USA Launch
The authors alone are responsible for the views expressed in this Series paper and they do not necessarily represent the views, decisions, or policies of the institutions with which they are affiliated.
INFANT FEEDING MATTERS...
AND BREASTFEEDING IS CRUCIALLY IMPORTANT

For those who don’t know...

- Human biology
- Lifelong health and development
- Maternal health
- Child survival

800,000 child deaths prevented each year

*Lancet 2016*
INFANT FEEDING MATTERS...
AND BREASTFEEDING IS CRUCIALLY IMPORTANT

For those who don’t know...

- Human biology
- Lifelong health and development
- Maternal health
- Child survival

800,000 child deaths prevented each year

But, over the past 20 years, practices have changed and, globally, fewer than half of all infants are fed according to WHO recommendations.
TERMINOLOGY

Commercial Milk Formula instead of breast milk substitute
• To highlight the artificial and ultra-processed nature of formula products
• ‘Substitute’ conveys the notion of equivalence

Marketing
• Any form of commercial communication or activity that is “designed to, or has the effect of, increasing recognition, appeal and [or] consumption of particular products and services”
• Includes advertising, distribution, promotion, lobbying, and sponsorship, but excludes transportation and sales of the product itself
SERIES MESSAGES

• Breastfeeding success is a collective responsibility that depends on multifaceted policy and societal responses – it is not the sole responsibility of women

• Infant behaviours e.g., sleep and crying, have normal trajectories – same as learning to walk or to speak – and can be misinterpreted as hunger etc. or re-framed as ‘abnormal’ to promote artificial solutions

• Commercial milk formula marketing influences our beliefs, values and practices – it has changed the infant feeding ecosystem – and its extent and power has not been fully appreciated by most in health, civil society and government

• There are many constraints if a woman decides she wants to breastfeed. It is the responsibility of governments to implement structural interventions/policies to support breastfeeding and mitigate negative, undermining influences
Breastfeeding: crucially important, but increasingly challenged in a market-driven world

OBJECTIVES

• Examine how mother and infant characteristics interact with breastfeeding determinants at all levels
• Document how these interactions drive breastfeeding outcomes, and
• Identify what policies and interventions are necessary to support optimal breastfeeding
METHODS

- Analyses of nationally representative surveys of children under two years of age
- Systematic reviews
- Case studies
• Less than half of newborns are put to the breast within the first hour of life in LMICs
• Pre-lacteals are strongly associated with delayed initiation of breastfeeding, shorter duration of breastfeeding and increased consumption of formula products
UNDERSTANDING NORMAL INFANT BEHAVIOUR

• Human babies are born in an immature state
• Post-birth adjustment and maturation
• Takes time and support to learn to feed, settle and sleep
• Normal sleep patterns of infants don’t align with adult sleep patterns
• Newborns express their discomfort through crying, signalling the need for help and care
• Crying is adaptive and communicates many needs
Systematic review: reports from 22 countries and different income levels

- Distressing for parents
  - 50% of healthy infants 0-3 months have at least one episode of regurgitation/day
  - Mean time fussing or crying 2hrs/day
- Consistently undermines parental self-efficacy
MISREADING CUES LEADS TO...

SELF-REPORTED INSUFFICIENT MILK (SRIM)

• Perceived infant satiety & satisfaction shape self-assessment of milk supply
• Crying, fussiness and short sleep duration undermine confidence
• Partners, family members and health staff also misinterpret cues
• **SRIM is the reason given by**
  - 45% of mothers globally for introducing CMFs before 6 months
  - Third of mothers for stopping breastfeeding
• Yet, effective counselling and support helps parents understand infant cues and improve effective breastfeeding and breastmilk production
REFRAMING ‘NORMAL’ AS A MARKETING OPPORTUNITY

