

INFACT  
Canada



IBFAN  
North  
America

Infant Feeding Action Coalition, 6 Trinity

N M5G 1B1 tel: (416) 595-9819 fax: (416) 591-9355

Newsletter

Spring/Summer 2006

## Twenty-five years of the WHO Code

*Assessing the progress and challenges of creating a global breastfeeding culture*

This year the celebration of World Breastfeeding Week marks the 25th anniversary of the International Code of Marketing of Breastmilk Substitutes. The International Code was adopted by the World Health Assembly (WHA) in May of 1981, and for a quarter of a century has been the most vital tool in the global effort to protect and support breastfeeding.

At the time of the Code's drafting, the need for such a tool was nothing short of desperate. Global breastfeeding rates were at an all-time low. In the United States in 1971, only 21 per cent of all mothers were even initiating breastfeeding.<sup>1</sup> Statistics in the majority world were often even lower, with only 20 per cent of Kenyan babies and 6 per cent of Malaysian babies being predominantly breastfed.<sup>2</sup> Experts at the World Health Organization (WHO) linked these low breastfeeding rates to various social factors, but primarily blamed

them on the aggressive marketing of infant formula.

While for millennia all babies had been breastfed, throughout the twentieth century unchecked marketing of infant formula had convinced many mothers that the natural way of feeding their infants was inferior. Formula corporations' marketing campaigns were far more sophisticated and invasive than any public health programs implemented to educate the public about the benefits

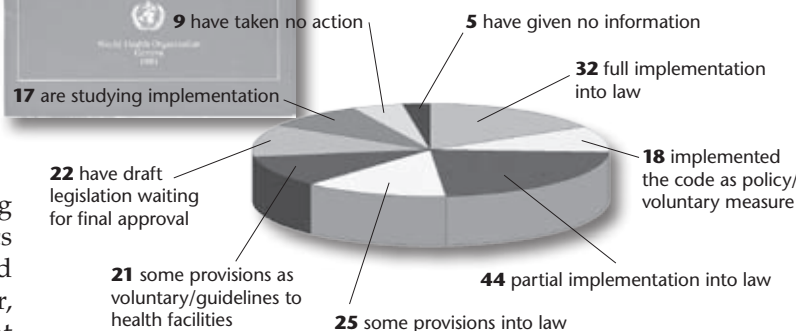
The International Code's ultimate goal is to reverse this process and reinstitute breastfeeding as the cultural norm through the adoption by national governments of policies which ensure parents receive sufficient and unbiased information about infant and young child feeding. The basic principles of the Code are based on the status of breastfeeding as the sole way to achieve optimal infant and young child health, and the concept that aggressive marketing of infant formula damages breastfeeding rates and therefore damages infant health.

The provisions of the International Code and subsequent, relevant resolutions of the WHA seek to eliminate corporate influence on the infant feeding decision-making process. They ban advertising formula directly to parents or to the general public, promotion of formula through the healthcare system, and the idealisation of breastmilk substitutes as equivalent to breastfeeding.

If implemented, these measures would ensure that the information parents receive about infant feeding wouldn't come from infant formula corporations, which have a vested interest in dissuading mothers from breastfeeding.



### Code implementation results from 193 countries



of breastfeeding. Myths and ignorance about the realities of infant feeding were pervasive, and thanks to aggressive formula advertising, a global culture of artificial feeding had been created.

There is every reason to believe that over the past 25 years the International Code has led to higher breastfeeding rates and subsequently improved levels of health for the world's infants and young children. Today, the global exclusive breastfeeding rate at four months is roughly 45 per cent, and 36 per cent at six months. Seventy-three per cent of all mothers are still breastfeeding 12 to 15 months after birth.<sup>3</sup> The rise in breastfeeding rates can be attributed

largely to strong pro-breastfeeding policies adopted by governments and supported by the International Code.

Despite this progress however, there are still huge challenges to normalizing breastfeeding today. Although all but one of the 181 members of the WHA voted in favour of adopting the International Code in 1981, over the past 25 years only 32 countries have enacted the Code in its entirety into national legislation, while another 22 have draft legislation pending.

While this is a remarkable achievement for these nations which will hopefully contribute to good infant health for years to come, not one Western government has adopted the Code as national law. While the risks associated with not breastfeeding are more acute in the impoverished regions of the world, in more wealthy nations babies who are not breastfed still suffer higher rates of morbidity and mortality than their breastfed counterparts. World Breastfeeding Week 2006 should be a time to celebrate the achievements we've made under the International Code, but also to condemn the unforgivable inaction of governments like those of Canada and the United States, which have done so little to protect the most vulnerable members of our societies. ❖

### References

1. Ryan AS, Rush D, Krieger FW. "Recent declines in breastfeeding in the United States, 1984 through 1989." *Pediatrics*. 1991;88:719-727.
2. Dimond HJ, Ashworth A. "Infant feeding practices in Kenya, Mexico and Malaysia." *Human Nutrition: Applied Nutrition* 1987; Vol 41A.: 51-64
3. UNICEF Global Database on Breastfeeding Indicators. <http://www.childinfo.org/areas/breastfeeding/countrydata.php>

## Human milk for a hungry planet

According to both the UN Food and Agricultural Organization (FAO) and the US Department of Agriculture (USDA), the world's food supplies are plunging at an alarming rate. For the sixth time in seven years, global food harvests will fail to produce sufficient

will bear the brunt of insufficient energy and nutrient rich foods. The tragic daily toll of 16,000 hunger deaths can only be expected to rise as food stocks shrink and prices increase.

It is not only reduced agricultural production, however, that will threaten food security for the world's poorest. Appetite for food animals fed on grain continues unabated. To produce two kg of beef, 14kg of grain is consumed. Roughly a third of the world's grain harvest is used to fatten animals.

