INFACT Canada

IBFAN North America

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Newsletter
Winter 2005

# Growth of breastfed babies

Childhood obesity and its prevention is much on the minds of parents and health providers. The health consequences of "over" nutrition, such as increased cardiovascular disease, cancers and diabetes, are eliciting increased scrutiny about infant feeding and its relationship to childhood obesity. One area of concern seen to be contributing to "overfeeding" has been the use of growth charts commonly used to monitor a baby's progress. Growth charts are for the most part based on studies of formula-fed babies. It is now well known that formula-fed babies grow faster and follow a different growth pattern than breastfed babies. Using the standards[1] of a predominantly formula-fed population and applying this to the breastfed infant may seem illogical. Nevertheless, this has been the practice for decades and plainly reflects the long-held illusion that breast and formula-fed infants grow and develop in a similar fashion.

**How many parents were unnecessarily told their infants were not thriving and needed formula supplementation when their babies were compared to the charts of formula-fed infants?**

Additionally, the use of growth charts based on formula-fed infants have been a cause for much needless worry of milk adequacy for mothers and parents of breastfed infants. How many parents were unnecessarily told their infants were not thriving and needed formula supplementation when their babies were compared to the charts of formula-fed infants? How many mothers stopped breastfeeding because they were led to believe their infants were not gaining weight fast enough?

Photoe Credit: Melanie Gillis

Breastfed infants are the biological norm, states Dr Mercedes de Onis, head of the WHO's growth reference studies.

The need for growth standards for breastfed infants has been on the WHO's agenda for a number of years. Recognizing that growth references are a valuable tool to assess a child's physical progress, the WHO set up a working group in 1993 to begin the development of growth references for healthy breastfed infants. Subsequently, the WHO set up it's Multicentre Growth Reference Study (MGRS).[2] At the same time it also needed to recognize a number of factors that could significantly affect physiological growth such as the timing of complementary feeding, various socio-economic factors, and differing growth patterns among breastfed infants.

Preliminary studies were needed to work out the impact of these potential variables. The first published

results[3] established that growth patterns were remarkably similar in the first seven countries studied (Australia, Chile, China, Guatemala, India, Nigeria, and Sweden). Except for China, where infants were found to be slightly shorter, and India where infants were 15 per cent lighter at 12 months of age. Despite these regional differences, the study coordinating team concluded that breastfed infants grow very similarly, even when they are from diverse ethnic backgrounds and geographic locations.

Although the WHO growth references are not yet publicized, some results of the MGRS have been made available to the press.[4]

The WHO MGRS studied 8,440 children from six countries (Brazil, Ghana, India, Norway, Oman, and the USA ) and is contributing some very useful information.

- The existing weight requirements for two and three-year-olds were 15 per cent to 20 per cent too high.
- The formula-fed standard put a healthy one-year-old between 22.5 lbs and 28.5 lbs, whereas the healthy breastfed infant weighs in at between 21 to 26 lbs.
- The differences in growth rates and patterns between formula-fed and exclusively breastfed infants already become evident by two to three months of age.
- The survey's highly compelling results show that it is not the breastfed infant who is not growing well, but the formula-fed infant who is fed too much.

According to Dr. Mercedes de Onis, coordinator of the WHO study team, "The new standards provide a much better description of the physiological growth and they establish that breastfed infants are the biological norm. Paediatricians will be able to congratulate parents on having exclusively breastfed their infants instead of spending time, as they do now, in trying to reassure them that the apparent growth faltering of the baby is not a reason for concern and is due to the imperfections of the growth charts that are being used for their growth."

She also noted that the highly anticipated WHO growth references would be released at the end of the year.

Also commenting on the results was Dr Prakash Shetty, head of nutrition planning at the UN's Food and Agriculture Organisation, who said, "The new recommendations mean that daily energy intake for babies should be about seven per cent less than current levels."

Avoiding overfeeding and easing the concerns of mothers regarding the growth rates of their exclusively breastfed infants is paramount. Normal growth standards are urgently needed and we look forward to WHO expediating their release. ❖

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# *AAP's breastfeeding and the use of human milk*

The American Academy of Pediatrics revised policy statement (Pediatrics Vol. 115 No. 2 February 2005), "Breastfeeding and the Use of Human Milk", clearly promotes the normalization of breastfeeding and emphasizes the important role that doctors play in that promotion.

Specifically, the document states, "Exclusive breastfeeding is the reference or normative model against which all alternatives feeding methods must be measured with regard to growth, health, development and all other short- and long-term outcomes." The policy states that in addition to specific health advantages of breastfeeding for both mother and child, other economic, family and environmental savings could add up to $3.6 billion in decreased health costs in the US alone.

The AAP recommendations are a step forward for the medical community in support of the Global Strategy for Infant and Young Child Feeding. Among some of the most notable recommendations:

- Education of both parents is an essential component of successful breastfeeding. (Rec. 2)
- Skin-to-skin contact should be established immediately after delivery. Weighing, measuring, bathing, needle-sticks and eye prophylaxis should be delayed until after the first feeding is completed. (Rec. 3)
- Pediatricians and parents should be aware that exclusive breastfeeding is sufficient to support optimal growth and development for the first six months of life. Other foods introduced before this represent substitutes that lack the protective components of human milk. (Rec. 10)
- Mother and child should sleep in proximity to each other to facilitate breastfeeding. (Rec. 14)

While the policy does recommend vitamin D supplementation, it does so in half the dose (200 IU) and for one third the duration (i.e. 2 months) of the current controversial recommendations by Health Canada.

