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# WHO Code of Marketing of Breast milk Substitutes

## Fact sheet for Health care professionals

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### Summary

*'In view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including unnecessary and improper use of breast milk substitutes, the marketing of breast milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products'.* WHO Code

#### What is the WHO Code?

The WHO International Code of Marketing Breastmilk Substitutes was adopted in 1981 by the World Health Assembly (WHA) to promote safe and adequate nutrition for infants, by the protection and promotion of breastfeeding and by ensuring the proper use of breast-milk substitutes, when these are necessary.

One of the main principles of the Code is that health care facilities should not be used for the purpose of promoting breast milk substitutes, feeding bottles or teats. Subsequent World Health Assembly resolutions have clarified the Code and addressed some related issues.

#### Which products fall under the scope of the Code?

The Code applies to breast milk substitutes (infant formulae) when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk. Special formulas for infants with special medical or nutritional needs also fall under the scope of the Code.

Since exclusive breastfeeding is to be encouraged for 6 months, any food or drink during this period is a breast milk substitute and thus covered by the Code. This would include baby teas, juices and waters, as well as cereals, processed baby meals, including bottle-fed complementary foods, and other products marketed or otherwise represented for use before six months.

Since continued breastfeeding is to be encouraged for two years or beyond, any milk product shown to be substituting for the breast milk part of the child's diet

between six months and two years, such as follow-on formula, 'toddler' or 'growing up milks', are breast-milk substitutes and are thus covered by the Code.

The Code also applies to feeding bottles, teats and soothers.

### **What does the Code say?**

The main points in the Code include:

- no advertising of breast-milk substitutes and other related products to the public;
- no free samples to mothers or their families;
- no promotion of products, i.e. no product displays, posters, calendars, or distribution of promotional materials;
- no donations of free or subsidised supplies of breast-milk substitutes or related products in any part of the health care system;
- no company-paid personnel to contact or to advise mothers;
- no gifts or personal samples to health workers;
- no pictures of infants, or other pictures or text idealising artificial feeding, on the labels of the products;
- information to health workers should only be scientific and factual;
- information on artificial feeding should explain the importance of breastfeeding, the health hazards associated with artificial feeding and the costs of using artificial feeding ;
- all products should be of a high quality, and unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

### **Who is a “health worker” for the purposes of the Code?**

According to the Code, any person working in the health care system, whether professional or non-professional, including voluntary and unpaid workers, in public or private practice, is a health worker. Under this definition, ward assistants, health care assistants, housekeeping, nurses, midwives, social workers, dieticians, physiotherapists in-hospital pharmacists, doctors, administrators, clerks, etc. are all health workers.

### **What are a hospital and health worker’s responsibilities under the Code?**

**1. Encourage and protect breastfeeding.** Health workers involved in maternal and infant nutrition should make themselves familiar with their responsibilities under the Code, and be able to explain the following:

- the importance and superiority of breastfeeding;
- the role of maternal nutrition in breastfeeding;
- the preparation for and maintenance of breastfeeding;
- the negative effect on breastfeeding of introducing partial bottle-feeding;

- the difficulty of reversing the decision not to breastfeed; and
- where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

When providing information on the use of infant formula, health workers should be able to explain:

- the social and financial implications of its use;
- the health hazards of inappropriate foods or feeding methods; and
- the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes.

**2. Ensure that the health facility is not used for the display of products within the scope of the Code**, for placards or posters concerning such products, including logos of manufacturers. Ensure that packages of breast milk substitutes and other supplies purchased by the health facility are not on display or visible to mothers.

**3. Refuse any gifts offered by manufacturers or distributors**, including mugs, pens, Post-its, entertainment or financial support.

**4. Refuse samples** (meaning single or small quantities) of infant formula or other products within the scope of the Code, or of equipment or utensils for their preparation or use, unless necessary for the purpose of professional evaluation or research at the institutional level.

**5. Never pass any samples to pregnant women, mothers** of infants and young children, or members of their families. Samples of infant formula should not be given to mothers on discharge.

**6. Disclose any contribution made by a manufacturer or distributor** for fellowships, study tours, research grants, attendance at professional conferences, or the like to management of the health facility.

