Pediatr. Res. *16:* 264–265 (1982)

Promotion of Breast Feeding: Recommendations of the Councils of the Society for Pediatric Research (SPR) and American Pediatric Society (APS), and of the American Academy of Pediatrics (AAP)

These recommendations will be presented to and voted upon by the active membership of SPR and APS at their annual meetings[5]

At the present time, malnutrition is the single most widespread and serious problem affecting infants and children worldwide. The mortality, serious morbidity and the extent of human suffering directly related to nutritional deprivation is of immense magnitude in many parts of the world. Each year malnutrition coupled with infection, results in the death of about 17 million children under 5 years of age. Of these, it is estimated that malnutrition kills about 16.5 million children in developing countries alone, and may be responsible for growth and developmental retardation of even greater number of survivors. Although the problem of malnutrition is deeply rooted in a complex set of cultural and socioeconomic factors, it is closely associated with poverty.

The potential adverse effects of the promotion of infant formula products and other breast milk substitutes on the patterns of infant nutrition specifically on the practice of breast feeding, the relative merits of breast *versus* commercial formula products in infant nutrition and immunity, and the possible relationship between the decline in breast feeding and emergence of severe malnutrition in many developing countries have been the subjects of a major debate during the past two decades.

In an effort to revive the practice of breast feeding particularly where it is on the decline, the 33rd World Health Assembly of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommended the development of an "international code" (1). Such a code was developed by the executive board of the WHO and was adopted by the 34th World Health Assembly on May 21, 1981, by 118 countries voting in favor to one against, with three abstentions (2). The United States did not vote in favor of this code (2).

The principle stated aim of the code was "to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast feeding 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" (3); however, a large number of the articles of the code applied exclusively to the regulation of marketing practices for use of breast milk substitutes, including infant formula, rather than to any specific recommendations regarding the promotion of breast feeding practices. In addition, concern has been voiced about the lack (true or perceived) of clearly identified scientific data to support all the articles of the code.

As a result, the Council of the Society of Pediatric Research voted in June, 1981 to undertake a careful examination of the available scientific information regarding the nutritional, immunobiologic and other aspects of human milk and, to evaluate the relative merits of breast *versus* formula feeding in different parts of the world. The Council commissioned Dr. Pearay L. Ogra and Dr. Harry L. Greene to prepare a comprehensive though concise review of the state of the art. After considerable discussion and input from various experts in the fields, the fourth draft of a document prepared by Drs. Ogra and Greene was endorsed by the Councils of the SPR and APS as a balanced overview of the existing data on human milk. This paper is published in its entirity in this issue of the Journal (4).

On the basis of this information, the AAP and the joint Councils of the SPR and APS have made the following specific recommendations to foster the practice of breast feeding in the United States and other parts of the world.

(1) A major effort must be undertaken to provide information to expectant mothers regarding the use of breast feeding as an effective natural form of infant nutrition, especially for normal full term infants for the first few months of life. It is essential that obstetricians, pediatricians and community health workers develop a better perspective of infant nutrition and the role of human milk, through organized continuing medical education programs. The medical personnel involved in pre-, peri-, and postnatal maternal and child health care must be specifically trained to be able to advise expectant mothers on the actual process of lactation and nursing, its potential benefits and limitations, duration of nursing, indications for introduction of supplemental formula or solid foods, and the dangers of weaning in the absence of adequate supplemental nutritional support.

(2) Breast feeding should be encouraged in the hospital setting shortly after the birth of the baby. The practice of "rooming in", should be fostered worldwide to implement breast feeding under trained observers before the mother and infant are discharged from the hospital. This should provide an opportunity to correct any mechanical difficulties in the proper delivery of milk to the suckling infant.

(3) The standard nonprescription mode of in-hospital neonatal nutrition should be mother's milk unless the mother has previously decided in favor of bottle feeding.

(4) It has been argued that the easy availability of commercial formula products in the form of free sample packs in certain situations may encourage parents not to initiate breast feeding or discontinue breast feeding after the establishment of lactation, only to find that continued formula feeding is beyond their meager financial resources. Although evidence is not conclusive to support this possibility, it is recommended that until additional data are available, the mass distribution of free sample packs of commercial formula to every postpartum mother should be discouraged in hospital settings. However, upon specific recommendation of a physician, formula can be made available to mothers who have elected to use formula feeding for their infants. In addition, before the use of infant formula in place of breast feeding, the appropriate health care personnel may evaluate the financial resources and the expected long term compliance of the expectant parents for the continued use of commercial formula products. It should remain the prerogative of expectant parents, with physicians' counsel, to choose the type and form of feeding for their infant.

(5) In the developing countries, until adequate levels of

education regarding breast feeding practices are attained in expectant parents and related medical personnel, the activities of in-hospital "milk nurses" acting on behalf of infant formula producers should be discontinued or clearly limited to mothers who have previously indicated an educated preference for formula feeding.

(6) In technologically emerging nations and in individual situations in "middle class" America, where the mother may be working full time and away from the child for long hours, every effort should be made to encourage breast feeding whenever possible before a decision is made to induce cessation of lactation. In such situations, it is however, extremely important to prescribe appropriate breast milk substitutes in order to meet nutritional and caloric needs of the infant.

(7) The use of "surrogate" nursing mothers and distribution of stored milk from available milk banks should be carefully regulated to a few selected situations and large scale use of such facilities is not recommended at this time. Even when milk from milk banks is employed, extreme caution should be exercised in preventing accidental microbial infections or toxin ingestions in susceptible neonates from potentially infected or contaminated donor mothers.

(8) The AAP and Councils of the Society for Pediatric Research and the American Pediatric Society are opposed to any ban on a global basis of advertisement of commercial milk formulas or weaning food products, unless such products can be demonstrated to be potentially hazardous to human nutrition and infant well being. At the same time, it is recommended that such promotional activities be directed at the physicians and other health care personnel, and not at the "lay public" at large. The marketing practices should be carefully monitored in various countries at national levels to safeguard the right to breast feed and to prevent potentially unfair or unethical promotion of other forms of infant nutrition.

(9) Finally, the legal attitudes of most modern societies toward breast feeding must change to accommodate the needs of nursing mothers to breast feed in public facilities and places of work. Specific legislative actions may be required in many countries to implement and encourage such practices.

REFERENCES AND NOTES

1. Resolution WHA33.32. Infant and young child feeding. Resolution of the 33rd World Health Assembly. WHO, May, 1980.
2. Resolution WHA34.22. Resolution of the executive board of its 67th Session and of the 34th World Health Assembly. Document #WHA34/1981/REC/2. WHO, May, 1981.
3. International Code of Marketing of Breast Milk Substitutes. WHO, Geneva, 1981. Article 1, pg. 13.
4. Ogra, P. L. and Greene, H. L.: Human milk and breast feeding: An update on the state of the art. Pediatr. Res., *16:* 266 (1982).
5. Address correspondence to: Dr. John Johnson, Secretary-Treasurer, Society for Pediatric Research, University of New Mexico School of Medicine, Albuquerque, NM 87131.

0031-3998/82/1604-0264$02.00/0

Printed in U.S.A.