INFACT Canada

IBFAN North America

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Newsletter
Spring 2004

Babies will have to wait...

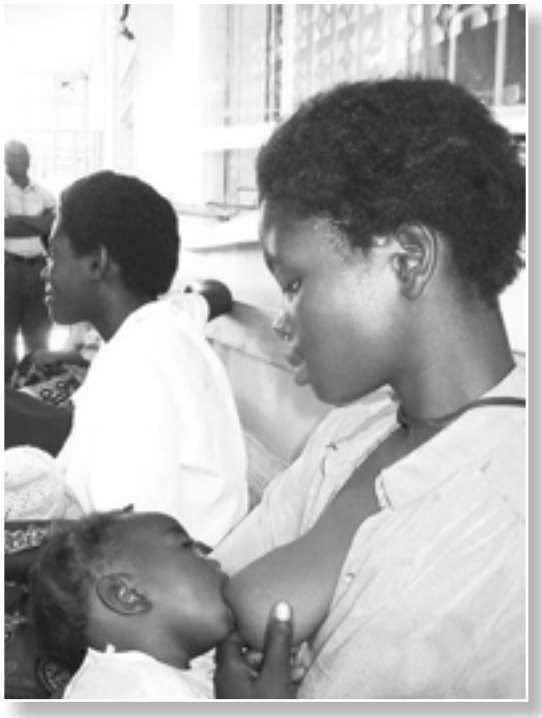
Canada instrumental in delaying WHA resolution

57th World Health Assembly, Geneva, May 17-22, 2004

The recent World Health Assembly (WHA) meeting was as usual a buzz of activity for those working in infant and young child nutrition. At stake were a number of critical concerns essential to the protection of breastfeeding and infant and young child health. Achieving a resolution to prohibit nutrition and health claims for infant formulas and baby foods was paramount, as false product claims for higher IQs, better eyesight, better immune protection and better than breastmilk are sweeping the globe. As well, instead of snake oil promises, delegates were seeking warnings to ensure that parents and health care workers are fully informed of the risks of pathogenic bacteria contaminating these products during the manufacturing process. Also importantly, delegates were seeking the elimination of competing interests in the funding of research and educational activities for those working in infant and young child nutrition.

INFACT Canada attended as part of the IBFAN team, along with members from Burkina Faso, Egypt, India, Lebanon, Malaysia, Switzerland, Thailand and the United Kingdom.

Under the agenda item *"Infant and young child nutrition,"* a draft resolution was co-sponsored by the delegations of Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nepal and Palau that tackles three issues: the known public health risks caused by the intrinsic contamination of powdered infant formula by pathogenic micro-organisms; the prevalence of the use of health and nutrition claims as an effective means of promoting the sale of breastmilk substitutes; and the need to adopt legislation prohibiting the commercial sponsorship of health professionals or their associations.



The initiative for measures to protect breastfeeding was led by delegates from developing countries but was obstructed by industrialized countries, including Canada.

On introducing the proposed resolution, the delegate from Palau, speaking on behalf of the co-sponsors, responded to the move by the industrialised countries and the Chair to postpone the discussion of the resolution and said:

"If this [was considered important] — time could have been found. But who will speak for the infants in our world? It is these six small countries and we invite you and challenge you to join us. It is up to us to make the right decision." *—Delegate from Palau*

During the debate, 16 Member States spoke in favour of the resolution: Nepal, Argentina, Burkina Faso, India, Zambia, Saudi Arabia,

Palau, Bangladesh, Swaziland, Venezuela, Qatar, Egypt, Syria, Brazil and Iran.

Six Member States and the representative of the baby food industry (ISDI/IFM) spoke in favour of delaying until 2005. These included Canada, Australia, USA, Japan, Germany and Russia.

The Chair pushed through the postponement and abandoned the chair's neutral role when he openly agreed with Germany that the discussion of the resolution should be deferred. Three Member States placed their comments opposing this decision on the record. Nepal, Iran and Brazil all preferred that the matter be dealt with immediately, stating that the later it is dealt with, the more problems there will be for infants.

At the WHA, IBFAN also prepared and delivered a statement on infant and young child feeding, noting the urgent need for adequate warnings on labels of powdered breastmilk substitutes and the continued need to address deceptive promotions that undermine breastfeeding. This statement can be found on the IBFAN website at: **http://www.ibfan.org/english/news/press/press21may04int.html**

On May 22, the IPS news service (**http://ipsnews.net**) carried an excellent summary called *Health Assembly takes Action on Adults, Newborns Will Have to Wait*:

"The campaign against obesity was approved by consensus once objections from the food industry and sugar-exporting countries were taken into account in the final text. But left for future sessions was a proposal for preventative policies against bacteria present in powdered milk intended for infants, and against certain types of advertising and labelling that some of the producers of those products use…

"The developing countries' proposal to establish mechanisms of protection for the nutrition of the nursing infant and toddlers did not lead to agreement on action. The initiative was rejected under procedural matters brought up by industrialised countries where the leading infant formula industries are located." ❖

Babies will have to wait

Proposed draft resolution addressing Member States and the WHO Director General

1. URGES Member States:

1) to ensure that health-care providers, parents, and caregivers are informed that powdered infant formula may be contaminated intrinsically by pathogenic micro-organisms and that this information is conveyed through explicit warnings on labels; and to take into consideration other risk-reduction strategies proposed by the Codex Alimentarius Commission;

2) to ensure that [false] health and nutrition claims are not permitted for foods for infants and young children;

3) to take steps to prohibit sponsorship of health professionals and/or their associations by any manufacturers or distributors of products within the Scope of the International Code of Marketing of Breast-milk Substitutes;

4) to ensure that the research on infant and young child feeding which forms the basis for public health policies is free from commercial influence;

5) to continue their active participation in the work of the Codex Alimentarius Commission in this area.

