

Experts call for clampdowns on exploitative formula milk marketing in new *Lancet* series

Research also highlights the urgent need for stronger maternity protections for all women.

Breastfeeding provides immense benefits to babies and young children. It helps children survive and develop to their full potential, providing essential energy and nutrients, reducing infection risks for diarrhoea and pneumonia in childhood and lowering rates of obesity and chronic diseases in later life. Yet, globally, only around 1 in 2 newborns are put to the breast within the first hour of life, while fewer than half of infants under 6 months are

exclusively breastfed, as per WHO recommendations. Based on the latest South African Demographic Health Survey (SADHS 2016), South Africa is behind in meeting the target to improve the exclusive breastfeeding rate, with only 32% of children under 6 months breastfed exclusively. The global target for exclusive breastfeeding for infants under 6 months is 50% by 2025.

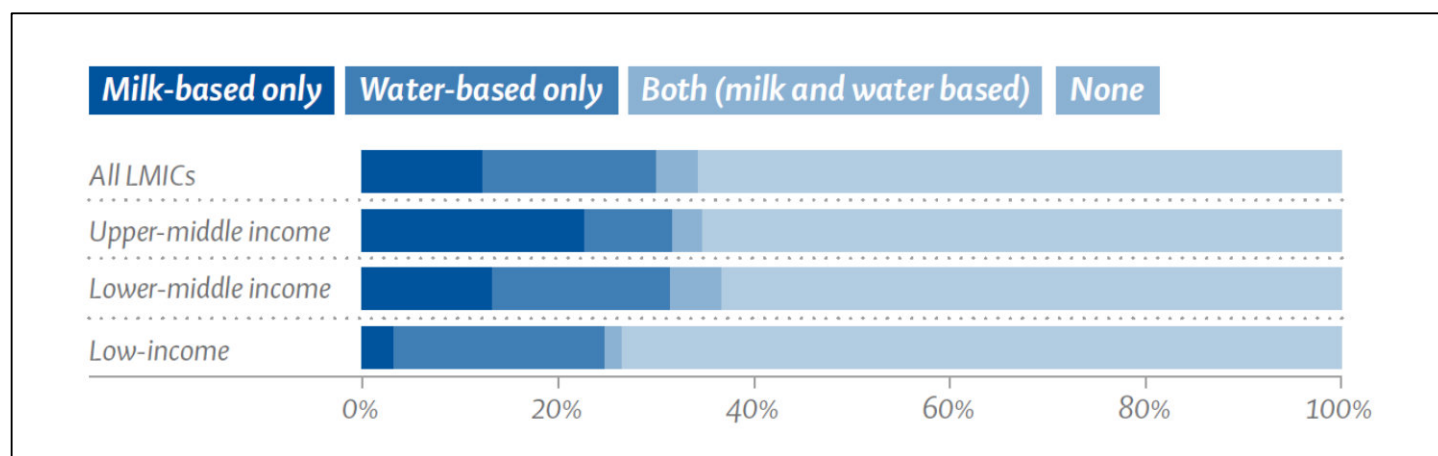


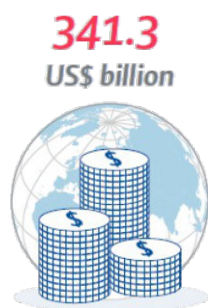
Figure 1: One in three babies in low- and middle-income countries (LMICs) are given fluids other than breastmilk during the first 3 days of life, a practice that increases the risk for breastfeeding failure.

Baby formula companies use nefarious and exploitative methods to create an artificial demand for their products, thereby undermining breastfeeding. This is amongst the findings of the 2023 Lancet Series on Breastfeeding, which comprises three papers, launched in London on 8 February 2023. The local launch was held in in Cape Town on 10 February 2023.

The Series interrogates baby formula companies' exploitative marketing playbook and the commercial formula lobby. It highlights the economic and political power of the dominant formula companies and the public policy failures that result in millions of women not breastfeeding as recommended.

In a novel analysis, the Series describes how profits made by the formula milk industry benefit companies located in high-income countries while the social, economic, and environmental harms are widely distributed and most harmful in low- and middle-income countries, such as South Africa. Furthermore the series, argues that the profiteering of the large multinational companies, is at the expense of public health, costing individuals, families, communities, countries and the planet.

The negative impact of the infant formula companies cost child lives as well the future health and wellbeing of adults, incurring medical costs, lost of earnings and increased morbidity and pre-mature mortality. These costs also bear heavy on health financing and economic development of a country.



