



Breastfeeding Update

“Breastfeeding Politics & Advocacy”

BABIES CANNOT WAIT

Nancy E. Wight MD, IBCLC, FABM, FAAP

World Breastfeeding Week is celebrated around the world either the first week of August or during October each year. This year, the theme is “Code Watch: 25 Years of Protecting Breastfeeding”, which provides an opportunity to celebrate the progress that has been made worldwide to protect breastfeeding, but also serves to remind us that many countries (including the US) have done little to nothing to enforce the Code of Marketing of Breastmilk Substitutes (WHO Code). The Code was adopted 25 years ago by the World Health Assembly to protect mothers and babies. It has been, and continues to be one of the most unexpectedly controversial international recommendations ever.

There are a myriad of ways in which companies persuade mothers to use commercial products to feed their infants rather than the natural way through breastfeeding. Companies spend millions of dollars promoting their products because **it works!** In the US, free formula, hospital discharge marketing bags, and “free” dollars to hospitals for “education” all ensure that the artificial milk an infant goes home with, is the artificial milk the mother uses when breastfeeding problems are encountered. Millions of infant lives could be saved if marketing companies followed the rules.

Main Points of the Code¹

No advertising of breastmilk substitutes, feeding bottles and teats	No pictures of infants or words idealizing artificial feeding, on the labels of the products
No free samples to mothers	No company personnel to contact mothers
No promotion in healthcare facilities, including no free or low-cost formulas	Information to health workers should be scientific and factual
No gifts or personal samples to health workers or passed on to mothers	Information on artificial feeding should explain the benefits and superiority of breastfeeding and the dangers associated with artificial feeding

The Code forbids promotional practices such as advertising, inaccurate labeling, the giving of samples, posters, calendars, and gifts to mothers, nurses and doctors. Countries are expected to turn these rules into national legislation and other measures to protect mothers and babies from being bombarded with unethical marketing practices. The Code does not forbid the sale of products, it only asks for a halt of product promotion so that families get objective information upon which to make an informed choice.¹

The basic principles common to **all** advertising and promotion are instructive in the context of artificial milk advertising. All producers competing in the marketplace do so for two reasons:

- to expand the market for a given class of product; and
- to expand their share of the market – present and future – over that of competitors.

To achieve these ends, simultaneously or consecutively, the marketing of infant formula presupposes a market increasing in size as more infants are fed artificially.

Advertising of infant formula is not without consequences. During the last 25 years, evidence for the health disadvantages of NOT breastfeeding, and recommendations for the evidence-based practice of breastfeeding support have continued to increase. We can now say with confidence that breastfeeding reduces child mortality and has health benefits that extend into adulthood. Those who suggest that direct advertising has no negative effect on breastfeeding should be asked to demonstrate that such advertising **fails** to influence a mother’s decision about how to feed her infant.²

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BABIES CANNOT WAIT

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No breastmilk substitute can begin to offer the unique health advantages that breastmilk provides, nor can artificial feeding mimic the act of breastfeeding, in physical or emotional significance for mothers or babies. No matter how nutritionally appropriate, feeding with formula is a deviation from the biological norm for virtually all infants.² The perception that infant formula is just another processed food, and therefore should be subject to the “usual marketing practices” is clearly invalid and dangerous.

“In a world where 10.6 million children die before their 5th birthday due to preventable causes, and where malnutrition is still rampant and associated with over half of all childhood deaths, there is simply

no time to wait.”³

References:

1. World Alliance for Breastfeeding Action (WABA). Code Watch: 25 Years of Protecting Breastfeeding, WABA 2006
2. World Health Organization, Nutrition for Health and Development, Geneva, Switzerland, June 2001. Adapted from the official records of the 47th World Health Assembly, document WHA47/1994/REC/1/, Annex 1, paragraphs 133-139
3. LEE Jong-wook, Director-General, World Health Organization, The International Code of Marketing of Breast-Milk Substitutes: Frequently Asked Questions, 2006

BOOK REVIEW

Breastfeeding Handbook for Physicians
American Academy of Pediatrics and The American College of Obstetricians and Gynecologists, 2006
Senior Editor: Richard Schanler MD, FAAP
Reviewed by: Nancy E. Wight MD, IBCLC, FABM, FAAP

Merging the work of 28 contributors and 18 consultants is never an easy task, but the AAP/ACOG Breastfeeding Handbook is a remarkably consistent and accurate given the many layers of review required to gain official approval from the AAP and ACOG. Similar to the AAP/ACOG Perinatal Guidelines, it attempts to offer basic information about breastfeeding and human lactation as well as breastfeeding management and problem-solving information.