**7. Be aware that support and other incentives for programmes and health professionals working in infant and young-child health should not create conflicts of interests.**

Adapted from:

UNICEF/WHO, *Baby-friendly Hospital Initiative: revised, updated and expanded for integrated care, Section 1, Background and Implementation*, 2008

## 1. Introduction

It is the policy of the Health Sector in Ireland that ‘all health service providers will protect breastfeeding in line with the WHO International Code of Marketing of Substitutes and subsequent relevant WHA resolution’ (DoHC, 2005).

The International Code of Marketing of Breastmilk Substitutes aims to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution

To assist health care professionals, all HSE staff and HSE funded organisations in their responsibilities to comply with the WHO International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions; the following guide has been prepared by the National Breastfeeding Strategy Committee.

All health care professionals, HSE staff and HSE funded organisations should adhere to the articles of the WHO International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) Resolutions.

## 2. Aim

The aim of this guide is to assist Irish Health Care Professionals to contribute to the provision of safe and adequate nutrition for infants by:

- Protecting and promoting breastfeeding
- Ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

The Guide supports the following policies which should also be consulted:

- The HSE Infant Feeding Policy for Maternity and Neonatal Services (HSE 2015)
- The Breastfeeding Policy for Primary Care Teams and Community Healthcare settings (HSE 2015)

The Guide provides information on the **WHO International Code of Marketing of Breastmilk Substitutes** and subsequent relevant **World Health Assembly (WHA) Resolutions**.

In this guide, the **WHO International Code of Marketing of Breastmilk Substitutes** will be referred to as the WHO Code

### **3. Guidance on the Protecting Breastfeeding and the Code of Marketing of Breastmilk Substitutes**

#### ***What is the (WHO) International Code of Marketing of Breastmilk Substitutes?***

The WHO International Code of Marketing of Breastmilk Substitutes (usually abbreviated to the WHO Code) was adopted in 1981 by the World Health Assembly (WHA) to promote safe and adequate nutrition for infants, by the protection and promotion of breastfeeding and by ensuring the proper use of breast-milk substitutes, when these are necessary.

The WHO Code focuses on:

- Information and Education
- The General Public and Mothers
- The Healthcare system and Health Workers
- Labelling
- Company employees
- Quality
- Implementation & Monitoring

#### ***What products are covered by the Code?***

Breastmilk substitutes refer to any product which constitutes a partial or total replacement of breastmilk. This includes infant formula, follow on formula, so-called growing up or toddler milks and similar products, foods and drinks including baby juices & processed baby foods promoted for use under 6 months, and feeding bottles and teats.

The Code applies to breast milk substitutes when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk. Special formulas for infants with special medical or nutritional needs also fall under the scope of the Code. The Code also covers feeding bottles, teats and soothers.

Since exclusive breastfeeding is to be encouraged for 6 months, any food or drink during this period is a breast milk substitute and thus covered by the Code. This would include baby teas, juices and waters, as well as cereals, processed baby meals, including bottle-fed complementary foods, and other products marketed or otherwise represented for use before six months.

Since continued breastfeeding is to be encouraged for two years or beyond, any milk product shown to be substituting for the breast milk part of the child's diet

between six months and two years, such as follow-on formula, 'toddler' or 'growing up milks', are breast-milk substitutes and are thus covered by the Code.

***The main points in the Code include:***

- no advertising of breast-milk substitutes and other related products to the public in any place e.g. clinics, GP surgeries, shops etc
- no free samples to mothers or their families
- no promotion of products, i.e. no product displays, posters, calendars, or distribution of promotional materials
- no donations of free or subsidised supplies of breast-milk substitutes or related products in any part of the health care system
- no company-paid personnel to contact or to advise mothers
- no gifts or personal samples to health care workers
- no pictures of infants, or other pictures or text idealising artificial feeding, on the labels of the products;
- information to health care workers should only be scientific and factual
- information on artificial feeding should explain the importance of breastfeeding, the health hazards associated with artificial feeding and the costs of using artificial feeding

For the purpose of the Code a 'health care worker' is defined as any person working in the health care system, whether professional or non-professional, including voluntary and unpaid workers, in public or private practice, is a health worker. Under this definition, ward assistants, health care assistants, housekeeping, nurses, midwives, social workers, dieticians, physiotherapists in-hospital pharmacists, doctors, administrators, clerks, etc. are all health workers.

Health care workers involved in maternal and infant nutrition should make themselves familiar with their responsibilities under the Code.