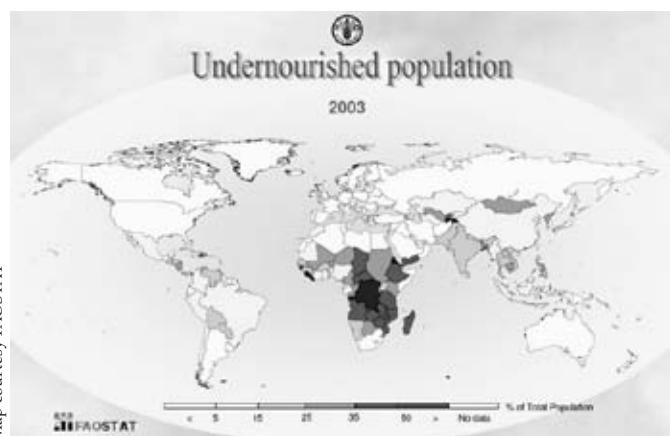
Another concern is the corn for fuel rush, part of the advancing efforts to produce "green" fuels. Consequently the world's poor are finding themselves

in competition with the SUV appetite of the rich. Just a single ethanol fill-up for a four-wheel SUV uses enough grain to feed one person for an entire year.

Food security and self-sufficiency remain elusive goals. Human milk is rarely valued as the imperative provider of food and immunology that it is. For mothers and their children exclusive breastfeeding for six months and the provision of nutrient-rich local complementary foods is a safe, affordable and life-saving means of nurturing, regardless of social or economic status. Moreover this supports key UN Millennium Goals of eradicating poverty and hunger and reducing child mortality. ❖

### Bolivia enacts International Code

This summer Bolivia became the latest country to implement the International Code as national legislation. A law to protect breastfeeding had been proposed to the government by IBFAN and local breastfeeding activists eight years ago, but consistent pressure from the baby food industry and a lack of political will prevented any action being taken. With the recent change in government however, the proposal was revisited and ultimately adopted as the law to Protect Breastfeeding and Appropriate Infant Nutrition in Bolivia. INFANCT would like to congratulate the hard work of the members of IBFAN Bolivia, Health Action International (AIS) and Consumer Activists (CODEDCO), as well as national Health Minister Mrs. Nila Heredia, who vigorously defended this law. Bolivian infants and mothers will lead better lives thanks to their efforts. ❖



Per cent of population undernourished by country: from white (less than 5%) in North America, Europe, etc to dark grey (greater than 50%) in Africa.

amounts to feed everyone on the planet, resulting in reduced stockpiles built up during times of better harvests. As a result food prices have gradually increased, threatening food access for the world's poor. USDA estimates global food production to be just short of 2 billion tons annually and 58 million tons below what the world's population is expected to consume. Similarly FAO predicts food crops to barely exceed 2 billion tons, down from 2.38 in 2005 and 2.68 in 2004.

For the 800 million people who continue to experience chronic hunger, these predictions offer little hope as their numbers are expected to rise. Children

Map courtesy FAOSTAT

## WHA's 59th resolution seeks a *Call for Action on breastfeeding*

On the 25th anniversary of the passage of the International Code of Marketing of Breast-milk Substitutes, we are pleased that again the World Health Assembly (WHA) has resolved to renew its commitment to breastfeeding protection and the reduction of infant and young child mortality. The resolution seeks continued support for the implementation of the International Code and the Global Strategy for Infant and Young Child Feeding, and the revitalization of the Baby-Friendly Hospital Initiative, and urges member states

to take up the Call for Action as requested in the Innocenti Declaration of 2005.

Although both the USA and Canada attempted to weaken the text of the resolution on infant and young child nutrition before the May 2006 World Health Assembly, strong voices from many countries thwarted their efforts. The attempts to minimize the concerns over intrinsic bacterial contamination of powdered infant formula were unsuccessful and the resolution was passed unanimously with the support of 191 countries. ❖

## *Formula distributed in hospitals recalled because of vitamin deficiency*

Three lots of Abbott Ross' Similac liquid formula have been recalled in parts of the USA, Puerto Rico, and Guam after it was discovered they were lacking the appropriate amount of Vitamin C, an essential nutrient. The formula, which has been on shelves for the past four months, has a very dark colour and if consumed for extended periods of time would result in serious health complications for infants. One of the lots of formula was used in discharge kits which Abbott Ross distributes at hospitals to new mothers. Hospitals are supposed to keep track of the lot numbers of formula they distribute, but this practice is not widespread, and it is likely that health institutions have given out a dangerous product and now have no way of contacting the mothers who are feeding it to their infants. It is precisely because of the inherent risks that formula presents—improper ingredient levels, intrinsic contamination, poorer health outcomes etc—that such discharge packs are banned by the International Code of Marketing of Breastmilk Substitutes.

To learn more about the campaign to end the distribution of formula discharge packs, visit [www.banthebags.org](http://www.banthebags.org).

As news of this defective formula broke, Canadian magazine Today's Parent was sending out promotional emails trying to unload free samples of formula on mothers. The email urged mothers to accept a "special keepsake box" containing "expert advice" on infant nutrition and a packet of Mead Johnson formula. Sadly, even as formula samples are yet again revealed to constitute a threat to infant health, and as World Breastfeeding Week approaches to mark the 25th anniversary of the International Code, Today's Parent continues to violate its provisions and put infant health at risk. ❖

FIFTY-NINTH WORLD HEALTH ASSEMBLY

WHA59.21

Agenda item 11.8

27 May 2006

### **Infant and young child nutrition 2006**

The Fifty-ninth World Health Assembly,

Having considered the report on infant and young child nutrition which highlights the contribution of optimal infant feeding practices to achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration;<sup>1</sup>

Recalling the adoption by the Health Assembly of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA47.5, WHA49.15, WHA54.2 and WHA58.32 on infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming in particular resolutions WHA44.33 and WHA55.25 which respectively welcomed the 1990 Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding and endorsed the Global Strategy for Infant and Young Child Feeding as the foundations for action in the protection, promotion and support of breastfeeding; Welcoming the Call for Action contained in the Innocenti Declaration 2005 on Infant and Young Child Feeding;

Mindful that 2006 marks the twenty-fifth anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes and recognizing its increased relevance in the wake of the HIV/AIDS pandemic, rising frequency of complex human and natural emergencies, and concerns about the risks of intrinsic contamination of powdered infant formula;

1. REITERATES its support for the Global Strategy for Infant and Young Child Feeding;
2. WELCOMES the Call for Action made in the Innocenti Declaration 2005 on Infant and Young Child Feeding as a significant step towards achievement of the fourth Millennium Development Goal to reduce child mortality;
3. URGES Member States to support action on this Call for Action and, in particular, to renew their commitment to policies and programmes related to implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions and to the revitalization of the Baby-Friendly Hospital Initiative to protect, promote and support breastfeeding;
4. CALLS on multilateral and bilateral donor arrangements and international financial institutions to direct financial resources for Member States to carry out these efforts;
5. REQUESTS the Director-General to mobilize technical support for Member States in the implementation and independent monitoring of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions.

