



## **Position Statement on Interaction with Manufacturers of Breast Milk Substitutes**

### **Summary**

The Neonatal Society will not accept any funding from manufacturers of breast milk substitutes (BMS). The Neonatal Society encourages scientific research into optimal nutrition for infants who cannot receive mother's own milk and those who require specialist products. The Neonatal Society values industry contributions to research, but real and potential competing interests must be declared.

#### **1. About the Neonatal Society**

The Neonatal Society was founded in 1959 to bring together scientists and clinicians with an interest in the fetus and newborn. The object of the society is the promotion of neonatal science.

#### **2. What is a breast milk substitute?**

Breastmilk substitutes include all milks that may replace, or supplement, maternal breastmilk in the first three years of life, including infant formula, follow-on formula, specialist products including fortifier (regardless of source), and milks marketed for toddlers. All foods and nutritional products marketed for children under 6 months old are also subject to this position statement.

#### **3. Why does the Neonatal Society need this position statement?**

The benefits of breastfeeding to mother and baby are well established<sup>1</sup>, yet internationally breastfeeding rates remain low. The reasons behind low breastfeeding rates are complex and include: limited breastfeeding support and staff training; lack of support for nursing mothers returning to work; and promotion of BMS by industry, which negatively affects breastfeeding<sup>2</sup>.

In 1981, in response to unethical industry practices coupled with a declining rate of breastfeeding, the World Health Organisation and Unicef launched the International Code of Marketing of Breast Milk Substitutes, which bans the advertising and promotion of these products to the general public and limits the ways by which industry uses health care workers to promote its products<sup>3,4</sup>. The code has been interpreted differently in different countries. In the UK marketing of infant formula to the general public is restricted but advertising of follow-on milks is unrestricted; all formula milk products can be marketed to health professionals providing the information is "scientific and factual" in the view of the advertiser<sup>5</sup>.

Concerns are growing that industry stretches and violates the rules, that loopholes enabling increased marketing to parents and health professionals have been created, and that monitoring and enforcement of legislation are weak so companies are rarely prosecuted for breaking the law<sup>5-10</sup>. Further, it is recognised that the BMS industry can influence research and clinical practice in ways that promote financial interests of industry at the expense of breastfeeding. The global formula industry is worth \$50bn and is set to grow to \$69bn by 2023<sup>11</sup>; sales of BMS are growing almost eight

Interactions with Manufacturers of Breast Milk Substitutes

Author: Neonatal Society committee

Date: October 2019

times as quickly as the world's population<sup>12</sup>; and it is estimated that the six largest BMS manufacturers spend over US\$7 billion annually on marketing activities<sup>13</sup>.

In 2016 the 69th World Health Assembly passed a resolution on WHO's 'Guidance on ending inappropriate promotion of foods for infants and young children' which states that health professional associations should not "accept equipment or services from companies that market foods for infants and young children; accept gifts or incentives from such companies...[or] allow such companies to sponsor meetings of health professionals and scientific meetings."<sup>14</sup>

There is no official mechanism for determining whether the International Code of Marketing of Breast Milk Substitutes standards are being met, and financial relationships between professional paediatric associations and BMS manufacturers are commonplace<sup>15</sup>. In the UK, organisations concerned with maternal and infant health have begun to establish their own positions. The Royal College of Paediatrics and Child Health no longer accepts any funding from formula milk companies<sup>16</sup>; the British Association of Perinatal Medicine Executive Committee has "reluctantly decided" not to accept payment from manufacturers of formula for exhibition stalls at its 2019 Annual Conference and Scientific Meeting, and is consulting members and the RCPCH before reaching a final position<sup>17</sup>; and BMJ journals recently banned all advertisements from manufacturers in its journals (*BMJ*, *Gut*, *Frontline Gastroenterology*, and *Archives of Diseases in Childhood*)<sup>5</sup>.

A Unicef Baby Friendly Initiative accreditation criterion is: "staff from accredited services must not be encouraged or enabled to attend sponsored study days. This includes attending during work time, receiving financial support to attend or being informed of the event through work communication channels." Some members of the Neonatal society have pointed out that they and / or their trainees would not be supported to attend Society meetings that are sponsored by manufacturers of BMS.

The Neonatal Society has no general sponsorship or corporate partnership with manufactures of breast milk substitutes. Until 2019, the Neonatal Society has accepted funding from manufacturers of BMS in return for exhibition stands at its summer meeting. Typically, this amounted to £1-2k per annum.

