



**HONG KONG SOCIETY FOR NURSING
EDUCATION**

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27 February 2013

The Secretariat Office,
Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes,
Family Health Service,
Department of Health,
Room 1308,
13/F, Guardian House,
32 Oi Kwan Road, Wanchai, HK

Dear Sir / Madam,

The Hong Kong Code of Marketing and Quality for Formula milk
and Related Products, and Food Products for Infants & Young Children

On behalf of the Executive Committee, we support the development of the Hong Kong Code of Marketing and Quality for Formula milk and Related Products, and Food Products for Infants & Young Children under 3 years of age.

We believe that the Manufacturers and Distributors play a key role in the maintenance and compliance of the code. However, in the recent years, the code has been widely contradicted. The promotion of formula milk through advertisements is often exaggerated and unrealistic; misleading consumers and affecting mothers' decisions on infant feeding. Manufacturers' and Distributors' mislead consumers on the high content, presence of energy and so forth in the formula milk. In addition, unrelated benefits are associated with the formula milk, such as better academic achievements, performance, energy and concentration. Despite the code addressing such issue, manufacturers' and distributors' are still openly disobeying it; deceiving and openly misleading the public.

The adverse effects of using formula milk are often not provided to consumers; there has been widespread research on the benefits of breastfeeding over formula milk feeding. However, this is rarely presented to parents. The melamine milk formula scandal is a good example of such risks; melamine found in the milk formulas has led to the development of renal stones in the infants, if left untreated could cause renal failure and death (Xiu & Klein, 2010). The scale of damage caused by the melamine scandal holds responsibility not only to those who used such chemicals, despite the knowledge of its dangers, but also to the manufacturers' and distributors, who bombard parents with television advertisements in China. Xu et al., noted that milk formula powders are now a standard gift for new parents or expectant parents. Furthermore, despite the Chinese Governments efforts in promoting breastfeeding, classes and group support classes are often undermined due to the subtle marketing and promotion of milk formulas. Such undermining actions are indirectly affecting the decisions of parents, and another off side tactic by manufacturers' and distributors' to increase profits and increase market shares.

In recent battles for higher market shares and profits, there has been a surge in "designer" milk formulas. Introducing DHA/ARA additives, and marketing these as better for babies. However, the research for the so called benefits derived from DHA/ARA additives are inconclusive; what's more, a recent independent analysis on the most reliable studies concluded that the studies did not demonstrate any beneficial effects on visual or brain developments, and further did not recommend that the formula be supplemented with this additive (Simmer, Patole & Rao). Such additives have not been mentioned in the Code of conduct, and we feel that it needs to be clearly addressed, as it leads to misleading information and false advertising, which is already occurring in the present moment.

In addition, many parents are not aware that formula-fed infants are at a higher risk of later life obesity, as compared to those who are breast fed. A study by Koletzko et al., (2009) on 9357 children, found that children who were never breastfed had a higher prevalence than children who had been breastfed of both over weight (12.6% compared with 9.2%) and obesity (4.5% compared with 2.8%). A longer duration of breastfeeding after birth was associated with a lower prevalence of later obesity: obesity prevalence was 3.8% for 2 months of breastfeeding, 2.3% for 3-5 months, 1.7% for 6-12 months and 0.8% for 12 months or more. Children who had been breastfed showed significantly reduced odds, as compared with those who were never breastfed for both overweight and obesity. Similar results were found by Harder et al., who reported a significant relation between duration of breastfeeding and later

obesity, in which each additional month of breastfeeding resulted in 4% lower obesity prevalence at later ages. Owen et al published a Meta analysis that confirmed a protective effect of breast feeding in an even larger number of studies. Such studies show that breastfeeding is associated with a modest but consistent protective effect against later obesity. The early protein hypothesis suggests that that difference in weight gain in formula fed infants, relative to breastfed infants may be caused by the different intakes of metabolizable protein (Koletzko et al., 2005). Most infant formulas have a slightly higher energy density (kcal/100ml) than typical human milk, and energy intakes per kilogram of body weight in formula fed infants aged 3-12 months were reported to be \approx 10-18% higher than those of breastfed babies. The difference in protein supply is even larger; 55-80% higher in formula fed babies than breastfed infants (Alexy et al., 1999). With obesity being an international dilemma, breast feeding is an obvious part of the solution.

A recent HK survey illustrated that infants continue to take formula milk for at least one main meal up to 4 years of age (Department of Health Survey, Hong Kong Government News). This not only interferes with their intake of normal food, but could also further lead to obesity. Infants that are breastfed are suggested to be exposed to a variety of flavours from an early age, as breast milk is remarkably variable in nutrient content as well as in taste and smell from day to day. Such early exposure may enhance the alter acceptance and consumption of foods with similar properties (Koletzo et al., 2009; Mennella, Jagnow & Beauchamp, 2001).

