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THE NEWSLETTER OF THE BABY FRIENDLY INITIATIVE IN IRELAND

BFHI LINK

## Strategic Action Plan for Breastfeeding is launched

October 4th saw the launch of the *Five Year Strategic Action Plan for Breastfeeding* by the Minister of State at the Department of Health and Children, Séan Power TD. Text of the Minister of State's launching speech can be read at [http://www.healthpromotion.ie/breastfeeding/strategic\\_action\\_plan\\_2005/](http://www.healthpromotion.ie/breastfeeding/strategic_action_plan_2005/)

The Strategic Action Plan builds on the achievements of the previous national breastfeeding policy (DOH, 1994) and focuses on one clear goal:

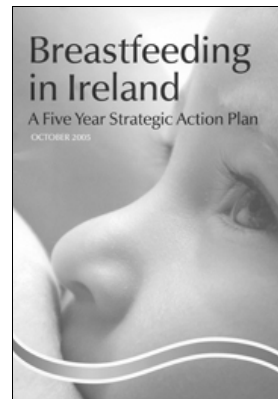
*To improve the nation's health by ensuring that breastfeeding is the norm for infants and young children in Ireland.*

Education on breastfeeding for schoolchildren; regulating the marketing of breast milk substitutes; the introduction of at least ten regional breastfeeding coordinators; supports for mothers to breastfeed for longer; improved, flexible working conditions for breastfeeding mums, calls on the media to portray positive images of breastfeeding and a sustained increase of 2% per annum in the rates of breastfeeding are some of the 44 action points. Each action item is listed with the lead agency responsible - in general this is the HSE. So ask HSE for funding to implement the actions and reach the targets.

**One of the main targets is that 50% of births will be in hospitals that have been awarded (and maintained) Baby-friendly status within 5 years. At present about 14% of births are in a Baby-friendly hospital, so there is plenty of room for action!**

The Action Plan contains sections outlining the development of the Action Plan and the evidence base for the actions. The Action Plan is based on the five goals of the Ottawa Charter for Health Promotion.

The five-year Plan was developed by a Ministerial appointed, multi-disciplinary National Committee on Breastfeeding, in consultation with relevant stakeholders. The Strategic Plan will be available on the Department of Health and Children's web site [www.healthpromotion.ie/breastfeeding](http://www.healthpromotion.ie/breastfeeding)



### Hospital BFHI Action Plans

Every hospital participating in the BFHI at any level, in maternity, paediatric or supportive workplace projects, is required to have an Action Plan each year. These Action Plans are due in the BFHI office in January. They need to have a clear aim, SMART objectives, an evaluation method, and persons named as responsible for the actions.

Each January, the previous year Action plan needs to be briefly reported on. You can input this into the Health Data web site also so that other hospitals can learn from your activities.

Hospitals that do not file an Action Plan and a report may lose their participation in the BFHI.

Start thinking about your Action Plan for 2006 and evaluating your 2005 action plan. If you need assistance, contact the Health Promoting Hospitals Co-ordinator in your hospital or region or the BFHI Co-ordinator.



**Focus in this issue:**  
Providing information on types of formula without marketing

## Marketing of Breast Milk Substitutes

The purpose of marketing and advertising by a company is to sell more products.



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If marketing and advertising did not result in increased sales, the company's shareholders would not allow money to be spent on these activities.

### What is marketing?

Marketing is defined as “product promotion, distribution, selling, advertising, product public relations, and information services,” by the WHO International Code of Marketing of Breast-milk Substitutes (1981).

The Irish legislation (SI 243/1998) defines advertising as “the making of any pronouncement in the course of a trade, business or profession for the purpose of promoting the supply of goods or services” and defines to market as “includes to supply, whether or not for profit, offer, expose for sale and/or have in possession for sale and cognate words shall be construed accordingly”.

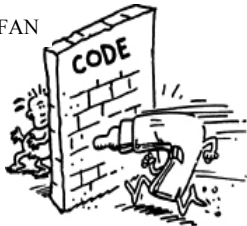


Pens, notepads, calendars and other gifts advertise the company as well as building a relationship between the company and the health professional.

