breastfeeding.
- The terminology used is appropriate (for example, commercial infant formula, artificial infant milk, or commercial milk substitute) rather than “humanized milk” or “baby formula.”

### Individualized education

- The use of commercial infant formula and bottles should only be discussed individually and only with parents who use this feeding method.
- If bottle-feeding is discussed, the information about products within the scope of the Code includes a clear explanation of the risks associated with the use or misuse of these products, including their potential effects on breastfeeding.
- When the use of pacifiers is discussed, the information about them includes an explanation of their potential effects on breastfeeding.

### Limited product visibility

- Visual materials that show products within the scope of the Code are used only in training or education about the safe use of these products and only if they are necessary to understand the information.

### Limited brand visibility

- No visibility is given to a specific brand, manufacturer, or distributor of any product within the scope of the Code.

Education can meet the needs of all families while avoiding contributing to the idea that bottles, commercial infant formula, and related products are normal or necessary.



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# BREASTFEEDING RESOURCES

## Community Resources

### Trained support people

Community workers and volunteers who provide breastfeeding support have received basic education and training to enable them to answer a wide range of questions. They can also identify common breastfeeding difficulties and suggest solutions.

### Peer support

Peer support has a proven positive effect on breastfeeding duration and exclusivity.<sup>1,2</sup> Breastfeeding volunteers have personal experience and provide support to help other breastfeeding parents reach their goals. Peer supporters may provide remote, virtual, or in-person services individually or in groups. Optimal results are associated with programs connecting an expectant parent with a volunteer during pregnancy.

### Where to find community breastfeeding support services

In Quebec, search by region:

[mouvementallaitement.org/ressources](http://mouvementallaitement.org/ressources)

In other locations in Canada:

[safelyfed.ca/canadian-breastfeeding-resources](http://safelyfed.ca/canadian-breastfeeding-resources)

## References

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## When to access these resources?

Any time! Whether parents have a quick question or are worried about a particular situation, such as being separated from their child or weaning, breastfeeding support people can help.

## Are their services limited to breastfeeding support?

The range of services provided by community support people varies. They can also suggest reliable sources of information and services to help with parenting and nutrition questions.

## Lactation Consultants (IBCLCs)

### Certified professionals

Board Certified Lactation Consultants (IBCLCs) are specialists in breastfeeding who have clinical expertise. IBCLCs are certified by the International Board of Lactation Consultant Examiners.

### Specialized services

IBCLCs work within a professional framework that includes a scope of practice and a code of ethics. They are qualified to conduct comprehensive examinations to resolve persistent or complex breastfeeding issues. An IBCLC may work for a health authority, a community organization, a pharmacy, a specialized breastfeeding clinic, or a medical clinic, or they may have a private practice.



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