***Why is this important?***

Breastfeeding is the biologically and socially normal feeding method for infants and young children. The WHO Code of Marketing of Breastmilk Substitutes recognises the importance of breastfeeding 'for healthy growth and development of infants; it forms a unique biological and emotional basis for the health of both mother and child; the anti-infective properties of breast milk help to protect infants against disease'.

It also recognises that 'in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including unnecessary and improper use of breast milk substitutes, the

marketing of breast milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products’.

Since the publication of the WHO Code in 1981, a number of World Health Assembly Resolutions have been agreed by member states. These are referred to as subsequent relevant WHA Resolutions (see Appendix 1: Summary of WHA Resolutions adopted subsequent to the Code)

### ***Is the Code for all Parents?***

Yes, the implementation of the Code helps health care workers to ensure that all parents have access to accurate unbiased information on infant feeding, free from commercial influence. Health workers involved in maternal and infant care and nutrition, provide information and discussion on infant feeding to help enable parents to make informed infant feeding decisions. All parents should be supported with infant feeding and provided with information to meet their needs.

Mothers who decide to use infant formula should be given one-to-one or small group instruction on the safe preparation on formula feeds in the postnatal period. Health care professionals should not promote a specific brand of formula, or be involved in the promotion of products used for infant feeding.

## **Scope of the Code & WHA Resolutions**

### **Information and education**

Governments should have ‘responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition’.

Health care professionals should give accurate, objective and consistent information and educational material on breastfeeding. They should discuss the importance of breastfeeding and risks of not breastfeeding so parents can make an informed decision. Information leaflets provided by HSE and Government agencies should be used.

If a mother makes an informed decision not to breastfeed health care professionals should not promote a specific brand of formula, or be involved in the promotion of products used for infant feeding.

All information prepared by health workers on formula feeding should explain the importance of breastfeeding, and the health risks of formula feeding. For example

- Breastmilk is important for your baby’s healthy growth and development and it protects his digestive system. It contains antibodies to protect your baby from illness and build his immune system. Breastfeeding is also important for your baby’s brain development.

- Breastfeeding is important for mothers' health too as it protects against ovarian and breast cancer as well as helping you to achieve and maintain a healthy post pregnancy weight.
- Breastfeeding is cost-free, convenient for you and your baby and always at the right temperature.
- Research shows that children who are not breastfed have a greater risk of:
  - **developing ear, nose and throat infections**
  - **gastroenteritis (vomiting & diarrhoea)**
  - **kidney and chest infections**
  - **obesity and diabetes, and**
  - **sudden infant death syndrome**

All information and educational materials for pregnant women and mothers, should explain the benefits and superiority of breastfeeding, the social and financial implications of its use, and the health hazards of the unnecessary or improper use of formula.

Information and educational materials should not use pictures or text that may idealise the use of formula.

All materials used to provide information should be objective and consistent with current knowledge.

World Health Assembly Resolution 58.32 calls for action to 'ensure that financial and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest'.

Therefore, materials provided by manufacturers or distributors of breastmilk substitutes should not be used within the health care sector.

Materials provided by manufacturers or distributors of breastmilk substitutes promoting baby clubs, websites, carelines, phone apps etc. should not be provided by health care professionals or displayed in Government, HSE or government funded organisations.

## **The General Public and Mothers**

Article 5 of the Code states that 'There should be no advertising or other form of promotion to the general public of products within the scope of the code'.

Companies cannot seek contact with pregnant women and mothers and must not promote products under the scope of the Code to them or the general public in any way.

Advertising or promotion can take many forms including mailouts, leaflets, product samples, free gifts, videos, presentations and sponsorship of events. All forms of advertising and promotion are prohibited under the Code.

Article 5 also prohibits provision of sample of products, advertising/promotion in retail outlets and direct or indirect contact with pregnant women and mothers of infants and young children. This may include telephone or web-based carelines, talks and classes, mother & baby clubs, shopping centre promotions etc.

## **Healthcare system and Health Workers**

Article 6 and 7 of the Code relate to the Healthcare system and Health Workers.

Article 6.2 states that 'No facility of a healthcare system should be used for the purpose of promoting infant formula or other products within the scope of the Code'.