Ninth plenary meeting, 27 May 2006  
A59/VR/9



# In Laos, infants still suffering from Nestlé's dangerous labels



In our last newsletter, INFACT Canada reported on a tragedy currently unfolding in Laos, where due to misleading labels Nestlé coffee sweetener is being mistaken for infant formula. Although the product is not a breastmilk substitute, it carries a logo of a cartoon mother and baby bear in the breastfeeding position. The coffee sweetener contains nothing but sugar, milk solids and palm oil and is a dangerous product for infants.

Malnourished infants fed on Nestlé's Bear Brand "sweetened beverage creamer" are common in Laotian hospitals. In an effort to discern how widespread a problem this is, INFACT Canada asked Dr. Leila Srour, our contact in Laos, to document such cases. Unfortunately, she was easily able to find another infant who had been fed on this innutritious product for most of his life. Dr. Srour wrote in an email to INFACT Canada:

*Yesterday, I visited the provincial hospital in Luang Namtha, northern Laos. I saw Tao Joy, an 18 month old child, with severe*

*malnutrition... The grandparents have cared for the child, since the mother died one month postpartum. The grandparents reported that*



Photo by Dr. Guenther Slesak

*the child has been fed "cow-milk." They were misled by the Breast Feeding Bear logo. When we explained to the parents that this product was not for babies, the grandmother began weeping... The family is extremely poor.*

*I do not know how often this tragedy occurs, since parents believe they are giving their children a product intended for babies. We discover the product only when we ask to*

*see exactly what the child is being fed.*

*This product affects the poorest of the poor, the most vulnerable children... This child is in serious condition. If he survives, I suspect his mental and physical development will be stunted by the severity of his malnutrition.*

The suffering of this infant and many others is completely avoidable. In neighbouring countries, Nestlé uses a coffee cup logo on the same product to eliminate any confusion. Why is this dangerous label still used in Laos? Infants are suffering and most likely dying needlessly, while Nestlé has the power to stop it. ❖

**Please write to Nestlé CEO Peter Brabeck-Lethmathe at**

Nestlé S.A.  
Avenue Nestlé 55 Vevey 1800  
Switzerland.

**Or visit <http://www.nestle.com/Header/Contact+Us/Contact+Us.htm>**

**and tell Nestlé to put an end to these dangerous labels.**

## WHO's groundbreaking Child Growth Standards New growth charts are based on the norm of breastfed children



*"A future of sustainable development begins with safeguarding the health of every child"*  
—Kofi Annan, Secretary General of the United Nations

The release of WHO's long awaited growth standards based on breastfed children is another critical milestone in the quest to normalize breastfeeding on a global scale. The new growth standards set the optimum—and normative—path for infants and young children to grow and develop, and underscores breastfeeding as the standard for infant and young child feeding.

Growth charts are important tools to measure progress in growth and development of infants and children. The standards to which infants and children are compared must clearly be based on the best possible outcomes for children. With these

standards, parents, doctors, advocates and policymakers will more fully understand the value of breastfeeding as the standard for good nutrition, health, and development. The Growth Standards also provide strong support for the right of every child to develop to his or her full potential.

To determine progress in implementing the new growth standards as a public health instrument for Canadian children, INFACT Canada contacted the Canadian Pediatric Society (CPS) and Health Canada. We received no response from the CPS. Dr. Margaret de Groh from the Public Health Agency of Canada responded as follows:

*In response to your question, at this time, neither Health Canada nor the Public Health Agency of Canada have plans to formally review or adopt the new WHO growth standards. However, the Public Health Agency of Canada (PHAC) will be participating in the review of the new WHO growth standards being led by Dietitians of Canada. The recommendations arising from this review will likely influence future action concerning the WHO growth standards.* ❖

**For more information see:**

**Growth of Breastfed Babies**, INFACT Canada Newsletter, Winter 2005, page 1-2.

**WHO Child Growth Standards**, <http://www.who.int/childgrowth/en/>

## More health units certified baby-friendly

**B**reastfeeding support for Canadian mothers and babies is improving as two more community-based health units have been certified (Mother) Baby-Friendly.

Thunder Bay District Health Unit was declared Baby-Friendly in June 2006. States Lorraine Repo, "We are thrilled to be part of this global campaign to improve the quality of care for all new mothers."

CLSC Vaudreuil-Soulanges became the third community-based health facility in Quebec and the fourth in Canada to be designated Baby-Friendly this past June. ❖

## Canada's Baby Friendly facilities are now eight and counting...

### Baby-Friendly Hospitals and Birthing Centres in Canada

#### Installation Hôpital Brome-Missisquoi-Perkins du Centre de santé et de services sociaux la Pommeraie

950, rue Principale  
Cowansville, PQ J2K 1K3

- tel 450-266- 5503
- email [christiane.charest@rrsss16.gouv.qc.ca](mailto:christiane.charest@rrsss16.gouv.qc.ca)
- Designated July 1999
- Designation confirmed November 2004

#### St. Joseph's Healthcare Hamilton

50 Charlton Avenue E.  
Hamilton, ON L8N 4A6

- tel 905-522-4941
- email [sfeaver@stjosham.on.ca](mailto:sfeaver@stjosham.on.ca)
- web [www.stjosham.on.ca/mn/index.htm](http://www.stjosham.on.ca/mn/index.htm)
- Designated March 2003