• New parents may be concerned about maturing baby behaviours
• CMF marketing frames normal maturing behaviours as ‘something is wrong’ – pathological – or mothers are inadequate
  - “If you are not sure whether you have enough milk…”
  - “If your infant has a rash or cries or [spits up] or is unsettled... maybe they have an allergy”
    and offer products as solutions
• “Selling peace of mind”... certainty of quantity of milk consumed
• Without skilled support and reassurance, parents change from breastfeeding to CMF – or from one CMF to another
MULTILEVEL AND MULTISECTORAL INTERVENTIONS IMPROVE BREASTFEEDING AT SCALE

Case studies from 4 countries describe INVESTMENTS over the past decade that improved EBF rates

**Burkina Faso**
BF training and multilevel programme delivery, including
1. Training of traditional leaders
2. Creation of mother-to-mother support groups
3. Evidence-based social and behaviour change communication (SBCC) programmes through partnerships between government, UNICEF, and ALIVE & THRIVE

**Mexico**
A comprehensive national strategy to coordinate BF actions building on
1. **Landscape analysis** with the Becoming BF Friendly policy toolbox,
2. **Strong position statement** from the Mexican National Academy of Medicine
3. BF monitoring

**The Philippines**
1. Incorporated BF into early essential newborn care
2. Train health providers on baby behaviours and BF
3. Extended paid maternity leave
4. Implemented an official database of Code violations

**USA**
1. Expanded BFHI and WIC BF counselling
2. Monitoring, surveillance, and programme evaluation
3. Expanding the number of people with health insurance and requiring health insurers to cover lactation support services

World Health Organization  
JOHNS HOPKINS UNIVERSITY  
UCDAVIS  
Yale SCHOOL OF PUBLIC HEALTH  
THE LANCET
Marketing of commercial milk formula: a system to capture parents, communities, science, and policy

Nigel Rollins, Ellen Piwoz, Phillip Baker, Gilian Kingston, Kopano Matlwa Mabaso, David McCoy, Paulo Augusto Ribeiro Neves, Rafael Pérez-Escamilla, Linda Richter, Katheryn Russ, Gita Sen, Cecília Tomori, Cesar G Victora, Paul Zambrano, Gerard Hastings, on behalf of the 2023 Lancet Breastfeeding Series Group*

Acknowledgements and thanks
Jane Badham, Robert Boyle, Roger Mathisen, Marcus Stahlhofer, Kremlin Wickramasinghe, David Miller, Gerry Power and Mike Spencer. Peter Salama for his early encouragement and inspiration for doing what is right and important for children.

Artwork is used to illustrate actual packaging that make or imply certain claims about improved health or development. Any resemblance to actual product packaging is coincidental.
OBJECTIVE AND METHODS

Objective: to describe the CMF marketing playbook and its influence on families, health professionals, science, and policy processes

Multiple methods:

• Systematic and scoping reviews of public health and CMF industry literature and business reports
• Analyses of national CMF sales and infant feeding survey data
• Examination of marketing expenditures

• Two multi-country studies documenting women’s experiences of marketing and scope of digital marketing
• Case studies describing CMF industry interference of national and international regulatory processes
KEY FINDINGS

➢ CMF marketing practices are multi-faceted, sophisticated, well-resourced and are therefore a powerful system of influence made even more influential through digital systems.

➢ CMF marketing playbook is similar to marketing of other products but there are important differences:

   -- impacts lifelong health, development and rights of children and their mothers, and

   -- violates a Code of Marketing agreed by the UN World Health Assembly.

➢ CMF marketing has been very successful over the decades in reshaping individual, societal and medical norms and values.
CONCEPTUAL FRAMEWORK

- Advertising and promotion
- Funding professionals and science
- Networks and lobbying
- Industry front groups

- Individuals and civil society
- Health professionals and scientists
- Other businesses
- Government and politicians

- Altered decisions by civil society and individuals, health professionals, academia, business, and government authorities and politicians
- Shareholders benefit but at a cost to breastfeeding, health and climate, objective evidence and information, and consumer rights

Increased sales creating greater material power and influence
CMF Marketing System is Powerful & Profitable
- $55.6 bn sales in 2019

Many reasons for these changes:
- Preference, work constraints, perceived insufficient milk, poor support
- Central role of marketing
  - 4.3-6.8% annual sales spent on marketing
  - US$ 2.6-3.5 billion per year
  - Underestimate – does not include lobbying, social media, sponsorship of health workers