2. REQUESTS the Codex Alimentarius Commission to continue to give full consideration to recommendations made by the Health Assembly concerning action it might take to improve the quality standards of processed foods for infants and young children, and, within the framework of its operational mandate, to give close attention to action urgently required for the revision of standards and guidelines on labelling, quality and safety of processed foods for infants and young children.

3. REQUESTS the Director-General:

1) to continue taking action on the relevant recommendations of the joint FAO/WHO meeting on enterobacter sakazakii and other microrganisms in powdered infant formula;

2) to uphold the mandate of WHO for the protection of health and safety of infants and young children in the Codex Alimentarius standard setting process;

3) to encourage and support independent research on intrinsic contamination of powdered infant formula and to collect evidence in different parts of the world. ❖

JOIN the Breastfeeding Challenge • October 2, 2004

For information see the Quintessence Foundation website:

www.babyfriendly.ca

A New Executive Director for La Leche League Canada

Teresa Pitman, a mother of four grown children and a La Leche League Leader for the past 25 years, was recently appointed to the position of Executive Director of La Leche League Canada. Teresa brings a wide and varied background to the executive director position. She is an internationally known author and speaker on breastfeeding, childbirth and parenting. Speaking with enthusiasm and clearly committed to the work of the organization she says, "Sometimes people ask why I am still volunteering with LLLC after so many years. I tell them that I have never forgotten the Leader who helped me when my first son was born. Without her help I don't think I would have succeeded in breastfeeding him. I believe that kind of support should be available to every mother. La Leche League is there to support mothers through the whole course of breastfeeding, from pregnancy to weaning and beyond."

When asked about her vision for mother-to-mother support in Canada, Teresa noted how pleased she was that the recent statement from the Canadian Task Force on Preventive Health Care recommends peer counselling support as a means to achieve breastfeeding guidelines as set by the WHO. Although most women in Canada want to breastfeed, many stop earlier than they had planned. "The kind of mother-to-mother support LLL offers helps women get past the challenges that can otherwise lead to early weaning.

"What I find when I talk with women is that many don't know about LLLC and the services we offer. They don't know that they can attend meetings when they are pregnant…that they can call a Leader for help over the phone when they have a question or concern."

While building on the success of four years of breastfeeding seminars for health professionals, Teresa, together with the Board, is making plans to bring more of this kind of practical expertise to those working with mothers and babies.

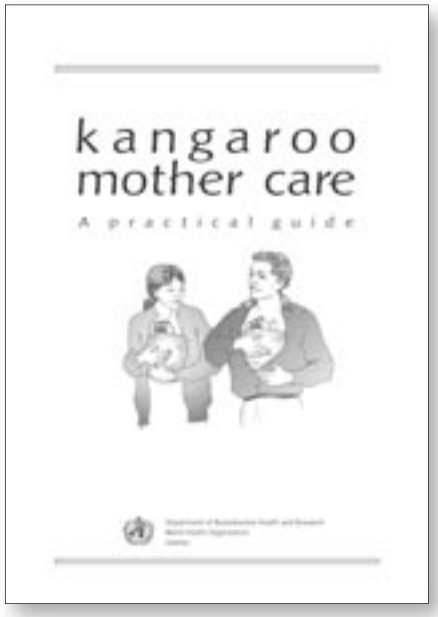
"LLL is built on the experience of thousands and thousands of mothers, and that's an amazing resource for women to tap into."

INFACT Canada is pleased to join the LLLC Board in welcoming Teresa and wishes her the very best as she takes on her new role.

Teresa Pitman, the newly appointed Executive Director of LLL Canada: *"LLL is built on the experience of thousands and thousands of mothers."*

Visit the LLLC website at **www.lalecheleaguecanada.ca** for information on programs and services and to view the online catalogue of resources for sale. ❖

Kangaroo mother care: a practical guide — new publication from WHO



This newly published guide is aimed at improving the outcomes of some 20 million low-birthweight babies born every year with mortality rates numbering about four million annually. In addition to providing evidence for the recommendations, the guide is an important source for implementation, from policy through to the practical how-to of KMC. The resource is intended for health professionals working with LBW infants in neonatal units. ❖

Kangaroo mother care.
A practical guide.

Department of Reproductive Health and Research. WHO Geneva. 2003.

■ Available from INFACT Canada.

Will Canada recognize soy formula dangers?

UK Dietetic Association warns about soy formula risks

As yet another professional health body issues warning regarding the use of soy-based infant formulas, will Canada's regulatory and health bodies continue to remain silent?

To date a number of countries have reviewed and issued statements of concern about the routine use of soy formulas.