After introductory chapters on breastfeeding rates, the benefits of and contraindications to breastfeeding and the anatomy and physiology of lactation, the handbook proceeds in the order of prenatal, perinatal, and postnatal care of mother and infant. Additional chapters follow on special breastfeeding issues such as separation of mother and infant, special needs infants, breastfeeding technology, medications and maternal contraception and breastfeeding.

The appendices list breastfeeding resources (including the San Diego County Breastfeeding Coalition website!) and provide copies of the AAP and ACOG breastfeeding policy statements and the AAP Committee on Drugs statement on breastfeeding and medications.

This basic handbook should be in every pediatric and obstetric office.

SAVE THE DATE

November 13-17, 2006 — Oakland, California, USA

Lactation Education for Healthcare Professionals

Sponsored by Kaiser Permanente and Evergreen Perinatal Education

Contact: Lynda Garrett

Email: lynda.garrett@kp.org

Phone: (510) 272-6467

Physical Diversity

Featuring: Kimberly Durdin James IBCLC, Juliene G. Lipson PhD, RN, FAAN, James J. McKenna PhD, Judith G. Rogers BA, BS, OTR, Ulfat Shaikh MD, MPH, and Christina Smillie MD, IBCLC, FABM.

Email: SWAGconferences@aol.com

Phone: (510) 524-6917

February 21-26, 2007 — Los Angeles, California, USA

Birth and the Human Family – Embracing the Power of Prenatal Life

Sponsored by the Association for Prenatal & Perinatal Psychology and Health (APPPAH)

Email: apppah@aol.com

Phone: (707) 887-2838

August 15-19, 2007 — San Diego, California

Town & Country Resort & Convention Center

ILCA's Annual International Conference

www.ILCA.org

October 11-14, 2007 — Ft. Worth, Texas

Academy of Breastfeeding Medicine Annual Meeting

www.bfmed.org

March 9-10, 2007 - Berkeley, California, USA

Comprehensive Lactation Care: Honoring Cultural, Social and

SDCBC 2007 MEMBERSHIP DRIVE

Your continued support is needed! Become a member.

If you are interested in becoming a member or renewing your membership for 2007, please visit our website at www.breastfeeding.org or contact our office for more information at 1-800-371-MILK or email sdcbc@breastfeeding.org.

SDCBC Membership Levels

Sponsor - \$100 (*Business/Organization/Professional*)

Contributing Member - \$50 (*Individual*)

Friends of the Coalition - any amount under \$50

What is the San Diego County Breastfeeding Coalition? The San Diego County Breastfeeding Coalition is a non-profit association whose mission is to promote and support breastfeeding through education and outreach in our community. We work with many community partners in many ways, to increase breastfeeding initiation and duration rates, thereby improving the health of our community.

What are the benefits of being a San Diego County Breastfeeding Coalition Member? As a full member of the San Diego County Breastfeeding Coalition you will:

- Network with a growing body of people dedicated to the promotion and support of breastfeeding,
- Have access to lactation professionals and the most up-to-date breastfeeding resources,
- Receive a free supply of Breastfeeding Resource Guides in English

and Spanish,

- Receive a discount for Coalition sponsored education programs,
- Have a home page or link, as appropriate, on the SDCBC's website: www.breastfeeding.org,
- Be listed, with a Sponsor membership, as appropriate, in the "Breastfeeding Resource Guide" without a fee.
- Receive free CME credits for Coalition meeting education programs

You can show your support of the San Diego County Breastfeeding Coalition by:

- Making a monetary contribution to support coalition activities.
- Donating your time by serving on a committee:

Advocacy/Political Action	Community Outreach
Fundraising	Membership
Professional Outreach	Research and Evaluation
- Attending Coalition meetings and providing your expertise and experience.

Interested in what we do? Attend one of our meetings! General Coalition Meetings are held from 6-8 pm on the 2nd Thursday of each odd-numbered month at various hospitals around the county to encourage additional participation. Please call 858-939-4175 or visit our website for locations and directions (www.breastfeeding.org).