#### **4. Relationship to manufacturers of breast milk substitutes**

From 7<sup>th</sup> November 2019 the Neonatal Society will no longer accept any funding from manufacturers of breast milk substitutes, and it will not will not accept general sponsorship or enter into corporate partnerships with manufacturers of BMS.

#### **5. Competing interest**

Members of the committee, presenters at Neonatal Society meetings, and all invited speakers are expected to adhere to the Competing Interest policy of the Society, which is available on the Neonatal Society website.

## References

- <sup>1</sup> Victora CG, Bahl R, Barros AJ, et al., Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* 2016;387:475-90. doi:10.1016/S0140-6736(15)01024-7 pmid:26869575
- <sup>2</sup> Rollins NC, Bhandari N, Hajeebhoy N, et al., Lancet Breastfeeding Series Group. Why invest, and what it will take to improve breastfeeding practices? *Lancet* 2016;387:491-504. doi:10.1016/S0140-6736(15)01044-2 pmid:26869576
- <sup>3</sup> WHO, Unicef. International code of marketing of breast-milk substitutes. 1981. [https://www.who.int/nutrition/publications/code\\_english.pdf](https://www.who.int/nutrition/publications/code_english.pdf)
- <sup>4</sup> Willumsen J. Regulation of marketing breastmilk substitutes. WHO, 2013. [https://www.who.int/elena/bbc/regulation\\_breast-milk\\_substitutes/en/](https://www.who.int/elena/bbc/regulation_breast-milk_substitutes/en/)
- <sup>5</sup> Godlee F, Cook S, Coombes R, El-Omar E. Calling time on formula milk adverts. *BMJ* 2019;364:l1200. <https://www.bmj.com/content/364/bmj.l1200>
- <sup>6</sup> Shenker NS. The resurgent influence of big formula. *BMJ* 2018;362:k3577. doi:10.1136/bmj.k3577 pmid:30139927
- <sup>7</sup> Unicef. What is the code? <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutes-resources/the-code/>
- <sup>8</sup> Unicef UK Baby Friendly Initiative. Statement on the infant nutrition industry (INI) code of practice. 2018. <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/11/Statement-on-Infant-Nutrition-Industry-INI-Code-of-Practice-Unicef-UK-Baby-Friendly-Initiative.pdf>
- <sup>9</sup> First Steps Nutrition Trust. “Scientific and factual”? A review of breastmilk substitute advertising to healthcare professionals. 2016. <https://www.firststepsnutrition.org/working-within-the-who-code/>
- <sup>10</sup> van Tulleken C. Overdiagnosis and industry influence: how cow’s milk protein allergy is extending the reach of infant formula manufacturers. *BMJ* 2018;363:k5056. doi:10.1136/bmj.k5056 pmid:30518598
- <sup>11</sup> PR Newswire. Global baby food and infant formula market 2018-2023: market forecast to grow from \$50bn in 2017, to \$69bn during 2018-2023. Press release, 16 Apr 2018. <https://www.prnewswire.com/news-releases/global-baby-food-and-infant-formula-market-2018-2023-market-forecast-to-grow-from-50bn-in-2017-to-69bn-during-2018-2023-300630204.html>
- <sup>12</sup> International Monetary Fund. World Economic Outlook. 2017 <http://www.imf.org/en/Publications/WEO/Issues/2017/04/04/world-economic-outlookapril-2017>.
- <sup>13</sup> Save the Children Fund. Don’t push it: Why the formula milk industry must clean up its act. 2018. <https://www.savethechildren.org.uk/content/dam/gb/reports/health/dont-push-it.pdf>.
- <sup>14</sup> World Health Organization, Sixty-Ninth World Health Assembly. Provisional agenda item 12.1 Guidance on ending the inappropriate promotion of foods for infants and young children. 2016. [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_7Add1-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1).

15. Grummer-Strawn LM, Holliday F, Tabea Jungo K, Rollins N. Sponsorship of national and regional professional paediatrics associations by companies that make breast-milk substitutes: evidence from a review of official websites. *BMJ Open* 2019;9:e029035. doi:10.1136/bmjopen-2019-029035
16. Royal College of Paediatrics and Child Health. <https://www.rcpch.ac.uk/news-events/news/rcpch-statement-relationship-formula-milk-companies>
17. British Association of Perinatal Medicine. <https://www.bapm.org/sites/default/files/files/BAPM%20statement%20in%20regard%20to%20formula%20milk%20companiesfinalversion%201.5.19.pdf>