The most recent warning comes from the British Dietetic Association. In an announcement published in the Journal of Family Health Care, the Association notes[1] that:

"Dietitians should discourage the use of soy protein in children with atopy or cow's milk allergy in the first six months of life to avoid sensitization to soya protein and exposure to phytoestrogens while organ systems remain at their most vulnerable. This would include the use of soy infant formula…

"…When a soy-based infant formula is used parents should be informed of current findings relating to phytoestrogens and health and on the clinical need for soy formula."

UK, January 2004

Earlier this year the UK Medical Officer of Health reiterates[2] that soy formulas should not be used as the first choice for the management of infants with proven cow's milk sensitivity, lactose intolerance, galactokinase deficiency and galactosemia. The warning, based on a report by the Committee on Toxicity, notes the long-term risk posed to reproductive health linked to the high levels of phytoestrogens found in these products. The MOH also advices there are "no health benefits associated with the consumption of soy-based infant formulas."

Australia, March 1999

The Australian and New Zealand Food Authority warn[3] that infants fed soy formulas are exposed to 47mg of isoflavones per day and that this level is at least 240 times greater than that consumed by breastfed infants. The report notes concerns about the potential to adversely affect subsequent sexual development and fertility.

New Zealand, December 1998

New Zealand's Ministry of Health recommends[4] that soy-based infant formulas should only be used under the direction of health professionals for specific medical indications. Other options should be considered first. As well, clinicians are urged to be aware of the use of soy formulas and thyroid function and to consider assessment of thyroid function when satisfactory growth and development is not achieved.

Switzerland, 1997

Even on Nestlé's home turf the alarm bells are ringing. The Swiss Commission on Food, although not as an outright warning, informs all paediatricians to make cautious use of soy formulas after the release of a review report.[5] This report too warns that very restrictive use should be made of soy formulas because of the potential harm from isoflavones.

Canada lagging in health protection for infants

Why is Canada's paediatric profession still suggesting the use of soy formula as an option for the treatment of colic in infants? In a CPS Nutrition Committee[6] publication entitled, *Dietary manipulation for infantile colic*, the Committee states, "For bottle-fed infants, soy formulas may be effective in reducing the symptoms of infantile colic. However, the use of soy formulas in the treatment of colic should be avoided because soy protein is an important allergen in infancy." No mention is made of the potential for thyroid disease or the developmental risks linked to isoflavones. ❖

References

1. The British Dietetic Association **Paediatric group position statement on the use of soya protein for infants**. J Fam Health Care 13: 93, 2003
2. Department of Health CMO's Update. **Advice issued on soy-based infant formulas**. January 2004, page 2
3. ANZFA **Phytoestrogens: An assessment of the potential risks to infants associated with exposure to soy-based infant formula**. March 1999
4. Tuohy, P. **Soy-based infant formula**. Ministry of Health, Wellington, New Zealand, December 1998
5. Zimmerli B. et al. **Existence and development of isoflavones daidzein and genistien in baby food**. Communication regarding food stuffs in Hyg. 88: 19-232, 1997
6. Canadian Paediatric Society, Nutrition Committee. **Dietary manipulation for infantile colic**. Paediatr Child Health 8: 449-452, 2003

Mother's love works like opiate

Toronto Star July 2, 2004

Attachment parenting makes the news as scientists report on rat and monkey studies. Those raised with close, skin-to-skin contact had decreased separation anxiety, raised off-spring who become attentive parents themselves and interestingly altered babies' genes for better behavioural outcomes such as reduced aggression and disruptive behaviour. What seems so simple can be so complex for us humans to relearn. ❖

York Region Infant Feeding Survey

York region survey reports initiation rates of 94 per cent.

York Region Health Services Department recently collaborated with seven other public health units in Central and Southern Ontario to conduct an Infant Feeding Survey. This two-part telephone survey was 100 per cent funded through the Ministry of Health and Long-Term Care Perinatal and Child Health Survey Strategies Initiatives and was administered in 2002/2003 to residents of York Region who had given birth in a hospital and consented to Public Health follow-up.

The survey tool was developed with expert input from a variety of professionals and was completed at six weeks and six months postpartum. The survey was designed to provide representative baseline data for infant feeding practices including breastfeeding initiation, duration, exclusivity and satisfaction. Key influences on initiation and duration were addressed including supports, services and barriers. The sample size was 500 at six weeks and 440 at six months.

Findings reveal that 94 per cent of surveyed mothers initiated breastfeeding. Maternal age (>25), not smoking while pregnant, higher education and income were positively associated with initiation. Mothers who thought about method of feeding before pregnancy and planned to feed only breastmilk were more likely to initiate breastfeeding. Of the mothers who had ever breastfed, 88 per cent were satisfied with their experience. Mothers who were older and had other children were more likely to be satisfied with their breastfeeding experience. Planning to breastfeed for more than six months and not being told by anyone to stop breastfeeding had a positive association to level satisfaction.

While rates of breastfeeding initiation were high, many mothers stopped breastfeeding by six weeks. Although 75 per cent of mothers continue to breastfeed until six weeks and 51 per cent of mothers continued to six months, only 13 per cent of infants never received formula at the time of the six-month survey. The most common reason given by mothers for supplementing a baby with formula was "not enough milk." Sore nipples, not having enough time to breastfeed and difficulties latching were also cited as reasons for stopping breastfeeding before six weeks. Mothers who first put their baby to breast less than one hour after birth were more likely to be breastfeeding at six weeks and six months postpartum.