#### Centre hospitalier Saint-Eustache

520, boul. Arthur-Sauvé  
Saint-Eustache, PQ J7R 5B1

- tel (450) 473-6811
- email [info.chse@ssss.gouv.qc.ca](mailto:info.chse@ssss.gouv.qc.ca)
- web [www.chse.qc.ca](http://www.chse.qc.ca)
- Designated May 2004

#### Maison de naissance Mimosa du Centre de santé et de services

Sociaux du Grand Littoral  
182, rue de l'Église  
Saint-Romuald, PQ G6W 3G9

- tel 418-839-0205
- email [maisondenaissancemimosa@ssss.gouv.qc.ca](mailto:maisondenaissancemimosa@ssss.gouv.qc.ca)
- web [www.mimosa.qc.ca](http://www.mimosa.qc.ca)
- Designated January 2005

### Baby-Friendly Community Health Services in Canada

#### Mission communautaire du Centre de santé et de services sociaux d'Argenteuil

145, avenue de la Providence  
Lachute, PQ J8H 4C7

- tel 450-562-4711, poste 8237
- email [monique\\_therien@ssss.gouv.qc.ca](mailto:monique_therien@ssss.gouv.qc.ca)
- Designated November 2004

#### Centre de sante et des services sociaux Vaudreuil-Soulanges CLSC Vaudreuil-Soulanges

490 boul Harwood  
Vaudreuil-Dorion, PQ J7V 7H4

- tel (450) 455-6171
- email [hermance.monette@rrsss16.gouv.qc.ca](mailto:hermance.monette@rrsss16.gouv.qc.ca)
- Designated June 2006

#### Thunder Bay District Health Unit

999 Balmoral Street  
Thunder Bay, ON P7B 6E6

- tel (807) 625-5952
- email [laura.prodanysk@tbdhu.com](mailto:laura.prodanysk@tbdhu.com)
- web [www.tbdhu.com](http://www.tbdhu.com)
- Designated June 2006

#### Mission communautaire du Centre de santé et de services sociaux du CLSC La Pommeraie

112, rue Sud  
Cowansville, PQ J2K 2X2

- tel 450 266-2522
- email [christiane.granger@rrsss16.gouv.qc.ca](mailto:christiane.granger@rrsss16.gouv.qc.ca)
- Designated September 2005

## Comparison of two systems for the promotion of exclusive breastfeeding

Coutinho SB, Cabral de Liro PI, de Carvalho Lima M, Ashworth A

**B**razil is in many ways a model for breastfeeding protection and promotion. It has legislated effective regulations to restrict the marketing of breastmilk substitutes and has one of the world's most effective donor human milk systems. Training and implementation of the Baby-Friendly Hospital Initiative (BFHI) is ongoing and at the time of this study Brazil reported 289 BFHI accredited hospitals. This study reports on a randomized trial comparing the effect on exclusive breastfeeding rates of a hospital-based system and a combination hospital- and community-based system providing 10 postnatal home visits.

Pre-intervention results collected in Brazil in 1998 showed very low rates of exclusive breastfeeding (mean 0 days) and the duration of any breastfeeding to be short (mean 116 days). During 2001 maternity staff received 20-hour BFHI training after which mother and baby pairs were randomized to either 10 home visits or no visits and breastfeeding data was collected for six months. Home visitors also received the same 20 hours of training. Using WHO breastfeeding definitions, 364 mother and baby pairs were assessed.

BFHI training was associated with improved exclusive breastfeeding in hospital—from 21 per cent prior to training to 70 per cent after training. However, the high rates attained in the hospital were short lived. After 10 days only 30 per cent of infants were exclusively breastfeeding and at one month this dropped to 15 per cent. This impact has also been observed in other countries.

Post-natal visits improved the duration of breastfeeding; exclusive breastfeeding initiation rates measured 68 per cent, at ten days rates rose to 70 per cent, and by one month were at 65 per cent.

In conclusion, home support is more influential than support during hospital stay. The researchers also note that home visits benefited all socio-economic groups, whereas the hospital-based interventions skewed benefit to more affluent populations. They warn that dependence on hospital-based interventions is inadequate and if sustained benefit is to be achieved then support during the early weeks, when difficulties may arise, is critical. ❖

# Skin-to-skin: Co-sleeping and Breastfeeding

*Early separation can produce major shifts in susceptibility to stress-induced pathology.*

—Nils Bergman, Toronto, June 2006 (citing Hofer, 1994)

The 16<sup>th</sup> Annual National Breastfeeding Conference, held in Toronto June 2006, provided a wealth of information on the innate mother-infant relationship and the critical importance of skin-to-skin contact,

and routine practices are often given priority over the dyad imperative. Noting that our Western **medicalized model** of infant sleep (and feeding) has failed us miserably, James McKenna, Chair of the Anthropology Department

■ promotes one sleeping arrangement as a moral issue and gives it a set of inappropriate meanings.

Health care providers are frequently the enforcers of the “medicalized sleep model.” Both Health Canada and the Canadian Pediatric Society are cautious about co-sleeping and recommend against bed-sharing. Parents who co-sleep are seen as irresponsible by the Children’s Aid Society and risk having their infant removed from them.

Medical models are not necessarily rooted in sound science-based rationale, as has clearly been demonstrated in the case of the artificial feeding model which has caused widespread damage to

infant health. Evidence over the years has shown that infants who sleep alone are twice as likely to die from SIDS than are infants sleeping in the company of a responsible parent or caregiver<sup>1</sup>. Despite this it is most often cribs rather than co-sleeping practices on which improvement is sought.

## Does co-sleeping facilitate breastfeeding?

The biological interdependence of mother and baby is wonderfully embodied in the act of breastfeeding. The intense awareness for each other integral to the breastfeeding act demands continued closeness and is no doubt why so many mothers choose to co-bed with their children. Estimates from

## What every health professional should know *about*

- Co-sleeping is normal
- Co-sleeping is biologically supported with breastfeeding.
- Infants encounter more stress when separated from their mothers.
- Sleeping recommendations are based on emotional and social factors.
- Co-sleeping is not illegal or neglect nor is it immoral.
- Infants’ sleep is often a safety recommendation.
- Parents are the final decision makers on what their infant needs.



