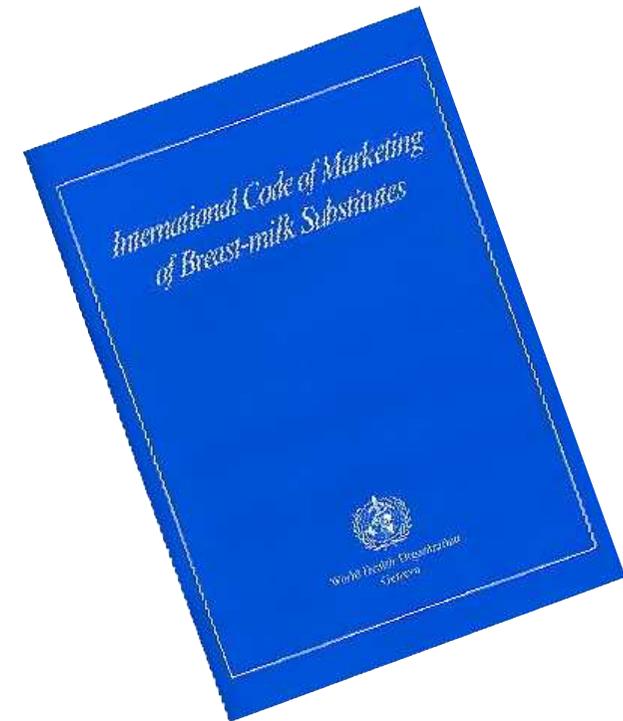


# HIV, Infant Feeding and the Code

## ABOUT IBFAN

The International Baby Food Action Network is a coalition of voluntary organisations in both developing and industrialised nations, working for better child health and nutrition through the PROTECTION, SUPPORT and PROMOTION OF BREASTFEEDING and the elimination of irresponsible marketing of breastmilk substitutes.

IBFAN was founded in October 1979 and now counts over 200 groups in about 100 countries around the world. The network was involved in the development of the *International Code of Marketing of Breastmilk Substitutes* and is committed to seeing marketing practices everywhere change sustainably for the better. IBFAN has successfully assisted governments in Code implementation as well as using company campaigns and adverse publicity to press manufacturers into respecting their obligations under the Code. It also assists in programmes and interventions to promote and support breastfeeding, such as BFHI.



International Baby Food Action Network

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INTERNATIONAL BABY FOOD ACTION NETWORK  
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## Help monitor the Code in your country

### ► **Observe labelling** on infant feeding products.

- It should not idealize artificial feeding
- It should contain the instructions for appropriate preparation and warnings about hazards of inappropriate preparation
- Labels should be in a language which mothers can understand
- The label should state clearly the superiority of breastfeeding.

### ► **Observe** whether **information materials** from companies include clear factual information, including the following points:

- the benefit and superiority of breastfeeding;
- the negative effects of introducing bottle-feeding and
- the difficulty of reversing the decision not to breastfeed.

When this material includes information on the use of infant formula, it should include:

- the social and financial implications of its use;
- the health hazards of inappropriate use.

It should not use:

- pictures or text to idealise products or feeding bottles.

### ► **Watch out for promotion to the public.** There should be no advertising or other form of promotion to the general public of products within the scope of the Code.

### ► **Report any violations of the Code** to a relevant body in your country or to IBFAN GIFA

## Health care professionals have a responsibility to:

- Continue to promote, protect and support breastfeeding for mothers who are HIV negative, those who do not know their HIV status and those who are HIV positive but have chosen to breastfeed.
- Learn the basic facts about breastfeeding, the Baby Friendly Hospital Initiative (BFHI), the Code and HIV transmission to children.
- Learn how to counsel HIV positive mothers about the advantages and risks of the various infant feeding options and assist them in making informed decisions.
- Teach HIV positive mothers who opt not to breastfeed how to prepare and give replacement feeds. This should be done in private and not in group demonstrations. Formula used in the institution should kept out of sight of other mothers.
- Encourage non-breastfeeding mothers to use cups for infant feeding.
- Remove any advertisements, promotional materials or other items bearing brand names.
- Refuse to accept free samples or low cost supplies of formula or equipment from infant food manufacturers.
- Refuse to accept other gifts, e.g. pens, calendars or diaries.
- Avoid giving free samples of breastmilk substitutes or promotional materials to mothers.