Suggestions regarding efforts to ensure compliance of the code by M&Ds

The code on its own will not promote breastfeeding. The code rather is a guideline for Manufacturers' and Distributors'. The Government on the other hand, needs to take a stronger stand in promoting the benefits of breastfeeding. Furthermore, it is the Government's responsibility to perform regular check up's on the advertisement, promotion and labeling of the formula milks. The Government should be clear in the consequences for the Manufacturers' and Distributors', if the code is breached. Measures should be taken up to ensure compliance by Manufacturers' and Distributors'.

It is absolutely the Manufacturers' and Distributors' responsibility to comply with the code, and not release misleading information. Hong Kong has one of the lowest rates of breastfeeding in the developing countries, despite breastfeeding being more beneficial than formula milk feeding.

Suggestions regarding efforts to promote breast feeding

Routine education programs should be provided during the antenatal period for parents; such programs should include information about the values of exclusive breastfeeding for 6 months, as well as providing information on strategies and techniques to initiate and maintain breastfeeding.

As well as regulating the promotion of milk formulas; provision of breast feeding friendly environments in all areas is essential in encouraging breast feeding.

Regarding women who opt for the formula milk option; their decision on the brand of formula milk should be based upon unbiased information and consistent professional advices. Health care professionals have the responsibilities to provide accurate information to clients, without imposing their own values. Furthermore, information provided by health professionals should be completely free from promotional activities and commercial influences or incentives.

The Department of Health should establish a science based process in reviewing formulas and other foods with additives, to establish whether such additives actually offer health or developmental benefits. Such results should be openly published and provided to the public. Moreover, there should be more stringent approval criteria for both the safety and efficacy of ingredients new to infant formula.

Health professionals should take additional steps in evaluating breastfeeding mothers' efficacy in breastfeeding and infants readiness to breastfeed before being discharged from the hospital.

Reference

Alexy U, Kersting M, Sichert-Hellert W, Manz F, Schoch G. (1999). Macro-nutrient intake of 3- to 36 month old German infants and children: results of the DONALD study. Dortmund Nutritional and Anthropometric Longitudinally Designed Study. *American Journal of Clinical Nutrition*. 43: 14-22

Chan E, Griffiths S & Chan C. (2008). Public-health risks of melamine in milk products. *www.thelancet.com* 372:1444-1445

Jacobs A. (2009). China to look at foreign company in melamine scandal. http://www.nytimes.com/2009/02/13/world/asia/13milk.html?_r=1%ref=asia

Koletzko B, Broekaert I, Demmelmair H, Franke J, Hannibal I, Oberle D, Schiess S, Baumann BT & Verwied-Jorky S. (2005). Protein intake in the first year of life: a risk factor for later obesity? The E.U. childhood obesity project. *Advances in Experimental Medicine and Biology*. 569, 69-79

Koletzko B, Kries RV, Monasterolo C, Subias JE, Scaglioni S, Giovannini M, Beyer J, Demmelmair H, Anton B, Gruszfeld D, Dobrzanska A, Sengier A, Langhendries JP, Cachera MFRC, Grote V for the European Childhood Obesity Trial Study Group.

(2009) Can infant feeding choices modulate later obesity risk? *American Journal of Clinical Nutrition*. 89: 1502s-1508S

Leung S. (2012). Infant milk consumption excessive: Survey. Retrieved 22nd February 2013, from

www.news.gov.hk/en/categories/health/html/2012/03/20120314_164914.shtml

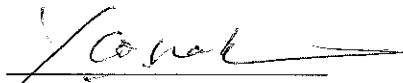
Mennella J, Jagnow C & Beauchamp G. (2001). Prenatal and postnatal flavor learning by human infants. *Pediatrics*. 107: E88.

Simmer K, Patole S, Rao SC. Long chain polyunsaturated fatty acid supplementation in infants born at term. Cochrane Database of Systematic Reviews at, <http://www.cochrane.org/reviews/en/ab000376.html>

Xiu C & Klein K. (2010) Melamine in milk products in China: Examining the factors that led to deliberate use of the contaminant. *Food Policy*. 35: 463-470

Xu F, Liu X, Binns CW, Xiao C, Wu J, Lee AH. (2006) A decade of change in breastfeeding in China's far north-west. *International Breastfeeding Journal*. 1:22.

Yours Sincerely,



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