Comments from the Breastfeeding Committee for Canada

On the 2011 Health Canada revision of

Nutrition for Healthy Term Infants: Recommendations from birth to six months

Part A

The following comments are forwarded by the Breastfeeding Committee for Canada (BCC), the Canadian authority for the Baby Friendly Initiative (BFI).

Comments are provided in accordance with the Health Canada website link format. General comments on the draft statement are provided in Part B. Specific comments are provided for each of the 9 principles and related recommendations in Part C with the following format:

1. comment on the principle and its related recommendation
2. comment on the completeness of the background information
3. comment on the clarity of the background information
4. Comments on questions and answers presented in the "In practice" section
    - Are they helpful and complete?
    - Address common issues?

Part B

General Comments on the draft Statement

- BCC applauds the fact that the BFI is named in the Principles and Recommendations and that most (though not all) of the 10 Steps to Successful Breastfeeding and the WHO Code are described in the body of the statement.

- Language and presentation are particularly important in supporting and promoting breastfeeding to health care professionals (HCPs) and the public. HCPs and the medical literature have traditionally described the "benefits of breastfeeding," comparing health outcomes among breastfed infants against a reference group of formula-fed infants. Although mathematically synonymous with reporting the "risk of not breastfeeding," this approach implicitly defines formula feeding as the norm. As noted by several authors,[1-3] this subtle distinction impacts public perceptions of infant feeding. If "breast is best," then formula is implicitly "good" or "normal." This distinction was brought to light by national survey data showing that, in 2003, whereas 74.3% of US residents disagreed with the statement: "Infant formula is as good as breast milk," just 24.4% agreed with the statement: "Feeding a baby formula instead of breast milk increases the chance the baby will get sick."[4]

References:

Wiessinger D. Watch your language! *J Hum Lact.* 1996;12:1–4.
Berry NJ, Gribble KD. Breast is no longer best: promoting normal infant feeding. *Matern Child Nutr.* 2008;4:74–79.
Cattaneo A. The benefits of breastfeeding or the harm of formula feeding? *J Paediatr Child Health.* 2008;44:1–2.
Li R, Rock VJ, Grummer-Strawn L. Changes in public attitudes toward breastfeeding in the United States, 1999–2003. *J Am Diet Assoc.* 2007;107:122–127. [PubMed]

Therefore it is important that the NHTI statement:

- Discuss the *importance* rather than the benefits of breastfeeding since breastfeeding is the normal way of feeding infants (as very well stated in Principle #1).
- Present research findings such that the **reference group is the breastfed infant** e.g. "Acute infections such as otitis media are more common and more severe in formula fed infants than in breastfed infants" rather than "Acute infections such as otitis media are less common and less severe in breastfed infants than in formula fed infants."

❖ When breastfeeding and formula feeding recommendations are presented together, the subtle implication is that these are equal alternatives. As it is well explained in NHTI's Principle #1, this is not the case. Non-breastfed infants and young children are at increased risk of many infectious diseases and other health problems, including gastrointestinal issues, not to mention long term health risks such as obesity, diabetes, certain forms of leukemia, etc. Non-breastfed infants and young children should be more closely monitored from a health perspective in the short and long term.

For this reason it is important that there be a <u>separate document</u> addressing the special needs of non-breastfed infants and young children. It could be entitled "Special needs of the non-breastfed infant". This document would address the following:

- The health risks associated with not being breastfed and not breastfeeding.
- Formula feeding decreases with active protection, support and promotion of breastfeeding by all health care sectors, the community and government
- Commercial infant formulas (as outlined in the present Principle #5)
- Milk provided to infants must be free of pathogens and fed safely (Principle #6)
- Monitoring the growth of non-breastfed infants and the variations from normal that can be expected (using the WHO growth curves); emphasis on strategies to avoid overfeeding
- Managing common problems associated with non-breastfed infants (constipation, gastroenteritis, respiratory infections and acute otitis media)
- Introducing complementary foods at about 6 months

Principle #1: Breastfeeding is the normal and unequalled method of feeding infants.

❖ Add under Principle #1 or under Recommendation 1.1 before "Benefits for infants":

"While breastfeeding is the normal and unequalled method of feeding infants, breastfeeding is much more than just a feeding method or the provision of breastmilk. Breastfeeding is a relationship that inherently provides comfort, security and warmth, with measurable physiological effects afforded by being skin-to-skin on both the infant and mother. For this reason breastfeeding must be protected, promoted and supported as much as or more than the feeding of human milk alone."

