



## **NCT Briefing: WHO Global Strategy on Infant and Young Child Feeding**

**The Global Strategy on Infant and Young Child Feeding<sup>1</sup> was jointly developed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) and incorporates the International Code of Marketing of Breast-milk Substitutes<sup>2</sup>, the Baby Friendly Hospital Initiative<sup>1</sup> and the operational targets of the Innocenti Declaration.<sup>3</sup>**

The National Childbirth Trust (NCT) has consistently campaigned for full implementation of the Strategy. We identify with the multifaceted actions proposed as encompassing an evidence based path to improving support for breastfeeding.

This briefing covers why the strategy is needed, what it aims to achieve, describes the UK governments' position and the touches on the extent of implementation in the UK.

### **The need for the strategy**

In 2003 the Bellagio Child Survival Study Group estimated that globally, 13% of deaths of children under 5 could be prevented if 90% of babies were breastfed exclusively for the first six months and continued to breastfeed for the first year.<sup>4</sup> A further 6% of child deaths could be prevented by adequate complementary feeding.<sup>4</sup>

Enabling more women to breastfeed in disadvantaged communities is one of the most effective interventions to reduce health inequalities in this country. Breastfeeding has a major role to play in promoting health and helping to prevent disease, in the short and long term, for both baby and mother. As such it can also significantly reduce health costs for families and public health care systems. Only 35 per cent of babies worldwide are exclusively breastfed for the first four months of life<sup>1</sup>, and just 7 per cent in the UK.<sup>5</sup>

The pressures of modern lifestyles coupled with unclear and inadequate information and poor support has made maintaining exclusive breastfeeding difficult for many women.

### **The aims and objectives of the strategy**

The Strategy is a comprehensive agreement aiming to revitalise efforts to promote, protect and support appropriate feeding of babies and young children. It was endorsed, by consensus, at the World Health Assembly in 2002.

The Strategy's specific objectives are:

- to raise awareness of the main problems affecting baby and young child feeding, identify approaches to their solution, and provide a framework of essential interventions;

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<sup>1</sup> The UNICEF Baby Friendly Initiative ensures that families receive accurate information and support around baby feeding both before and after birth, so that more women have a real choice to breastfeed.  
[www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)

- to increase the commitment of governments, international organisations and other concerned parties<sup>2</sup> to improve feeding practices for babies and young children;
- to create an environment that will enable mothers, families and other caregivers in all circumstances to make – and implement – informed choices about optimal feeding practices for infants and young children.

Governments are expected to adopt policies and strategies covering the whole area of baby and young child feeding, including action to:

- promote and support exclusive breastfeeding for six months and continued breastfeeding, along with appropriate complementary feeding, for up to 2 years or beyond
- ensure that all maternity services fully implement all Ten Steps to Successful Breastfeeding and to support the extension of the Baby Friendly Initiative into community and paediatric settings
- legislate to end all promotion of artificial feeding and to protect the breastfeeding rights of working women
- ensure that policies and practices take into account vulnerable groups such as refugees, mothers with HIV and those with disabilities or who are drug users.

For these to succeed there must be suitable goals and objectives, a realistic timeline for their achievement, and measurable indicators to allow accurate monitoring and evaluation of action taken and a rapid response to identified needs. A national breastfeeding coordinator and multidisciplinary committee should be appointed to oversee development and implementation of the strategy.<sup>6</sup>

The Strategy is intended to be a guide for action and identifies the responsibilities of other organisations including local authorities, the health service, health professional and voluntary organisations, employers, education authorities, trade unions, the media, and child care facilities.

The European Blueprint for Action is the model plan for Global Strategy implementation in Europe. It is an effective public health tool that can be adapted to fit the different health structures, stages of policy development and service provision in each European country.<sup>6</sup>

### **The international code and resolutions**

The International Code of Marketing of Breast-milk Substitutes<sup>2</sup> and subsequent Resolutions exist to protect all babies, formula-fed or breastfed. They arise from the recognition that promotion and advertising (often subliminal) undermines women's confidence in breastfeeding. The Code is designed to take commercial pressures out of baby feeding decisions; it does not restrict the availability of artificial milks.

### **Key points of the code**

The International Code<sup>3</sup> aims to promote safe and adequate nutrition for babies, by protecting breastfeeding and ensuring appropriate marketing of breastmilk substitutes, including any food or drink given to a baby before 6 months, follow-on formula, bottles, teats and dummies. Companies have an obligation to comply even if there are no national laws. Organisations such as NCT, professional bodies and have an obligation to inform companies and governments if the rules are broken.