### They should also consider:

- Implement the Baby Friendly Hospital Initiative by practising the Ten Steps to Successful Breastfeeding.
- Avoid accepting invitations from infant food companies, as well as sponsorship of conferences, scholarships or funding of research projects.

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## What is the Code?

The International Code of Marketing of Breastmilk Substitutes and the subsequent relevant World Health Assembly (WHA) resolutions form an internationally recognised set of standards governing the marketing of breastmilk substitutes. The Code was adopted by the WHA in May 1981. It is intended to be translated into law as a minimum requirement by all governments and aims to protect infant health by preventing inappropriate marketing of breastmilk substitutes.

## Why do we need the Code?

- Breastfeeding represents a major contribution to reducing infant and young child mortality, combating disease and malnutrition.
- Breastfeeding needs to be promoted, supported and also PROTECTED.
- Infant food manufacturers promote their products in ways that persuade mothers to buy them. This promotion undermines women's confidence in their breastmilk and breastfeeding, thus putting profits before the health of babies.
- The Code and resolutions provide the needed protection.



## Scope of the Code

According to UN recommendations, infants should be exclusively breastfed for 6 months and breastfeeding should continue for 2 years or beyond. Thus any other food given to an infant before 6 months will replace breastmilk and is a breastmilk substitute. After 6 months, anything which replaces the milk part of the child's diet (the part that is ideally fulfilled by breastmilk) is a breastmilk substitute.

## Reasons for banning free supplies

When free supplies are provided by manufacturers to health facilities, they become too easily available. Medical staff may distribute them even to mothers of infants who do not need them. Mothers may lose confidence in their ability to breastfeed and may unnecessarily give up breastfeeding.

- If health facilities have to buy infant formula in the same way that they usually buy medicines and food, it is more likely that the product's use will be controlled.
- Donations make health facilities and infants dependent. If donations cease, which often happens, there may not be an alternative source of milk available, and no provision in the health service budget to buy them.
- Donations are a very successful form of promotion. They encourage families to buy the same product when they return home because it has the implicit endorsement of health care professionals.

## Practical considerations in making breastmilk substitutes available in the HIV context

- Mothers should be able to obtain their supplies of formula easily, in a manner that will maintain their privacy and avoid stigmatisation.
- Supplies of substitutes must be reliable to avoid situations when mothers are left without supplies and unable to feed their infants, given that breastfeeding has already been disrupted.
- There must be good stock control as practised for medicines, including checking for expiration date.
- Since artificial feeding in emergency situations can be very dangerous, if supplies of breastmilk substitutes are given as donations, they must be given only to infants who need them and for as long as the infants need them (minimum six months). These donations should not be used as a sales inducement. One way to avoid inducement is to request that supplies are provided without a brand name.

*If governments are considering ways for making alternative feeding options available to HIV-infected mothers who have decided not to breast-feed, they should:*

- Prevent spillover of artificial feeding to infants of HIV-negative mothers or those of unknown status.
- Pay greater attention to the regulation of commercial promotion of breastmilk substitutes.
- Enact a national law on the Code.

***“The fact that the HIV virus can be passed by an HIV-infected mother to her child through breastmilk should not be allowed to undermine breastfeeding for the majority of Infants around the world whose health and chances of survival are and will be greatly improved by it” (UNICEF New York, 2000).***

The Code has relevance in the context of HIV since it aims to:

- Regulate the distribution of breastmilk substitutes to help avoid a shift away from breastfeeding for babies who would benefit from it.
- Protect artificially fed infants by ensuring that product labels carry the necessary warnings and instructions for safe preparation and use.
- Ensure that the choice of product is made on the basis of independent medical advice and not commercial pressure.
- Ensure safety of all products.

The Code does not:

- Try to stop infant formula and other breastmilk substitutes under the scope of the Code from being available, or being sold or used when necessary.
- Prevent governments making breastmilk substitutes available to HIV-infected mothers, free or at a subsidised price, when the government has purchased them. But ideally these should be "generically labelled", without a brand name.

**The Code seeks to stop activities designed to persuade people to use breastmilk substitutes or to influence their decisions (see Summary of the Code). The Code aims to prevent manufacturers from donating supplies of breastmilk substitutes, or providing them at reduced price, to any part of the health care system.**

The Code covers the marketing of breastmilk substitutes, including:

- Infant formula, ordinary as well as preterm milks and other 'special' milks;
- Follow-up milks, and juices, water and infant teas if marketed for infants below the age of six months;
- Complementary foods such as cereals when marketed or otherwise represented as suitable for infants under 6 months of age;
- Feeding bottles and teats.