There should be no promotion of products in the health service or health service funded organisations. This includes the promotion of a company logo, or sub-company name, which may be associated with a product. There should be no display of items including formula, bottles, teats, posters, calendars, charts and other promotional items. Use of an item such as a pen or note displaying a company logo, or logo/name associated with a product, is promotion of a product and not permitted.

Health care facilities should not be used for the distribution of materials by a manufacturer or distributor, for example infant formula company leaflets in a display stand.

Health care facilities should not accept samples of formula or provide samples to pregnant women, mothers or their families. There should be no donation of free or subsidised supplies of breast milk substitutes and other products in any part of the healthcare system.

Health care facilities can purchase the 'small amounts of breast milk substitutes needed for the minority of infants who require them in maternity wards and hospitals' through normal procurement channels and not through free or subsidised supplies.

Health workers should not accept samples or gifts from companies under the scope of the Code. Health workers, or members of their families, should not accept financial or any other material inducements to promote products.

Information provided by companies to health professionals must be restricted to scientific and factual matters and not imply or create a belief that formula feeding is equivalent or superior to breastfeeding. All information and educational materials for pregnant women and mothers, should explain the superiority of breastfeeding, the social and financial implications of formula, and the health hazards of the unnecessary or improper use of formula.

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Companies and Health workers should disclose to the institution any contribution made towards fellowships, research grants, attendance at professionals conferences and the like.

WHA resolution 49.15 and WHA resolution 58.32 require that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflict of interest. Research on infant and young child feeding, which may form the basis for public policies, should always contain a declaration relating to conflicts of interest and be subject to peer review.

### **Labelling**

Article 9 relates to labelling and states that:

- 'Labels should be designed to provide the necessary information about the appropriate use of the product so as not to discourage breastfeeding'.
- Warnings and clear instructions must be included. Pictures of infants, pictures or text that idealises the use of formulae and terms like 'humanised' cannot be used.
- Underneath the words 'Important Notice' the following should be included:
  - A statement about the superiority of breastfeeding
  - A statement that the product should only be used on the advice of a health worker as to the need for use and the proper method of use.
  - Instructions for appropriate preparation and a warning of the health hazard of inappropriate preparation.

### **Other areas of the Code**

Other articles of the Code relate to Company Employees, Quality and Implementation & Monitoring.

#### Company Employees

Personnel employed by manufacturing and distribution companies are banned from training mothers and pregnant women and from being paid commission for the sale of products within the scope of the Code. The use by the health care system of personnel paid for or provided for by companies is not permitted.

#### Quality

Products should meet the relevant standards adopted by the FAO/WHO Codex Alimentarius Commission.

#### Implementation & monitoring

Governments should implement, monitor and report progress to the WHO.

## Appendix 1: Summary of WHA Resolutions adopted subsequent to the Code

The following is summary of the World Health Assembly Resolutions that were agreed by member states.

These recommendations by the Assembly have the same legal status as the Code, clarifying and extending certain provisions. For Code implementation, both Code and resolutions are equally relevant.

Year	Number	Resolutions
1981	WHA34.22	<ul style="list-style-type: none"> <li><input type="checkbox"/> Code overwhelmingly adopted by WHA (118 in favour, 1 no, 3 abstentions)</li> <li><input type="checkbox"/> Stresses that adoption and adherence to the Code is a minimum requirement. Member States are urged to implement the Code into national legislation, regulations and other suitable measures.</li> </ul>
1982	WHA35.26	<ul style="list-style-type: none"> <li><input type="checkbox"/> Recognizes that commercial promotion of breastmilk substitutes contributes to an increase in artificial feeding and calls for renewed attention to implement and monitor the Code at national and international levels.</li> </ul>
1984	WHA37.30	<ul style="list-style-type: none"> <li><input type="checkbox"/> Requests that the Director General work with Member States to implement and monitor the Code and to examine the promotion and use of foods unsuitable for infant and young child feeding.</li> </ul>
1986	WHA39.28	<ul style="list-style-type: none"> <li><input type="checkbox"/> Urges Member States to ensure that small amounts of breastmilk substitutes needed for the minority of infants are made available through normal procurement channels and not through free or subsidized supplies.</li> <li><input type="checkbox"/> Directs attention of Member States to the following:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Any food or drink given before complementary feeding is nutritionally required may interfere with breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period.</li> <li><input type="checkbox"/> Practice of providing infants with follow up milks is “not necessary”.</li> </ul> </li> </ul>
1988	WHA41.11	<ul style="list-style-type: none"> <li><input type="checkbox"/> Request the Director General to provide legal and technical assistance to Member States in drafting or implementing the Code into national measures.</li> </ul>
1990	WHA43.3	<ul style="list-style-type: none"> <li><input type="checkbox"/> Highlights the WHO/UNICEF statement on “protection, promoting and supporting breastfeeding: the special role of maternity services” which led to the Baby-Friendly Hospital Initiative in 1992.</li> <li><input type="checkbox"/> Urges Member States to ensure that the principles and aim of the Code are given full expression in national health and nutrition policy and action.</li> </ul>

