

COLLEGE OF FAMILY PHYSICIANS OF CANADA

INFANT FEEDING POLICY STATEMENT 2004

“Breastfeeding is an unequalled way of providing ideal food for healthy growth and development of infants and has unique biological and emotional influence on the health of both mother and child”. (WHO/UNICEF 1989)¹

As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter . . . infants should receive safe complementary foods while breastfeeding continues for up to two years of age and beyond. (Global Strategy for Infant and Young Child Feeding)²

BACKGROUND

The benefits of breastfeeding have been well documented. The composition of human milk is distinct from the milk of other mammals and from infant formula. Human milk is unique in its physical structure and in the types of concentrations of nutrients, enzymes, hormones, growth factors, host resistance factors, inducers/modulators of the immune system, and anti-inflammatory agents. Research has shown that the advantages of breastfeeding include the prevention of gastrointestinal and respiratory illness, and other infections as well as certain immunologic disorders. Breastfeeding has been shown to reduce the risks of asthma, allergies, diabetes, hyperlipidemia, obesity in some populations, certain gastric cancers (lymphoma) and gastrointestinal disorders (h.pylori infection, Giardia, pyloric stenosis) to name a few, diarrhea, sepsis and meningitis in preterm infants, endometrial cancer, ovarian cancer, breast cancer,³ not to mention the financial advantages the psychological advantages to the mother and the family and the neurodevelopmental benefits to the infant.⁴ In addition to preventing illness early in life, breastfeeding appears to reduce the risk of certain chronic diseases and has advantages for the premature as well as term infant. Breastfeeding also provides benefits to the mother.⁵ In addition to enhancing maternal-infant bonding, breastfeeding results in more rapid uterine involution and conservation of maternal iron stores. More recent studies indicate that breastfeeding may also reduce the risk of breast cancer, ovarian and uterine cancer and have a long-term protective effect on maternal bone mineral density.

The known risks of formula feeding are well documented, they include inadequate micronutrient content and lack of essential fatty acids including omega-3 fatty acid which are essential for myelination and proper brain development. A variety of contaminants have been documented⁶ and many brands of formula have been withdrawn or discontinued. Several well controlled studies report decreased neuro developments and lower Intelligence Quotient in formula fed infants, as well as a higher incidence of allergic disorders⁷ and overall morbidity and mortality. There is a financial burden associated with formula feeding which may lead to misuse and early introduction of inferior breast milk substitutes.

The International Code of Marketing Breast-Milk Substitutes outlines the ethical guidelines for the marketing of formula. Canada reaffirmed its support for the Code at the 1994 World Health Assembly. The Canadian Medical Association endorsed the Code in 1992 and included the Code in their guidelines for the Ethical Association with the Pharmaceutical Industry. In developing a policy statement on breastfeeding, the Canadian Hospital Association recognized

that health care facilities and agencies need to address potential ethical concerns regarding breast milk substitutes. In this context, they supported the 1981 WHO International Code of Marketing Breast Milk Substitutes.

Ultimately, the responsibility for breastfeeding success lies with the mother. She must make an informed decision about infant nutrition, recognizing the hazards of artificial feeding and the benefits of breastfeeding. She should be informed about how to prepare for breastfeeding and how to establish and maintain it successfully. She should be informed about the timely introduction of table foods and child led weaning practices. Family physicians play a key role in providing recommended guidelines to mothers and families about infant feeding. Through their responsibilities for the continuity and consistency of care, family physicians can promote, protect and support breastfeeding throughout the perinatal period.

“When mothers do not breastfeed, or only partially breastfeed, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; all these products should accordingly be made accessible to those who need them through commercial distribution systems; and they should not be marketed or distributed in ways that may interfere with the protection, promotion and support of breastfeeding”⁸. Family physicians can help end distribution of free and low cost supplies of breastmilk substitutes by emphasizing the importance of ethical marketing practices in hospitals and other health facilities. Family physicians should participate in and encourage patient/baby centred care e.g. the creation of Baby Friendly hospitals and Baby-Friendly community initiatives in their own practice referred to under www.breastfeedingcanada.ca .

THEREFORE, RECOGNIZING that breastfeeding plays an uniquely important role in the healthy development of infants and young children; and that:

- No substitute can provide the complex balance of nutrients, antibodies and growth factors that make breast milk the perfect food for infants;
- Women have the right to make infant feeding decisions base on complete and accurate information;
- The role of the physician is one of influence, authority and trust;
- Breastfeeding is an endangered natural resource that requires protection, promotion and support;
- Current marketing practices --- including the free and low cost distribution of breast milk substitute supplies to hospitals and other parts of the health care system including doctors offices --- compete against and discourage breastfeeding;
- The Canadian Government, at the 1994 World Health Assembly, reaffirmed that the marketing and promotion of breast milk substitutes should not be conducted anywhere in the health care system;
- The promotion of health and the prevention of disease are the mandate of physicians everywhere.

The College of Family Physicians of Canada endorses:

The WHO Global Strategy for Infant and Young Child Feeding

And recognizes that this builds on documents previously endorsed by the CFPC, i.e. the Baby-Friendly Hospital Initiative (1991)⁹, the International Code on Marketing of Breastmilk Substitutes (1981)¹⁰ and the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding¹¹ (1990).

REFERENCES:

1. Protecting, Promoting and Supporting Breastfeeding: the Special Role of Maternity Services. World Health Organization 1989, p.3.
2. Global Strategy for Infant and Child Feeding. Geneva, World Health Organizations, 2003, ISBN 92 4 156221 5 (Arabic Chinese, English, French, Russian and Spanish Editions.) The Global Strategy was endorsed by consensus on 18 May 2002 by the Fifty-fifth World Health Assembly, and on 16 September 2002 by the UNICEF Executive Board.
3. American Academy of Pediatrics: Work Group on Breastfeeding. Breastfeeding and the Use of Human Milk. Pediatrics 1997;100(6):1035–1039.
4. Davis MK. Breastfeeding and Chronic Disease in Childhood and Adolescence. Pediatric Clinics of North America 2001; 48(1)125-141.
5. American Academy of Pediatrics: Work Group on Breastfeeding. Breastfeeding and the Use of Human Milk. Pediatrics 1997;100(6):1035–1039.
6. Baker RD. Infant Formula Safety. Pediatrics. 2002 Oct;110(4):833-5
7. van Odijk J, Kull I, Borres MP, et al. Breastfeeding and Allergic Disease: a Multidisciplinary Review of the Literature (1966 – 2001) on the Mode of Early Infant Feeding in Infancy and its Impact on Later Atopic Manifestations. Allergy. 2003 Sep;58(9):833-43.
8. WHO Code of Marketing of Breastmilk Substitutes. Document WHA34/1981/REC1. Annex3. WHO, Geneva 1981.
9. World Health Organizations, United Nations Children’s Fund. The Baby Friendly Hospital Initiative: A Global Effort to Give Babies the Best Possible Chance. Geneva: WHO (1991).
10. WHO Code of Marketing of Breastmilk Substitutes. Document WHA34/1981/REC1. Annex3. WHO, Geneva 1981.
11. Innocenti Declaration: On the Protection, Promotion and Support of Breastfeeding. Document 10017, New York, UNICEF, 1990.