## Summary of the Code and relevant WHA resolutions

- No advertising to the public.
- No free gifts to mothers or health workers by manufacturers.
- No promotion or free supplies in health care facilities.
- No company mothercraft nurses to advise mothers.
- No free samples or supplies to pregnant women or mothers by manufacturers or health workers.
- No words or pictures or text idealising artificial feeding on labels (no baby pictures); labels should provide adequate, clear information.
- Information to health workers to be scientific and factual.
- All information on artificial feeding (including labels) must explain the benefits and superiority of breastfeeding and costs and dangers of bottle-feeding.
- Unsuitable products (e.g. condensed milk) should not be promoted for babies.
- All products to be of high quality and take account of storage conditions of country where they are used.
- No promotion of complementary foods before they are needed. Companies must comply with the Code.

## Why does breastfeeding need to be protected?

Breastfeeding saves lives and is the best way to feed an infant in the vast majority of circumstances. 13% of the 10.9 million deaths of children younger than 5 years could be prevented every year if universal protection, promotion and support of breastfeeding were achieved.

The benefits of breastfeeding for the infant, mother and community include:

- Breastmilk provides all the nutrients a baby needs for the first 6 months of life, after which it continues to provide a major portion of the infant's nutrition along with appropriate complementary foods.
- Breastmilk is easily digested by the baby.
- Breastmilk contains antibodies and other factors, which protect the baby against diarrhoea and other infections and illnesses.
- Breastmilk is clean and safe and cheap.
- Breastfeeding provides a perfect opportunity for building a close bond between mother and baby.
- Breastfeeding has contraceptive benefits for the mother.
- Breastfeeding mothers have a lower risk of breast and ovarian cancer.
- Breastfeeding costs less in terms of health care expenses, as breastfed infants get ill less often.
- Breastfeeding does not harm the environment.

## Mother-to-Child transmission of HIV

The dilemma posed by the fact that HIV can be transmitted through breastfeeding is particularly difficult for the regions most affected by the pandemic, such as the African region. The problem of HIV infection through breastmilk is of particular concern because the survival and development of children depends on successful breastfeeding. WHO studies show that the risk of dying from infectious diseases in the first two months of life is six times greater in infants who are not breastfed than in those who are breastfed. However, this dilemma is not limited to Africa. Insensitive programmatic efforts to reduce HIV transmission in children which undermine the protection, promotion and support of breastfeeding could erode and reverse gains in survival and development achieved over the past decades in all regions.

## Weighing the risks

In the majority of cases the benefits of breastfeeding outweigh the risks of not breastfeeding. Infants who are not breastfed are at risk of higher mortality and morbidity. For example the risk of death from diarrhoea is 14 times more likely in non-breastfed infants compared to those who are exclusively breastfed. They are also three times more likely to die from acute respiratory infections. According to WHO and FAO, intrinsic contamination of powdered infant formula with *Enterobacter sakazakii* and other micro-organisms can cause infection and severe illness that can lead to death. Infants of HIV-positive mothers may be more susceptible to infection. Therefore, it is important to consider carefully the risks related to not breastfeeding. Promoting infant formula feeding to prevent HIV infection in certain situations might actually increase infant morbidity, mortality and malnutrition.

Research shows that about 30% of children born to HIV-infected women become infected with HIV themselves. Transmission of HIV may occur during pregnancy, delivery or postnatally through breastfeeding. In the absence of treatment, a baby born without the virus has a 1 in 7 risk of getting the virus through breastfeeding. Recent research indicates that use of anti-retroviral drugs in the perinatal period could reduce paediatric HIV infection substantially, regardless of the mode of feeding. Moreover, exclusive breastfeeding seems to carry a significantly lower risk of HIV transmission than mixed feeding.

## The Code and HIV

The purpose of the Code is to contribute to safe and adequate nutrition for all infants regardless whether they are breastfed or artificially fed and regardless of their HIV status. Every child has the right to the highest attainable standard of health and parents and families have the right to make informed decisions regarding infant feeding, based on unbiased, scientific and factual information. The International Code and subsequent relevant WHA resolutions are a means to protect breastfeeding and ensure the proper use of breastmilk substitutes, when these are necessary, including in situations when an HIV-positive mother makes an informed decision to use them.