Key predictors of breastfeeding outcomes in York Region include variables related to socio-economic status, preconception planning, prenatal supports and breastfeeding in the first two days after birth. Survey results will be used to support evidence-based programming to improve the health of infants and mothers in York Region and other regions in Ontario.

York Region is one of Canada's fastest growing municipalities. Located immediately north of the City of Toronto, York Region is comprised of nine area municipalities and a population of 860,000 residents living in both urban and rural communities. ❖

—Tracy Wilock, York Region Health Services

For more information contact:
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Third Baby-Friendly Hospital for Canada — second for Quebec

Canada now has Baby-Friendly Hospital number three! The Centre Hospitalier Saint-Eustache, Saint-Eustache, Quebec was officially designated on June 21. The Quebec Breastfeeding Committee and the hard working staff of the Centre Hospitalier Saint-Eustache is to be congratulated for this achievement.

The first Baby-Friendly Hospital in Canada, the Brome-Missisquoi-Perkins Hospital in Cowansville, Quebec, was designated in 1999.

The second was designated in 2003 — St. Joseph's Healthcare in Hamilton, Ontario — the first for Ontario. ❖

Pharmacists in Support of Breastfeeding

Pharmacists interested in participating in an online network are invited to send a message to Jennifer Peddlesden at **jpeddles@telus.net**. This is a forum for sharing information and resources crucial to our work as pharmacists who support breastfeeding and the International Code of Marketing of Breast-milk Substitutes. Informative posts are sent to network members, blind copy, once or twice a month. Also, check out **www.pharmacists.ca** (click on About CPhA, Who We Are, and Policy and Position Statements) for a copy of the Canadian Pharmacists Association position paper on breastfeeding and infant feeding. ❖

—Thanks to Jennifer Peddlesden, Lactation Consultant and Pharmacist

The Sunshine Vitamin

Why do the marketers and apologists of infant formulas keep insisting that vitamin D requirements are insufficiently met by exclusive breastfeeding? Neither scientific evidence nor logic supports these claims, but the fear of rickets is being used to diminish the value of breastfeeding and create an artificial market for supplementary vitamin D.

> *Exclusively breastfed healthy, full-term infants from birth to six months who have adequate exposure to sunlight are not at risk for developing vitamin D deficiency or rickets. Rickets occurs because of a deficiency in sunlight exposure and not because of a deficiency in human milk.*[1]
>
> —La Leche League International 2003

The marketing of vitamin D supplements may impact not only on a mother's perception of the adequacy of her breastmilk, but also on the perception of those who set and implement infant feeding policy. Health Canada's revision of the recommended duration of exclusive breastfeeding has become linked to the need for supplementary vitamin D. Moreover, MeadJohnson (the maker of Tri-Vi-Sol — the vitamin D supplement of choice) has managed to secure reinforced support from the Canadian Paediatric Society for the recommendation of "supplementing all exclusively breastfed infants from birth."

Linking the need for a vitamin supplement to exclusive breastfeeding policy raises some critical questions.

- What will be the risk of damage to breastfeeding incidence and duration? Could it be greater than the risk of rickets?
- Does Health Canada have a responsibility to educate about the safe use of sunlight as a source of vitamin D for all Canadians?
- Have health care providers been ignoring the need to monitor for maternal and infant vitamin D status and counsel on safe sun exposure and dietary sources for those at risk?
- Should those who have competing interests — through funding from MeadJohnson — be permitted to influence and set Canada's infant feeding policies?
- Why is the experience of exclusively breastfed populations such as La Leche League mothers not taken into consideration?

For this Newsletter issue INFACT Canada has enclosed a Question and Answer Fact Sheet (next page) to help clarify the need for vitamin D — the sunshine vitamin. ❖

IBFAN/Anne-Marie Kern, Austria

Exclusive breastfeeding and skin exposure to the UVB radiation from sunlight is the normal way to get sufficient vitamin D.

"Vitamin" D — The Sunshine Vitamin
Some important *Questions and Answers* about infant nutrition and vitamin D

Q. What is "vitamin" D?

"Vitamin" D is actually not a vitamin at all, but a steroid hormone that was misclassified as a vitamin back in 1922 when small amounts were found to be naturally present in a few foods such as butter, the oils and livers of fatty fish and egg yolks. The hormone is known for its role in the calcification of bone tissue, but is also involved in the differentiation of cells for specific functions and acts as a powerful controller for the immune system; as well it helps to regulate insulin secretion and blood pressure. A deficiency in infancy can lead to a rare condition known as rickets or softening of the bones. Vitamin D is oil soluble and therefore is stored by the body for times of low exposure to sunlight.

Q. How do we get vitamin D?

Our main source of vitamin D is sunshine. Vitamin D is produced in the skin when it is exposed to the sun's ultraviolet light (UVB radiation) and then converted in the liver and in the kidneys to the biologically active forms 25-hydroxy vitamin D and 1,25 hydroxy vitamin D. When exposed, the large surface area of our skin has the capacity to produce sufficient amounts of vitamin D in a short time well before sunburn can occur.