Photo by Jackie Cooke

Co-sleeping and breastfeeding are mutually supportive. Proximity to mother and the breast facilitate breastfeeding, which in turn facilitates sleeping together.

co-sleeping and breastfeeding. The lifelong impact of this relationship on both brain and neurological development is now well documented. Participants heard from Drs. James McKenna and Nils Bergman that separation of mother and baby is harmful and that the mother-baby dyad is a single “psychobiological” unit. Separation of mother and newborn violates the natural developmental agenda for the infant.

This fundamental yet complex message is a challenge for those working in mother and baby care from pregnancy through to birthing and breastfeeding. For many the concept of the inseparable “dyad” goes against the grain of years of training and institutional protocols,

of the University of Notre Dame, South Bend has listed the flaws in our medicalized infant sleep model. According to McKenna, it:

- is devoid of the “relationship” familial factors where baby sleeps and feeds as regards parental emotions and goals,
- is devoid of intrinsic (infant) factors—temperament, personality, sensitivity,
- categorizes infants’ inability to follow cultural model as “disease,” “sleep disorder,” or immaturity, and so infant becomes a “patient,”
- promotes a one-size-fits-all sleep model,



industrialized countries of the number of babies and mothers sleeping together range from 65 per cent to 90 per cent for at least part of the night. Co-sleeping and breastfeeding are mutually supportive. Proximity to mother and the breast facilitate breastfeeding, which in turn facilitates sleeping together.

This facilitation of breastfeeding and the maternal-baby stimuli that accompany this relationship have obvious benefits. Co-sleepers breastfeed for a longer duration.<sup>2</sup> SIDS rates are two times higher for infants who sleep in another room.<sup>1</sup>

Co-sleeping mothers are more in tune with baby's breathing and arouse easier to respond to baby's needs. Interestingly, mother's body temperature also changes to regulate that of her co-sleeping baby. For a busy mother, the co-sleeping arrangement has benefits. She sleeps longer,<sup>3</sup> yet is

more in tune with her baby and the duration of lactational amenorrhea is also increased. For the baby the skin-to-skin contact provides additional perks of being "colonized" by mother's beneficial bacteria.<sup>4</sup>

### Safe co-sleeping

Progress is being made. Those assisting in pre-natal training and in birthing are beginning to affirm the longing for closeness with their infants which parents seem to innately possess.

Given the unique importance of co-sleeping and its near universal practice, one has to ask why resistance to it remains so prevalent. Conflicting interests such as Mead Johnson's funding of the US-based SIDS organization,

the economic interests of the crib and baby paraphernalia companies, and a number of authoritarian health professions are some of the obstacles to achieving a healthy mother-baby dyad. The safety of formula feeding and crib sleeping is rarely questioned. It is not the bed-sharing mother-baby dyad relationship that needs to be

put under the microscope but factors linked to various sleeping situations. SIDS can occur in cribs and in beds and is associated with smoking, prone sleeping position and formula feeding. Smothering, an accidental form of infant death, has been linked to sleeping on couches, sleeping on soft unsuitable surfaces, bed partners who were drugged, had too many drinks or were over tired, excessive bedding such as quilts and comforters, pillows or toys, baby sleeping alone in an adult bed, or sleeping with siblings or other caretakers. By avoiding the risk circumstances both mother and baby can enjoy the innate bliss of closeness and the rewards of sleeping and breastfeeding together.

Many babies who have died suddenly without any apparent reason have been found in bed with their mothers. This has led specialists to say that babies are not safe unless they sleep in their own

bed. We must keep in mind, however, that some babies succumb to SIDS even if they sleep on their back and even when sleeping in their own bed. What then should be done?

Fortunately, large epidemiological studies have shed some light on this question. If a mother does not smoke during her pregnancy,

and if her infant sleeps on its back, **there is no increased risk for SIDS if she sleeps with her baby.**<sup>5,6</sup>

As well, the simple fact that a baby shares the room with his parents is a situation known to **decrease** the risk of SIDS. ♦

### References

1. Carpenter RG. Sudden unexplained infant death in 20 regions in Europe: a case control study. *Lancet* 363: 185-191, 2004
2. Ball HL. Breastfeeding, bed-sharing and infant sleep. *Birth* 30: 181-188, 2003
3. Quillin SIM, Green LL. Interaction between feeding method and co-sleeping on maternal-newborn sleep. *JOGNN* 33: 580-588, 2004
4. Anderson GC, Moore ER, Hepworth J, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. In: *The Cochrane Library*, Issue 2, 2003.
5. Gessner BD et al. Association between Sudden Infant Death Syndrome, prone sleep position, bedsharing, and sleeping outside of an infant crib in Alaska. *Pediatrics* 108: 923-927, 2001.
6. Blair PS et al. Sudden Infant Death Syndrome and sleeping position in pre-term and low birth weight infants. *Arch Dis Child* 91: 101-106, 2006.

### May a mother sleep with her baby?

*All over the world, millions of babies sleep with their mothers. It is altogether natural for a mother to bring her baby into her bed for breastfeeding and fall asleep with the baby thereafter.*

—Aurore Coté, McGill University researcher and practitioner with the Montreal Children's Hospital in her booklet "BACK TO SLEEP ... for life" available at [www.backtosleepforlife.ca](http://www.backtosleepforlife.ca)

### h provider

rding to Dr. McKenna

ve human behaviour.

cally interdependent

e than one sleep location.

ions must integrate  
ly with child and parent.

gal, is not child abuse  
moral!

unplanned, and  
ns are critical.

ecision makers of  
s.



Dr. Nils Bergman, South African Public Health Consultant and lecturer and Anju Dhawan, Healthy Families Education Coordinator, Toronto Public Health at the 16th Annual Breastfeeding Conference, June 2006.

INFACCT Canada photo.

# The AIDS Epidemic: Women and Children

*“Poverty fuels the AIDS pandemic and AIDS is devastating communities and local economies, relegating millions to live and die in poverty. Women and children are bearing the brunt of this pandemic—this vicious circle can and must be stopped.”*

—Gerry Barr, Co-chair of the Make Poverty History Campaign and President-CEO of the Canadian Council of International Co-operation

**P**rotecting women’s rights and improving the odds of preventing the transmission of HIV/AIDS was a key theme of the International AIDS conference held in Toronto, August 2006.