1.1 Recommend exclusive breastfeeding for the first six months of life.

❖ Add general information as to WHY exclusive breastfeeding, as opposed to mixed feeding, and for 6 months as opposed to 4 months is important. Allude to studies already in your reference list:
-Bartick and Reinhold (2010)
-Chantry et al (2006)
-Duijts et al (2010)
And others:
-http://www.ncbi.nlm.nih.gov/pubmed/19594471
-Health Canada exclusive breastfeeding recommendation 2004

Such that it is clear that exclusive breastfeeding for the first 6 months is the normal, physiological and species specific way to feed infants and young children to ensure optimal growth and full neurological, immunological and cognitive development while providing immunological protection.

Benefits for Infants

❖ Change this title to *Importance of breastfeeding* for infants *and young children*

Nutrition and digestion

❖ Strengthen by adding info including:
- "Human milk is species specific. Many of its components are not reproducible or available in artificial baby milks (formula)."
- "Human milk is a living substance, changing constantly and adapting to meet the changing needs of the infant over the duration of breastfeeding."
- Human milk provides a diverse array of bioactive substance such as epidermal growth factor which is important in gut growth and maturation."
- "Nutrients in human milk have high bioavailability."
- "Human milk contains components that compensate for the infant and young child's immature state. For example lipase is present to compensate for the newborn's inability to produce this digestive enzyme."

❖ Strengthen by deleting the second paragraph. Vitamin D is addressed in Principle #4 and the issue of iron supplementation still needs to be resolved.

The immune system

- Strengthen by adding info such as:
  - "Human milk has a large number of bioactive components that confer both immune and non-immune protection against pathogens in the infant and young child's environment." (Goldman AS: The immune system of human milk: antimicrobial, anti-inflammatory and immunomodulating properties. *Pediatr Infect Dis J* 12:664-71, 1993)
  - "Human milk compensates for the infant and young child's immature immune system. For example, the infant is unable to synthesize adequate amounts of sIgA until about 4 months of age. Human milk provides about 1 mg/ml of sIgA in mature milk offering significant protection against gastrointestinal, respiratory and urinary tract infections."(Goldman 1993)
  - The enteromammary and bronchomammary pathways work specifically to protect the infant in its own environment. If a mother is exposed to a pathogen via her digestive or respiratory system, she creates antibodies (in Peyer's patches in maternal gut) which are immediately transferred to breastmilk to protect the infant (Goldman AS, et al: Immunologic components in human milk during gradual weaning. *Acta Paediatr Scand* 72:133-4, 1983)

- The first paragraph should be rewritten as follows:
  "The anti-infective properties of human milk and colostrum protect infant health (WHO 2009). For example, acute infections such as otitis media are more common and more severe in formula-fed infants than in breastfed infants. This is true…

SIDS

- Strengthen by including the following study:

  Vennemann, MM et al. (2009) Does breastfeeding reduce the risk of sudden infant death syndrome? Pediatrics, 123(3), e406-e410.
  http://pediatrics.aappublications.org/cgi/content/full/123/3/e406

  This well done study shows that breastfeeding reduced the risk of SIDS by ~50% at all ages throughout infancy in this German population. The authors recommend including the advice to breastfeed through to 6 months of age in SIDS-reduction messages.

Benefits for breastfeeding mothers

- Change this title to "*The Importance of Breastfeeding for Mothers*"
- Reorder the list so that the more significant/important outcomes come first
  - Start with *breast cancer*, then *delayed menses*, then *diabetes*, *depression* and *postpartum weight loss*
- This section would benefit from additional background and more extensive detail such as:

- Under *breast cancer*: rename to be *Breast and ovarian cancers* since both are covered
- Considering the fact that breast cancer is one of the most significant cancers suffered by women in the developed world and that breastfeeding is one of the few measure that have been actually shown to reduce the risk, much more emphasis needs to be placed on this.
- Please consider adding the following:

"Research studies confirm that breastfeeding is an important factor in reducing the risk of breast cancer (Zheng et al. 2000; Collaborative Group on Hormonal Factors in Breast Cancer 2002). There is a dose-response effect such that the longer a woman breastfeeds, the more she is protected against breast cancer. The study by Zheng (2000) found a 50 percent reduction in breast cancer risk among those women who breastfed for more than 24 months per child, compared to women who breastfed their children for less than 12 months. **B**reastfeeding for more than 24 months also has a long term effect. It was found not only to reduce the risk of breast cancer diagnosed among pre-menopausal women, it was also found to reduce the risk of breast cancer among post-menopausal women as well. The case for longer duration of breastfeeding as one protective effect against breast cancer is independent of age, country, ethnic origin, number of births, menopausal status and age when the first child was born. "

