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**School of Nursing, The Hong Kong Polytechnic University  
World Health organization Collaborative Center for Community Health  
Family and Community Health Division**

Submission to the Legislative Council Panel on Food Safety  
and Environmental Hygiene and Panel on Health Services on:

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

The School of Nursing and the WHO CC for Community Health at the Hong Kong Polytechnic University, being a School and organization highly valuing the healthy development of our young generation in the community, supports 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.

However, we also believe to an **informed** choice by mothers about feeding methods as long as this is based on clear and accurate information, and we also feel that there is a place for formula milk and milk products, and any radical approaches to suppress their market presence may not be appropriate.

While not a concern of this Code, the FHB should examine the reasons for low breast-feeding in HK, which may be medical, social and work related, and how these can be improved to facilitate a higher breast feeding use.

**Information and education to the general public, pregnant women and parents (Code articles 4, 5 & 8)**

1. The general public should be protected from commercial marketing of formula milk that contains exaggerated health effects of formula milk.
2. Information and education to the public on nutrition and health claims regarding formula milk and related products for infants & young children under 3 years of age (briefly 'the milk products' thereafter) should contain factual and accurate information supported by current relevant scientific evidence, without misleading and incorrect information.
3. All labeling of nutrition/health claims regarding formula milk should comply with international/national recognized authorities, and not to create the false impression that formula milk is equivalent, comparable, or superior to breast milk.

4. All formula milk packages and containers should contain the statement that *'breastfeeding is the normal means of feeding, and the natural food for infants' healthy growth and development*. Formula milk should be used only as a replacement when mothers cannot offer this excellent source of feeding for their infants.
5. We welcome the suggestion to include warning labeling for formula milk that one should *'seek advice from health professionals before its use'*, and *'once you use bottle feeding, baby may refuse breastfeeding'*.

#### **Promotion to health professional and in health care facilities** (Code articles 6 & 7)

6. Marketing strategies should not include incentive programs to health professionals to promote milk products to their clients.
7. Appropriate educational materials on formula milk can be provided through health professionals in health care facilities. However, the offering of free or low-cost supplies of milk products, related equipment, gifts, samples, or promotional products to health care facilities should be restricted (charitable organizations for orphans and the poor may require special considerations).
8. Sponsorship of medical or nursing continuous education programs or research grants should be allowed, with the condition that the sponsorship does not contradict to each of the codes as outlined in this statement and they do not market specific brands.
9. Sponsored education programs should be allowed without mentioning the specific brand of the milk products. When providing information relating to formula milk, the health professionals should also include the message that breast milk is *'the natural and the best form of nutrition for feeding of newborns supporting their healthy development'*.
10. Accurate information instead of advertisement is required for women to make informed choice for a feeding method.

#### **Efforts to promote breastfeeding**

[This has not been highlighted adequately in the Code and we would suggest to the FHB to consider it alongside the remaining of the Code]

11. A study has shown that the intention and intended duration of breastfeeding are predictive factors of continuous and exclusive breastfeeding. Routine education programs should be provided during antenatal period for expected mothers (parents). These programs should include the value of exclusive breastfeeding for 6 months, and teaching of strategies in how to initiate AND maintain breastfeeding, etc.
12. Health professionals should evaluate breastfeeding mothers' efficacy in breastfeeding, and infant's readiness to breastfeed before discharge from hospitals.

13. Regulating the marketing and promotion of infant formula (in an attempt to protect breastfeeding) should also be accompanied by the efforts of health professionals in preparing women for breast feeding, encourage breastfeeding initiation and exclusivity in hospitals, and provide continuous support to postpartum women who may encounter difficulties in breastfeeding after discharge.
14. The regulations of marketing formula milk should also be accompanied by the provision of friendly environment for breastfeeding at workplaces and public places such as shopping malls. To encourage exclusive and continuous breastfeeding would require the government's support with measures to facilitate continuous breastfeeding by establishing an environment that protects, promotes and supports breastfeeding, e.g. breastfeeding room in public places such as shopping malls, and breastfeeding/pumping room and refrigerators for storage in employment institutions/companies.

{Note: Overseas research supports the refrigerated storage of breast milk for up to 3 months. A local preliminary study has shown that the quality of breast milk is maintained even after being stored in a refrigerator below 4 degree Celsius and being frozen for 3 and 7 days respectively, although this evidence needs to be further evaluated, for the interest of the public and particularly the working women}.

#### **Informed choice for women who require information on formula milk**

15. Women are capable of and have their right to choose an infant feeding method based on unbiased information and consistent professional advice. Health care professionals have the responsibility to provide accurate information for clients when requested without imposing their own values.
16. Information should be provided to women who seek advice on formula feeding. There are women, besides medically unfit, who may be physically or psychologically unprepared (insufficient milk production, medications or substances abuse, and depressed, etc) to breastfeed their infants, including those mothers with infants who cannot establish effective sucking or latching onto breasts.
17. Information provided by health professionals will enable parents to make informed decisions on infant feeding free from inaccurate information of promotional activities and commercial influence.

#### **Code articles 8,9,10**

We agree with the content of these items. One area to consider is under article 10 where it is stated that compliance will be monitored. It would be appropriate to broadly specifying what will happen with non-compliant practices and companies.

Under article 8, we suggest that in the labeling there is no comparison of nutrients, as this can give misleading information to the public.

Also, under article 4, it is stated that M&Ds should not ‘perform or sponsor educational functions’. This article contradicts the ‘Sponsorship’ part of article 7. We suggest that the part on article 4 is deleted, as article 7 addresses this issue in more detail.

Furthermore, under article 10, we suggest that FHB takes action to assess if the information on the product labels corresponds with the content of the formula.

We also strongly recommend that health professionals’ messages advocate to give infants no other food than breast milk, unless otherwise indicated by medical reasons.

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