In addition to these specific recommendations, the policy recommends the value of human milk as the first alternative to breastfeeding for high-risk infants.

In conclusion, the policy reiterates:

"Enthusiastic support and involvement of pediatricians in the promotion and practice of breastfeeding is essential to the achievement of optimal infant and child health, growth and development." ❖

# Infant feeding in emergencies

In the wake of the Boxing Day Tsunami disaster, the world responded in an unprecedented outpouring of relief. One of the very first items reported on the list of emergency supplies being shipping to the devastated area was infant formula. This was despite the fact that in emergency situations, breastfeeding protection is more critical than at any other time. The donation and use of infant formulas may actually increase malnutrition, diarrheal disease and death. Which is why the World Health Organization recommends,

*In emergencies, breastfeeding is the optimal and safest feeding method. The 47th World Health Assembly urges Member States "to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breastfeeding for infants." World Health Assembly Resolution 47.5 (1994)*

***"Our maternity hospitals were flooded with breastmilk substitutes brought in by humanitarian aid agencies. This nearly destroyed our breastfeeding programmes."***

The situation in southeast Asia is a classic example of how infant formula can stand in the way of healthy infant feeding practices and grant deceptive endorsement to formula feeding as a safe means to feed infants. As Dr. Anahit Demirchian, Chief of National Programme of Promotion and Protection of Breastfeeding in Armenia reported in response to the 1996 Armenia earthquake, "Our maternity hospitals were flooded with breastmilk substitutes brought in by humanitarian aid agencies. This nearly destroyed our breastfeeding programmes."

In situations where infants are orphaned, where mothers are ill and unable to breastfeed, or choose not to breastfeed, other feeding options may be needed. In order of preference these are:

1. **Mothers own expressed breastmilk**
2. **Wet-nursing**
3. **Locally available milks suitable for older infants and young children**
4. **Locally purchased infant formulas may be used if conditions permit safe preparation use and storage.** ❖

**For more information about infant and young child feeding in emergencies see: Interagency Working Group on Infant Feeding in Emergencies at** http://www.ennonline.net **International Lactation Consultant Association Position in Infant Feeding in Emergencies at** http://www.ilca.org/news

## *Myths about breastfeeding in emergencies*

**Myth 1: Malnourished mothers cannot breastfeed**

In virtually all cases, a sub-optimally nourished mother can breastfeed her child. The important response is to feed the mother so that she can feed her child. It is far safer and more effective to provide nutritional support for the mother than to risk her infant's health by feeding breastmilk substitutes. Mothers in these situations need help and support to enable them to breastfeed.

**Myth 2: Stress makes a mother's milk dry up**

Although extreme stress or fear may temporarily reduce a mother's milk supply, this response is often of short duration. On the other hand, breastfeeding produces hormones that have a calming effect on mother and baby and creates an inseparable bond between the mother and her child. There is virtually no abandonment of babies in emergency situations when mother and baby are breastfeeding and kept together.

**Myth 3: Babies with diarrheal disease need water or tea**

Breastmilk contains about 90 per cent water. Exclusive breastfeeding provides all the water, nutrition and immunology a baby needs, without the risk of contamination. Feeding an infant water can introduce disease-causing bacteria and other contaminants, especially if safe water is scarce or unavailable. It is only in the case of severe diarrhea that infants may need rehydration fluids in addition to breastmilk.

**Myth 4: Mothers cannot resume lactation once breastfeeding has stopped**

Mothers and babies can restart breastfeeding even after a period of not breastfeeding. Increased skin-to-skin contact and frequent access to the breast helps to increase milk supply and enables mothers to resume full breastfeeding. This can be critical for babies during emergencies.

"Myths about breastfeeding in emergencies" is adapted from the IBFAN booklet, "Infant Feeding in Emergencies" and is available at **www.ibfan.org** ❖

## Canada's first baby-friendly birthing centre!

La Maison de Naissance Mimosa in Saint Romuald, QC, is the first birthing centre in Canada to receive the Baby-Friendly designation. The birthing centre, which is primarily staffed by midwives, has about 200 births per year and boasts 100 per cent breastfeeding initiation. All mothers are followed for the first six weeks post-partum when breastfeeding remains at 88.5 per cent. Congratulations to La Maison de Naissance Mimosa for achieving the demanding standards required for BFI designation and to the Quebec Breastfeeding Committee (CQA) for leadership and commitment to promoting the implementation of the Baby-Friendly Initiative.

## Quebec expands parental leave

Quebec is initiating new parental leave policies that will for the first time extend benefits to mothers who are self-employed. Under the new arrangements, the federally-run program has been turned over to be administered by the province. Parents are eligible to receive 55 per cent of their income to a maximum of $39,000 for 50 weeks. Mothers can take off up to 50 weeks and fathers a maximum of five weeks. This will be the first time that self-employed mothers can take advantage of maternity leave benefits.
*Quebec parent leave grows*. The Globe and Mail, March 2, 2005

We welcome Vicky Bourassa as the new coordinator of INFACT Quebec.
C.P. 323, Granby, QC J2G 8E5, tel: (450) 360-3800; fax: (450) 360-3801; email: infactquebec@videotron.ca
Much thanks goes to Suzanne Lemay, former coordinator, for her many years of work and commitment in making progress to establishing breastfeeding as the norm!

