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IFMAA

INFANT FORMULA MANUFACTURERS ASSOCIATION OF AUSTRALIA, INC

Submission to the House of Representatives Standing Committee on Health and Ageing

Inquiry into the health benefits of breastfeeding

I. Introduction

The Infant Formula Manufacturers' Association of Australia (IFMAA) represents the following infant formula manufacturers:

- Bayer Australia Ltd
- H J Heinz Company Australia Ltd
- Nestle Australia Ltd
- Nutricia Australia Pty Ltd
- Wyeth Australia Pty Ltd

IFMAA members are signatories to the MAIF (Marketing in Australia of Infant Formulas) Agreement, which prescribes how information about infant formula can be distributed. As signatories to the Agreement, IFMAA members work towards the aim of the Agreement, which is:

> *"...to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast feeding and by ensuring the proper use of breast milk substitutes, when they are necessary, on the basis of adequate information and through appropriate marketing and distribution."*

IFMAA welcomes the invitation to contribute to the Committee's inquiry into the health benefits of breastfeeding and sees this as an opportunity to both reaffirm the industry's commitment to the promotion of breastfeeding and raise concern about the lack of support available to women who formula feed. The following document:

- Outlines the regulatory requirements for the provision of information relating to infant formula;
- Addresses the Committee's query in relation to the effect of marketing of infant formulas on breastfeeding rates; and
- Discusses some of the challenges faced by formula-feeding mothers in the context of breastfeeding promotion campaigns.

II. Industry Position Summary

IFMAA believes that the promotion and protection of breastfeeding is of paramount importance to infant health and well-being. However, despite the superiority of breast milk, some mothers are unable to or do not breastfeed their infants. And of those mothers who do choose to breastfeed, the majority of them stop before their infant is one year old.[1] All of these mothers should be afforded the same level of support as breastfeeding mothers.

IFMAA believes that the promotion of breastfeeding and provision of information about infant formula need not be mutually exclusive. To date there is no evidence to suggest that education about infant formula has had a negative impact on breastfeeding rates. In fact, Australian data to the contrary has recently been published.[2]

At present, infant formula manufacturers provide information to health care professionals (HCPs) in keeping with domestic and international codes on the marketing of infant formula. This information, in turn, enables health care professionals to meet their obligation of providing advice on infant feeding for both breast-fed and formula-fed infants as outlined in the National Health and Medical Research Council (NH&MRC) Infant Feeding Guidelines for Health Workers, the MAIF Agreement and the WHO International Code of Marketing of Breast Milk Substitutes (WHO Code).

IFMAA fully supports the Committee's desire to promote breastfeeding but requests that any campaign to promote breastfeeding be sensitive to the needs of women who are unable to or make an informed choice not to breastfeed. Infant formula is the only suitable alternative to breast milk. If a campaign to promote breastfeeding can be executed without any accompanying hostility

towards formula-feeding, the needs of both breast-feeding and formula-feeding mothers can be met as well as the needs of their infants.

III. Regulatory Requirements for Distribution of Information on Infant Formulas

Under the terms of the MAIF Agreement, infant formula companies may not provide information on infant formulas to the public. In fact, the only information about infant formula readily available to consumers is the labeling on the products themselves, which are prohibited from carrying any promotional claims. The lack of consumer friendly information on these products means that consumers must obtain their information from ingredient lists and nutrition information panels, which require technical language which may be unfamiliar to many consumers.

Provision of information to HCPs

As signatories to the MAIF Agreement, infant formula manufacturers are permitted to provide HCPs with information about infant formulas with the understanding that this information be communicated to parents. In fact, the Australian Competition and Consumer Commission (ACCC) endorsed the MAIF Agreement with the stipulation that HCPs have the responsibility to educate parents about infant formula.

