

POSITION STATEMENT ON THE CONSOLIDATED HOUSE BILL ON BREASTFEEDING

“An Act Promoting a Comprehensive Program on Breastfeeding Practices and Regulating the Trade, Marketing, and Promotions of Certain Foods for Infants and Children”

(In substitution of HBs No. 3525, 3527, 3396, 3537)

We, the undersigned, representing various medical professional organizations, speak in behalf of the millions of Filipino infants and young children, their mothers and fathers, and express our dissent over the attempts to substantively amend the existing breastfeeding-related laws which are successfully being implemented. The House Bill, should it be passed into law, will drastically negate the medical progress achieved through breastfeeding and place our infants and young Filipino children at risk for infections such as diarrhea, pneumonia, and otitis media; developmental impairment; allergic disorders; obesity; and even death.

The World Health Organization (WHO) estimates that 16,000 Filipino young children die each year because of suboptimal breastfeeding and inappropriate complementary feeding practices. Together with United Nations Children’s Fund (UNICEF), WHO emphasize that feeding practices heavily impact on the nutritional status, growth and development, and ultimately the survival of infants and young children; and urge health and related sectors to “protect, promote, and support exclusive breastfeeding for six months and continued breastfeeding up to two years or beyond.”

As health professionals, we are looked upon to be sources of accurate, evidence-based medical information for our patients to make informed, rightful choices. We are working conscientiously towards decreasing child mortality and hope to achieve the Millennium Development Goals by 2015. We have done so with **BREASTFEEDING**, the single most cost-effective intervention. Our existing laws, namely the National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements and Related Products or commonly referred to as the Milk Code (Executive Order No. 51) and the Expanded Breastfeeding Promotion Act of 2009 (Republic Act No. 10028), have provided the frameworks for our national mandates.

The current efforts at amending the existing Milk Code serve only the interests of multinational milk and infant feeding industry, but leave pregnant and lactating mothers in confusion, endangering the health of our children. Below are the objectionable issues of concern with the corresponding proposed actions:

1. Lowering the restrictions of the milk code for artificial feeding products from 0-36 months to 0-6 months

With the implementation of the Revised Implementing Rules and Regulations (RIRR) of the Milk Code in 2007 effectively disallowing advertisements of milk formulas for ages 0-36 months, a concomitant increase in breastfeeding rates was observed based on National Nutritional Survey of the Food and Nutrition Research Institute. The figure below shows that both exclusive breastfeeding in

the 0-5 months old and breastfeeding 6-23 months old increased steadily from 2003 to 2011. Relaxing the current restrictions on the Milk Code will invariably jeopardize the achievements made in the recent years.

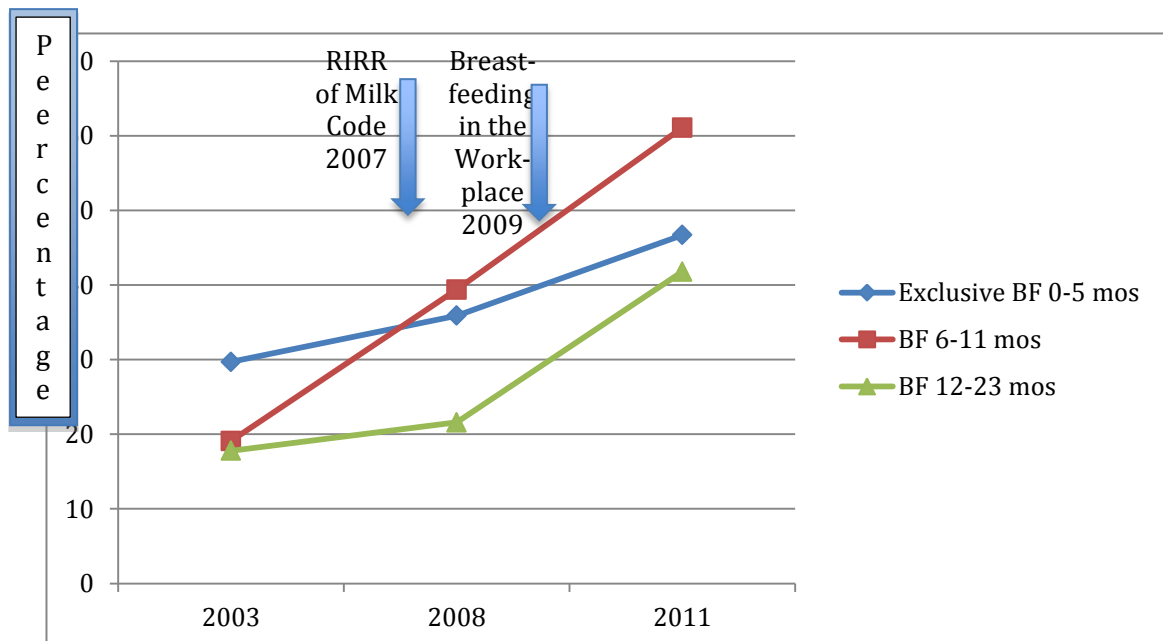


Figure. Breastfeeding (BF) trends among 0-23 mos old from 2003-2011 (Food and Nutrition Research Institute: 2003, 2008, 2011).

Lowering the restrictions to 0-6 months will open the floodgates to a deluge of advertisements of milk products. In a household survey and focus group analysis conducted in the Philippines, children were more likely to be given milk formula if their mothers recalled advertising messages; or if a doctor, mother, or a relative recommended it. Those who were given milk formula were six times more likely to stop breastfeeding before the age of 12 months (Sobel HL et al, 2011).