Where HIV/AIDS is endemic, women face enormous obstacles. Mothers endure not only the routine grind of poverty and inequity, but bear most of the responsibility of caring for family members, child rearing and of making the most out of the limited options regarding their own and their children’s survival. According to UNAIDS, 57 per cent of all those infected in Sub-Saharan Africa are women.

Little help and support is available. Antiretroviral drugs (ARVs) are far too costly for the majority, and

reduction in poverty and inequity has been on the international agenda for decades yet nothing ever seems to change. It is already accepted that the Millennium Goals will not be met by 2010 and as always governmental promises for more and better aid are soon revealed to be hollow and politically driven.

Sadly, much of the neglect stems from the politics of who profits from the therapies and solutions on offer and the refusal of the global powers to remedy the disgrace of economic and gender inequities. It is outrageous that women, who have the primary responsibility of reproduction and child rearing do not have access to the simple provision of ARVs, appropriate contraception, adequate nutrition and health care, nor support for exclusive

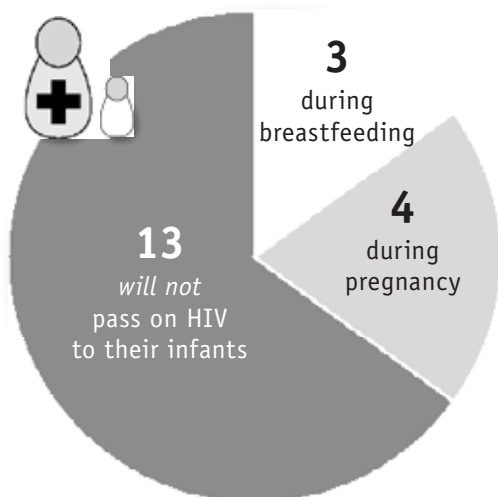
breastfeeding for the first six months of life, which greatly reduces the risk of pediatric transmission and mortality associated with artificial feeding. These basic provisions are low-cost and highly effective in reducing infant and young child mortality and preventing maternal deaths.

Canada’s Stephen Lewis, UN Special Envoy for HIV/AIDS, has made treatment and prevention for women a central theme for his mandate, and rightly so. Much can and should be done. Lewis has made the first step through his advocacy for a UN agency specially dedicated to improving women’s rights and promoting social and economic equality. The goal is to give voice to women’s needs and to target the globe’s resources to better meet these needs in the struggle to conquer HIV/AIDS. For those working within the global breastfeeding movement such an agency could be a powerful tool for improving the knowledge and support for the mother-baby dyad.

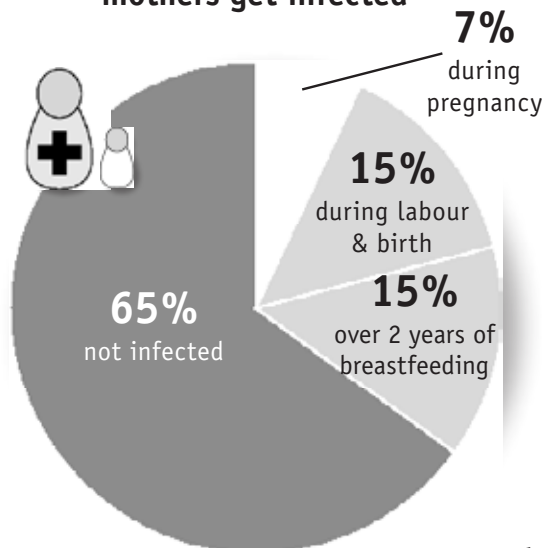
Spearheaded by the World Alliance for Breastfeeding Action, La Leche League International, the International Baby Food Action Network, Another Look, and others, information, special sessions and educational kits on mother support and infant feeding were made available to the International AIDS conference delegates. This material offset the myths and ignorance that persist despite much research confirming the reduced mortality and lowered risk for transmission via breastfeeding.

## ■ How babies get infected: pediatric HIV\*

**Mother to child transmission for 20 HIV+ mothers in a community**



**How babies born to HIV+ mothers get infected**







## How should infants where HIV is prevalent be fed? Here are the options in order of preference

- Exclusive breastfeeding, giving only breastmilk, no water, other liquids or solid foods.
- Expressing and heat-treating breastmilk – pasteurization temperatures destroys the virus.
- Banked breastmilk from a screened donor, whose milk is pasteurized and made available for infants in need.
- Wet-nursing by a tested HIV negative woman.
- Commercially prepared infant formula.
- Home modified animal milk with added water, sugar and supplemented with micronutrients.

## Of babies born to HIV+ mothers

- **65 per cent** will not become infected
- **7 per cent** will be infected during pregnancy
- **15 per cent** during labour and birth – some may be due to the use of contaminated instruments
- **15 per cent** over two years of breastfeeding (loosely defined)
- **80 to 90 per cent** will not become infected through breastfeeding. ❖

\*Pediatric HIV transmission figures are based on limited research and may change over time as more information about the nature of the virus and its prevalence, transmission and impact becomes available.

## Did you know that:

- 2.3 million children are living with HIV
- 700,000 children, one every minute, became infected with HIV during 2005
- 10.9 million children die of preventable diseases every year. Two-thirds of these deaths are associated with inappropriate feeding practices
- During the first 20 years of the HIV and AIDS pandemic, up to 1.7 million children had contracted HIV through breastfeeding, but 30 million children died because they were not breastfed
- Mothers most often become infected via the father of their children

- Women's and children's rights are protected under the UN Universal Declaration of Human Rights and the Convention on the Rights of the Child.

## How babies get infected: Pediatric HIV

### Of 100 mothers in a community with 20% HIV prevalence:

- 80 mothers will not be infected
- 20 mothers will be HIV+
  - 13 mothers will not pass the virus to their infants
  - 7 mothers will transmit to their infants
    - 4 of these during pregnancy and delivery
    - 3 of these while breastfeeding

## Deaths and years of life lost due to suboptimal breastfeeding among children in the developing world: a global ecological risk assessment.