An estimated 341.3 billion US dollars per year is lost globally from unrealized benefits to health and human development because of inadequate investment in protecting, promoting, and supporting breastfeeding.

Milking moms' misery

The Series outlines the exploitative marketing playbook used by formula companies to sell their products, including taking advantage of parents' worries about their child's health and development. The infant formula industry has very slyly problematized and medicalized normal infant behaviour like crying, fussiness, possetting and general unsettled behaviour.

One common reason women introduce formula is that they misinterpret unsettled baby behaviour, especially disrupted sleep and persistent crying in the first few months of life, as signs that their breast milk is insufficient. However, the



literature indicates that 50% of healthy babies cry for about one to three hours. This crying is longer in the first few weeks and starts to decrease after 6 weeks of age. By 12 weeks of age, infants cry for up to about an hour. Sleep patterns of babies are not the same as for adults, and unsettled baby behaviours are common adaptations to life outside of the womb. Babies cry, and mothers and general everyone around the mother is distressed. When mothers are appropriately supported, concerns can be addressed successfully without the use of formula milk.

Linda Richter is a Distinguished Professor in the Department of Science and Innovation (DSI)-National Research Foundation (NRF) Centre of Excellence for Human Development (CoE: Human) at Wits University and co-author on paper 1 and paper 2 of the Series. Richter is one of only three contributors from Africa, along with Lancet issue Commentary co-author Dr Chantell Witten, previously from Centre of Excellence for Food Security at the University of the Western Cape and now at WITS Division of Community Paediatrics, and Series co-author Dr Kopano Mabaso, Senior Programme Officer, Health, Africa, at the Bill & Melinda Gates Foundation.

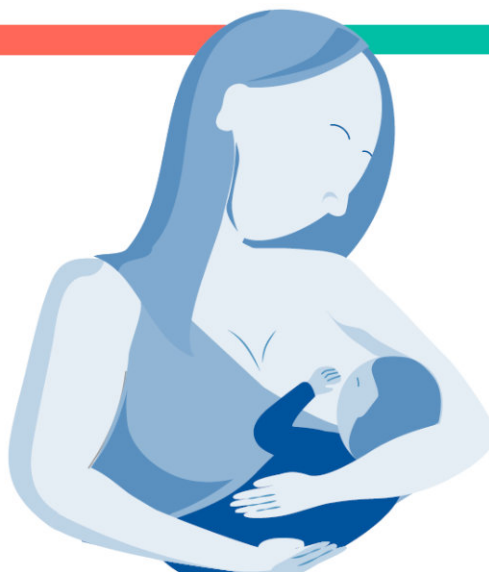
Richter says, "The formula milk industry uses poor science to suggest, with little supporting evidence, that their products are solutions to common infant health and developmental challenges. Adverts claim specialised formulas alleviate fussiness, help with colic, prolong night-

Breastfeeding is not the sole responsibility of women, but society's collective responsibility. It should be protected, promoted and supported by:



Governments and health organisations

- An end to the marketing of formula milk via effective legislation, monitoring and implementation of the Code and development of a legal global treaty.
- Increased regulation and transparency around lobbying to decrease the influence of formula milk companies.
- Investments in maternity protection, supporting breastfeeding at the workplace and enforcing legislation prohibiting discrimination against women during maternity.
- Health organisations rejecting funding from the CMF industry.



Healthcare systems and education

- Healthcare systems to prioritise women-centred and culturally appropriate breastfeeding care and support since pregnancy.
- Improving the breastfeeding education, training and skills of healthcare professionals.
- Empowering parents and families to breastfeed their children for as long as they wish.
- Training providers and families on baby behaviours after birth to prevent unnecessary prelacteals and the early introduction of infant formula, as both practices shorten the duration of breastfeeding.

time sleep, and even encourage superior intelligence. Labels use words like ‘brain’, ‘neuro’ and ‘IQ’ with images highlighting early development, but studies show no benefit of these product ingredients on academic performance or long-term cognition. These marketing techniques violate the 1981 World Health Organization International Code of Marketing of Breastmilk Substitutes, to which countries agree that labels should not idealise the use of formula, nor exploit poor science to create an untrue story to sell more product.”

‘The Baby Killer’ and the Code

The 1981 Code to which Richter refers demonstrates that exploitative formula milk marketing tactics are not new. A 1970s The Baby Killer investigative report into Nestlé’s marketing of formula milk in the Global South prompted the World Health Organization (WHO) to develop the voluntary International Code of Marketing of Breast-milk Substitutes and subsequent resolutions (the Code) in 1981 – the key word being ‘voluntary’. However, the powerful influence of the formula industry, and the marketing of their products in violation of the Code, continues into the 21st Century and even more insidiously with digital social media and artificial intelligence to target individual women. Sales from commercial formula milk have rapidly increased over the past 20 years and now stand at more than \$55 billion a year.