Proposal for Action: Maintain age restrictions to 0-36 months as stipulated in the Sections 4 and 5 of the Revised Implementing Rules and Regulations of the Milk Code.

2. Making breastfeeding breaks in the workplace unpaid

Working mothers have the lowest breastfeeding rates and should be given all the support in maintaining lactation in the workplace. Amending the existing law from paid to unpaid breaks will further weaken mothers' determination to continue breastfeeding. Yet, breastfeeding mothers who work away from home have less absenteeism and increased productivity due to reduced illness in their children in the first two years of life.

Proposed Action: Maintain the provision in Sec. 12 on Lactation Periods in RA 10028 (Expanded Breastfeeding Promotion Act) which allows mothers compensable breaks to breastfeed or express milk.

3. Allowing donations of breastmilk substitutes in emergency situations

It is a myth that mothers cannot breastfeed in emergency situations. Especially in emergency situations, breastfeeding remains to be the safest and most appropriate feeding strategy for the most vulnerable, the infants and young children. It is irresponsible to allow milk donations where the lack of clean water supply and sanitation facilities, and overcrowding predispose children to the risk for outbreaks due to infections. The use of “ready-to-feed” infant formula also can be contaminated by unclean feeding bottles or utensils. Supply of milk donations during emergencies can drastically affect infant feeding practices even after the crisis. Breastfeeding mothers have been documented to shift to milk formula instead, undermining breastfeeding as a life-saving practice and intervention (IFE Core Group and Collaborators, 2007).

In post-Sendong evacuation centers, fewer than 1 out of 100 infants in Iligan and only 5 out of 100 infants in Cagayan de Oro were exclusively formula-fed. Distribution of milk formula will compromise the majority of infants who are immune-protected by breastfeeding, exposing them to the risks of contamination (Department of Health and UNICEF Philippines, 2012).

Proposed Action: Reject all offers from milk and infant feeding-related industries at all times, including emergency or calamity situations. Infants can be given breastmilk from milk banks and/or wet-nursed while their mothers can be provided lactation support to enable them to resume breastfeeding.

4. Allowing distribution of samples of breastmilk substitutes in the healthcare system

Distribution of samples of breastmilk substitutes and supplies in the healthcare system will send conflicting messages on breastfeeding and subtly accord donor companies and their products with undue respect. Such can influence feeding practices among health professionals and ultimately undermine the benefits of breastfeeding.

Proposed Action: Uphold the provisions in Sec. 6 of the Milk Code that there should be no promotion and distribution of milk and feeding-related products to consumers and personnel in the healthcare system.

5. Allowing milk formula companies to conduct and be involved in the promotion, education, and production of educational activities and materials related to breastfeeding and infant and young child feeding (IYCF).

This clearly is conflict of interests. Information dissemination regarding breastfeeding should be left in the hands of those health professionals, health workers, and breastfeeding advocates without vested interests and false claims so that parents can make truly informed choices.

Multinational milk companies are duty-bound to increase sales and profits, which invariably decreases breastfeeding rates. When these companies are involved in promotional endeavors and sponsor IYCF activities, they convey an ambiguous message of support for breastfeeding yet their products compete with breastfeeding practice (Wright CM and Waterson AJR, 2006).

In a study among expectant mothers, even toddler milk advertisements were perceived as promoting a range of products, including infant and follow-on formulas as well, with the claims accepted indiscriminately (Berry NJ et al, 2009).

Proposed Action: Uphold the provision in Sections 4 and 11 of the Revised Implementing Rules and Regulations of the Milk Code that milk companies should not be part of any policymaking body or entity for the promotion of BF and are prohibited from advertising, promotion, sponsorships, and marketing of materials and activities for breastmilk substitutes.

Because of the steady progress in breastfeeding rates in the Philippines and the numerous potentially negative repercussions with the proposed amendments to existing breastfeeding laws, we urge the Honorable Representatives of Congress to rethink their proposal, heed their conscience, and be co-advocates in the promotion of good health for our infants and young Filipino children, who are the hope of the nation.

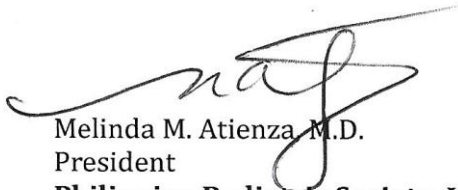
Public interest and the common good, especially of the young who cannot speak for themselves, must always be upheld over business- and self-interests. Upholding the rights of parents to make informed choices protects their children's rights to survival, development, and protection, as stated in the United Nations Convention on the Rights of the Child.

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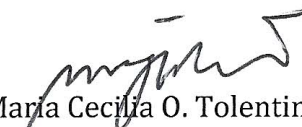
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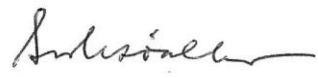
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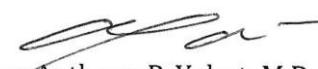
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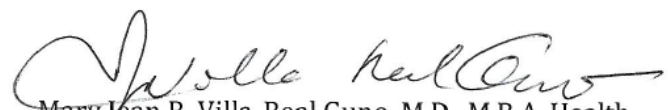
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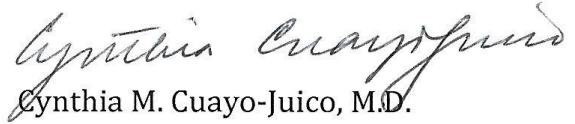


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