BREASTFEEDING FRIENDLY WORKPLACE AWARD

(See Community Spotlight for 2006 Award)

The San Diego County Breastfeeding Coalition is pleased to announce that it will be presenting a 2007 Breastfeeding-Friendly Workplace Award in concert with other California counties in August 2007. This annual award is presented in celebration of World Breastfeeding Week (August 1-7) to one or more businesses that demonstrate significant commitment to supporting their own breastfeeding employees. Past recipients include: Johnson & Johnson Pharmaceutical Research & Development, LLC (2006), Sharp Grossmont Hospital (2005) Solar Turbines (2004), UCSD Healthcare (2003), Naval Hospital, Camp Pendleton (2002), The City of Escondido, Kyocera, The San Diego Spirit (2001),

Aetna US Healthcare (2000), Qualcomm, People's Organic Foods Market (1999), SeaWorld (1998), Naval Medical Center San Diego (1997), and Hewlett-Packard (1996).

If your company is contributing to the health of San Diego County by providing employees with time and facilities to express milk at work, we would like to acknowledge your accomplishments. Please complete our on-line application at www.breastfeeding.org by June 1, 2007 to nominate your employer for the Breastfeeding-Friendly Workplace Award. We will gladly provide a mail-in application at your request. For further information, please contact SDCBC Board Member, Eyla Boies MD at eboies@ucsd.edu.

RESOURCE GUIDES

The San Diego County Breastfeeding Coalition has ample supplies of its free **2006-7 Breastfeeding Resource Guide** in both English and Spanish for distribution at your health care facility or other site. For a supply of Resource Guides, please call 858-939-4175 or contact the Coalition through the SDCBC website. The Resource Guides are also available for download on our website at www.breastfeeding.org.

CALIFORNIA HOSPITALS MUST INCREASE EXCLUSIVE BREASTFEEDING RATES

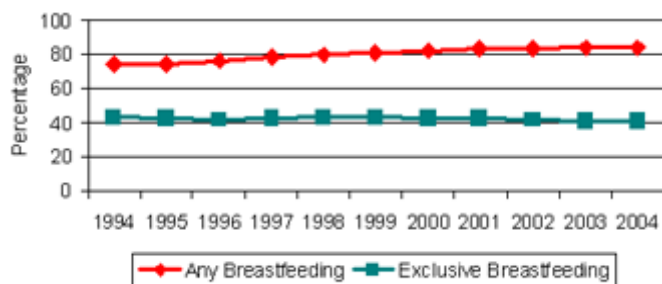
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In early August 2006 the California WIC Association and UC Davis Human Lactation Center released California hospital any and exclusive breastfeeding rates, along with press releases and a policy brief to make California communities aware of their own hospitals' breastfeeding performances, and garner attention for policies and practices proven to increase exclusive breastfeeding rates. The pattern of infant feeding observed in California -- many women initiating breastfeeding, but few continuing beyond a few weeks -- suggests that while most California women recognize that "breast is best," they are not receiving adequate support to continue exclusive breastfeeding.

In addition, childhood overweight is an urgent health crisis in California. More than 400,000 children under 6 years old are overweight, and this number continues to increase dramatically.¹ Breastfeeding is recognized by policy makers and physicians as the first step in preventing childhood overweight. Breastmilk provides infants with all the nutrients they need as well as elements that promote growth and a healthy immune system.² The American Academy of Pediatrics recognizes that breastfed infants may be less likely than formula fed infants to become overweight as children or obese as adults.³ Children who are exclusively breastfed for at least the first few months of life have the lowest risk for becoming overweight.^{4,5}

More than 83% of California mothers make the important decision to breastfeed their infants, but only 40.5% are breastfeeding exclusively at hospital discharge.⁶ The rate of in-hospital exclusive breastfeeding has been virtually stagnant since 1994, even though more women are breastfeeding each year (Figure 1).

Figure 1: Ca Any & Exclusive BF Rates



Exclusive breastfeeding rates vary widely from county to county. The highest rates tend to be in mountain and coastal counties; the lowest rates are in the central valley and southern California. Although overall, San Diego County mothers initiate any breastfeeding in the hospital at 88.8%, exclusive breastfeeding rates vary widely between hospitals within the county, averaging 57.5%, for a ranking of 29th out of 50 California Counties.

