



INFACT Canada/IBFAN North America

Protecting, Promoting and Supporting Breastfeeding

Press Release

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The Need to Invest in Babies

INFACT Canada urges Canada's governments and health care systems TO INVEST IN MOTHERS AND BABIES to optimize breastfeeding for mothers and their children

It is a basic human right for mothers to breastfeed their children and for children to be breastfed. Canada, its citizens and all levels of government must realize and implement not only the global WHO recommendations for optimal breastfeeding practices, but importantly also invest in the supports needed for mother's and families to realize optimal breastfeeding in order to ensure the best possible health and development for Canada's children.

Policies that tell mothers to exclusively breastfeed for the first six months of life and sustain breastfeeding for two years and beyond without the adequate supports needed for mothers and children to realize this, place the full burden of achieving this on the backs of mothers.

Breastfeeding rates in Canada remain far from optimal. The recent ***Breastfeeding Trends in Canada***, Statistics Canada¹ reports that although new mothers increasingly initiate breastfeeding immediately after birth, the rates for exclusive breastfeeding for the first six months remain far from the recommendations by Health Canada² and the World Health Organization (WHO)³.

Data collected by the Canadian Community Health Survey presented in the breastfeeding Trends in Canada report presents data collected from 2003 to 2011/2012, state that over 9 year period, from 2003 to 2011/2012 exclusive breastfeeding rates across Canada rose 7% from 17% to 26%. Hence 74% of mothers and infants do not meet the recommended optimal infant feeding of exclusive breastfeeding⁴ for the first six months of life.

INFACT Canada and the breastfeeding support groups have called upon Canada's governments over and over again, despite the mounting evidence of the harm done to infant and maternal health when breastfeeding rates are suboptimal to regulate the marketing restrictions as recommended by the WHO.

Today again INFACT Canada strongly urges [all levels of Canadian governments](#) to ***Invest in Babies*** and their mothers to provide meaningful support and fully implement the International Code and the Baby Friendly Initiative.

1. To stop the promotion through the advertising of artificial feeding products
2. To prohibit nutrition and health claims on labels and on any other communications of infant formula and baby milk products
3. To cease the idealization of products with pictures of mothers and babies
4. To place health warnings about the health risks and contamination risks
5. To regulate the preparation of powdered infant formulas on product labels as recommended by the WHO¹⁰
6. To ensure that women's reproductive health information, such as pregnancy and birth dates is subject to privacy laws
7. To implement the Baby Friendly Initiative in maternity services and in all community health services.

The health and cost benefits to Canadian mothers and children and to all of our society will be immeasurable.

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NOTES FOR THE PRESS

1. Breastfeeding trends in Canada

Although the Breastfeeding Trends in Canada report does not make recommendations for how breastfeeding supports for mothers can be improved, it does note that more research is needed ***“to explore the challenges faced by breastfeeding mothers”***.

“Not enough breast milk” was the main reason that women stopped

breastfeeding, even though low milk supply is a rare medical condition. Many mothers reported that they introduced other liquids and solids to the baby before the six-month mark, a practice that may interrupt breast milk production.”

2. Why do mothers stop breastfeeding prematurely?

The high breastfeeding rates reported - The majority of mothers, 89%, breastfed their baby in 2011–2012, a slight increase from 85% in 2003¹ - immediately after birth indicates that mothers intend to breastfeed yet face barriers that shorten the intended duration⁵.

A major obstruction breastfeeding mothers face is the powerful marketing push for formula feeding by the distributors and manufacturers of artificial feeding products - infant formulas, follow-up formulas, bottles commercial feeding devices and the promotion of solid baby food products before the age of six months.

Although the World Health Organization’s International Code of Marketing of Breastmilk Substitutes and related World Health Assembly Resolutions strongly urge governments to implement, regulations to control the marketing of these products, Canada continues to permit the baby food products industries to market aggressively to compete with breastmilk and undermine a mother’s intent to optimally feed her baby.

Marketing practices by the baby food products industries continue to push free samples of formula feeding products– starting during pregnancy, at birth, on hospital discharge and continuously throughout the first year of an infant’s life. These marketing behaviours significantly contribute to failure to achieve exclusive breastfeeding⁶.

“Closer to breastmilk than ever before” is a chronic phrase trumpeted at pregnant women and new mothers on product labels and in advertisements. Promotions of infant formula products use nutrition and health claims to idealize their products and attempt to give them the appearance of being similar to breastmilk. Various additives to these products are marketed to provide benefits normally attributed to breastmilk, yet these claims are not proven scientifically⁶, are false and mislead parents to believe the products have attributes similar to breastmilk.

3. The cost of not breastfeeding

The cost of not regulating the marketing and promotion of infant and young child feeding products can be estimated to be in the billions of dollars annually.