A new review of 153 studies, conducted for the Series, details how marketing practices in violation of the Code have continued in nearly 100 countries – including South Africa –

and in every region of the world since its (voluntary) adoption more than forty years ago.

This continued exploitation persists due to the power of the formula industry to influence national political decisions and to interfere with international and national regulatory processes. Unfortunately, the formula industry has also infiltrated the training of health professionals through sponsored training, conferences and continuous professional development activities. The health professionals, their associations and institutions have become an extension of the formula marketing machinery.

The formula milk lobby

The Series also draws attention to the formula industry’s establishment of a network of trade associations and front groups that lobby against the Code and other breastfeeding protection measures. For example, in 2012, South Africa passed new national legislation to implement the Code into law. However, this took nine years with many setbacks resulting from industry lobbying. Formula milk manufacturers formed a new lobby group, the Infant Feeding Association, which applied pressure for amendments to the regulations.

This outsourcing of lobbying allows the corporations to project an image of benevolence and corporate social responsibility, suggesting that they can adequately self-regulate through corporate policies on responsible marketing. However, their self-regulation falls far short of compliance to the Code.

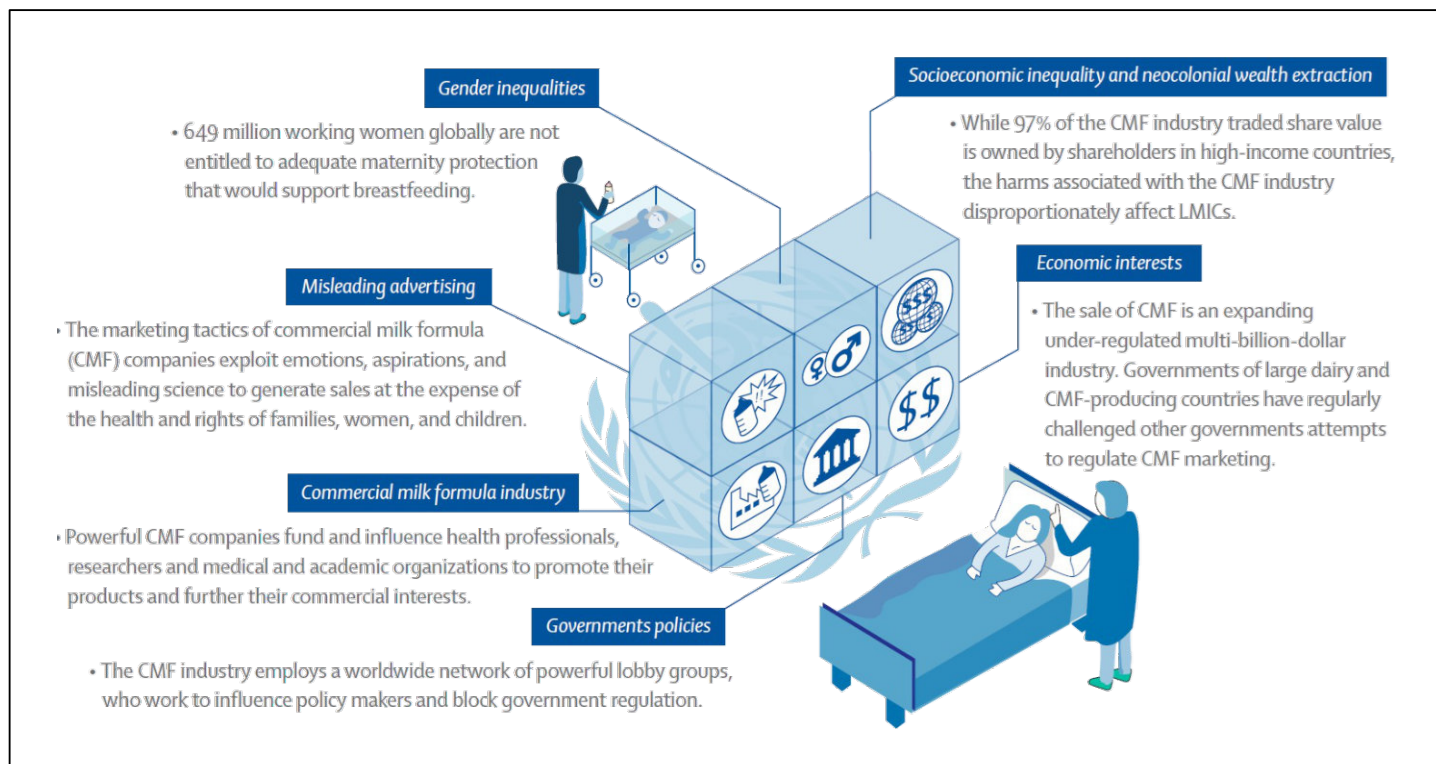


Figure 2: Key structural factors

As well as influencing political organisations, the Series authors argue that formula milk companies also draw on the credibility of science by sponsoring professional organisations, publishing sponsored articles in scientific journals, and inviting leaders in public health onto advisory boards and committees, leading to unacceptable conflicts of interest within public health.

Co-author on the Commentary, Dr Chantell Witten says ‘it is imperative for academic and academic institutions as knowledge and thought centres to recognize and deal decisively with the formula industry. Like the British Royal Paediatric Society, South African institutions and organizations dealing with child health and development, must as a matter of urgency put measures in place to counteract the influence and interference of the formula industry.

Society-wide changes needed

The Series also draws attention to the formula industry’s establishment of a network of trade associations and front groups that lobby against the Code and other breastfeeding protection measures. For example, in 2012, South Africa passed new national legislation to implement the Code into law. However, this took nine years with many setbacks resulting from industry lobbying. Formula milk manufacturers formed a new lobby group, the Infant

Feeding Association, which applied pressure for amendments to the regulations.

In addition to ending the marketing tactics and industry influence of formula milk companies, broader actions across workplaces, healthcare, governments, and communities are needed to more effectively support women who want to breastfeed, according to the Series. Half a billion working women globally are not entitled to adequate maternity leave. A systematic review of studies found women with a minimum of three months maternity leave, paid or unpaid, were at least 50% more likely to continue breastfeeding compared to women returning to work within three months of giving birth.