## College of Family Physicians endorses Global Strategy

Mothers and babies will benefit from the recent endorsement of the Global Strategy for Infant and Young Child Feeding. The Infant Feeding Policy Statement 2004 recognizes the importance of breastfeeding for both infants and mothers, in the short term and to reduce the risks of chronic diseases. Additionally they note that the risks of formula feeding include inadequate micronutrient content, the variety of contaminants leading to withdrawals from the market, decreased neurodevelopment and lower IQ and a higher incidence of overall morbidity and mortality. Noteworthy is the recognition of the International Code of Marketing of Breast-milk Substitutes and that "marketing and promotion (of breastmilk substitutes) should not be conducted anywhere in the health care system."

## Health Canada and Canadian Paediatric Society (finally) recommend exclusive breastfeeding for the first six months of life

Both Health Canada and the CPS have finally extended their recommendation for exclusive breastfeeding from four to six months to a full six months. Citing the nutritional, immunological and emotional benefits of breastfeeding, the recommendation is at long last consistent with those from the World Health Organization and The Global Strategy for Infant and Young Child Feeding. To date over 80 countries have adopted the WHO recommended duration of exclusive breastfeeding as part of their national policies on infant and young child feeding.

## Code-compliant Mother and Baby Kits: Northwest Territories lead the way!

A series of kits for pregnant and new mother funded by the Government of the Northwest Territories and partially by the Government of Canada, leads the way in providing mothers with useful, healthy and safe items for herself and her baby. The kits are part of the Early Childhood Development Framework for Action and are a series of four – distributed to all mothers from pregnancy, at birth and when her baby is six and 12 months of age. Intended to support new families, the kits contain helpful items such as a diaper change bag, sleeper, disposable camera, baby washcloth, baby books, a First Year Calendar, stickers, milestone moments picture frame, shopping list, potholder and more…

The Birth Kit distributed to all new mothers and their babies in the Northwest Territories contains no free samples or promotions for formula feeding.

# Vitamin D recommendations remain controversial: INFACT Canada requests review of policy

In response to Health Canada finalizing the revision of its vitamin D policy for Canadian infants, INFACT Canada wrote to Health Minister Ujjal Dosanjh. We urged him to reconsider the controversial recommendations that all breastfed infants be given a daily supplement of 400 IU of vitamin D from birth.

INFACT Canada's concerns are that:

- the policy is not based on adequate scientific data,
- there is no scientific data offered that all breastfed infants are at risk,
- population surveys of Vitamin D adequacy easily identify those who need counselling and intervention.
- there is no evidence offered that the recommendations are safe,
- alternatives and preventive measures are not included in the recommendations,
- there is significant conflict of interest in data used and researchers involved.

### *Who Benefits?*

Not surprisingly, the primary beneficiaries of this policy will not be Canada's infants, but the very same industry that violates Canada's Food and Drugs regulations and Industry Canada's Competition Act with misleading labelling and claims as well as violating the World Health Organization's rules on the marketing of infant formulas.

Our letter requested that Minister Dosanjh review this controversial vitamin D policy.

**We invite you to add your voice of concern. Write (no postage required)**

**The Honourable Ujjal Dosanjh**
**Minister of Health**
**House of Commons**
**Ottawa, ON K1A 0A6**

For the full text of INFACT Canada's letter to Mr. Dosanjh, visit **www.infactcanada.ca**

### Many questions remain regarding the implementation of the vitamin D recommendation.

1. Why are the manufacturers of the supplement not mandated to include warnings about appropriate use and symptoms of toxicity?

2. The Health Canada policy statement notes that the Upper Tolerable Limit for vitamin D for infants to the age of one year is 1000 IU. Newborn infants are approximately one third the weight of a one-year-old. Should the Upper Tolerable Levels be the same for newborns as they are for 12 month-old infants?

3. How is it that the product insert – see graphic - has advertising for the Mead Johnson infant formula but not health warnings about potential toxicity? As one INFACT member commented, "This is so wrong!"

4. How is it that Mead Johnson is using hospital-based marketing to push free samples of its vitamin D product with the offensive formula promotions inserted? This is a clear violation of the International Code.

5. Although approximately 90 per cent of infants initiate breastfeeding, there is a very rapid decline in exclusivity after hospital discharge. Approximately 50 per cent begin supplementation during the first month[1] and after one month about 20 per cent stop breastfeeding altogether. Why are there no recommendations for parents to reduce or discontinue the vitamin D supplements to reflect these practices?

6. What are the risks of overdosing? Many parents would be inclined to think that a little extra for good measure might be beneficial and yes indeed the vitamin D dropper does have the greater capacity for that "little extra."

7. Vitamin D toxicity – what are the symptoms? Vitamin D is a powerful hormone, that is also fat soluble and therefore able to accumulate in fatty tissue. Excess vitamin D leads to increased absorption of calcium from the infant gut and through bone calcium re-absorption. High calcium levels cause general symptoms such as loss of appetite, vomiting, polyuria, dehydration, failure to thrive and irritability. Will these symptoms trigger concerns about hypervitaminosis?

8. How is it that a Canadian Pediatric Society survey[2] which identified only 69 cases of rickets over a time period of 18 months and included all children from 0 to 18 years of age is used as a basis to frighten parents and health care workers into thinking we have a health problem? As well these cases include all those with low serum 25-hydroxyvitamin D (25OHD and those with elevated serum alkaline phosphatase. Moreover, the survey received partial funding from Mead Johnson and one of the major researchers is a consultant with Mead Johnson and Nestlé. Why is it that inadequate breastfeeding is not seen as a far greater health risk? In Canada it is anticipated that at least 72 infants die during their first year of life because of formula feeding.