Giving parents a company Freephone number to call “for any questions on feeding your baby” is marketing. It helps the company generate good will from parents and health workers—thus increasing sales.

Think - do you want parents to get help on feeding their baby from you -the health professionals caring for the baby, or from a company marketing products?

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**The International Code is there to protect ALL babies - breastfed or formula fed, their parents and health workers.**



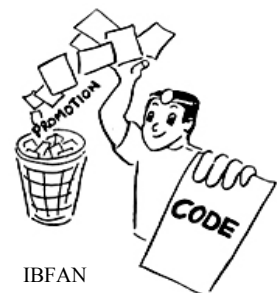
Do the publications from your health professional association market infant formula?  
If so, make it clear that you do not approve of this marketing.

### But what if the hospital or health centre requests the marketing materials from the company? Can the company then provide materials?

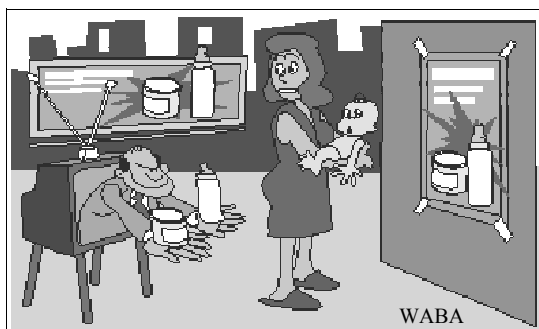
The International Code says: “Donations of informational or educational equipment or materials by manufactures or distributors should only be made at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose.” (Article 4.3)

Minister Séan Power TD in his speech for the launch of the Strategic Action Plan for Breastfeeding in Ireland on 4<sup>th</sup> October 2005 said: “When implemented, the Action Points outlined in the Breastfeeding Strategic Action Plan will result in positive, achievable outcomes over the next five years, including a lead role by Ireland in lobbying for EU Regulations in relation to the marketing of breast milk substitute. We have an obligation to protect breastfeeding from the enormous marketing pressure from such companies and *health service policies will prohibit the distribution of marketing materials, published by these companies, in healthcare settings.*” (Italics added).

So if anyone was in any doubt if the Department gives permission for use in the health service of marketing materials by companies, Minister Power’s speech makes it clear that this marketing is prohibited.



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## What do parents see as advertising?

A MORI phone survey<sup>1</sup> of 1,000 new mothers and pregnant women by the United Nations Children's Fund (UNICEF UK) and the National Childbirth Trust (NCT) suggests that manufacturers are exploiting loopholes in a law banning the promotion of infant formula for babies. Two thirds (60%) of those surveyed said they had seen or heard advertising for infant formula in the past year. Advertising of infant formula has been banned in the UK since 1995 in recognition of the importance of breastfeeding.

The letter of the law banning adverts for infant formula - milk powder for babies which can be used from birth - has been broadly observed by manufacturers, say UNICEF and the NCT, but adverts for other products such as follow-on formula for older babies appear to be causing confusion. "When the advertising ban was introduced, it didn't cover follow-on formula," said Andrew Radford, Director of UNICEF UK's Baby Friendly Initiative. "The manufacturers have since changed the way they package and promote their follow-on formulas so that they're almost identical to the regular infant formula. This means that a supposedly legal TV or magazine advert for a follow-on formula will also promote a company's infant formula."

More than a third of women who had seen formula advertising said that the message conveyed was that infant formula is 'as good as' or 'better than' breastmilk. This is despite the overwhelming evidence that bottle-feeding carries significant health risks.

Belinda Phipps, Chief Executive of the NCT said: "The advertising ban was introduced to protect mothers to ensure they could make decisions about feeding their baby based on reliable information. Current promotion is being seen by mothers as infant formula advertising and is affecting how they feed their babies. It's clear that the law needs to be tightened to protect babies' health and stop this confusion."

Our survey has revealed the real impact of cleverly designed, high volume promotion of follow-on formula. Rates of breastfeeding in the UK are low compared with the rest of Europe and our survey suggests that follow-on formula advertising is contributing to these low rates. We need stricter controls to ensure the marketing of breastmilk substitutes is replaced with independent information for parents and health professionals."