REFS:

Collaborative Group on Hormonal Factors in Breast Cancer (2002). Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease. Lancet Jul 20;360(9328):187-95 or **http://www.ncbi.nlm.nih.gov/pubmed/12133652**

Zheng,T et al. Am. J. Epidemiol. (2000) 152 (12): 1129-1135. or http://aje.oxfordjournals.org/content/152/12/1129.short)

- Add the following: "As for breast cancer, there is increasing evidence that the reduction in **ovarian cancer** risk comes in proportion to the cumulative lifetime duration of breastfeeding. That is, the more months or years a mother breastfeeds, the lower her risk of ovarian cancer (Danforth et al. 2007; Ip et al. 2007)"

REF: Danforth et al. (2007). Breastfeeding and risk of ovarian cancer in two prospective cohorts. Cancer Causes Control. Jun;18(5):517-23.

Delayed Menses

- Change second sentence to read: "Delaying the return of menses *increases* birth spacing and *reduces* maternal iron losses (Dewey et al. 2001)"

Diabetes

- Add the following reference:

Liu B, Jorm L, Banks E. Parity, breastfeeding, and the subsequent risk of maternal type 2 diabetes. Diabetes Care, 2010 Jun;33(6):1239-41. This cohort study showed that Compared to nulliparous women, parous women who did not breastfeed have about a 50% greater risk of diabetes, whereas for women breastfeeding, the risk was not significantly increased.

Depression

- Change first sentence (for improved clarity) to read: "There is some evidence that breastfeeding for only a short time or not at all is associated with postpartum depression."

Benefits of breastfeeding for the community

- Change title to read: *Importance* of breastfeeding for the community
- The facts are there but needs to be written more effectively.
- Add: "Breastfeeding is an important measure of food security for the infant and family. Infants and young children who are ill will often continue to breastfeed for comfort and thereby receive some calories, hydration and immune factors to help fight their illness. Breastfeeding protects the child during emergency situations when other food and safe water are not available and when other milk feedings are not available or safe to use. "

In practice: Talking to families about infant nutrition

- Questions are helpful and answers are fairly complete
- It would be important to include the question: "How can HCPs effectively inform parents on the importance of breastfeeding and the risks of not breastfeeding exclusively for 6 months?"

Principle #2: Breastfeeding increases with active protection, support and promotion by hospitals, workplaces, and the community

This principle is one of the most important of the NHTI statement. BCC would encourage you to state all 10 of the Steps to Successful Breastfeeding with a short statement under each describing how to implement the step and include citations of the current best evidence (see http://www.who.int/child_adolescent_health/documents/9241591544/en/index.html)

- Strengthen the statement with the following changes:
  - Change the wording of title to: "Breastfeeding increases with active protection, support and promotion by *all sectors of the health care system, governments*, workplaces, and the community."
  - Change wording of 2.2 by replacing "benefits" with "importance"

- Change wording of 2.5 by replacing "discourage" with "prohibit"

- Change wording of 2.7 by replacing "permit" with "encourage"

- Add as item **2.8: Mothers and babies have the right to breastfeed anytime and anywhere.** Breastfeeding is the normal way of feeding thereby mothers and babies are protected from discrimination and harassment by:
  - Canada's Charter of Rights and Freedoms - no discrimination on the basis of sex (gender)
  - United Nation's Convention on the Rights of the Child – an obligation to ensure that all children are able to achieve the highest attainable standard of health
  - Provincial and Territorial Human Rights Codes – all jurisdictions in Canada have protection of breastfeeding covered under their Human Rights Acts; Ontario and British Columbia have further detailed legislation around breastfeeding and the right to breastfeed in public places.

- First paragraph: reword the second sentence to read:
  "Recommendation 2.1-2.7 are based on the evidence-informed and *globally-adopted* policies and practices of the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI), *which is based on* the Ten Steps to Successful Breastfeeding, *the Global Strategy for Infant and Young Child Feeding*, the International Code of Marketing of Breast-milk Substitutes *and subsequent relevant World Health Assembly (WHA) resolutions*."