Lauer JA, Betran AP, Barros AJ, de Onis M. *Public Health Nutr.* 9: 673-685, 2006

The estimate of deaths and years of life lost among infants and children less than two years of age related to insufficient breastfeeding in developing countries, is 1.45 million lives and 117 million years of life. This offsets deaths associated with pediatric HIV/AIDS by as many as 2.4 million. The authors conclude that closing the gap between current infant and young child feeding practices and global recommendations would involve no out-of-pocket costs and could possibly save 1.45 million lives per year. ❖



Photo courtesy www.who.int

INFACT CANADA WOULD LIKE TO extend our condolences to all those who knew Dr. Lee Jong-Wook, Director General of the World Health Organization, who died this past May 22 of a sudden illness at the age of 61. Dr. Lee worked for the WHO for 23 years, and was in his third year as Director General.

# Botswana study reveals dangers of combatting pediatric HIV transmission with formula feeding

Since 1999 Botswana's pediatric HIV prevention program has been providing replacement feeding in the form of infant formulas nationwide. However, this practice has come under scrutiny because of the high mortality rates associated with the practice of formula feeding. Since no data was available to assess the outcome of interventions aimed at reducing transmission for breastfeeding infants, a clinical trial<sup>1</sup> was undertaken to assess the efficacy and safety of formula feeding and breastfeeding as methods of prevention of postnatal pediatric HIV transmission.

Twelve hundred Botswanan HIV+ pregnant women were randomized from four district hospitals. Infants were evaluated from birth to 18 months.

All of the women received the antiretroviral drug zidovudine from 34 weeks gestation and during labour. Mothers and infants were randomized to receive single-dose nevirapine (another antiretroviral) or placebo. Infants were randomized to six months of breastfeeding plus prophylactic infant zidovudine, or formula feeding plus one month of infant zidovudine.

The breastfed group included all forms of breastfeeding:

	1 month	3 months	5 months
Exclusive breastfeeding	57.1%	31.3%	17.5%
Predominant breastfeeding	21.2%	20.1%	7.5%
Mixed feeding	21.7%	48.6%	75.0%

Table 1: Botswana study breastfeeding distribution.

The seven-month HIV infection rates were 5.6 per cent for the formula-fed group and 9.0 per cent for the breastfed plus zidovudine group. At 18 months the cumulative mortality for HIV infection rates were: 80 infants in the formula-fed group and 86 infants in the breastfed plus zidovudine group.

At seven months the cumulative mortality rates were significantly higher for the formula-fed group than for the breastfed plus zidovudine, group: 9.3 per cent vs 4.9 per cent ( $P = .003$ ). The

high number of deaths in the formula-fed group were a result of high rates of diarrheal disease and pneumonia. The breastfed group had lower incidence of these diseases.

	Breastfeeding + zidovudine	Formula Feeding
HIV+ Rate	at 7 months	9.0%
	at 18 months	6.0%
Mortality Rate	at 7 months	4.9%
	at 18 months	10.7%

Table 2: Botswana study HIV+ and mortality rates.

The authors concluded that these results demonstrate the risk of formula feeding to infants in sub-Saharan Africa, and the need for studies into alternative strategies of preventing HIV transmission to infants in the region.

Other studies such as Coutsooudis et al<sup>2</sup> have shown *exclusive* breastfeeding to have similar transmission outcomes to formula-fed infants. (See chart 1) Hence the effect of six months of infant

zidovudine in reducing infection via breastfeeding is greatly underestimated in the Botswana study which lumps all breastfeeding in the breastfed group. The authors note that this was done to reflect local feeding patterns. However, local support for exclusive breastfeeding can positively effect both transmission and mortality outcomes. ❖

## References

- 1 Ibou T. et al. Breastfeeding plus infant zidovudine prophylaxis for 6 months vs formula feeding plus infant zidovudine for 1 month to reduce mother-to-child HIV transmission in Botswana: a randomized trial: the Mashi study. *JAMA* 296:794-805,2006
- 2 Coutsooudis A. Influence of infant feeding patterns on early mother-to-child transmission of HIV-1 in Durban, South Africa. *Ann N Y Acad Sci.* 918: 136-144, 2000

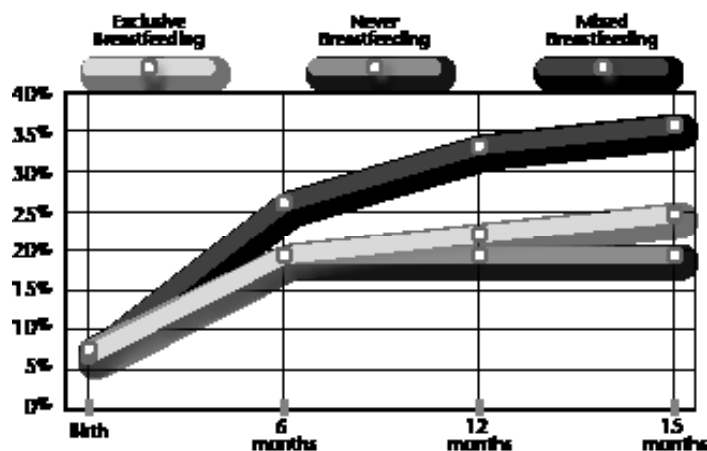


Chart 1: Rates of HIV infection over time in 118 children exclusively breastfed, 157 children never breastfed, and 276 mixed breastfeeders. From Coutsooudis et al.<sup>2</sup>

## Botswana diarrhea outbreak highlights need to protect breastfeeding

Earlier this year Botswana was battered by a diarrheal outbreak serious enough to require outside intervention from the Centre for Disease Control and UNICEF. Most of those affected were infants under 18 months old. Abnormally heavy rains in the first months of 2006 resulted in flooding and dirty puddles of standing water which combined with poor sanitation to spread the disease, killing 470 children between January and April.

Kutloano Leshomo, Communications Officer for UNICEF, said that infant formula played a significant role in the outbreak. "Contaminated water, unhygienic practices at the household level, poor sanitation, infant feeding-bottle contamination

with human waste and ongoing person-to-person transmission" all contributed to the spread of the disease, he said.