A poll commissioned by the Department of Health<sup>2</sup> in August 2005 of 1000 pregnant women and 1000 mothers of infants, supports the findings that the majority of women who have seen formula advertising consider it to be infant formula advertising.

*This report comes from UNICEF UK Baby Friendly Initiative.<sup>3</sup> Regulations on TV advertising are similar throughout the EU.*

1. Results can be found at [http://www.babyfriendly.org.uk/pdfs/formula\\_promotion\\_mori\\_2005.pdf](http://www.babyfriendly.org.uk/pdfs/formula_promotion_mori_2005.pdf)

2. Results can be found at <http://www.dh.gov.uk/assetRoot/04/11/88/54/04118854.pdf>

3. To subscribe the UK BFI research mailings visit [http://www.babyfriendly.org.uk/mailling/sign\\_up.asp](http://www.babyfriendly.org.uk/mailling/sign_up.asp)

### Further reading:

International Baby Food Action Network (IBFAN) [www.ibfan.org](http://www.ibfan.org)  
The Code in Cartoons  
Protecting Infant Health—a health workers guide to the International Code of Marketing of Breastmilk Substitutes

World Health Organization: [www.who.int](http://www.who.int)  
International Code of Marketing of Breastmilk Substitutes (1991) and subsequent resolutions (resolutions are discussed and added approximately every two years)

Irish Legislation on Infant formula composition and marketing. Statutory Instrument 243 of 1998. <http://www.irishstatutebook.ie/front.html>

World Alliance for Breastfeeding Action (WABA) [www.waba.org.my](http://www.waba.org.my)

### Every woman has the right to choose how to feed her baby BUT she has no choice

- if she has no knowledge about breastfeeding;
- if she cannot get impartial information about hazards and contents of infant food products;
- if her government or the health workers who care for her are as committed to the companies as they are to her welfare.

WABA, World Breastfeeding Week Pack, 1995

A handout on types of infant formula is part of this issue of *BFHI Link*. If not breastfeeding, as well as knowing what to feed, it is important that parents know how to prepare feeds in a safe way. A handout on sterilising and feed preparation can be downloaded from [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)

## NEWS UPDATE

**Thank you to University College Hospital Galway for assisting with the field test of the updated UNICEF/WHO BFHI Global assessment tools** in August. The update takes into account mother friendly birth practices as well as more on support for infants who are not breastfeeding and their mothers, to take into account the HIV situation and how Baby-friendly practices remain relevant.

The UNICEF/WHO course "Breastfeeding Support and Promotion in a Baby-friendly Hospital: an 18-hour course" is also being updated from the original 1993 version. This update includes the new aspects of the assessment tools such as birth practices and focuses on providing the health worker with practical skills. The new course includes clinical practice sessions. The course and self-appraisal tool will be on open access on the UNICEF web site in January 2006.

## Statistics or Mothers and Babies?

Do you think about the statistics that your hospital collects on breastfeeding? There are real mothers and babies behind the statistics. For example, if a hospital has 1800 births and a breastfeeding initiation rate of 45%, that is 810 babies and mothers. If the discharge rate is 35%, that is 630 babies and mothers. However the 10% drop during the few days in hospital means that 180 mothers who wanted to breastfeed left hospital not breastfeeding; that 180 babies did not get the start their mothers had hoped for.

Promotion of breastfeeding is not enough. Breastfeeding promotion encourages the mother to start but breastfeeding support enables her to continue. The mothers who stopped breastfeeding last year before discharge were in a setting where there were skilled staff available 24 hours a day. Why did these mothers/babies not go home breastfeeding? Were there too few staff to help? Where the staff less skilled than needed? Did hospital practices mitigate against breastfeeding? Did these mothers just "not really want to breastfeed"? These mothers did not stop breastfeeding before hospital discharge because they were returning to work or because they felt unable to breastfeeding outside their home.

Last year there were about 4000 infants who did not benefit from breastfeeding even though their mothers wanted to breastfeed them and started breastfeeding. This loss before discharge needs to be reduced to zero.

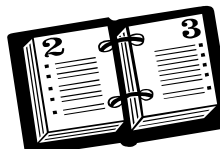
*BFHI Link* is written by Genevieve Becker, National Co-ordinator of BFHI, and reviewed by members of the National BFHI Advisory Committee.

