

# PROTECTING BREASTFEEDING Community Organizations Have a Role to Play

Have you and your organization ever wondered what impact the distribution of commercial infant formula or images of babies drinking from bottles have on families? Have you ever been approached by representatives of the infant and toddler feeding industry with gifts, sponsorships, or special offers?

What policies or procedures can you adopt to meet the needs of all the families you serve, while also protecting them from manufacturers' marketing strategies?

As a community organization, empowering families and helping them thrive are at the heart of your work. Providing a breastfeeding-friendly environment helps families meet their needs and goals. A breastfeeding-friendly environment has benefits for all families, whether or not they are breastfeeding and regardless of their circumstances and choices.



“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*

### The normalization of commercial infant formula jeopardizes breastfeeding

Some common practices make the use of commercial infant formula and related items seem pervasive and normal: donations, sponsorships, samples, promotions, images showing people using the product, etc. Commercial infant formula, bottles and pacifiers are examples. These practices encourage parents to believe that using commercial infant formula and bottles are normal and without risk, which destroys women’s confidence in their ability to breastfeed and to meet their children’s needs. In addition, giving a baby commercial infant formula in a bottle—even once—can affect the way a baby latches on to the breast and reduce the mother’s milk production, which can lead to premature weaning. The need to purchase commercial infant formula also comes at a high financial cost and interfere with a family’s food security.

“As the director of a family and community organization, I know it is important to connect families to appropriate support services. That is why we work with a breastfeeding support group, so mothers can get the help they need. When families need commercial infant formula, we connect them with food banks, where they can find good information about feeding their babies. We recognize that each service or group has its own niche.”

France Pomminville, Director of a Family Centre

### 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>2</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>3</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.

## USE THE RELATIONSHIP OF TRUST YOU HAVE BUILT WITH FAMILIES TO

help make environments breastfeeding friendly



reassure families about their parenting skills



refuse to accept the unethical practices of marketing and manufacturing companies



# INSPIRING IDEAS

## to Respond to the Needs of All Families

**Being vigilant about monetary donations** helps avoid risks of conflict of interest and protects the reputation of the organization. Adopting a donation and sponsorship policy makes it easier to decide what donations to accept.<sup>4</sup>

**Being vigilant about free products** carefully lowers the risks of inadvertently promoting a specific product or brand. Any free products should be given by a company that does not produce or distribute any product covered by the Code.

In order to prevent conflicts of interest, the organization's **Ethics Code can include a statement** that all staff, board members, volunteers, and others working with clients or families **will comply with the Code.**

The brochure on protecting breastfeeding during interactions with families<sup>5</sup> **raises the awareness of people who work with clients of all ages and their educators.**

To limit the exposure of families to commercial infant formula, education on **how to bottle-feed safely** should be given **only to parents who require this information and only in individual consultations.**

**Suggesting families go to food banks** is the most appropriate response for parents who need any help with food, including commercial infant formula.

Promoting the **services offered by breastfeeding groups in your area** will help families get the support they need.

**Making environments breastfeeding friendly also means explaining that commercial infant formula and related items are neither necessary nor normal.**

**Article 7.3** of the WHO Code states that *“No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers.”*<sup>2</sup>

**Resolution 69.9**, adopted in 2016, calls for an end to *“inappropriate promotion of foods for infants and young children.”*<sup>3</sup>

## 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



**Limiting the visibility of products within the scope of the Code** that are distributed by the organization and avoiding any publicity or branded items helps to counter the normalization of their use. Instead of displaying them prominently, signs (without illustrations or brand names) can invite parents to ask for these products. That way, support and education can be offered about their safe and proper use.

Organizations that distribute commercial infant formula should **ensure that they can continue supplying commercial infant formula in the same conditions as long as infants need them.**

# 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>

## Food Insecurity and Breastfeeding

On average, women in food-insecure households breastfeed their babies half as long as those in more secure situations. Half of them stop exclusive breastfeeding within two months.<sup>8</sup>

## Early Weaning

Only 8% of women stop breastfeeding at the time they had planned.<sup>9</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>9</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>10</sup>

## References

1. Public Health Agency of Canada. (2014). *Protecting, Promoting and Supporting Breastfeeding: A Practical Workbook for Community-based Programs*. <https://allaiterauquebec.org/bibliothequevirtuelle/items/show/1564>
2. World Health Organisation. (1981). *International Code of Marketing of Breast-Milk Substitutes*. <https://allaiterauquebec.org/bibliothequevirtuelle/items/show/1822>
3. Infact Canada. (2004). Summary of WHA Resolutions Relevant to the Code. <https://allaiterauquebec.org/bibliothequevirtuelle/items/show/1812>
4. Mouvement allaitement du Québec. (2021). *Modèle de politique d'acceptation de dons et commandites et pour l'établissement de partenariats*. <https://allaiterauquebec.org/bibliothequevirtuelle/items/show/1832>
5. Mouvement allaitement du Québec. (2021). *Protecting Breastfeeding: Family Educators and Speakers Have a Role to Play*. <https://allaiterauquebec.org/bibliothequevirtuelle/items/show/1833>
6. Observatoire des tout-petits. (2017). *Durée de l'allaitement exclusif*. <https://tout-petits.org/donnees/environnement-familial/comportements-a-risque-et-comportements-preventifs/allaitement/duree-de-l-allaitement-exclusif/>
7. Joint statement of Health Canada et al. (2013). *Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months*. <https://allaiterauquebec.org/bibliothequevirtuelle/items/show/1745>
8. Orr, S. K., et al. (2018). Relation between household food insecurity and breastfeeding in Canada. *Canadian Medical Association Journal*, 190(11), E312. <https://doi.org/10.1503/cmaj.170880>
9. Observatoire des tout-petits. (2017). *Principales raisons données par les mères qui n'allaitent plus leur dernier enfant pour expliquer leur décision d'arrêter l'allaitement*. <https://tout-petits.org/donnees/environnement-familial/comportements-a-risque-et-comportements-preventifs/allaitement/allaitement-raison-sevrage/>
10. Choi Y., et al. (2020). US toddler milk sales and associations with marketing practice. *Public Health Nutrition* 23(6). 1127-1135. <https://doi.org/10.1017/S1368980019003756>

Community-based organizations 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.



Your  
breastfeeding friendly  
resource

[MouvementAllaitement.org](https://MouvementAllaitement.org)

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

# 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

1. Dennis CL. (2002). Breastfeeding initiation and duration: a 1990-2000 literature review. *J Obstet Gynecol Neonatal Nurs* 31(1):12-32. <https://doi.org/10.1111/j.1552-6909.2002.tb00019.x>
2. McFadden A, et al. (2017). Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database Syst Rev* 2(2):CD001141. <https://doi.org/10.1002/14651858.cd001141.pub5>

## 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.



Your breastfeeding friendly resource  
[MouvementAllaitement.org](http://MouvementAllaitement.org)