Additionally dietary vitamin D is sourced through breastmilk, fortified cow's milk or other dairy products, liver and fatty fish.

Q. Is a deficiency in vitamin D common?

No. A deficiency in vitamin D is rare. We are hearing more concerns about vitamin D as people with darker skin and more melanin pigment to screen out UV rays from the sun immigrate to Canada from tropical countries.

A study published by the Hospital for Sick Children in Toronto reported[2] only 17 cases during a six-year review from 1988 to 1993. The Canadian Paediatric Society, in a Press Release[3] dated June 17, 2004 noted "several cases" over a two-year surveillance. Their unpublished data reporting of a cross-Canada survey of 2300 paediatricians note 69 cases over two years. In the US the Children's Hospital in New Jersey reported[4] only nine cases over a three-year period.

Q. Who is at risk for developing vitamin D deficiency?

Risk factors for both mothers and babies for developing vitamin D deficiency and rickets include:

- indoor confinement during daytime,
- being covered with clothing while outdoors,
- living at high latitudes with seasonal variation of UV radiation,
- living in urban centres where high rises and pollution can block sunlight,
- darker skin pigmentation,
- use of sun screens.

Those screened to be at risk may benefit from prophylactic vitamin D supplementation.

Exclusive breastfeeding is not a risk for deficiency; inadequate exposure to sunlight is the risk factor.

Q. How do infants get vitamin D?

The normal means for infants to receive vitamin D is through stores they receive prenatally; through skin exposure to sunlight and a small amount is also acquired from breastmilk. The amount in breastmilk can vary depending on maternal status. The amount in breastmilk should not be considered deficient as humans receive vitamin D through skin exposure to sunlight.

Q. How much vitamin D do infants need?

The amount usually recommended for infants less than one year of age is 200 to 400 IU per day.

Exclusive breastfeeding and skin exposure to the UVB radiation from sunlight is the normal way to get sufficient vitamin D. The duration of skin exposure needed varies with skin pigmentation, time of day, season and latitude. The average recommendation[5] of skin exposure for an infant is 30 minutes per week (wearing a diaper only) or a total of two hours per week fully clothed and without a hat.

Q. Is the recommended exposure to sunlight safe?

Yes. The short time exposure several times a week is a safe way to practise sun exposure and avoid burns. In addition to the benefits of vitamin D, scientists[6] also suggest that the safe use of sunlight is important for positive mental enjoyment and relaxation and possibly chronic disease reduction. ❖

References

1. La Leche League International. Press Release. **Sunlight Deficiency, "Vitamin D," and Breastfeeding**. Schaumburg IL April, 2003
2. Biet, A. et al. **Persistence of vitamin D-deficiency rickets in Toronto in the 1990s**. Canadian Journal of Public Health 87: 227-230, 1996
3. Canadian Paediatric Society Press Release, Canadian **Paediatric Society confirms rickets still a major health issue**. June 17, 2004
4. Sills, I. et al. **Vitamin D deficiency rickets**. Clinical Pediatrics. 8: 491-493, 1994
5. Specker, B. **Do North American women need supplemental vitamin D during pregnancy or lactation?** Am J Clin Nutr 59: 4845-4915, 1994
6. Ness, A. R. et al. **Are we really dying for a tan?** BMJ 319: 114-116, 1999

New report from IBFAN: Breaking the Rules, Stretching the Rules 2004

IBFAN's latest monitoring report has been released. The report, *Breaking the Rules, Stretching the Rules 2004*, documents evidence of more than 3000 violations of the International Code of Marketing of Breast-milk Substitutes from 69 countries found during the period January 2002 to April 2004 by independent monitors.

The report demonstrates that health facilities are still the preferred avenue for formula companies to promote their products. Companies infiltrate hospitals, clinics, and doctors' offices and set up promotional displays, distribute free samples, and even induce health care workers to endorse their products with gifts and donations. All of this is in direct violation of the International Code.

The evidence presented also revealed that many companies are making unsubstantiated health claims about their infant formula. The latest marketing trend is to claim that fatty acids such as DHA/ARA, derived from fungi, algae, or fish oil and added to formula, imitate the fats in breastmilk and help with brain and visual development. There are no independent, long-term studies that suggest such benefits. Furthermore, the dubious evidence of "smarter" babies presented by formula companies is relative to babies fed with other formula, not to breastfed infants. On a positive note, the report indicated that internet advertising is not as aggressive as initially expected.

Nestlé was again found to be the worst violator of the International Code, leading all other companies in profits as well as Code violations. Nestlé was even found to be paying doctors to prescribe its formula brands.

…health facilities are still the preferred avenue for formula companies to promote their products.

Overall, this report shows that manufacturers and distributors of products that fall under the scope of the International Code continue to systematically violate it all over the world. Further action is needed on the part of governments, manufacturers and distributors, the health care sector, and individuals to bring the marketing of infant formula, infant foods, bottles and teats under control. ❖

Newly released IBFAN report notes again that Nestlé is the globe's worst violator of the International Code.

■ Available from INFACT Canada: $19

High-tech impedes breastfeeding for premature babies

Words of wisdom from Professor Jane Morton who recently (April 27, 2004) spoke to the press to highlight that high-tech western hospitals were failing premature babies by making it difficult for mothers to breastfeed.