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# World Health Assembly: what's on the agenda?

Important progress was made in the protection, promotion and support of breastfeeding at the January 2005 World Health Organization (WHO) Executive Board meeting. The Executive Board sets the agenda for the upcoming World Health Assembly (WHA) meeting in May and prepares and adopts resolutions for discussion by the full Assembly of Member States. For those working on infant and young child nutrition, this year's outcome promises to be an important step forward in a number of key areas, especially after last year's disappointing results of seeing the proposed infant and young child nutrition resolution[1] deferred for more discussions.

But this year's improved proposed resolution did not take place without overcoming some serious obstacles. Instead of basing the revisions on the 2004 draft resolution, the WHO Secretariat had gutted and redrafted the document to remove important critical provisions needed for the protection of infant health.

They deleted:

- vital provisions on the contamination of powdered infant formulas;
- the need to place warnings on product labels regarding the lack of sterility of these formulas;
- the requirement to prohibit sponsorship of health professionals and their associations by manufacturers and distributors of products; and
- the necessity for independent research in infant and young child nutrition.

The Secretariat's new resolution did not sit well with its original sponsors. Tonga, one of the original sponsors, noted that the Secretariat had deleted 31 of the 41 lines and that the resolution tabled by the Secretariat did not represent the one forwarded to the Executive Board during the Assembly of 2004. The Tonga delegate presented the views of the five sponsoring countries, namely, that the original draft be returned for discussion as required by the rules of the Assembly. "If we do not discuss the original draft, we may set a dangerous precedent," he said. The member from Nepal, who had co-sponsored the resolution, supported his comments. And after some further discussion a drafting group was struck. Important provisions were then reinserted into the resolution.

The deaths of babies and the recall of Pregestimil did not affect Mead Johnson's advertising of the product. This promotion remained on the Mead Johnson Website while no information could be found to warn parents about the contaminated formula.

## Infant deaths add urgency

Two recent infant deaths in France related to the pathogenic *Enterobacter sakazakii* bacteria contaminating powdered formula[2] added urgency for the WHO Board to act quickly to address this global risk. These serious formula risks also added impetus for continued support to improve breastfeeding practices. Duration and exclusivity of breastfeeding remains far from optimal. Estimates of children's deaths before the age of five are still at an alarming 10.8 million annually. Low cost interventions, of which exclusive breastfeeding is the most effective, can prevent an estimated two out of three deaths.[3] Support systems to enable exclusive and continued breastfeeding are needed and needed now.

## Marketing persists

Despite overwhelming efforts by many health care workers and governments to protect breastfeeding, the marketing behaviours of the infant foods industries persist, adding additional work and costs to overburdened health care systems in addition to compromised health.

Eliminating nutrition and health claims on these products remains a critical priority. Deceptive promises of higher IQs and better brain and eye development with no scientific backing for fortified formulas have led parents to mistakenly believe that formula feeding can be as good as breastfeeding. And in addition, the compromising of health professionals through sponsorships or other financial support from the infant foods industries remains a global phenomenon.

Here in Canada formula manufacturers, Nestlé and Mead Johnson were linked to a Pediatric Nutrition Day for dietitians at the Children's Hospital of Eastern Ontario. Because of public protest this event was cancelled (see p. 8). All these company behaviours are intended to retain market share for their harmful products and to minimize and sabotage the full support needed for breastfeeding.

**Key items adopted by the Executive Board to go before the full assembly in May are:**

WHO Executive Board 115R12[4] urges Member States:

1) to continue to protect, promote and support exclusive breastfeeding for six months as a global priority…and for continued breastfeeding up to two years and beyond, by implementing fully the WHO global strategy on infant and young child feeding, encouraging the formation of a comprehensive national policy, …and allocation of adequate resources for this process;

2) to ensure that nutrition and health claims are not permitted for foods for infants and young children except where specifically provided for in relevant Codex Alimentarius standards or national legislation;

3) to ensure, in situations where infants are not breastfed, that clinicians and other health care providers, community workers and families, parents and other caregivers, are … informed that powdered infant formula may contain pathogenic microorganisms …and that this information be conveyed through explicit warnings on packaging;

4) to ensure that financial support for professionals working in infant and young child health does not create conflicts of interest.

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# *French parents outraged at lack of information about contaminated infant formulas.*

Two more baby deaths have been reported related to contaminated powdered infant formula. The deaths, which occurred in France, prompted the recall in December 2004 of Pregestimil, a "modified" powdered infant formula manufactured by Mead Johnson. Four cases of severe infection were diagnosed of which two infants died and five additional cases of digestive illness as caused by *Enterobacter sakazakii* were also identified. Eight of the infants had been fed Pregestimil.

Mead Johnson denied the presence of the lethal bacteria in the Pregestimil, stating that all their tests had come back negative, however the French Ministry of Health noted that the three batches being recalled "are very probably contaminated by the bacteria…at the level of epidemiology, this contamination leaves little doubt." Furthermore, the Ministry noted that *Enterobacter sakazakii* is highly heat resistant and, and that if a bottle is prepared ahead of time, then the few bacteria present in the warm water will multiply at great speed, reaching the number of 90 million in the space of three hours."