The role of the HCP as the primary source of information on formula feeding for mothers is reinforced by numerous organisations, both domestic and international:

- **NH&MRC:** Infant Feeding Guidelines for Health Workers: *"Health workers are seen by the public as the source of advice on infant feeding. This advice is to be available to all mothers regardless of the feeding option they have chosen for their infant."*
- **MAIF Agreement Aim:** *"ensuring the proper use of breast milk substitutes, when they are necessary, on the basis of adequate information and through appropriate marketing and distribution."*
- **WHO CODE: (Article 4):** *"Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition."*
- **WHO Expert Consultation on the Optimal Duration of Exclusive Breastfeeding:** "*The Expert Consultation recognizes some mothers will be unable to, or choose not to, follow this recommendation. These mothers should also be supported to optimize their infant's nutrition."*
- **World Health Assembly Resolution 54.2:** calls on all sectors of society, including commercial enterprises, to *"contribute to improved*

nutrition for infants and young children by every possible means at their disposal."

- **WHO Global Strategy for Infant and Young Child Feeding (2003):** *"Ensuring that all who are responsible for communicating with the general public, including educational and media authorities, provide accurate and complete information about appropriate infant and young child feeding practices, taking into account prevailing social, cultural and environmental circumstances'*

In addition to providing HCPs with information about infant formulas, infant formula manufacturers regularly hold educational sessions specialising in infant nutrition to keep HCPs informed of the latest developments in infant nutrition. Infant formula companies are well placed to provide this information as they invest heavily in research aimed at identifying individual components of breast milk and discovering their role in infant health and nutrition so as to bring formula closer in composition to breast milk.

Research conducted by infant formula manufacturers has led to thousands of papers being published about infant health and nutrition.

Some examples include:

- Studies of iron supplementation to neonates have revealed that iron deficiency in infancy can result in irreversible deficits in brain development.
- Two major randomised masked prospective clinical trials have shown that nucleotide supplementation to infant formula enhances immunoglobulin titers in response to vaccine.[3,4]
- Research shows that preterm infants supplemented with long chain polyunsaturated fatty acids have improved visual acuity and maturation.[5]
- Numerous studies have shown that LCP supplementation improves cognitive performance in early life.[6,7]
- Research has shown that small feeding volumes reduce the incidence of necrotizing enterocolitis.[8]

IFMAA members are committed to meeting their obligations under the MAIF Agreement and have worked together to reduce the number of breaches of the Agreement from 36 in the first year of the Agreement in 1992 to a single breach in the most recent report.[9] The provision of information (materials and conferences) by infant formula companies to HCPs and, in turn, their provision of this information to mothers helps meet the aims/directives of the MAIF Agreement, NH&MRC and the WHO. Any move to restrict access to HCPs will impede their ability to fulfill their obligation to educate mothers about formula feeding and as a result impede mothers' ability to make an informed choice about infant formula.

IV Effect of Marketing on Breastfeeding Rates

As part of its inquiry into the health benefits of breastfeeding, the Committee is assessing what, if any, impact the marketing of infant formula products has on breastfeeding rates. As previously discussed, signatories to the MAIF Agreement may only communicate information about infant formulas to HCPs. The following section discusses the lack of data to support a claim that infant formula marketing has negatively affected breastfeeding rates and also addresses breastfeeding rates in indigenous/remote communities.

Initiation of Breastfeeding

There is no data to suggest that the provision of information relating to infant formulas is negatively impacting breastfeeding rates. The vast majority of mothers (at least 80%) decide whether or not to breastfeed either prior to pregnancy or very early in pregnancy,[10,11] and that decision is a very strong predictor of ultimate feeding choice and duration, according to the findings of a recent UK study of 10,548 women.[12]

Australian data also support the position that breastfeeding rates are not being negatively affected by the presence of infant formula in the market. The 2001 National Health Survey reported a general increase in the proportion of women initiating breastfeeding after discharge from hospital, with an increase from 40-45% of women breastfeeding their infants in the 1970s to 83% of all Australian infants being breastfed when first taken home from hospital in 2001[1]

The trend toward increased rates of breastfeeding is also supported by the NSW report on breastfeeding, which reported breastfeeding rates at hospital discharge increased from 78.4 percent in 1995 to 86.5 in 2001 across NSW.[2]

Cessation of breastfeeding

In Australia, approximately 48% of infants are still being breast-fed at six months of age and 23% percent by age one[1]. After six months, there would understandably be a myriad of factors that would contribute to a decision to stop breastfeeding, however, there is no data to suggest that mothers are deciding to cease breastfeeding due to the presence of infant formula.