Professor Jane Morton is one of the world's first directors of a department of Breastfeeding Medicine, at the Stanford University School of Medicine in California.

"Over the last 10 years or so the research that shows the benefits of breastmilk and the risks of formula, particularly for pre-term babies, is stronger.

"Yet when you have larger, more specialised, more high-tech centres, we haven't programmed into our system the necessary ingredients to support that vital contact between the mother and the baby.

"With all the benefits that are increasingly evident you wonder why there hasn't been a veritable stampede to try and redesign our systems to better support breastfeeding under any and all circumstances."

Part of the problem was a tendency in western medicine to view pregnancy as a medical condition.

"Medical intervention begets medical intervention.

"So if you induce a mother she's less likely to deliver vaginally than if she went into labour on her own and if she has a caesarean section then she's at higher risk for insufficient milk production and at birth you're more likely to remove the baby from the mother while the mother's in a recovery room.

"Then maybe you eventually reunite the baby after he or she has received a bottle or supplementation.

"If you think about it, you wouldn't think of removing a puppy from a new litter and every couple of hours returning it to the mother.

"In (animal) studies where they have interfered with the intimacy of that relationship and a strong sense of the mother and baby and the feel of the nipple in the mouth you run havoc with the suckling, and as mammals, I don't think humans are any different." ❖

— Thanks to Joan Fisher, IBCLC.

Breastfeeding is safe for normal growth and development

Avoiding breastfeeding because of environmental pollutants will cause needless harm to infants

Health Canada's recent report of flame-retardants appearing in human milk is of serious concern. According to the report, Canadian women have one of the highest levels reported globally. However, messages about contaminants in breastmilk undermine the value of breastfeeding and unjustifiably put the burden of exposure on the backs of Canada's breastfeeding women. The Health Canada report may lead breastfeeding women to doubt the importance of their breastmilk and to think that they are causing harm to their infants. Breastfeeding women should feel assured that they are providing safe, effective nutrition and immunology for their infants.

Breastfeeding women are doing the best for their infants in the face of a contaminated environment. In fact the highly protective immunological constituents of breastmilk are known to mitigate the effects of the contaminants that a mother and her infant are exposed to. Breastmilk's protective elements are not present in substitutes such as infant formulas. Hence a mother's continuation of breastfeeding is critical to offset the potential hazardous effects of pollutants.

In addition, it should be noted that the greatest impact of contaminants occurs prenatally. It is during the vital stages of fetal development that these chemicals are the most damaging. At birth, breastfeeding is the best protection an infant has for normal growth and development. The use of infant formulas has been associated with a host of injurious health effects, ranging from higher rates of diabetes and cardiac disease risks, lower IQs and more obesity later in life, to increased death during the first year of life. Breastfeeding is the normal way to safeguard infant health and is non-polluting.

…the highly protective immunological constituents of breastmilk are known to mitigate the effects of the contaminants that a mother and her infant are exposed to.

The report raises the important question of why Canada has not worked toward the virtual elimination of these toxins from our environment. Despite the numerous, documented adverse health effects of neurological and thyroid damage, these contaminants continue to be used in consumer and household products. Clearly, both regulators and manufacturers need to be held accountable. Action is needed and is needed urgently. It is crucial for everyone's health that we embrace the Precautionary Principle and work toward the elimination of harmful chemicals in the environment.

For further information, read the joint IBFAN WABA Statement: *"Towards Healthy Environments for Children: Frequently asked questions about breastfeeding in a contaminated environment,"* on our website at **www.infact.canada.ca**, go to "Fact Sheets." ❖

US Breastfeeding Awareness Campaign chopped by formula pressure

Children who are not exclusively breastfed for six months are more at risk for the following diseases, illnesses, and conditions:

- About 40 per cent more likely to develop type 1 diabetes
- About 25 per cent more likely to become overweight or obese
- About 60 per cent more likely to suffer from recurrent ear infections
- About 30 per cent more likely to suffer from leukemia
- About 100 per cent more likely to suffer from diarrhoea
- About 250 per cent more likely to be hospitalized for respiratory infections like asthma and pneumonia

These statistics were removed from messages and ads designed to show the risks of NOT breastfeeding during the National Breastfeeding Awareness Campaign by the US Department of Health.

The percentages and the two references to the risks of leukemia and diabetes were removed, NOT because there was insufficient scientific evidence but because of enormous pressure by MeadJohnson and Abbot-Ross, the two largest American formula makers.

It might make mothers feel guilty, said the companies.

The infant formula industry hired high-level lobbyist, Clayton Yeutter, former secretary of agriculture during the Bush senior years, to pressure Tommy Thompson of the Dept. of Health and Human Services to water down the message. In a letter dated February 17, 2004, he notes that even after "egregious statements" were removed, the final product was "still unacceptably misleading". He acknowledges his gratitude for what has already been done to chop the advertisements and suggests the campaign is not worth "salvaging". "I am convinced that this campaign will increase class action lawsuits against the medical community and the industry." ❖

US Campaign targets the risk for ear infections.

Can you trust TD?