1994	WHA47.5	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reiterates earlier calls in 1986, 1990 and 1992 to end “free or low cost supplies” and extends the ban to all parts of the health care system; effectively superseding the provisions of Art.6.6 of the Code.</li> <li><input type="checkbox"/> Provides guidelines on donation of breastmilk substitutes in emergencies.</li> </ul>
1996	WHA49.15	<ul style="list-style-type: none"> <li><input type="checkbox"/> Calls on Member States to ensure that:</li> <li><input type="checkbox"/> Complementary foods are not marketed for or used to undermine exclusive and sustained breastfeeding;</li> <li><input type="checkbox"/> financial support to health professionals does not create conflicts of interests;</li> <li><input type="checkbox"/> Code monitoring is carried out in an independent, transparent manner free from commercial interest.</li> </ul>
2001	WHA 54.2	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sets global recommendation of “6 months” exclusive breastfeeding, with safe and appropriate complementary foods and continued breastfeeding for up to two years or beyond.</li> </ul>
2002	WHA55.25	<ul style="list-style-type: none"> <li><input type="checkbox"/> Endorses the Global Strategy on Infant and Young Child Feeding which confines the baby food companies’ role to 1. Ensure quality of their products and 2. Comply with the Code and subsequent WHA resolutions, as well as national measures.</li> <li><input type="checkbox"/> Recognizes the role of optimal infant feeding to reduce the risk of obesity.</li> <li><input type="checkbox"/> Alerts that micronutrient interventions should not undermine exclusive breastfeeding.</li> </ul>
2005	WHA58.32	<ul style="list-style-type: none"> <li><input type="checkbox"/> Asks Member States to:</li> <li><input type="checkbox"/> Ensure that nutrition and health claims for breastmilk substitutes are not permitted unless national/regional legislation allows;</li> <li><input type="checkbox"/> Be aware of the risks of intrinsic contamination of powdered infant formulas and to ensure this information be conveyed through label warnings;</li> <li><input type="checkbox"/> Ensure that financial support and other incentives for programmers and health professionals working in infant and young child health do not create conflicts of interest.</li> </ul>
2006	WHA59.11	<ul style="list-style-type: none"> <li><input type="checkbox"/> Member States to make sure the response to the HIV pandemic does not include non-Code compliant donations of breastmilk substitutes or the promotion thereof.</li> </ul>
2006	WHA 59.21	<ul style="list-style-type: none"> <li><input type="checkbox"/> Commemorates the 25th anniversary of the adoption of the Code; welcomes the 2005 Innocenti Declaration and asks WHO to mobilize technical support for Code implementation and monitoring</li> </ul>

2008	WHA61.20	<ul style="list-style-type: none"> <li><input type="checkbox"/> Urges Member States to scale up efforts to monitor and enforce national measures and to avoid conflicts of interest.</li> <li><input type="checkbox"/> Investigate the safe use of donor milk through human milk banks for vulnerable infants, mindful of national laws, cultural and religious beliefs</li> </ul>
2010	WHA 63.14	<ul style="list-style-type: none"> <li><input type="checkbox"/> Member States to implement recommendations to reduce the impact on children of the marketing of 'junk' foods (foods high in saturated fats, trans-fatty acids, free sugars, or salt) by restricting marketing, including in settings where children gather such as schools and to avoid conflicts of interest.</li> </ul>
2001	WHA 54.2	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sets global recommendation of "6 months" exclusive breastfeeding, with safe and appropriate complementary foods and continued breastfeeding for up to two years or beyond.</li> </ul>
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2010	WHA 63.14	<ul style="list-style-type: none"> <li><input type="checkbox"/> Member States to implement recommendations to reduce the impact on children of the marketing of 'junk' foods (foods high in saturated fats, trans-fatty acids, free sugars, or salt) by restricting marketing, including in settings where children gather such as schools and to avoid conflicts of interest.</li> </ul>
	WHA 63.23	<ul style="list-style-type: none"> <li><input type="checkbox"/> Member States to strengthen implementation of the International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions, The Global Strategy on Infant and Young Child Feeding, the Baby Friendly Hospital Initiative, Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies.</li> <li><input type="checkbox"/> End to all forms of inappropriate promotion of foods for infants and young children and that nutrition and health claims should not be permitted on these foods .( i.e. claims about IQ, eyesight or protection from infection)</li> </ul>