According to Dr. Tracey Creek of the Centre for Disease Control, formula-fed babies were disproportionately affected by the disease. "One village we visited lost 30% of formula-fed babies - none other - during the outbreak," she said.

According to a report by the National AIDS Map organization, not having been breastfed was the most significant risk factor associated with children being hospitalized during the period of the outbreak.

Parents were instructed to boil water, wash hands and substitute cup feeding for bottle feeding. ❖

**Wright CM, Waterston AJR. Relationship between paediatricians and infant formula milk companies. Arch Dis Childhood 91: 3830385, 2006**

*Paediatricians should recognize the influence of infant formula milk companies and avoid intentionally or inadvertently promoting them.*

Although it is known that the use of infant formula instead of breastmilk is one of the most important causes of preventable infant mortality in both industrialized and poor countries, breastfeeding rates have become stagnant and breastfeeding remains under threat, note the authors of this important opinion piece.

For formula companies increasingly faced with evidence linking their products to major health risks, relationships with pediatricians and other health professionals are vital to enhancing the credibility (and sales) of their products.

The authors give three ways in which the companies forge these relationships:

- Sponsorships of educational events are accompanied with widely distributed items bearing the companies logos, such as pens, notebooks, etc.
  - Organizational or departmental support conveys the impression that the company is "health giving" although their products may cause harm to children.
  - Research funded by formula companies more often than not is undertaken in an attempt to portray formula as equivalent to breastfeeding. The addition of ingredients such as fats are advertised as making formula "closer to breastmilk than ever before."
- Research into specialized formulas for high needs infants often fails to recognize that these infants suffer even more when deprived of their mother's milk.

The study notes the "fiduciary" relationship between doctors, their patients and society is one of trust based on the specialized knowledge and experience the profession holds, hence the "duty" to avoid conflict of interest. Accepting gifts, sponsorships, meals, conference registrations, by nature creates conflicts of interest—a relationship with an obligation to reciprocate. In subtle ways it silences the criticisms of the company. Health professionals participating in a corporate-sponsored event lends credibility to the corporation and its products, regardless of their effect on health.

Beyond credibility, sponsorships also influence the practice of physicians. In analogous pharmaceutical research, sponsorships have been found to cause physicians to increase their requests for the patron company's drugs and prescribe them more often.

In the UK, the Royal College of Paediatricians and Child Health stopped accepting sponsorships from infant formula companies with no negative financial effects.

In the end the authors recommend a practice code for Baby-Friendly practitioners. ♦

**Kassirer JP. When Physician-Industry Interactions Go Awry. J Pediatr 149: S43-S46, 2006**

The author of the exposé **On the Take: Medicine's Complicity with Big Business Can Endanger Your Health** (Oxford University Press), describes the financial connections between members of health professions, professional organizations and pharmaceutical industries—which includes the infant formula industry.

Financial connections between the health

care sector and medical product companies have created a financial dependence that is having a negative impact on the quality and the cost of care and the trust that the public places in health professionals.

The author notes:

**Direct targeting of health professionals.**

Over 80 per cent of the pharmaceutical industry's \$24 billion advertising budget spent in the USA is spent on pamphlets, brochures, free samples and other advertising directed at health professionals. In addition they are bribed with free gifts, free entertainment, free "education," and free meals.

**Influence at policy levels such as the FDA leads to more dangerous care and practices.**

He cites the example of the FDA panel which was set up to determine whether or not Vioxx would return to the market. The 10 members of the panel with financial links to the manufacturer voted 9:1 for the drugs return, whereas the 20 members with no financial links voted 12:8 against its return. If none of the conflicted members had voted, the drug's return would have been rejected.

**Financial payments in return for prescribing drugs or treatments**

The offer of financial payments for each prescription of treatment can add as much as US\$150,000 annually to a physician's income.

**Using "front" organizations**

The various "disease" organizations—heart, liver, asthma, AIDS, kidney etc may have the appearance of being professional but operate without peer review.

The most damaging to care practices is the involvement of these funded organizations in the development of practice guidelines. The example of the American Heart Association is noted for its setting of unrealistic guidelines for cholesterol levels. This increased those at "risk" by millions and subjected millions more to drug treatments. Most panel members setting the recommendations had financial ties to the manufacturer

of heart medication.

**Extensive presence at annual meetings of professional associations**

The funders receive mailing lists of attendees and shower them with cocktail parties, free e-mail kiosks, tote bags, meals, speakers, special events. Worst are the company-sponsored speakers with logo-plastered presentations.

**Stopping the bribes**

The successful co-opting of health professionals at all levels has led to almost no action to decrease conflicts of interest. Although some professional associations have published guidelines, they are voluntary, address only some of the more blatant abuses, and are not backed up by monitoring or sanctions.

In conclusion, the author notes that if professionals fail to act, then governments should. ♦



**Table 1 Which type of companies to avoid?**

- Any company which manufactures a breastmilk substitute, bottles or teats.
- Any company which markets other clinical products using a name clearly identified with a breastmilk substitute.
- Any company that makes and markets infant formulas, e.g. a supermarket.



**Table 2 What type of sponsorship should be avoided?**

Within an institution	Reasons to be avoided
<ul style="list-style-type: none"> <li>■ The use of brochures or posters displaying the company's infant feeding products</li> <li>■ Support for teaching sessions or meetings</li> <li>■ Support for salaries, equipment or research</li> </ul>	<ul style="list-style-type: none"> <li>■ Promotes the company to the public in a trusted environment</li> <li>■ Publicity will associate institution with the company</li> <li>■ Institution will be indebted to the company, stifling expression of doubt about practices or products.</li> </ul>
As an individual	Reasons to be avoided
<ul style="list-style-type: none"> <li>■ Accepting gifts of stationery, pens, clinical equipment</li> <li>■ Speaking at meetings, visibly badged with a formula logo</li> <li>■ Support for attending a conference or a course</li> </ul>	<ul style="list-style-type: none"> <li>■ You promote the company to your patients</li> <li>■ Publicity will be used to promote the company with your name linked to it</li> <li>■ You will be indebted to the company and develop an expectation of support in the future</li> </ul>