When infants and young children are not breastfed or when breastfeeding is suboptimal, children risk not only increased rates of infectious diseases such as

gastric and respiratory infections, but increasingly research is documenting the impact of not breastfeeding on the prevalence of life long chronic diseases such as cancers, diabetes, obesity and cardio vascular disease. Chronic diseases are now epidemic and the cost of treatment over a person's lifetime is substantial. Optimal breastfeeding practices can significantly reduce the incidence of these chronic conditions.

The loss of breastfeeding not only contributes to increased illness but also damages normal development especially brain and neural development. Lack of breastfeeding risks a loss of 8 to 10 IQ points and children who are not breastfed experience reduced academic performance. Such a loss of intellectual capacity too is an incalculable loss to national potential.

Breast cancer rates across Canada have reached epidemic levels. An estimated 1 in 9 women are expected to develop breast cancer over her lifetime. During 2013, an estimated 23,800 Canadian women will be diagnosed with breast cancer and 5,000 will die from the disease⁷.

World Cancer Research Fund (WCRF) 2009⁸ which analyzes cancer data and makes recommendation for the prevention of cancers notes the important role of breastfeeding in the reduction of breastfeeding cancer risk.

“data from 47 studies³³ reported a 4.3 per cent reduction in the risk of breast cancer for every 12 months of breastfeeding. This reduction was in addition to a 7 per cent reduction in risk for each birth. Therefore, compared to a woman who has two children who did not breastfeed, a woman who breastfed each child for 6 months (total breastfeeding duration of 12 months) was estimated to have about a 4 per cent reduction in risk, and if she breastfed each child for 1 year (total breast-feeding duration of 24 months), the reduction in risk would be around 8 to 9 per cent.”

Hence the WCRF recommends to both governments and the infant formula industries that:

“Stricter application of regulations and codes concerning the marketing of infant formula will effectively increase breastfeeding rates”

and to ***“Ensure that marketing and promotion of breastmilk substitutes and complementary foods follow the terms of UN codes and strategies on infant and young child feeding***

As well as ***“Incorporate UN recommendations on breastfeeding into law or appropriate public health and consumer protection rules.”***

In addition to the stress and suffering breast cancer patients experience, the cost of treatment to the health care system as well as the out-of-pocket costs are

significant A study⁹ of total cost of treatment of a cohort of 17,700 women diagnosed in 1995 was estimated to be over 454 million Canadian dollars in direct healthcare costs associated with the lifetime management of a cohort of 17700 women diagnosed in 1995. The study did not include the out-of pocket costs such as loss of income, childcare, drugs, etc. Today's numbers of patients and costs are considerably higher.

4. Protecting breastfeeding by restrict the marketing of artificial feeding products

Canada has since 1981 has taken a position of non regulation and non enforcement of the International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions to protect breastfeeding from the commercial interventions by the baby foods industries, instead leaving the industry to self-regulate its marketing.

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5. References

1. <http://www.statcan.gc.ca/daily-quotidien/131125/dq131125c-eng.htm>
2. Health Canada, Canadian Paediatric Society, Dietitians of Canada and Breastfeeding Committee for Canada. 2012. "Nutrition for Healthy Term Infants: Recommendations from birth to six months." Food and Nutrition. Updated on October 31st, 2012. <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php#a5>
3. World Health Organization and UNICEF. (2003).  [Global Strategy for Infant and Young Child Feeding](#). Geneva: World Health Organization.
4. Exclusive breastfeeding means no other foods or liquids are fed. Infants who are exclusively breastfed may still receive vitamin and mineral supplements or medicines, in the form of drops or syrups. They may be given oral rehydration solution. World Health Organization, 2008.
5. Declercq, E. et al. Hospital Practices and Women's Likelihood of Fulfilling Their Intention to Exclusively Breastfeed. *Am J Public Health*. 2009 ,99(5): 929–935
6. Qawasmi, A. et al. Meta-analysis of Long Chain Polyunsaturated Acid Supplementation of Formula and Infant Cognition. *Pediatrics* 2012;129:1141–1149
7. Canadian Cancer Society. <http://www.cancer.ca/en/cancer-information/cancer-type/breast/statistics/?region=on>
8. World Cancer Research Fund / American Institute for Cancer Research. Policy and Action for Cancer Prevention. Food, Nutrition, and Physical Activity: a Global Perspective Washington DC: AICR, 2009

9. Will BP. Estimates of the lifetime costs of breast cancer treatment in Canada. *Eur J Cancer*, 2000, 36(6) 724-35.
10. World Health Organization. (2006). Safe preparation, storage and handling of powdered infant formula guidelines. Geneva: WHO.