According to state data from the newborn screen report, 3 hospitals in San Diego County have $\geq 80\%$ exclusive breastfeeding rates: Scripps

Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla and Pomerado Hospital. The 3 hospitals in San Diego County with the lowest exclusive breastfeeding rates are: Scripps Memorial Hospital Chula Vista (36.3%), Scripps Mercy Hospital (37.3%), and Fallbrook Hospital (43%). For details of any and exclusive rates for all San Diego County Hospitals, go to: <http://www.mch.dhs.ca.gov/programs/bfp/in-hospital-tables.htm> or http://www.calwic.org/pk_logged!n8m4home.aspx.

Hospital policies have an enormous impact on the decisions mothers make about infant feeding.⁷⁻⁹ A 2002 survey of California hospitals demonstrated how breastfeeding-supportive hospital policies and practices such as the WHO "Ten Steps"¹⁰ and the California Department of Health Services Maternal, Child, and Adolescent Health model hospital policies (<http://www.mch.dhs.ca.gov/programs/bfp/toolkit/default.htm>) are associated with higher any, and exclusive breastfeeding rates.¹¹ Two San Diego County hospitals have been certified as "Baby-Friendly"¹²: Scripps Memorial Encinitas and UCSD Medical Center. The San Diego County Breastfeeding Coalition is working to help all the hospitals in San Diego County improve their breastfeeding rates, especially exclusive breastfeeding. The overwhelming majority of mothers who chose to breastfeed their infants must receive the support they need to succeed in their goals.

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2. Heinig M. Host defense benefits of breastfeeding for the infant. Effect of breastfeeding duration and exclusivity. *Pediatric Clinics of North America*. 2001;48(1):105-123.
3. American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the Use of Human Milk. *Pediatrics*. 2005;115(2):496-506.
4. Arenz S, von Kries R. Protective effect of breastfeeding against obesity in childhood. Can a meta-analysis of observational studies help to validate the hypothesis? *Adv Exp Med Biol*. 2005;569:40-48.
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6. California Department of Health Services Genetic Disease Branch. California In-Hospital Breastfeeding Rates. Statewide, County, and Hospital of Occurrence by race/ethnicity, 2004. <http://www.mch.dhs.ca.gov/programs/bfp/in-hospital-tables.htm>.
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9. Howard CR, Howard FM, Lanphear B, et al. Randomized clinical trial of pacifier use and bottle-feeding or cupfeeding and their effect on breastfeeding. *Pediatrics*. Mar 2003;111(3):511-518.
10. WHO/UNICEF. *Protecting, promoting and supporting breastfeeding: The special role of maternity services, A joint WHO/UNICEF statement*. Geneva: World Health Organization; 1989.
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CALIFORNIA BREASTFEEDING LAWS AND RESOLUTIONS

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As breastfeeding has increased, so has the need to recognize some legal and social issues which may affect it. Nursing mothers have asserted rights in a variety of lawsuits - under a number of legal theories, some successful, some not.¹ Florida was the first state to enact comprehensive breastfeeding legislation in 1993. The law provided that a woman had a right to breastfeed in any place where she had a right to be, and served as a model for legislation in several other states including California.

Thirty-eight states and Puerto Rico have enacted some legislation associated with breastfeeding. California has enacted several significant breastfeeding laws on the following issues: (1) lactation services or information must be made available by all hospitals/maternity care facilities; (2) breastfeeding in public (note: that the law does not apply to breastfeeding at a private home of another); (3) jury duty; (4) accommodations for employed breastfeeding mothers; and most recently, (5) clarifying breastmilk storage rules for hospitalized infants. California breastfeeding advocates (and mothers!) should be aware of the following laws.

Cal. Health & Safety Code § 123360 and § 123365

1995 Cal ALS 463; 1995 Cal AB 977; Stats 1995 ch 463

Requires the Department of Health Services to promote breastfeeding in public health campaigns and requires hospitals to provide lactation support and consultation to patients.

Cal. Civ. Code § 43.3

1997 Cal ALS 59; 1997 Cal AB 157; Stats 1997 ch 59

Notwithstanding any other provision of law, a mother may breastfeed her child in any location, public or private, except the private home or residence of another, where the mother and child are authorized to be present.

Cal. Health and Safety Code § 1647

1999 Chapt 87 (AB 532)

Declares that the procurement, processing, distribution or use of human milk for the purpose of human consumption is considered to be a rendition of service rather than the sale of human milk.

