

The International Code is

- a code of **marketing** not a code of ethics. It is a set of rules for industry, health workers and governments, to regulate marketing. Marketing is much more than advertising. It includes all promotional activities, from labelling to shelf space, to relations with health workers and their associations;
- about **breastmilk substitutes** not just infant formula. It covers other milk products, cereals, teas and juices, bottles and teats;
- a **compromise** not the ideal. It is the result of negotiations. Therefore, national measures should be stronger and adapted to include new products and changed marketing practices;
- a **tool** not an end in itself. When properly implemented, it will regulate marketing practices. But above all, understanding it helps health workers and community members to gain a much deeper grasp of the importance of their role in shaping the decisions of mothers about infant feeding and the consequences these can have.



The Code seeks to encourage and protect breastfeeding by regulating marketing practices used to sell products for artificial feeding.

The Code applies to: artificial milks for babies; other products used to feed babies, especially when they are marketed for use in a feeding bottle or to babies under six months of age. The Code also applies to feeding bottles and teats.

The Code includes these 10 important provisions:

- **No advertising** of any of these products to the public.
- **No free samples** to mothers.
- **No promotion** of products in **health care facilities**, including the distribution of free or low-cost supplies.
- **No company sales representatives** to advise mothers.
- **No gifts or personal samples to health workers.**
- **No words or pictures idealising artificial feeding**, or pictures of infants on labels of infant milk containers.
- **Information to health workers should be scientific and factual.**
- **All information** on artificial infant feeding, including that on labels, **should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.**
- **Unsuitable products**, such as sweetened condensed milk, should not be promoted for babies.
- Manufacturers and distributors **should comply with the Code's provisions** even if countries have not adopted laws or other measures.

Subtle selling

After years of public pressure, most baby food companies have stopped direct advertising for formula in developing countries. Instead, they promote more through hospitals by giving them free supplies of baby milk and by influencing hospital practices so that mothers will either bottle-feed from the start, or give up breastfeeding quite soon. The period right after birth is of vital importance. A poor start all too often means the end of breastfeeding.

Even a bottle or two in the first days reduces the likelihood of successful breastfeeding by one-third. If people only knew the number of children's lives lost as a result...

Dr. Richard Jolly
UNICEF, 1988

Dangerous advertising: four examples

In **Pakistan**, a mother was given a free sample of a breastmilk substitute in a hospital. She began to bottle-feed her new son, even though she had successfully breastfed her two previous children. Within six weeks,



the new baby was back in hospital with severe dehydration and malnutrition. He had suffered diarrhoea 10 to 12 times a day and weighed only 2.7 kgs (5.94 lbs).

In **Yemen**, a mother who saw advertising for breastmilk substitutes decided to bottle-feed her young baby. He got severe diarrhoea and the mother took him to a health centre, where the child was rehydrated and the mother was advised not to bottle-feed. It was difficult to return to breastfeeding. Also, pictures of happy and healthy infants on the labels in the shops had confused her: she wanted her baby to be like that, fair and chubby, so she switched brands. The child developed another bout of acute diarrhoea and, by the time the mother took him back to the health centre, it was too late. He died.

A hospital in the **Philippines** had a preference for a particular brand of breastmilk substitutes. The reason was simple: the company was paying for the renovation of the entire nursery. More than half the infants were fully bottle-fed and cross-infection was so severe that, at one point, the wards had to be closed.

In the **USA**, a Hispanic mother was given samples of ready-to-feed infant formula for her new baby when she was in hospital. The label was all in English, a language that she had difficulty understanding. When the samples had run out, she went to her local supermarket to buy more formula. She picked up the same brand, but it was