### We welcome your news and suggestions.

Contact the BFHI Co-ordinator,  
c/o Health Promoting Hospitals Network,  
James Connolly Memorial Hospital,  
Blanchardstown, Dublin 15, email: [bfhi@iol.ie](mailto:bfhi@iol.ie)  
Web site: [www.hphallireland.org](http://www.hphallireland.org) then go to Links



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## Diary Dates

- Oct 25<sup>th</sup> **Maternal and Child Nutrition Conference**, Belfast.  
Health Promotion Agency NI.  
Tel: (028)/(048) 9031 1611  
[www.healthpromotionagency.org.uk](http://www.healthpromotionagency.org.uk)
- Nov 15-16<sup>th</sup> **BFI UK Conference**, Bournemouth.  
Contact: 00-44-870-606-3377 or [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)
- 2006 **La Leche League of Ireland Annual Conference**, Bundoran  
March 11-12<sup>th</sup> Contact: 0404-41773  
[siobhanward@eircom.net](mailto:siobhanward@eircom.net)
- March 25<sup>th</sup> **Lactation Consultants of GB Annual Conference** Manchester.  
Contact: [info@lcgb.org](mailto:info@lcgb.org)
- April **Association of Lactation Consultants in Ireland, Spring Study Day**, date to be arranged

## Types of Infant Formula

Breastfeeding is the best for babies. Expressed breast milk is the next best option. Babies who are not breastfed may be at higher risk of ill health. Breastfeeding has health benefits for mothers also. Most mothers are able to produce breast milk. Your midwife can tell you more about breastfeeding.



If you decide not to breastfeed or not to use expressed milk, infant formula is needed. There are different types of infant formula. It is important to use a formula that is suitable for your baby and to prepare it correctly. A wrong formula or one made up incorrectly could make your baby ill. Most formula is made from cows or goats milk processed to make it easier for the baby to digest the formula. It has added ingredients such as vitamins and fats to help meet the nutritional requirements of babies.

**All brands of formula are basically the same as the ingredients must meet the regulations.**

**Whey based infant milk formula** (or first milk) is recommended for formula fed infants from birth until one year of age.

**Casein based or curd infant milk formula** is advertised "for hungrier babies". There is no scientific evidence that this type of formula is better for "hungry" babies. Casein based formula may be harder to digest than whey based formula because it forms a thick curd in the stomach.

**Follow-on formula** are advertised for babies over 6 months of age. A baby who is eating a variety of foods and drinking whey based infant formula does not need follow-on formula.

### Formula for babies with special conditions

Soya formula is processed from soya beans with vitamins and other nutrients added. It is used for babies who cannot take cows milk or when a family wishes to avoid all animal products. The sugar in soya formula can damage the baby's teeth so should be fed by cup rather than bottle after 6 months.

Low birth weight formula is processed to be more suitable than standard formula for low birth weight infants. Breast milk is very valuable for low birth weight infants.

High energy formula is used for formula fed malnourished infants.

Hydrolysed or low-allergenic formula is used in cases of diagnosed food allergies in infants who are not breastfed.

Special formulas should only be used on the advice of a dietitian, paediatrician, or other health professional with knowledge of these special formulas and your baby's condition.

Using a special formula if you baby does not need it could make your baby ill.

### Drinks NOT to give your baby

Breast milk or whey based infant formula is all your baby needs to drink in the first six months. Ordinary cows milk or soya milk or goats milk should not be used as the main drink before 12 months of age. Infants under 6 months of age do not need fruit juice or teas.

### Cost of formula feeding



Six months formula powder costs about €222. In addition you will need to buy bottles, teats, cleaning and sterilising equipment. If your tap water is not suitable, you will need to buy bottled water that has less than 20 milligrams of sodium (Na) per litre. All water for formula needs to be boiled before use, which also costs money. Hot water is needed to wash bottles and teats.

Talk about the cost and preparation of formula feeding with your midwife, nurse, or social worker to make sure you can safely feed your baby this way.

**Discuss any problems with feeding with your midwife, nurse, doctor or dietitian.**