Based on Code & Resolutions and Code Essentials 3; Responsibilities of Health Workers under the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. IBFAN Penang, 2011.

## Appendix 2: UNICEF UK Guidelines for the Compliance for Advertising in Baby Friendly Healthcare facilities

The following guidelines should be used when considering what can be allowed to be advertised.

1. Advertisements for infant formula, follow-on formula, baby milks, juices and teas, feeding bottles, teats, dummies and nipple shields are **not acceptable**.
2. No generic 'company level' advertising from Cow & Gate, Aptamil, SMA, Nestle, Pfizer, Nutricia, Danone, Hipp, Mead Johnson. (This includes any advertisements which may be inserted in mailing programmes etc.)
3. Mothercare, Boots and similar companies: Anything from these companies must have nothing to do with feeding.
4. Complementary/Weaning foods: No samples. Advertising may be acceptable but any advert should be crystal clear in the copy or headline that weaning is something which begins at six months. No copy, image or headline should suggest use before six months.
5. Breast pumps: Acceptable (but see point 1). Adverts should not include negative imagery of breastfeeding. Adverts for breast pumps which also promote a company's bottles and/or teats are not acceptable. Companies that produce bottles/teats as well as breast pumps should make no reference to them by text, audio or image in an advert for breast pumps.
6. Breast pads: Acceptable, provided that the copy is not negative towards breastfeeding.
7. Nipple creams, nipple sprays, etc: Not normally acceptable. Adverts for some products in this area may be appropriate where there is clinical evidence that they do not interfere with successful breastfeeding. The copy should:
  - a) never be negative in any way towards breastfeeding
  - b) not claim that the product can prevent sore or cracked nipples
  - c) clearly state that correct positioning and attachment is the way to prevent and cure sore or cracked nipples
  - d) only make claims that have been clinically proven in relation to the product's ability to soothe sore nipples or aid moist wound healing
  - e) not recommend routine use.
8. Any advert aimed at the mother should not imply that she needs to consume any specific food or drink in order to breastfeed.
9. Other adverts should not be negative towards breastfeeding or present bottle feeding as the norm for all babies. Examples of offending adverts in this area would be those which use bottles, dummies, infant formula, etc in illustrations to depict a 'typical' baby's environment.

**10.** Any editorial should be accurate and positive about breastfeeding and reflect the principles of the above guidelines. It is recommended that editorial does not contradict Baby Friendly principles such as skin-to-skin contact after delivery, rooming-in and demand feeding.  
(from UNICEF UK: A guide for health workers to working within the International Code of Marketing of Breastmilk Substitutes)

## References

Code & Resolutions and Code Essentials 3; Responsibilities of Health Workers under the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. IBFAN: Penang, 2011.

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<http://www.irishstatutebook.ie/eli/2014/si/11/made/en/print> S.I. No. 11/2014 - European Union (Nutrition and Health Claims made on Foods) Regulations 2014

<http://www.irishstatutebook.ie/eli/2014/si/92/made/en/print> S.I. No. 92/2014 - European Communities (Infant Formulae and Follow-on Formulae) (Amendment) Regulations 2014.

<http://www.irishstatutebook.ie/eli/2007/si/242/made/en/print>

<http://www.irishstatutebook.ie/eli/2009/si/209/made/en/print> S.I.No.242/2007 & S.I. No. 209/2009 - European Communities (Infant Formulae and Follow-on Formulae) Regulations 2007 & 2009

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UNICEF UK A guide for health workers to working within the International Code of Marketing of Breast milk Substitutes