- Add to the end of the first paragraph: "The Code seeks to protect breastfeeding by ensuring the ethical marketing of breastmilk substitutes by industry."

- Second paragraph: Reword the second sentence to read:
  "As the National Authority for the Baby-Friendly™ Initiative, the Breastfeeding Committee for Canada (BCC) oversees and facilitates the implementation of the Baby-Friendly™ Initiative in Canada." Add the link to our new website: http://www.breastfeedingcanada.ca/

- Add to the end of the second paragraph:
  "The "Baby-Friendly" designation is given to maternity hospitals and community facilities in recognition for practicing the Ten Steps to Successful Breastfeeding and adhering to the International Code of Marketing of Breast-milk Substitutes. Today in Canada there are only 10 hospitals, 3 birthing centers and 22 community health centers or health authorities as of February 2011. The majority of these facilities are in Quebec where the implementation of the Baby Friendly Initiative has been provincially legislated."

- Start the third paragraph with: "Studies have shown repeatedly and conclusively that adherence to BFI recommendations increases both the duration and exclusivity of breastfeeding."

Factors that influence a mother's decision to breastfeed

- Reword this title to better reflect content: Factors that influence a mother's decision to breastfeed *and to continue breastfeeding*.

- Under this section, add as a subtitle: *"**Access to skilled support from health care professionals and trained peers**"* and include the last paragraph in this section. Expand and strengthen this with:

a) information about the importance of peer support groups, including La Leche League, and peer support programs in helping to increase the initiation and duration of breastfeeding (Dennis et al.2002 http://www.cmaj.ca/cgi/content/full/166/1/21).

b) information about the importance of "IBCLCs (International Board Certified Lactation Consultants) who are highly trained in breastfeeding and lactation management skills. They have registration requirements, a defined scope of practice and a professional code of ethics. They work in hospitals and the community, providing support pre and post-natally and over the long term, positively influencing initiation and duration rates (Thurman 2008).

refs: http://www.ncbi.nlm.nih.gov/pubmed/19051846

Breastfeeding Policy and Implementation

This section covers breastfeeding policy and implementation as it pertains to the BFI very well. The missing piece is a section on policy implementation by government. Please see comments by INFACT Canada around this issue.

Some suggestions:

- The 4th paragraph "Implementation of the International Code of ….etc" should follow the paragraph after it. The second line should then read "For example, hospitals and any community centers that serve mothers and young children, must not permit advertising of formula, bottles, nipples or pacifiers. There should be no free or low cost formula distributed in the facility. Educational materials, posters, pamphlets, etc should not be provided by formula companies or display their logo."

In practice: talking to families about infant nutrition

This is excellent.

- Replace "benefits" with "importance" in the second bullet.

Principle #3: Breastfeeding is rarely contraindicated

The following changes in the wording of statements 3.1 to 3.4 are meant to use language and place emphasis in such a way to help normalize breastfeeding. The essential message remains unchanged.

3.1 Very few maternal infections contraindicate breastfeeding. Recommend an acceptable alternative to breastfeeding for mothers who are HIV infected.
3.2 Most medications are compatible with breastfeeding. Take a case-by-case approach when a mother is using drugs.
3.3 Occasional, moderate alcohol intake is acceptable while breastfeeding. Excessive maternal alcohol consumption can affect lactation and harm an infant.
3.4 Encourage mothers who smoke to stop or reduce smoking. Mothers who smoke should be encouraged to breastfeed.

Maternal Infections

- Fourth paragraph:
  - Elaborate on herpes lesions on the breast: "Herpes simplex virus can be transmitted from lesions anywhere, therefore mothers should wash hands well before breastfeeding. If there is a lesion on the breast, discourage breastfeeding on the affected breast unless the lesion is covered and sufficiently distant from the nipple so that the baby's mouth cannot make contact."
  - Start new paragraph for Hep C

In Practice: Talking with families about infant nutrition

No concerns

Principle #4: In Canada, all infants need supplemental vitamin D

This statement is inaccurate and not evidence-based. It should be replaced by:

"Health Canada recommends that all infants receive a Vitamin D supplement."

Principle #5: Commercial infant formulas are the only acceptable alternative to breastmilk.

