

**International Code of Marketing BMS**  
IYCF-E Orientation session, March 28, 2017  
Additional information

## **National Implementation of the Code Status Report 2016**

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**Global sales of breast-milk substitutes total US\$ 44.8 billion, and are expected to rise to US\$ 70.6 billion by 2019.** Aggressive and inappropriate marketing of breast-milk substitutes, and other food products that compete with breastfeeding, continues to undermine efforts to improve breastfeeding rates. Such marketing practices often negatively affect the choice and ability of mothers to breastfeed their infants optimally. The International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions are vital tools to regulate and reduce inappropriate marketing.

## **IFE Core Group, Infant and Young Child Feeding in Emergencies**

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### **Section 6: Minimise the Risks of Artificial Feeding**

In emergencies, targeting and use, procurement, management and distribution of BMS, milk products, bottles and teats should be strictly controlled based on technical advice, and comply with the International Code and all relevant WHA Resolutions.

- 6.1 Handling BMS donations and supplies
- 6.2 Establish and implement criteria for targeting and use
- 6.3 Control of procurement
- 6.4 Control of management and distribution

#### **6.1 Handling BMS Donations & Supplies**

Prevent

Do not solicit

Do not accept

Collect & Store

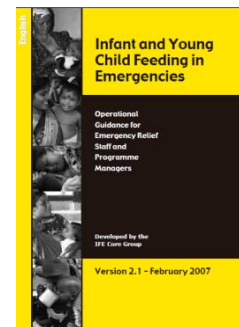
Plan for safe use/destruction

**DONATIONS ARE NOT NEEDED!**

Any interventions to support artificial feeding should budget for the purchase of BMS supplies along with other essential supplies (i.e. safe water, fuel, cooking equipment).

#### **6.2 Establish and implement criteria for targeting and use**

- LAST resort
- Full assessment of caregiver and infant
- Meet **admission criteria** for formula use
- Linked to skilled support
  - trained staff
  - provisions for safe preparation
- Continued assessment: e.g. home visits, growth monitoring
- Determine off-site/on-site (wet feeding) consumption
- Should include a component that supports BF



⇒ **Admission criteria for artificial feeding**

One of the following:

- Mother is dead or unavoidable absent
- Mother is critically ill and incapable of breastfeeding infant (may be temporary)
- WHO 2009 Acceptable Medical Reasons
- Mother rejects infant (may be temporary)
- Baby artificially fed before the emergency infant (may be temporary)
- Mother is relactating until breastfeeding is re-established
- Mother tests HIV+, artificial feeding is AFASS and mother chooses to feed her baby formula

AND

- Neither wet nurse, nor breast milk donor can be found

### **6.3 Control of procurement**

#### **Donor Agencies**

- Ensure implementing agencies meet provisions of The Code and Operational Guidance (and cost implications of doing so)
- Funding should simultaneously support breastfeeding mothers
- BMS should be procured not donated

**Supply should be available for as long as targeted infants need it**

#### **Type**

- Generic and unbranded is first choice, local second choice
- Code & Codex Compliant

The use of **bottles and teats** should be actively discouraged

### **6.4 Control of management and distribution**

Never part of general / untargeted distribution (incl. milk products!)

Purchased not donated

Sensitive & discrete distribution

Code Compliant:

- No promotion of BMS
- No single tins / samples
- No company logos / displays

The complete document can be found on the website of ENN

<http://www.ennonline.net/ourwork/guidance/opguidanceiycfe>