**"It is completely abnormal to learn this kind of information from the television."**

Parents using the Pregestimil formulas were outraged that they had not been warned about contamination risks. Most found out about the recall through reading newspapers or television reports. Mothers were quoted as saying (translated), "No information was given to us." Others, "Our 2 girls, 2 years and 6 months, are on Pregestimil and have not been in good health for the last couple of days, especially the eldest had bad nights. But worse: this evening (12/12/04) the little one of 6 months had a bad fever and was brought to the Brest Hospital." Yet another noted, "It is completely abnormal to learn this kind of information from

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Quotidien Indépendant

Grogne à la Cour suprême

Il y a quelques jours, le ministre de la Justice a procédé à des nominations au sein de la Cour suprême. Certaines d'entre elles ont été interprétées comme "très subjectives" PAGE 3

FOOTBALL : JSK-ESS

Un match pour le pardon PAGE 18

DESTINE AUX NOURRISSONS ET COMMERCIALISE EN ALGERIE

Ce lait qui tue

- Les autorités françaises ont retiré du marché le Pregestimil à l'origine de décès d'enfants.
- Les autorités algériennes n'ont pas, pour le moment, jugé utile d'en informer la population.

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ORAN : les campus en ébullition

Le placement de 13 étudiants d'Oran sous contrôle judiciaire a été fortement condamné par les responsables de plusieurs organisations estudiantines qui menacent de monter au créneau. Pour rappel, une centaine d'étudiants ont bloqué la semaine dernière la route de l'ENEST près d'Es Senia, dans le seul but d'alerter les pouvoirs publics sur leurs problèmes prédagogiques. Cette décision du tribunal d'ES Senia a provoqué par conséquent le courroux des étudiants qui ont observé plusieurs mouvements de protestation.

Soraya H. A.

Newspaper warning in Algeria regarding French infant deaths caoused by contaminated Pregestimil powdered formula

the television. In addition I called the free telephone number where they only said it was simply intolerance to Pregestimil."

INFACT Canada, together with our IBFAN partners, has been actively seeking warnings on labels of powdered infant formulas stating in clear and conspicuous text that powdered infant formulas are not sterile and may be contaminated with bacteria that can cause serious illness or even death. Parents have the right to and the need for this critical information.

As a precautionary measure Pregestimil was recalled by Mead Johnson from all its international markets. However, we noted that up to the end of December there was still no information about the recall on the Mead Johnson website, only continuous advertising. ❖

# Buying influence: sponsorship compromises those working in infant health

In blatant disregard of the International Code of Marketing of Breast-milk Substitutes, and the infant health that it is designed to protect, Canadian formula companies are pushing even harder within the health care system both to gain credibility and to promote their products. Two of Canada's most respected children's hospitals recently accepted sponsorship for nutrition education events, despite the fact corporate philanthropy that seeks to steal market share can only do so by robbing babies of the benefits of breastfeeding, often with disastrous results. As Dr. Natividad Clavano, Chief of Paediatrics, Bagulo General Hospital, The Philippines, cautions,

"We allowed the companies to touch the lives of our babies, not because we did not care, but because we did not realize the consequences of granting such a privilege."

Judith Richter warns that these sponsorships can also serve to polish the tarnished image of formula companies.

**"We allowed the companies to touch the lives of our babies, not because we did not care, but because we did not realize the consequences of granting such a privilege."**

"Most are unaware that sponsorship and dialogues can be used for 'image transfer' – the transfer of the good reputation of the sponsored or invited group, organization or person to the sponsor or organizer of the meeting." (Engineering of Consent: Uncovering Corporate PR, The CornerHouse, March 1998).

## Formula companies "sponsor" nutrition workshops

Despite this, formula companies press on, unabashed. Earlier this year the Children's Hospital of Eastern Ontario (CHEO) advertised that it was hosting a Pediatric Nutrition Day with Nestlé and Mead Johnson as its sponsors. INFACT Canada immediately sent a letter to CHEO's CEO, Garry Cardiff, asking the hospital to cancel the sponsorship and we invited our INFACT members to do the same.

## CHEO cancels

In response to the overwhelming numbers of letters that it received, the hospital cancelled the event. Luce Lavoie, CHEO's Director of Public Relations said,

"If we were giving the perception of not being supportive of breastfeeding, that was not our intent. The event won't take place. We remain committed to sharing the information that was going to be shared that day with dietitians. It's an important mandate, and when we talked about our community partners, who we meant were the community dietitians."

When asked if the hospital would consider Nestlé or Mead Johnson as sponsors in the future, Ms. Lavoie said,

"We did not view this as sponsorship. The companies offered to pay for breakfast and lunch." She also added, "Obviously an interesting and important perspective was brought forward, and we will most certainly consider that perspective in the future."

## Sick Kids compromised

Even before we received notice of the CHEO cancellation, Toronto's Hospital for Sick Children announced that it was hosting a workshop for health professionals entitled Building Blocks for Paediatric Growth and Nutrition on May 16. The event is being sponsored by Nestlé Nutrition, Mead Johnson, and Abbot Ross. Once again, INFACT Canada went into action and invited our members to do the same. (As of this writing, we have not had a response from Sick Kids.)

Again, INFACT members and supporters responded with letters to Sick Kids. Linda Smith wrote,

"Accepting this corporate "sponsorship" is a blatant conflict of interest for Sick Kids. Formula manufacturers are in direct competition with women. Their products – even when used "safely" in industrialized countries like Canada and the USA – compromise infant health and development, thus undermining Canadian and global health goals for infants and young children. Every dollar they spend advertising their products is a dollar that a mother or father will have to pay to purchase inferior food for their baby. Every dollar that Sick Kids accepts from these companies ultimately comes from the wallet of a family whose child is compromised by consuming that company's products."

