Adverse Effects of Formula Marketing on Breastfeeding

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NH’s Ten Steps to Successful Breastfeeding: Step by (baby) Step

Adapted from materials developed by Baby-Friendly USA with their permission
Influence of Advertising

- U.S. companies spend millions of dollars per year on advertising
- Worldwide 40 billion dollars spent on formula ads
- Western society has an absence of “community” where women share pregnancy and feeding choices
- Choices are made with the aid of advertising; leaflets, freebies, glossy magazines
- Most women make their feeding choice without the assistance of a healthcare provider

Thomas, 2006
Influence of Advertising

• Companies plant “seeds of failure”
  – Hungry baby
  – Medical conditions such as lactose intolerance
• Countries who have signed the WHO code still have an Achilles heel - no office for monitoring
• Corporations circumvent by using internet sites and, “baby clubs”
• Often can legally advertise for older babies 6 months or over 1 year; however, ads use photos of much younger infants

*Thomas, 2006*
Prenatal Office Advertising

• Women who wanted to BF that were exposed to promotional material had a statistically significant increased rate of BF cessation at 2 weeks postpartum
• Women who were uncertain of their feeding choices during the prenatal period also had shortened duration of BF and all had stopped by 12 weeks
• Formula promotion should be eliminated from all prenatal care settings

Howard et al., 2000

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Parents’ Magazine

- In 1971 record low BF rate in the U.S. of 21% at birth
- By 2001, 70% of mothers initiated BF at birth and nursed their infants for a longer duration
- The trends fluctuated during this 30 year period
- The more articles and advertisements related to “hand feeding” the lower the rate of BF initiation (.05 level)
- A positive correlation between articles supporting BF and initiation rates and duration

Foss & Southwell, 2006

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Strategies

• Education campaigns targeted at fathers and grandmothers
  – Shared parenting
• Banning of all advertising
  – Scandinavian countries (1970’s)
• Decision to BF should be made in conjunction with the health care provider
• Improve maternity care practices, clinician knowledge and skills and lactation support during hospitalization and after discharge


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Action 6. Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding

- Although its provisions are not legally binding in the US, various means of encouraging voluntary adherence should be developed

- Implementation strategies:
  - Hold marketers of infant formula accountable for complying with the *International Code of Marketing of Breast-milk Substitutes*
  - Take steps to ensure that claims about formula are truthful & not misleading
  - Ensure that health care clinicians do not serve as advertisers for infant formula

*The Surgeon General’s 2011 Call to Action to Support Breastfeeding*
Women do not fail to breastfeed. Health professionals, health agencies and governments fail to educate and support women who want to breastfeed.

*Thomas, 2006*
Barb’s References


• Thomas, P. Breastmilk vs ‘formula food’. *The Ecologist*, April 2006


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