



## **UNITED STATES BREASTFEEDING COMMITTEE**

### **STATEMENT ON MARKETING OF HUMAN MILK SUBSTITUTES**

**It is the position of the United States Breastfeeding Committee (USBC) that human milk substitutes should not be marketed in ways that can interfere with breastfeeding.**

The World Health Organization's International Code of Marketing of Breast-milk Substitutes was created in 1981 with the intent to diminish the inappropriate marketing and distribution of human milk substitutes. The marketing of human milk substitutes directly to consumers, and to health care providers, deleteriously impacts rates of breastfeeding initiation, duration, and exclusivity. Breastfeeding is the nutritional standard for infant and young child feeding as recognized by scientific and health organizations worldwide<sup>1</sup>. This position statement is in accordance with evidence-based research recognized by the American College of Obstetricians and Gynecologists, the American Public Health Association, the American Academy of Pediatrics, the World Health Organization, and others<sup>1</sup>.

Exclusive breastfeeding for the first six months of life, followed by continued breastfeeding for the first year and beyond, is essential to the health of women and young children, and USBC works to counteract commercial barriers to these practices. Having reviewed available methodologically sound scientific literature exploring the impact of advertising human milk substitutes, it is clear that barriers to breastfeeding may exist for the following reasons.

- Advertising of infant formula in obstetricians' offices lowers the rate of breastfeeding among women who visit those offices prenatally.<sup>2</sup>
- Exposure to infant feeding information through media advertising has a negative effect on breastfeeding initiation.<sup>3</sup>
- Breastfeeding mothers who receive free formula samples at hospital discharge are more likely to introduce solid foods by two months postpartum.<sup>4</sup>

- Women who did not receive hospital discharge packs containing formula are more likely to be exclusively breastfeeding at three weeks postpartum.<sup>5</sup>
- Women who receive a hospital discharge pack with a manual breast pump but no formula breastfeed exclusively for longer compared to women who receive formula in their discharge pack.<sup>6</sup>
- Women who receive free commercial formula are less likely to begin breastfeeding and less likely to still be breastfeeding at 7 – 10 days.<sup>7</sup>
- The propensity to stop breastfeeding and prematurely introduce solids after exposure to formula marketing is more significant among less educated mothers, first-time mothers, and mothers who were ill postpartum.<sup>4</sup>
- Formula samples provided in health care settings present the appearance that health care providers sanction and encourage the use of formula for all mothers. This practice undermines the entire health care system and weakens the credibility of health care providers.<sup>8</sup>
- In a study among women who had initiated breastfeeding, 66.8% reported having received commercial hospital discharge packs. Women who received these packs were more likely to exclusively breastfeed for fewer than 10 weeks than were women who had not received the packs.<sup>9</sup>
- In a study on infant feeding advertisements in 87 issues of *Parents* magazine, a popular parenting magazine, from the years 1971 through 1999, content analysis showed that when the frequency of infant formula advertisements increased, the percentage change in breastfeeding rates reported the next year generally tended to decrease.<sup>10</sup>
- Infant formula company websites, printed materials, coupons, samples, toll-free infant feeding information lines, and labels may mislead consumers into purchasing a product that appears equivalent or superior to human milk. This may induce reliance on a biased source for infant feeding guidance.<sup>10</sup>

In summary, direct-to-consumer advertising of infant formula and the practice of marketing infant formula through the health care system have deleterious effects on breastfeeding initiation, duration, and exclusivity and violate principles of business ethics.<sup>8</sup> Therefore, the United States

Breastfeeding Committee calls for the protection of maternal and child health and rights through the following recommendations.

- Any marketing of breast milk substitutes should be conducted in a manner compliant with the guidelines contained in the International Code of Marketing of Breast-milk Substitutes and all relevant subsequent World Health Assembly resolutions.
- All health care providers and related health organizations should adhere to the International Code of Marketing of Breast-milk Substitutes.
- Congress should appropriate and authorize adequate funds for the Federal Trade Commission and the Food and Drug Administration to develop, monitor, and enforce policies regarding the false and misleading advertising of infant formula, including additives, health claims, and omissions.

*USBC is an organization of organizations. Opinions expressed by USBC are not necessarily the position of all member organizations and opinions expressed by USBC representatives are not necessarily the position of USBC.*

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<sup>1</sup> American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk (policy statement). *Pediatrics*. 2005;115(2):496-506.

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