TD Canada Trust's recent "Life Changes" mortgage campaign outraged breastfeeding advocates across this country. The campaign featured a poster that equated being a dad with bottle-feeding. For those who didn't see it, the poster showed an open kitchen cupboard with three shelves. The top shelf, marked "single," contained various coffee mugs, the middle shelf, marked "couple," hosted a variety of wine glasses, and the bottom shelf, marked "family," was filled with baby bottles.

Does your cupboard look like this?

Yes, baby bottles! Did the TD bank not know that a bottle is not a symbol of family values, but a symbol of inferior infant feeding practices that cause harm to infant and young children? Did the TD bank not know that in communities across Canada the majority of mothers initiate breastfeeding? Did the TD bank know that bottle images are undermining of a mother's right to practice normal infant feeding and that the bottle images are insulting as substitutes for women's breasts?

Was the bank not aware that the WHO recommends exclusive breastfeeding (and that means no bottles) for the first six months of life? Well breastfeeding advocates, let them know!

We were overwhelmed by the number of INFACT Canada members and other concerned breastfeeding advocates from across the country who took the time to write TD. While it's impossible to reprint all of the letters (they would literally fill this newsletter), some of the many highlights include the following comments:

"The image of bottles labelled as a symbol of family is not something we should support in our culture," wrote Heather Coleman.

"As a shareholder in TD Canada Trust, I wish to lodge a complaint," wrote Jennifer Peddlesden. "Breastfeeding a baby is a health choice, not a lifestyle choice."

"By exhibiting many posters throughout Canada, TD Canada Trust is undermining the Code and is giving a subliminal message to every young parent who enters your bank that having a baby means bottle feeding," wrote Joan Fisher.

"The fact that the marketing campaign has used the baby bottle as an icon of family instils in the mind of the viewer that formula feeding is pure, innocent, acceptable, normal and an important part of family life." Jeanne Hagreen.

Janet Zablocki was even more direct. "I object to this negative health message and besides it has nothing to do with banking," wrote Janet. "Please remove this offending graphic from your ads."

Perhaps the most unequivocal comments came from Dr. Jack Newman . Dr. Newman wrote, "Bottle-feeding is associated with considerable risk to the health of the mother and the baby. Good corporate citizens do not help to promote bad choices. But that's what you've done."

Despite these and many, many other letters that were sent to TD Canada Trust, banking officials remained unconvinced that their ads were inappropriate and refused to retract or modify them in anyway. Dominic Mercuri, Senior Vice-President of Marketing Communications for TD/Canada Trust wrote,

"We have carefully reviewed the Code, and we don't believe that we are in violation because our advertisement is not intended to promote the sale or distribution of baby bottles or formula."

We heartily disagree and suggest that Mr. Mercuri go back to his Advertising 101 textbook and re-read the mantra of any good ad executive: "Image is everything." ❖

Canada's tiered maternity benefits fail low-income mothers, babies

On the surface, Canada's maternity benefits appear custom designed to support breastfeeding. Qualified mothers can receive up to one year of benefits, thus enabling them to exclusively breastfeed for the first six months, and continue beyond the first year of life.

Unfortunately, looks can be deceiving. In reality, those who are in greatest need for EI benefits are the least likely to get them. Of the 350,000 women who give birth in Canada, about 50 per cent are ineligible for EI benefits. Not surprisingly, the higher the level of income, the higher the percentage of income mothers are likely to receive as maternity benefits. The breakdown looks something like this:

- Fifty per cent of new mothers receive no assistance at all. This group is made up of stay-at-home mothers, self-employed, part-time, underemployed or unemployed women. This group includes second and third time mothers who have been working part-time to accommodate their older children.
- The second group receives 55 per cent of their earnings, up to a maximum of $400 per week, after a two-week waiting period. Women who had received EI benefits as far back as six years face much higher eligibility criteria.
- The final group represents high paid professionals and government workers whose employers top-up their EI benefits to 93 per cent of wages — without the two-week waiting period. This group is also likely to be the highest educated, a proven factor in the decision to breastfeed. ❖

—Adapted from R. Shillington, Straight Goods, May 5, 2004

From the Journals

Nelson E, Chan C, Yu C. **Breast milk substitutes in Hong Kong.** J Paediatr Child Health. 40: 350-352, 2004

Despite improving trends, Hong Kong's low breastfeeding rates, compared to other developed countries, raise questions about the adherence to the International Code by manufacturers and distributors of breastmilk substitutes. To determine compliance with the WHO recommendations to protect breastfeeding, the authors surveyed companies marketing breast milk substitutes in Hong Kong to determine self-reported adherence to the Code. Companies were informed that individual responses would not be published and seven of nine companies responded to the questionnaire. The results showed that the majority of respondents promoted infant and follow-on formula in hospitals and provided free supplies of infant formula to hospitals. Follow-on formula and weaning foods were promoted in shops and to the general public and free samples were given to mothers reflecting a belief that, despite WHA resolutions, follow-on formula is not a breast-milk substitute. The authors conclude that transnational companies should follow the Code and subsequent WHA resolutions equally in all countries.