Dr. Jack Newman added his own very personal touch:

"It is with sadness that I have heard that the Hospital for Sick Children will be hosting a "nutrition seminar" in conjunction with Nestlé, Ross and Mead Johnson.

**"For so many years, I have tried to convince myself, despite abundant evidence to the contrary, that the Hospital for Sick Children, where I trained, where I started the breastfeeding clinic in Canada in 1984, was making efforts to be "breastfeeding friendly."**

"However, having such a seminar is clearly not "breastfeeding friendly" and it is also a clear violation of the WHO International Code on the Marketing of Breastmilk Substitutes to which Canada is a signatory. I should point out that the formula companies also subscribed to this code as a standard for ethical marketing of their products."

## You can help.

If you receive nutrition "information" or invitations to attend seminars or other events sponsored by formula companies, please contact INFACT Canada at info@infactacanada.ca or call 416-595-9819. ❖

## *Ill-Health Canada: Putting Food and Drug Company Profits Ahead of Safety*

Mike McBane, a health policy analyst with the Canadian Centre for Policy Alternatives, has written the book that every Canadian should read. McBane's analysis takes us from the scandals of the Krever Commission to the outrageous abandonment of science-based safety criteria in the adoption of genetically modified foods. *Ill-Health Canada* is hard-hitting and well-documented and should make us all sit up and take stock of how trade and profit priorities dominate our health and safety policy making. Those concerned about the lack of breastfeeding protection and the resistance to the adoption of the International Code of Marketing of Breast-Milk Substitutes will find this a valuable read.

Ill-Health Canada is published by the Canadian Centre for Policy Alternatives (2005) and can be purchased on-line at **www.policyalternatives.ca** ❖


**Annual National Breastfeeding Seminar for Health Professionals**

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Lactation Management Course


## October 1 to 7 is WBW in Canada.

World Breastfeeding Week 2005 is quickly approaching. This year's theme, which was developed by the World Alliance for Breastfeeding Action (WABA), focuses on the introduction of solid foods for babies older than six months. WABA based the theme, "Breastfeeding and Family Foods," on the World Health Organization's recommendations for optimal feeding for infants and young children and follows last year's theme of "Exclusive Breastfeeding."

We at INFACT Canada are busy preparing our World Breastfeeding Week kit, which will include a variety of resources including information on:

- Continuum of exclusive breastfeeding and complementary foods
- Infant readiness
- Complementary foods across Canada: local foods, local flavour!
- What the International Code says
- WHO recommendations and resources
- Action ideas
- Promotion of healthy eating for babies and children

For more information or to reserve your WBW kit, contact INFACT Canada at info@infactcanada.ca, phone 416-595-9819, **www.infactcanada.ca**. Action Kits will be ready for shipping in June.

## *What the International Code says about sponsorship*

The International Code of Marketing of Breast-milk Substitutes is very clear on the issue of sponsorship: Partnering with the health care sector enables corporations to subvert the mandates of heath care professionals and institutions by buying them off with funding for programmes, research, and studies. Critical capabilities can be easily silenced when the survival of a department or research project becomes dependent on corporate sponsorships. It is extremely important that those working in the health care sector maintain their independence and learn to recognize what's really at stake when corporate funds are being offered.

Specifically, WHA Resolution 49.15 (2) states in its opening paragraphs,

*"Concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health;*

*Urges member states to take the following measures: ...*

*(2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby-Friendly Hospital Initiative;*

*(3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence;*

*This resolution has been re-affirmed in the current World Health Organization executive Board resolution EB115/7 (4), adopted January 24, 2005, which requires that,*

*"…financial support for professionals working in infant and young child health does not create conflicts of interest;"* ❖

## Breastfeeding Anytime, Anywhere

The unfortunate incident at the Dufferin Grove Park rink earlier this year has highlighted a woman's right to breastfeed, anywhere, anytime. It also caused a flurry of media attention, including a comment from Toronto Star columnist Rosie Dimanno about discretion being the better point of breastfeeding valour. In response to Dimanno's column, INFACT Canada member Karen Epstein-Gilboa replied:

"Our inability to apply our understanding of duality to the breast body part can be explained ... namely that breasts were sexualized during the early twentieth century at the same time that women were convinced not to breastfeed. Thus, we were left with views of breasts as mere sexual organs devoid of other physiological purposes. Times have changed, scientists noted that human health was impaired when humans stopped nursing and so breastfeeding has once again become an acceptable behaviour. However, cultural remnants of another time remain, and interfere with our ability to see breasts in dual ways, like the way that see lips, arms, legs and eyes.

"Nursing mothers do not have time to wait for their culture to catch up as they attend to their baby's needs. An understanding of the mechanics of breastfeeding indicate that at times, it can be difficult to latch an active baby onto the breast in a discreet manner. Furthermore, an understanding of the function of nursing indicates that children often need to nurse frequently. This means that in order to nurse discreetly in public, as suggested by Ms. Dimanno, mothers will spend most of their time sitting in public washrooms. I think that a far more acceptable form of common courtesy would be to come to grips with our cultural inability to see breasts as organs with multiple functions and to support mothers' efforts to nurse their children anywhere, anytime." ❖

# Dr. Chandra and Nestlé:
## why we need independently funded research

In the early 1990s, Nestlé introduced a 'revolutionary' formula called Goodstart. Supposedly, the formula reduced the incidence of allergy symptoms in infants who were at high risk of developing allergies. Nestlé made this claim based on the research of one Dr. Ranjit Chandra of the Memorial University of Newfoundland. After doing the studies for Nestlé, Chandra went on to do research on vitamins. His studies, released in 1992 and 2001 purported that certain multivitamins enhanced the memories and immune systems of seniors. Based on this work, he patented and sold a nutritional supplement containing the special multivitamins.