The Code:

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<sup>2</sup> For the purposes of the strategy, other concerned parties include professional bodies, training institutions, industrial and commercial enterprises and their associations, nongovernmental organizations whether or not formally registered, religious and charitable organizations and citizens' associations such as community-based breastfeeding support networks and consumer groups.

<sup>3</sup> Hereafter the Code refers to the *International Code of Marketing of Breast-milk Substitutes* and subsequent, Resolutions of the World Health Assembly.

- Bans all advertising and promotion of products to the general public.
- Bans samples and gifts to parents.
- Requires information materials to advocate for breastfeeding; they must warn of the risks and costs of artificial feeding.
- Bans free or low-cost supplies of breastmilk substitutes.
- Prohibits personal samples and gifts to health workers.
- Demands that product information be factual and scientific.
- Bans sales incentives for breastmilk substitutes and contact with mothers.
- Requires that labels inform fully about the correct use of infant formula and the risks of misuse.
- Neither information nor labels to contain pictures of babies or text that idealises artificial feeding, nor to discourage breastfeeding.

### **Implementation in the UK**

Since 1981 UK governments have consistently supported international policies to protect, promote and support breastfeeding, the Code and all subsequent Resolutions. The current government should now be developing its own policy and action plan. However there is inadequate interdisciplinary recognition of the value of breastfeeding to mothers, babies, families, and to the wider society in the UK. This translates to poor training and lack of breastfeeding support at all levels.

Northern Ireland and Wales do have breastfeeding strategies in place and almost all of the 14 Health Boards in Scotland have adopted local strategies. No national policy or strategy exists in England although the Breastfeeding Manifesto which calls for full implementation in the UK has received the support of more than 36 organisations, many parliamentarians and individuals.<sup>4</sup> NCT has been a founding supporter of the Manifesto and works closely with other supporters to realise the objectives. Other indicators of the success and impact of the Strategy are the compliance of the formula milk industry, healthcare professionals and the government against the requirements put upon them.

### **The code in the UK**

The formula industry has consistently breached the Code, claiming that some aspects are only relevant in developing countries and that governments have to enact laws first, whereas the Code and the Strategy place obligations on them directly. Most formula manufacturers now run 'care lines' which are advertised to provide information to pregnant women and new mothers. They also provide leaflets and sponsor meetings for new mothers, as a way of promoting their brand. These activities have the effect of advertising formula milk and are not permitted under the Code.

The *Infant Formula and Follow on Formula Regulations, 2007*, enact the 2006 EC Directive and bring some aspects of the Code into law, but fail to prevent follow on milk advertising, health claims and conflicts of interest among other aspects. NCT continues to work with Baby Milk Action, other voluntary support and health professional groups as part of the Baby Feeding Law group to bring the Code and subsequent Resolutions into law.

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<sup>4</sup> Breastfeeding Manifesto Coalition. [www.breastfeedingmanifesto.org.uk](http://www.breastfeedingmanifesto.org.uk)

**References and further sources of information:**

<http://www.babyfriendly.org.uk>

<http://www.who.int/en/>

<http://www.unicef.org/>

[www.breastfeedingmanifesto.org.uk](http://www.breastfeedingmanifesto.org.uk)

**References:**

1. World Health Organisation. *Global strategy for infant and young child feeding*. Geneva: World Health Organization; 2003.
2. World Health Organization. *International code of marketing of breast-milk substitutes*. 1981.
3. *Innocenti Declaration on the protection, promotion and support of breastfeeding*. Florence, Italy: UNICEF; 1990.
4. Jones G, Steketee RW, Black RE, et al. How many child deaths can we prevent this year? *The Lancet* 2003;362(9377):65-71.
5. Bolling K, Grant C, Hamlyn B et al. *Infant Feeding Survey 2005*. London: The Information Centre for Health and Social Care; 2007.  
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6. EU Project on Promotion of Breastfeeding in Europe. *Protection, promotion and support of breastfeeding in Europe: a blueprint for action*. Luxembourg: European Commission, Directorate Public Health and Risk Assessment; 2004.  
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[http://europa.eu.int/comm/health/ph\\_projects/2002/promotion/fp\\_promotion\\_2002\\_frep\\_18\\_en.pdf](http://europa.eu.int/comm/health/ph_projects/2002/promotion/fp_promotion_2002_frep_18_en.pdf)

**Date for review:** April 2009

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The NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent.

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