Cal Code Civ. Proc. § 210.5

2000 Cal AB 1814; 2000 Cal ALS 266; Stats 2000 ch 266

Permits the mother of a nursing child to postpone jury duty for one year and eliminates the need for the mother to appear in person to request the postponement. The one year period may be extended upon written request of the mother.

Cal. Lab. Code §1030, 1031, 1032, 1033 (2001)

2001 Cal ALS 821; 2001 Cal AB 1025; Stats 2001 ch 821,

1030. Requires that employers provide break time to for an employee to

express breast milk for the employee's infant child. The break time, if possible, is to run concurrently with any break time already provided to the employee.

1031. Requires that an employer make reasonable efforts to provide a room or other location, other than a toilet stall, for employees to express milk in private.

1032. An employer is not required to provide break time under this chapter if to do so would seriously disrupt the operations of the employer.

1033. (a) Provides a civil penalty and for the issuance of a citation by the Labor Commissioner. Violations of provisions relating to breastfeeding are not considered misdemeanors.

2004 California Rules of Court (Note: this is not a statute).

Rule 859. Deferral of jury service

A mother who is breastfeeding a child may request that jury service be deferred for up to one year, and may renew that request as long as she is breastfeeding. If the request is made in writing, under penalty of perjury, the jury commissioner must grant it without requiring the prospective juror to appear at court.

Cal. Health and Safety Code § 1648

2006 Chapt 480 (SB 246)

Exempts a hospital from tissue bank licensure and regulation requirements for the purpose of collecting, processing, storing or distributing human milk collected from a mother for her own child. Requires specified standards for handling human milk in the hospital (HMBANA standards until DHS approves alternate standards).

There are still many possible areas of intersection of breastfeeding and the law. A major area breastfeeding advocates would like to see is the WHO Code put into law in California and the nation. A prior attempt in California (SB 1275, 2004; banning hospital distribution of formula marketing bags) was watered down, then defeated after a major formula company effort. Helpful websites to check periodically are listed below.

Reference:

1. Weimer DR. CRS Report for Congress: Summary of State Breastfeeding Laws and Related Issues, Congressional Research Service, The Library of Congress, Updated January 12, 2005; Order Code RL31633; maloney.house.gov/documents/olddocs/breastfeeding/050505CRSReport.pdf

Websites:

<http://www.wicworks.ca.gov/breastfeeding/Legislation/BFLaws.html>

<http://www.lalecheleague.org/Law/Bills11.html>

<http://www.ncsl.org/programs/health/breast50.htm>

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SEE THIS NEWSLETTER ON THE WEB AT
www.breastfeeding.org

COMMUNITY SPOTLIGHT

San Diego Division of Johnson & Johnson Honored for Programs and Policies that Support Employees with Families

On August 23, 2006 the San Diego County Breastfeeding Coalition was pleased to honor **Johnson & Johnson Pharmaceutical Research & Development, L.L.C.**, a local San Diego division of Johnson & Johnson, with the Mother-Baby Friendly Workplace Award in recognition of their work to support breastfeeding employees and to achieve a work/family life balance. The award was presented at the Johnson & Johnson facility, the same day that over 50 Mother/Baby Friendly workplaces throughout California were honored for their efforts in supporting new families with awards being distributed by other local breastfeeding coalitions.

Johnson & Johnson Pharmaceutical Research & Development, L.L.C. has written policies that protect mothers' rights such as lactation support programs, and family oriented services that support continued breastfeeding by offering free lactation specialist access, rooms de-

signed specifically for breastmilk expression, pre-natal classes and workshops for expectant parents, and breastfeeding equipment rental and/or sales at low or no cost.

California was one of the first states in the U.S. to pass a bill (Assembly Bill 1025) which enacted legislation that requires employers to provide unpaid break time and a clean space in which a lactating mother can express breastmilk throughout the workday. "More companies are recognizing that supporting the needs of the families of their employees is a win-win situation," said Veronica Tingzon, IBCLC, and board member of the San Diego County Breastfeeding Coalition. "Companies such as, Johnson & Johnson Pharmaceutical Research & Development, L.L.C., realize that they not only have happier, more productive employees, but that by supporting health based initiatives such as breastfeeding, they are positively impacting their bottom line. Having healthier employees and families drives down insurance costs, and employees are experiencing less sick time because their children are healthier. Everybody wins in this scenario."