But in December of 2003, his vitamin studies came under intense attack in a prominent US medical journal. It was revealed that Chandra had not provided any raw data, and thus his findings could not be verified. There were also found to be differences between the placebo and test groups, which should have been similar if they were in fact chosen at random. As the controversy mounted, Chandra travelled to a remote part of India and could not be contacted. Dr. Chandra, who was given the Order of Canada and nominated for the Nobel Prize, has never divulged his raw data despite repeated requests from medical journals and Memorial University.

Nestlé has been selling Goodstart for over a decade based on Chandra's claims about its hypoallergenic properties. It has become one of their standard formula products. Given the likelihood that his later studies are unverifiable, important questions need to be asked about the studies he was commissioned to do for Nestlé. When they were first released, INFACT Canada had serious doubts about the findings. Chandra was purported to have included more exclusively breastfeeding mothers than were estimated to be in St. John's at the time, and several mothers in the study group who were supposed to be breastfeeding were reported to have received cases of Nestlé formula.

This case highlights the need for verifiable and independent research to be done on the properties of infant formula. Since Nestlé introduced Goodstart, its competitors have followed suit and released formulas with ingredient modifications which they claim have special properties: hypoallergenicity, the ability to boost IQ etc. But in most cases, these claims are based solely on research commissioned/funded by the baby food companies. How can researchers be trusted to be objective when they know the outcome their employers are looking for? Even health claims that have been scientifically verified are inherently deceptive as these products cannot hope to replicate the health benefits of breastmilk. Unfortunately, the parents who buy the products pay the price in more ways than one. ❖

When breastfeeding is normal, babies are protected.

AP Photo/Miraflores, Marcelo Garcia

Venezuelan President Hugo Chavez talks with people affected by flooding in Araira, 50 km (31 miles) from Caracas, this past February. ➛

# From the Journals

**Rønnestad A. et al. Late-onset septicemia in a Norwegian cohort of extremely premature infants receiving very early human milk feeding. Pediatrics 115: 269-276, 2005** http://www.pediatrics.org/cgi/contentfull/115/3e269

In order to determine the occurrence of and risk factors for late-onset septicemia in a cohort of extremely premature infants who received very early full human milk feeding, this prospective study investigated all infants born in Norway in 1999 and 2000 with gestational age of <28 weeks or birth weight of <1000 g. Extensive clinical information, including data on feeding practices and episodes of septicemia, was collected on the 464 eligible infants.

Late-onset septicemia was diagnosed in 80 or 19.7% of infants. Case fatality rates associated with septicemia were 10% in general and 43% for Candida. Necrotizing enterocolitis or bowel perforation was diagnosed for 19 infants (4%).

Enteral feeding with human milk was started by the third day for 98% of the infants, and 92% were receiving full enteral feeding with human milk by the third week.

The greatest risk factor for late-onset septicemia was the number of days without establishment of full enteral feeding with human milk.

In conclusion the study determined that very early feeding with human milk can reduce the incidence and case fatality rate of septicemia in extremely preterm infants. Early feeding with human milk significantly reduces the risk of septicemia among extremely premature infants.

**Viggiano D. et al. Breast feeding, bottle feeding, and non-nutritive sucking; effects on occlusion in deciduous dentition. Arch Dis Child 89: 1121-1123, 2004**

Breastfeed for straight teeth is the message from this research on feeding, sucking and dentition. This retrospective study of 1130 preschool children (3 to 5 years of age) looked at the impact of the type of feeding and non-nutritive sucking activity on occlusion in deciduous dentition. Detailed infant feeding and non-nutritive sucking activity history was collected by questionnaire in addition to an oral examination by a dentist.

Non-nutritive sucking activity has a substantial effect on altered occlusion, while the effect of bottle feeding is less marked. Posterior cross-bite was more frequent in bottle fed children and in those with non-nutritive sucking activity. The percentage of cross-bite was lower in breast fed children with non-nutritive sucking activity (5%) than in bottle fed children with non-nutritive sucking activity (13%). In conclusion, the data demonstrates that non-nutritive sucking activity in the first months of life is the main risk factor for development of altered occlusion and open bite in deciduous dentition. Children with non-nutritive sucking activity and who were bottle-fed had more than double the risk of posterior cross-bite, while breastfeeding seems to have a protective effect on development of posterior cross-bite in deciduous dentition.

**Broadfoot M. et al. The Baby Friendly Hospital Initiative and breastfeeding rates in Scotland. Arch Dis Child fetal Neonatal Ed 90: 114-116, 2004**

Does implementation of the Baby Friendly Hospital Initiative (BFHI) improve breastfeeding rates? Researchers from the Royal Hospital for Sick Children in Glasgow found clear evidence that it does. They examined the records of all 33 maternity hospitals between 1995 and 2002 and the BFHI status of each unit at the time of an infant's birth and the breastfeeding status of the infant on day seven. The results were highly conclusive. Babies born in hospitals with the BFHI designation were 28 percent more likely to be exclusively breastfeeding at day seven than those born in hospitals without the designation. The authors conclude that all maternity units should be encouraged to achieve BFHI status since being born in a hospital with the designation increases the prospect of being breastfed.