This statement precludes any mention of human milk alternatives to a baby obtaining its nourishment directly from its mother's breast. In order to address these important alternatives, that both HCPs and parents should be aware of, we propose the following wording for this principle:

Principle #5 "There are several acceptable alternative feeding options when full breastfeeding is not possible"

As stated earlier, when breastfeeding and formula feeding recommendations are presented together, the subtle implication is that these are equal alternatives. For this reason it is important that there be a separate document, or a separate link, addressing the special needs of formula fed infants and young children and the specifics of different formulas.

This principle should focus on:

1) The list of replacement feeding options from most to least acceptable.
2) The medical indications for supplementation of the breastfed infant and how supplementation can be carried out.
3) The importance of the approach that should be used if, for whatever reason, formula is to be given to a young child or infant.

5.1 If an infant or young child is not able to breastfeed at its mother's breast or is only partially breastfed, there are several human milk alternatives. Formula is recommended only when all other options are exhausted.

See the recommendations as per WHO Global Strategy for Infant and Young Child Feeding, paragraphs 18 and 19
http://whqlibdoc.who.int/publications/2003/9241562218.pdf

1) Expressed milk from the infant's own mother
2) Donor milk from a human milk bank. (see www.hmbana.org) In Canada there is only one human milk bank and its resources are only available for sick, hospitalized newborns. (Kim JH 2010). Canadian Pediatric Society Nutrition and Gastroenterology Committee: Human milk banking. *Pediatric Child Health*, 15(9),595-598.)
3) Pasteurized donor milk from an informal mother-to-mother milk sharing system.*

*While we are aware that the CPS and Health Canada are not presently ready to endorse this practice, mothers who know the risks associated with formula and well-informed on safe practices of milk-sharing are opting to use this available source of human milk. Recognizing this, Health Canada is encouraged to do research in this area with the aim of providing guidelines for safe milk sharing and home pasteurization. See the following link for one resource: www.eatsonfeets.org/#resource .

4) Commercial infant formula. See link X for more detailed guidelines on the appropriate use of various formulas*.

*This link would bring the reader to the information presently contained under Principle #5.

5.2 Medical indications for supplementation of the breastfed infant.

- For the newborn in hospital:
  Academy of Breastfeeding Medicine Protocol Committee. ABM Protocol #3: Hospital Guidelines for the use of Supplementary Feeding in the Healthy Term Breastfed Neonate, Revised 2009. Breastfeeding Medicine 4(3).
  http://www.bfmed.org/Media/Files/Protocols/ABMProtocol_3%20Revised.pdf
- For all other circumstances, including the case where a mother makes the informed decision to not breastfeed for other than medical reasons: see Principle #3.
  WHO Medical Indications for Supplementation, revised 2009:
  http://whqlibdoc.who.int/hq/2009/WHO_FCH_CAH_09.01_eng.pdf

5.3 Cautions when recommending formula as a replacement feed for infants and young children.

- The recommendation for the use of infant formula as a replacement feed needs to be done with caution. Parents must be made aware of the risks of formula before making an informed decision to formula feed. The International Code requires warnings to parents about the inappropriate use, the personal, social and economic costs of formula feeding and the difficulty of reversing the decision to not breastfeed.
- Some mothers may not exclusively breastfeed for personal, medical, or social reasons. They need support to optimize their infant's nutritional well-being. Individually counsel families that have made a fully informed choice not to breastfeed. Give them information on alternate milks and safe preparation techniques.
- Infants receiving infant formula must be recognized as being immuno-compromised and need appropriate growth monitoring and health care.

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No questions in this section

Principle #6: Milk provided to infants must be free of pathogens and fed safely.

This principle focuses primarily on the non-breastfed infant and therefore should be in a separate document or link. A proposed alternative approach to this principle is outlined below.

6.1 Infants who are breastfed always have access to safe milk that is pathogen-free and at the right temperature. Breastfeeding allows close contact and constant supervision of infants during feeding.

6.2 Breastmilk is easily expressed and stored.

Expressing breastmilk maintains the mother's milk supply and exclusive breastfeeding for the infant. Milk is expressed either by hand directly into a clean wide-necked container or with the aid of a breast pump.

- Mothers can follow the instructions for sanitary use provided with the manual or electric breastmilk pumps.
- Expressed milk should be stored in covered clean* containers labeled with the date and time.
- Expressed milk can be kept in the refrigerator for up to 3** days, or frozen for up to three months in a fridge freezer, or up to six months in a deep freezer. For more information go to http://www.bfmed.org/Media/Files/Protocols/Protocol%208%20-%20English.pdf

*Due to the anti-bacterial properties of human milk, containers used to collect or store it should be clean (washed with soap and water) but do not have to be sterile.
**Due to the anti-bacterial properties of human milk, it can be stored safely for much longer periods than formula.