Mitra AK, Khoury AJ, Hinton AW, Carothers C. **Predictors of breastfeeding intention among low-income women.** Matern Child Health J. 8:65-70, 2004

Breastfeeding rates amongst low-income women remain well below national targets. To determine factors that predict breastfeeding initiation among low-income pregnant women, the authors used a self-administered closed-ended questionnaire with 694 pregnant women who were certified for WIC in Mississippi. The questionnaire collected data about demographics, breastfeeding intention, breastfeeding knowledge, self-efficacy, and three recognized barriers to breastfeeding: embarrassment, time and social constraints, and lack of social support. The results demonstrated that women who intended to breastfeed were more often white and had at least some college education, higher income, fewer children, previous breastfeeding experience than women who did not intend to breastfeed. They concluded: "Women at high risk for not wanting to breastfeed can be identified for additional support. Interventions should focus on improving breastfeeding knowledge, enhancing confidence in one's ability to breastfeed, and overcoming barriers to breastfeeding, especially lack of social support, among low-income women."

Taveras, E. M. et al, **Opinions and Practices of Clinicians Associated With Continuation of Exclusive Breastfeeding.** Pediatrics 113: e283-e290, 2004

Although the American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of life, initiation and maintenance of exclusive breastfeeding for the first six months are low. To identify clinicians' opinions and management practices associated with continuation of exclusive breastfeeding the researchers conducted a prospective cohort study of low-risk mother-newborn pairs. Breastfeeding mothers completed a telephone interview at 4 and 12 weeks postpartum. Their data were linked with their obstetric and pediatric clinicians' responses to a mailed survey.

Of the 288 mothers who were breastfeeding at 4 weeks and had a complete 12-week interview, 152 (53%) were exclusively breastfeeding their infants at 12 weeks. Mothers who discontinued exclusive breastfeeding were more likely to have experienced problems with their infant latching on or sucking or report that a health care provider recommended formula supplementation.

Clinicians reported limited time during preventive visits to address breastfeeding problems as a very important barrier to promoting breastfeeding. Obstetric providers were least confident in resolving problems with mothers not producing enough breast milk. Pediatric providers were least confident in resolving problems with breast pain or tenderness or cracked or painful nipples.

Mothers whose pediatric providers recommended formula supplementation if an infant was not gaining enough weight or who considered their advice to mothers on breastfeeding duration to be not very important were more likely to have discontinued exclusive breastfeeding by 12 weeks postpartum. Black mothers were significantly more likely to discontinue exclusive breastfeeding by 12 weeks.

The study concludes that clinicians' practices regarding formula supplementation of healthy infants and their opinions about the importance of their breastfeeding advice are associated with the likelihood that mothers will continue exclusive breastfeeding.

Bangladesh Import of full cream powdered milk drops due to breast-feeding campaign Bangladesh Observer April 5, 2004

The Bangladesh Breast-feeding Foundation (BBF) reports that full cream powdered milk worth some US$75 million, including infant formula powdered milk worth some US$12.67 million, was imported in 1989, while the figures for 2003 fell to US$60 million and US$7.6 million respectively. This represents a 20 per cent decline in sales and a huge savings in foreign currency. The drop of full cream powdered milk imports is mostly due to an effective campaign for breastfeeding, by increasing awareness and monitoring by different organizations to help lower the dependency on powdered milk.

As part of a worldwide effort to increase breastfeeding rates, the campaign in Bangladesh noted exclusive breast- feeding (EBF) of children till six months of their age is still being hampered due to the promotional campaigns by foreign powdered milk and baby food companies, which try to persuade the mothers, even paediatricians, to give their product items to the children.

The Nutrition Department of the Institute of Preventive and Social Medicine in Bangladesh found the dropout of EBF to start after three months, clearly indicating the link to marketing by breast-milk substitute companies.

The campaign also noted its success in the feeding of colostrum to newborns which increased from nil in 1989 to the current 96 per cent.

Chen A, Rogan W.J. **Breastfeeding and the Risk of Postneonatal Death in the United States**. Pediatrics. 113, e435-e439, 2004

Postneonatal mortality is reduced by more than 20 per cent in the US for those who are breastfed. Chen and Rogan used the US 1988 National Maternal and Infant Health Survey data to assess the effect of not having been breastfed on postnatal mortality. After eliminating death due to other causes such as congential anomaly and malignant tumors, the authors analyzed 1204 infants who had died between day 28 and one year and 7740 who were alive at one year. For those never breastfed the risk of death during the postneontal period was 21 per cent greater than for those who were breastfed. They concluded that promoting breastfeeding has the potential to save more than 720 US infants during the postneonatal period each year. This translates to about 72 infant lives in Canada.

Singhal A. Cole T.J. Fewtrell M. Lucas A. **Breastmilk feeding and lipoprotein profile in adolescents born preterm: follow-up of a prospective randomised study**. Lancet 363:1571-1578, 2004

To test the observation that never having received breastmilk is associated with increased cholesterol later in life, 926 infants born preterm were randomly assigned in two parallel trials to receive donated banked breastmilk or preterm formula, or standard term formula or preterm formula, as sole diet or as supplements to mother's milk in both trials. Participants were followed up at age 13-16 years and tested for ratio of low-density to high-density lipoprotein cholesterol (LDL to HDL).

Those who had been randomized to banked breastmilk had a lower LDL to HDL ratio than those given preterm formula. A greater proportion of human milk intake in infancy was associated with lower ratios of LDL to HDL. In conclusion the results indicate that not receiving breastmilk increases the long-term risk for atherosclerosis. ❖