Figure 2: Rate of national breastfeeding at 12 months vs per capita sales of standard CMF by country income category and the sales of CMF per capita, 2005-19

Note. sales per capita
Marketing of Commercial Milk Formula: a system to capture parents and communities, science and policy and... shape societal and professional norms, values and beliefs to alter decisions

“all those scientific acronyms like DHA. You don’t know what it is, but it sounds cool. It is supposed to be a nutrient that goes directly to the baby's brain for stimulation”

- Mother, Guadalajara, Mexico

“the benefits my baby will get... if I want to promote brain development, height, or digestive system, I will find respective formulas”

- Mother, Hanoi, Viet Nam

“I actually like that premium brand, I love the colour, I love that expensive look...the gold gives it that expensive taste as if it’s procured the best quality and it’s something unique and different”

- Mother, Johannesburg, South Africa

“we were looking online and that little [advert for] brand Z milk popped up. With these cookies, they must know we’re looking at baby stuff, and it’s popped up out of nowhere”

- Mother, London, United Kingdom
Marketing of Commercial Milk Formula: a system to capture parents and communities, science and policy and... shape societal and professional norms, values and beliefs to alter decisions

2017, Vitafoods. CEO
“...infant nutrition wasn’t necessarily about the ingredients or innovation”.
“What we are selling is actually sleep...If the baby doesn’t sleep for three nights and the mother is exhausted ...”
“selling peace of mind”
Marketing of Commercial Milk Formula: a system to capture parents, communities, science and health workers and policy and... shape societal and professional norms, values and beliefs and to alter decisions

Why are health workers and their associations so important? Category Entry Points

- Sponsorship
- Research
- Guideline groups

Conflicts of Interest

The Echo Chamber

Consumers

HCPs

Professional Organization

Scientific and Academic

SSC

Stakeholder mapping

South Africa
Marketing of Commercial Milk Formula: a system to capture parents, communities, science and policy and international recommendations and shape societal and professional norms, values and beliefs and to alter decisions

- International policy frameworks are being manipulated to decrease their effectiveness

Systematic reviews, case studies and analyses of public access information demonstrate:

- The Code is blocked, reinterpreted, circumvented and ignored
- Codex Alimentarius is manipulated to establish weak standards that become a ceiling for regulation of CMF marketing
Marketing of Commercial Milk Formula: a system to capture parents, communities, science and policy and international recommendations and... shape societal and professional norms, values and beliefs and to alter decisions

➢ International policy frameworks are being manipulated to decrease their effectiveness

Systematic reviews, case studies and analyses of public access information demonstrate:

• Industry capitalizes on the lack of implementation of maternity leave conventions protecting breastfeeding

• Industry lobby groups are numerous and influence policy environments in favour of CMF industry and their shareholders
• Criticism of industry and marketing is not criticism of women, their decisions or circumstances

• CMF industry deploys a system that turns the birth of an infant and the care of parents into a business opportunity

• This system undermines breastfeeding and human rights
The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress

Philip Baker, Julie P Smith, Amandine Garde, Laurence M Grummer-Strawn, Benjamin Wood, Gita Sen, Gerard Hastings, Rafael Pérez-Escamilla, Chee Yoke Ling, Nigel Rollins, David McCoy, on behalf of the 2023 Lancet Breastfeeding Series Group*

Acknowledgements and thanks
Jane Badham, Roger Mathisen, Patti Rundall, Mary Renfrew, David Clark, Anuradha Narayan, and Suying Chang for reviewing drafts of the manuscript and providing suggestions. Annelies Allain for providing access to archival documents at the International Code Documentation Centre (IBFAN Penang, Malaysia).
METHODS AND ASSOCIATED RESEARCH

The CMF industry, markets and food systems

Trade policy, regulation and Corporate lobbying

Environmental impacts

Economic impacts

First-food systems transformations and the ultra-processing of infant and young child diets: The determinants, dynamics and consequences of the global drive in commercial milk formulae

Trade policy, regulation and Corporate lobbying

Examine the Environmental Impacts of the Dairy and Baby Food Industries: Are First-Food Systems a Crucial Missing Part of the Healthy and Sustainable Food Systems Agenda New Underway?

