



THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

Frequently Asked Questions

2017 Update



**World Health
Organization**

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The International Code of Marketing of Breast-milk Substitutes

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Many people who have heard about the International Code of Marketing of Breast-milk Substitutes have expressed interest in knowing more about it.

The purpose of this booklet is to provide easy-to-read detailed information on specific questions related to the Code. It is intended for policy-makers, health workers and others concerned with the Code, as well as the general public.

Q. WHAT IS THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES?

The Code is a set of recommendations to regulate the marketing of breast-milk substitutes, feeding bottles and teats. The Code aims to stop the aggressive and inappropriate marketing of breast-milk substitutes. The 34th session of the World Health Assembly (WHA) adopted the International Code of Marketing of Breast-milk Substitutes in 1981¹ as a minimum requirement to protect and promote appropriate infant and young child feeding.

The Code 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 breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution" (Article 1).

The Code advocates that babies be breastfed. If babies are not breastfed, for whatever reason, the Code also advocates that they be fed safely on the best available nutritional alternative. Breast-milk substitutes should be available when needed, but not be promoted.

The Code represents an expression of the collective will of governments to ensure the protection and promotion of optimal feeding for infants and young children.

¹ Resolution WHA34.22 (1981).

Q. WHAT ARE THE CURRENT WHO RECOMMENDATIONS FOR FEEDING INFANTS AND YOUNG CHILDREN?

To achieve optimal growth, development and health, WHO recommends that infants should initiate breastfeeding within one hour of birth and be exclusively breastfed for the first six months of life. Thereafter, to meet their nutritional requirements, infants should receive adequate and safe complementary foods while breastfeeding continues up to two years of age and beyond.

Exclusive breastfeeding from birth is possible for most women who choose to do so. It is recommended for all children except for a few medical conditions, such as maternal medication with radioactive substances.² Exclusive breastfeeding as often and as long as the baby wants results in ample milk production.

Q. WHY IS BREASTFEEDING IMPORTANT?

Breastfeeding is unparalleled in providing the ideal food for infants. Breast milk is safe, clean and contains antibodies which help protect the infant against many common childhood illnesses.

The protection, promotion and support of breastfeeding rank among the most effective interventions to improve child survival. Increasing breastfeeding to near-universal levels could save more than 820 000 lives every year.³ In addition, increased rates of breastfeeding could prevent nearly half of all diarrhoeal diseases and one-third of all

² WHO/UNICEF. Breastfeeding counseling: A training course. WHO/CDR/93.4, Geneva, World Health Organization 1993, <http://www.who.int/child-adolescent-health/publications/NUTRITION/BFC.htm>

³ Victora CG, Bahl R, Barros A et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effects. *Lancet*. 2016;387:475-490.

respiratory infections in children in low- and middle-income countries. Children who were breastfed are less likely to become overweight or obese and less prone to develop diabetes later in life.

Mothers who breastfeed also reduce their risk of developing breast and ovarian cancers. At current breastfeeding rates, an estimated 20 000 deaths from breast cancer are prevented; this could be doubled if rates improved.⁴ In addition, breastfeeding delays early return of fertility in the mother, and reduces her risk of postpartum haemorrhage.

In addition to the risks posed by not having breast milk's protective qualities, breast-milk substitutes and feeding bottles in particular carry a high risk of contamination that can lead to life-threatening infections in young infants. Infant formula is not a sterile product and it may carry germs that can cause fatal illnesses. Artificial feeding is expensive, requires clean water, the ability of the mother or caregiver to read and comply with mixing instructions and a minimum standard of overall household hygiene - factors not readily met in many households in the world.

Beyond the health benefits, there are economic advantages. Interventions to improve breastfeeding practices are cost-effective and rank among those with the lowest cost-benefit ratio. The cost per

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