The 2001 National Health Survey reported that the three most common reasons for ceasing breastfeeding were: [1]

1. Not producing any milk or inadequate amount of milk (30%);
2. Felt it was time to stop (21%); and
3. Other (20%).

While the category "other" could conceivably include infant formula, other factors such as returning to work would also fall into that category.

Domestic data on direct-to-consumer marketing are not available in Australia due to consumer marketing being prohibited. However, international data provides additional evidence that marketing of infant formula does not negatively affect breastfeeding rates and, in fact, has coincided with an increase of breastfeeding rates.

International data on factors affecting breastfeeding rates

In 1988, the U.S. first permitted direct-to-consumer promotion of infant formulas. By 1989, two US-based manufacturers were promoting formula directly to consumers via mass media. Coincidentally, with the beginning of direct-to-consumer promotion, there was an increased initiation of breastfeeding in hospital and either exclusive or any breastfeeding at 6 months. This observation is confirmed by the 2006 report from the U.S. Government Accounting Office, which states that despite an increase in direct-to-consumer promotion since 2001, breastfeeding rates have continued to increase.[13]

Studies on infant formula and feeding choice also reaffirm the position that marketing of infant formula has a limited influence on a mother's feeding choice. A recent study conducted amongst primiparous mothers in Hong Kong reported that promotion of infant formulas had a limited impact on feeding choices; advice from health care workers and others was a more significant influencer.[14] A study in the UK of the factors that influence the decision to formula-feed also noted that advertisement of (follow-on) formula did not have an impact on feeding choice: "The women in this study were influenced by predominantly practical reasons in their decision to formula-feed their baby...They were not influenced by the positive advertisements for formula milk..."[15]

Hence, international studies have not provided data that suggests that the marketing of infant formula products has negatively impacted breastfeeding rates, past or present.

Infant formula and indigenous/remote communities

While IFMAA recognises that breastfeeding rates and health outcomes amongst indigenous/remote communities are poorer than the general Australian population, it maintains that this fact cannot be attributed to the marketing of infant formulas because IFMAA companies do not proactively market infant formula in these areas.

It is the lack of suitable alternatives to cow's milk powder/tea and lack of education about infant nutrition that is negatively affecting aboriginal infants' health rather than the use of infant formula. For example, it is well documented that in Australia, use of unmodified cow's milk by the aboriginal community to

feed infants less than 12 months of age remains an ongoing nutritional issue.[16] And when infant formula is available to these communities, it often retails at such an inflated price as to make it unattainable for most.

Socioeconomic factors are acting as a barrier to optimal infant health in remote communities, not the marketing of infant formulas.

V. Challenges Faced by Formula-feeding Mothers

As previously stated, IFMAA believes that the promotion and protection of breastfeeding is of paramount importance to infant health and well-being. As importantly, IFMAA believes that all mothers and babies should have the right to the very best information available about infant nutrition. Though domestic and international legislation supports this position, research indicates that women who formula-feed are finding it increasingly difficult to gain access to information on formula feeding and in many instances report hostility towards their decision to formula feed.

While IFMAA strongly supports the promotion of breastfeeding, it is important that a campaign to promote breastfeeding be communicated in a way that supports all mothers and their infants.

Current policies support both breastfeeding and formula feeding
There is no doubt that in their current form the Codes on the marketing of infant formula and guidelines on infant feeding are intended to both promote breastfeeding and support those women who choose not to. The aim of the MAIF Agreement and WHO Code make this clear, as does the NH&MRC Infant Feeding Guidelines for Health Workers, which states,

> *"Health workers are seen by the public as the source of advice on infant feeding. This advice is to be available to all mothers regardless of the feeding option they have chosen for their infant."*

While the Codes and NH&MRC Feeding Guidelines are well intended, the reality is that the requirement to promote breastfeeding has been embraced far more readily than the requirement to ensure that bottle-feeding mothers are appropriately advised.