6.3 Preparation of infant formula requires careful attention to cleanliness, sterilization of equipment and suitable water that has been boiled and cooled. Storage of formula is limited.
Refer to the following link (and this brings the reader to all the content presently under Principle #6)

Principle #7: Routine growth monitoring is important for assessing infant health and nutrition.

Interpretation of the growth pattern

Paragraph 4: Such that the reference group is the breastfed infant, change to:

"Formula fed infants grow differently than breastfed infants. Formula fed infants tend to weigh less than breastfed infants during the first three to four months of life. After four to six months, formula fed infants are heavier and weigh more than breastfed infants by up to 1 kg (Dewey 1995)."

In practice: talking with families about infant nutrition

Helpful and complete? Yes; to be complete would be much too long
Address common issues? Yes

Fourth paragraph remove "similar to the action of sucking on a straw" as this is **not** at all similar to how a baby suckles at the breast.

Principle #8: Avoid unnecessary interventions for common infant health conditions and illnesses.

As mentioned before it is important to separate information on breastfeeding and formula feeding to avoid the inference that the two are interchangeable. At the very least, this

section must be revised so that issues affecting breastfed and formula fed infants are treated totally separately.

E.g.

Breastfed infants

- Infantile colic: how to manage
- Constipation: rare in Breastfed infants; not unusual, after one month of age, to go days without stooling but stools remain soft (no need to discuss management)
- Gastroesophageal reflux: "spitting up" is normal…
- Acute gastroenteritis: rare in exclusively breastfed infants. Breastfeeding should continue….Often ill babies will breastfeed for comfort and by doing so are better able to maintain hydration and caloric intake while continuing to receive anti-infective factors.

Formula fed infants

- Infantile colic: how to manage
- Constipation: more common in formula fed infants; how to manage
- Gastroesophageal reflux: "spitting up" is normal; thickened formulas…
- Acute gastroenteritis: how to manage

In practice: talking with families about infant nutrition

Helpful and complete? **No**. This answer is incomplete and confusing. "Generic" treatment of both breast and formula fed infants leads to inaccuracy. E.g. the fist line states that "acute gastroenteritis is common in early infancy", yet as earlier stated, it is rare in exclusively breastfed infants. "changing feeding regimens" and "nutritional interventions" are not well-described and do not usually apply to the breastfed baby.

Address common issues? Suggest there be two questions. One regarding the breastfed, and the other the formula fed.

Principle #9: At six months, infants need complementary foods along with continued breastfeeding to meet their nutrient needs.

Agree with 9.1 and 9.2

Iron

Add the following sentence to the first paragraph.

"Exclusive breastfeeding for the first six months of life ensures adequate iron status."

First foods

The paragraph after the table: delete the last sentence re: "A 2006 survey showed…".

In practice: talking with families about infant nutrition

Helpful and complete? Yes but needs change as shown below.
Address common issues? Yes

Delete the sentence: "If parents do introduce solid foods before six months…" as this is confusing since everywhere else this is not recommended.

This can be replaced with: "Signs that an infant is physiologically and developmentally ready for solid foods include:"

PART E – Overall comments on the statement

This statement is a significant improvement over its predecessor. The inclusion of the BFI and the International Code of Marketing of Breast Milk Substitutes and relevant resolutions of the World Health Assembly is especially important for the support and protection of breastfeeding.

If the suggested changes above are followed through, this document's value would increase significantly as a resource for HCPs and parents and would be helpful in promoting consistent messages about infant nutrition to parents and their caregivers.

A major disappointment for the BCC was the finding that two of the eight members of the Expert Advisory Group have declared significant conflicts of interest. One serves on the advisory boards of Heinz and Danone. Both companies are manufacturers of complementary food products and infant formulas and are in violation of the International Code of Marketing of Breast-milk Substitutes and relevant resolutions of the World Health Assembly.

The second member receives research funding from infant formula manufacturers Mead Johnson, Abbott Laboratories and from Martek Biosciences, the maker of fungi and algae sourced fatty acids, DHA and ARA. These three industries are in serious violation of the International Code of Marketing of Breast Milk Substitutes and relevant resolutions of the World Health Assembly.

It is the BCC's position that those with conflicts of interest should not be permitted to sit on a committee working on infant and young child public nutrition policies.