**Horton R. UNICEF leadership 2000-2025: A call for strategic change. Editorial. The Lancet 364: 2071, 2005**

Richard Horton, editor of The Lancet launches an urgent appeal to those bodies that are especially mandated to protect the world's children and addresses their failure in ending the deaths of millions of children every year.

During 2003, the journal published its influential Child Survival series to focus on the question of why do10.8 million children under five die every year? Most of these deaths are concentrated in impoverished countries and nearly two-thirds, more than six million are preventable.

Over the next several months Koffi Annan will appoint the successor to UNICEF's Carol Bellamy's, once the most respected of the UN's agencies. Dr. Horton notes how the process is discredited and threatens not only the credibility of the UN system, but may prove to be disastrous for millions of the world's children.

"UNICEF clearly has a pivotal role to lead the world's efforts to make children a global priority. Under Bellamy's leadership UNICEF is presently in a poor position to do so. Her distinctive focus has been to advocate for the rights of children. This rights-based approach to the future of children fits well with the zeitgeist of international development policy. But a preoccupation with rights ignores the fact that children will have no opportunity for development at all unless they survive. The language of rights means little to a child stillborn, an infant dying in pain from pneumonia, or a child desiccated by famine. The most fundamental right of all is the right to survive. Child survival must sit at the core of UNICEF's advocacy and country work. Currently, and shamefully, it does not."

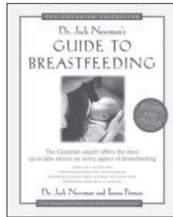
"What are the skills and experiences that Kofi Annan should be looking for in the next executive director of UNICEF?... There are several general attributes that should inform the UN secretary-general's decision. UNICEF needs to be led by an energetic and inspirational individual who is ambitious for the future of the world's children. S/he must have political integrity, a willingness to speak with a strong voice against power, and a proven interest in the well-being and health of children - or at the very least, s/he should be able to show an understanding that child health is a critical factor in advancing human development. It is surprising that this important UN agency should have had 4 American executive directors. It is hard to believe that the person best equipped to address the global plight of children can only be an American. Kofi Annan must cast his net for nominations far and wide, looking especially hard at non-US candidates."

Children remain one of the most marginalized groups in our world today. The predicament of children is the predicament of our futures - and the future of our predicaments. UNICEF needs a visionary leader, a person of profound ability to make the next ten years the Decade of Child Survival and Development. Mr Annan, this is the most important decision of your career - its effects will touch the lives of millions of those who have no voice. Be their voice." ❖

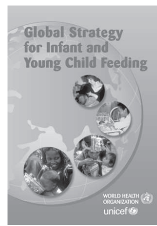
# Breastfeeding Information Resource Centre

INFACT E-mail: info@infactcanada.ca    Resource orders: orders@infactcanada.ca    INFACT Web site: www.infactcanada.ca

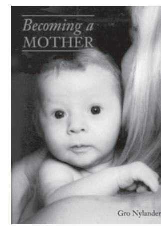
## Books & Booklets



■ **Dr. Jack Newman's Guide to Breastfeeding** (revised) • **$27.95**



■ **Global Strategy for Infant and Young Child Feeding**. Developed jointly by WHO and UNICEF. • **$10**

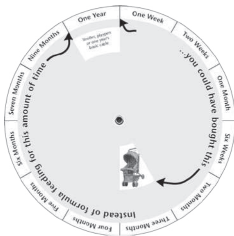


■ **Becoming a Mother: From Birth to Six Months.** Everything you need to know about motherhood and the baby's early life! By Gro Nylander. • **$23.95**

## Other Resources

■ **Breaking the Rules, Stretching the Rules.** • **$19**

■ **Fourteen Risks of Formula Feeding Pamphlet** (revised May 2004). A brief annotated bibliography of the major health risks associated with formula feeding. • **$1**



■ **The High Cost of Formula Wheel.** Show mothers how much they can save by breastfeeding with this tool. • **$2.50**

■ **Breastfeeding 101 Tear-Off Pad** 8½″x11″ double-sided pad listing 101 benefits of breastfeeding with a beautiful breastfeeding baby image. 50 sheets per pad • **$3**

■ **Mother Baby-Friendly Communities: You are welcome to breastfeed here** stickers and decals • **50¢**

## Posters & Tees

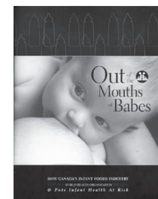
INFACT *Canada's award winning posters can be viewed at* **www.infactcanada.ca** *in the Resource Centre.*

■ **Joey t-shirt $20**

■ **Breastfeeding 101 poster**
Laminated **$12**
Unlaminated **$7**

## Other

■ **Breast is Best Video**
English **$60** French **$75** Spanish **$60**




■ **Out of the Mouths of Babes** How Canada's infant food industry defies world health organization rules and puts infant health at risk. • **$20**

**Note:** Add **$7.50** to all orders for postage and handling, then 7% GST. Please allow 2-4 weeks for delivery. We now accept payment with VISA for mail or phone orders.

**Note:** View and order from INFACT's complete inventory at our online resource centre: www.infactcanada.ca

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