Infant formula manufacturers are currently permitted to supply nutrition and health information about infant and follow-on formulas to health care professionals (HCPs). It is reasonable to expect that in their role, health care professionals would educate consumers about infant and follow-on formulas, yet consumers are still struggling to get the information they need to make an informed choice. For example, it is well known that in New South Wales sales representatives representing formula manufacturers have little access to early

childhood nurses (ECNs) and so cannot provide any information regarding the nutritional aspects and safe preparation of formulas.

The trend towards restricted access to health care facilities has been fuelled by ongoing confusion by HCPs as to whether they are permitted to see infant formula representatives. Though domestic and international policies unequivocally advocate the provision of information relating to infant formula, they are often misquoted as prohibiting the distribution of this information. The result is mothers are still struggling to get the information they need to provide appropriate nutrition for their babies.

IFMAA encourages the Committee to ensure that the intent of the NH&MRC health workers guidelines is enforced in the guidelines of health professional associations throughout Australia.

Consumers continue to struggle to gain access to information on Infant formula

Domestic and international research into the accessibility of information on infant formula to formula-feeding mothers provides further evidence of the difficulties that these mothers face.

A June 2005 UK study on mothers' experience and attitudes towards using infant formulas concluded that "a process of cultural transmission seems to have turned provision of health information about the benefits of breastfeeding into hostility about formula use."[17] The findings report that more than half the women surveyed did not receive information about formula feeding and that women's accounts of their experiences showed that they often had to work hard to find information about formula feeding, sometimes when in a state of anxiety because they had not intended to formula feed. The report's main recommendation was that use of formula milk be depoliticised and treated objectively as a routine aspect of baby care, rather than as a moral issue.

In her book, *Bottle Babies A New Zealand Guide to Guilt-free Bottle Feeding,* Adelia Ferguson provides a New Zealand perspective on the availability of information on formulas. Throughout her book, Ferguson provides first-hand accounts from women who struggled to gain the support and information that the WHO Code and New Zealand Code of Practice on the Marketing of Infant Formulas mandate.[18]

The provision of information relating to infant formula is also in keeping with the Australian Breastfeeding Association's aim to "provide factual information for all women to make informed choices about feeding their babies and their parenting styles." That sentiment is also echoed in Gabrielle Palmer's book, *The Politics of Breastfeeding*: "Women must have the right to choose how they use their bodies and women cannot in fact be "made" to breastfeed but that does not mean that information should be censored."[19]

Breastfeeding campaigns should not alienate mothers who choose to formula feed

Consumer feedback provides further evidence as to the challenges they face when trying to access information on infant formula. A recent U.S. Health and Human Services (HHS) campaign to promote breastfeeding generated an outpouring of responses from U.S. and UK consumers via the Internet. Central to the HHS's campaign was a message that not breastfeeding was a risky behavior. The vast majority of comments by both U.S. and UK consumers were that mothers need support and information and that they do not need to be made to feel guilty about their feeding choice. These comments include[20]:

> *"Of course breast is best if that works for you, but don't stigmatise those who bottle feed."*

> *"As a mother and midwife I believe very much that breastfeeding is the right thing to do. .... Having said that I totally do NOT agree with the way breastfeeding is being marketed in this way. I disagree with bludgeoning and bullying using fear and retribution to encourage women to breastfeed."*

The greater barriers to breastfeeding identified in these responses were cultural and economic, not the marketing practices of infant formula manufacturers. Scare tactics to discourage a mother from using formula will not increase breastfeeding but could very well increase the use of inappropriate substitutes through lack of information.

VI. Conclusion

IFMAA strongly supports efforts to increase breastfeeding rates. However, it feels as strongly that women who do not breastfeed should be afforded the same level of support as those who breastfeed. Infant formula manufacturers are not permitted to market to consumers and there is no data to suggest that the information that is provided to HCPs has negatively impacted breastfeeding rates, past or present.

IFMAA encourages the Committee to ensure that all women have a right to information on infant health and nutrition; that the intent of the NH&MRC health workers guidelines is enforced in the guidelines of health professional associations throughout Australia; and that any campaign to promote breastfeeding not alienate women who do not breastfeed.

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