Who benefits from undermining breastfeeding?: Exploring the global commercial milk formula industry’s generation and distribution of wealth and income
THE DOMAIN OF COMMERCE

CMF markets are concentrated and highly profitable

• Abbott, Danone, Feihe, Friesland Campina, Nestlé and Reckitt (including Mead Johnson) in 2021 collectively controlled 60% of CMF sales
THE DOMAIN OF COMMERCE

CMF companies are large and powerful

Abbott, Danone, Nestlé and Reckitt (including Mead Johnson) together...

- Generated US$187 billion in revenue (2022) equivalent to 62nd largest country by GDP
- Owned US$316 billion in assets (2022) > private wealth held in every African country bar South Africa
- Employed >535,000 people globally (2018) > health workforce of South Africa, Zimbabwe and Lesotho combined
THE DOMAIN OF COMMERCE

Economic power permits a powerful and sophisticated political strategy

Two faces of corporate power:

• Public facing

• Hidden: co-opt opposition, undermine the Code and curtail public-interest regulation
THE DOMAIN OF COMMERCE

Sources of corporate power

• Deregulation at the expense of public health
• More parts of life commodified and marketised
• Tax avoidance and ineffective anti-trust measures
• Externalisation of costs
An analysis shows an increasing share of profits accompanied by declining tax contributions.

Profits mostly end up in HICs while harms may disproportionately burden people in LMICs.
Economic value of care work unrecognized

- Unpaid care work equivalent to 20 - 40% of GDP
- Breastfeeding not counted in GDP, but CMF sales are
Inadequate maternity rights protection and poor working conditions make it difficult or impossible for vast numbers of mothers to be able to breastfeed.

This is compounded by the rising amount of precarious and underpaid work in both the formal and informal sectors.
THE HEALTH DOMAIN

• Patriarchal and biomedical cultures
• Normalisation of public-private-partnerships and healthcare commercialisation and privatisation that fosters an acceptance of industry sponsorship and influence
• Economic policies that unnecessarily constrain public finance and investment
RECOMMENDATIONS

1. Governments must provide accurate and timely information about breastfeeding and infant behaviours, better support, and skills development for health professionals, parents and communities

2. A legal global treaty to end the marketing of CMF while continuing to strengthen national Code legislation

3. Civil society, health professionals and politicians must have a better understanding of the CMF industry’s marketing and political strategies and how they perform economically with respect to tax and externalities

4. Health systems must deliver women-centered maternity care = investment and an empowered health force plus end undue formula milk industry influence over research, training and other professional activities

5. Governments and society must recognize and value care work – incorporating it into economic accounting systems and policy – and properly invest in maternity protection

6. Unless the imbalance in power between private commercial interests and those with a duty and mandate to protect the rights and needs of children and mothers is corrected, then nothing will change = Stronger defences against corporate capture of regulation, policy, health providers and systems, and communities
It’s not just about infant and young child feeding – it’s about the impact of commercial interests on child development and society more generally. It’s about the economic power used by the formula industry and the detriment to health and rights.

**Our vision:** a world where parents and families are supported in the care of their infants, and for breastfeeding to be robustly promoted and supported, and protected at all levels.
Implications of Series for the USA
US macroeconomic and commercial policy

Where does it present special barriers?

