

Cairo, 1 August 2013 - Only 37 countries, or 19% of those reporting, have passed laws reflecting all the recommendations of the International Code of Marketing of Breast-milk Substitutes, according to a new World Health Organization (WHO) report published during World Breastfeeding Week. The Week is celebrated in more than 170 countries from 1 to 7 August.

Breastfeeding is the best source of nourishment for infants and young children and one of the most effective ways to ensure child health and survival. People who were breastfed as babies are less likely to be overweight or obese later in life. They may also be less prone to diabetes and perform better in intelligence tests; but globally only an estimated 38% of infants are exclusively breastfed for six months.

“Nearly all mothers are physically able to breastfeed and will do so if they have accurate information and support,” said Dr Carmen Casanovas, breastfeeding expert with WHO’s Department of Nutrition for Health and Development. “But in many cases, women are discouraged from doing so, and are misled to believe that they are giving their children a better start in life by buying commercial substitutes.”

Only 37 of the 199 countries (19%) reporting to WHO on implementation of the Code have passed laws reflecting all of its recommendations. For example:

69 countries (35%) fully prohibit advertising of breast-milk substitutes;

62 (31%) completely prohibit free samples or low-cost supplies for health services;

64 (32%) completely prohibit gifts of any kind from relevant manufacturers to health workers;

83 (42%) require a message about the superiority of breastfeeding on breast-milk substitute labels;

Only 45 countries (23%) report having a functioning implementation and monitoring system.

Mothers are often inundated with incorrect and biased information both directly, through advertising, health claims, information packs and sales representatives, and indirectly through the public health system, the report notes. For example, distribution of “educational materials” on breastfeeding produced by manufacturers of infant formula have a negative impact on exclusive breastfeeding especially on mothers of first-born children and those with less formal education. The distribution of samples of infant formula also has an adverse impact on breastfeeding.

Over concern that breast-milk substitutes were being marketed to mothers too aggressively, the 27th World Health Assembly in 1974 urged Member States to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation where necessary. This led, in 1981, to agreement on the International Code of Marketing of Breast-milk Substitutes, and the adoption of several subsequent resolutions on the matter.

“Full implementation of the Code is vital for reducing or eliminating all forms of promotion of breast-milk substitutes, including direct and indirect promotion to pregnant women and mothers of infants and young children,” said Dr Casanovas.

WHO supports countries with implementation and monitoring of the Code and the Comprehensive implementation plan on maternal, infant and young child nutrition which aims to increase the global rate of exclusive breastfeeding for six months to at least 50% by 2025.

To support this, WHO has developed courses which are used to train health workers to provide skilled support to breastfeeding mothers (including HIV-infected mothers), help them overcome problems, and monitor the growth of children, so they can identify early the risk of undernutrition or overweight/obesity.

In World Breastfeeding Week 2013, WHO and partners are calling for more support for breastfeeding mothers. Breastfeeding has to be learned and many women encounter difficulties

at the beginning. Nipple pain and fear that there is not enough milk to sustain the baby are common. Health facilities that support breastfeeding—by making trained breastfeeding counsellors available to new mothers—encourage higher rates of the practice. To provide this support and improve care for mothers and newborns, there are "baby-friendly" facilities in more than 150 countries, thanks to the WHO-UNICEF Baby-Friendly Hospital initiative.

Breast milk gives infants all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

Infant formula does not contain the antibodies found in breast milk, additionally there are risks arising from the use of unsafe water and unsterilized equipment or the potential presence of bacteria or other contaminants in powdered formula. Malnutrition can result from over-diluting formula to "stretch" supplies. While frequent feeding maintains breast milk supply, if formula is used but becomes unavailable, a return to breastfeeding may not be an option due to diminished breast milk production.

Breastfeeding also benefits mothers. Exclusive breastfeeding is associated with a natural (though not fail-safe) method of birth control (98% protection in the first six months after birth). It reduces risks of breast and ovarian cancer later in life and helps women return to their pre-pregnancy weight faster.

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