The Series authors call for governments and workplaces to recognise the value of breastfeeding and care work, by actions such as institute paid maternity leave, extend the duration of paid maternity leave to align with the six month WHO recommended duration of exclusive breastfeeding and build a pro-breastfeeding culture and environment to support women to successfully breastfeed their children..

Women also face a lack of breastfeeding promotion, protection and support within healthcare systems due to limited public budgets, inadequate training of and skilled support by competent health workers, influence from the formula industry including through the distribution of



samples, and an absence of care that is culturally appropriate and led by the needs of women.

Authors argue that breastfeeding outcomes improve when health systems actively empower women and enable experienced peers to support women during pregnancy, childbirth and onwards. Pro-breastfeeding systems such as the Baby Friendly Hospital Initiative as the potential to positively influence and cultivate an enabling breastfeeding environment at community level and in society, in general.

Breastfeeding a collective responsibility of society

The Series authors stress that breastfeeding is a collective responsibility of society and call for more effective promotion, support, and protection for breastfeeding, including a much better trained healthcare workforce and an international legal treaty to end exploitative formula milk marketing and prohibit political lobbying.

A linked Editorial published in The Lancet says: “Some women choose not to breastfeed or are unable to. Perceived pressure, or inability to breastfeed – especially if it is at odds with a mother’s wishes – can have a detrimental effect on mental health, and systems should be in place to fully support all mothers in their choices.

Women and families make decisions about infant feeding based on the information they receive, and a criticism of the CMF [Commercial Milk Formula] industry’s predatory

marketing practices should not be interpreted as a criticism of women. All information that families receive on infant feeding must be accurate and independent of industry influence to ensure informed decision making.” Dr Chantell Witten says, “Creating an enabling environment for mothers to optimally breastfeed their babies needs a whole-of-society approach, with stronger monitoring and enforcement of our regulations to control the marketing of formula milks for children.”

“Given the immense benefits of breastfeeding to their families and national development, women who wish to breastfeed need to be much better supported so that they can meet their breastfeeding goals,” said co-author Professor Rafael Pérez-Escamilla from the Yale School of Public Health. “A large expansion in health professional training on breastfeeding, as well as statutory paid maternity leave and other protections are vital.”

The Series contains three papers:

1. How baby behaviours are misconstrued to undermine breastfeeding, the extensive health benefits of which can be protected by sustained multi-sectoral interventions
2. How the formula marketing ‘playbook’ targets parents, health professionals and politicians and undermines the health and rights of children and mothers.
3. How power imbalances and political and economic structures determine feeding practices, women’s rights and health outcomes.

All papers from the series can be accessed here:

<https://www.thelancet.com/series/Breastfeeding-2023>

Reference:

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