- The United States is the only OECD economy that does not provide paid parental leave
- More than three-quarters of Americans believe there should be paid maternity leave for workers
- Lax privacy laws allow targeted digital marketing of CMFs
- United States trade policy positions undermine attempts of other countries to regulate inappropriate marketing of CMFs
- US has proposed but not signed on to the new global minimum corporate tax
Longitudinal WIC cohort study (N=2070)
  - Prenatal, birth, 1 & 3 mo post-partum
  - Black and Hispanic women were less likely to meet their BF intentions than White women at 1 and 3 mo pp
  - Understanding how racism, bias and discrimination contribute to women not meeting their BF intentions needed to BF inequities

Hamner et al. Matern Child Nutr. 2021 Apr;17(2):e13093

<table>
<thead>
<tr>
<th>Maternal race and ethnicity</th>
<th>Meeting intention of trying to breastfeed (n = 1877)</th>
<th>Meeting intention of breast milk only at Month 1 (n = 1226)</th>
<th>Meeting intention of breast milk only at Month 3 (n = 1035)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>Referent</td>
<td>Referent</td>
<td>Referent</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>1.43 (0.88, 2.30)</td>
<td>0.63 (0.41, 0.98)</td>
<td>0.58 (0.34, 0.99)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4.38 (2.81, 6.81)</td>
<td>0.64 (0.44, 0.92)</td>
<td>0.59 (0.40, 0.87)</td>
</tr>
</tbody>
</table>
BF Outcomes (%) by Ethnicity/Race
CDC, 2019

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>White women</th>
<th>Hispanic women</th>
<th>Black women</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVER BF</td>
<td>83.2</td>
<td>85.3</td>
<td>83</td>
<td>74.1</td>
</tr>
<tr>
<td>BF AT 6 MO</td>
<td>55.8</td>
<td>59.9</td>
<td>51.4</td>
<td>44</td>
</tr>
<tr>
<td>BF AT 12 MO</td>
<td>35.9</td>
<td>39.4</td>
<td>33.2</td>
<td>24.1</td>
</tr>
<tr>
<td>EBF THRU 6 MO</td>
<td>24.9</td>
<td>26.9</td>
<td>23.5</td>
<td>19.1</td>
</tr>
</tbody>
</table>

The Baby Friendly Hospital Initiative USA (CDC)

https://www.babyfriendlyusa.org/

1,060,309 babies born each year in
590 Baby-Friendly facilities in the US, representing
27.96% of annual US births.
Encouraging Signs
2022 White House Strategy on Hunger, Nutrition, and Health

- Expand breastfeeding support and counseling for mothers (p. 26)
- Parents who choose to breastfeed continue to face substantial barriers in sustaining this choice, including inconsistent hospital practices, lack of insurance coverage, and inadequate access to paid parental leave

US Implications

• Rampant exposure of families to formula marketing
• Extremely difficult structural circumstances
  • No paid leave
  • Social inequities
• Vulnerable first food system

Justice Department opens investigation into Abbott over baby formula

Nearly a year after the FDA closed a Michigan manufacturing plant for safety violations, American families still struggle to find enough formula for their infants.

By Jacob Bogage, Dan Rosentstein and Laura Reiley
Updated January 21, 2023 at 4:53 p.m. EST | Published January 20, 2023 at 10:58 p.m. EST
US Implications

Extensive influence on health professionals
- Sponsorship of professional societies and conferences
- Research funding
- Insufficient lactation training

2016 (WHA 69.9): Health professional associations “should not accept gifts or incentives from companies [that market food for infants and children]”

2016 (WHA 69.9): Health professional associations should not “allow such companies to sponsor meetings of healthcare professionals and scientific meetings”
US Implications

• Has continued to undermine the Code and subsequent WHA resolutions
• Loose regulation of industry activity
• US uses aggressive trade policy to prevent other countries from fully implementing the Code
Moderator: Nina Martin

Opening remarks
Victor Aguayo, UNICEF
Fatmata Fatima Sesay, UNICEF

The Lancet Series
Rafael Pérez-Escamilla, Yale School of Public Health
Cecília Tomori, Johns Hopkins University
Katheryn Russ, University of California – Davis

Panelists
Stacy Davis, National WIC Association
Lori Feldman-Winter, Pediatrician
Camie Goldhammer, Founding Executive Director of Hummingbird Indigenous Family Services
Sekeita Lewis-Johnson, US Breastfeeding Committee
Ruth Petersen, Centers for Disease Control and Prevention
Tina Sherman, Moms Rising

“The marketing of commercial milk formula for use in the first 3 years of life has negatively altered the infant and young child feeding ecosystem”