



ADVOCACY BRIEF

BREASTFEEDING AND THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES

GLOBAL BREASTFEEDING COLLECTIVE

Breastfeeding gives all children the healthiest start in life. Breastmilk stimulates brain development and acts as a baby's first vaccine. Breastfeeding lowers health-care costs, creating healthier families and a smarter workforce. It also protects maternal health. When mothers breastfeed, everyone benefits.

Still, worldwide, only 41 per cent of children younger than six months are exclusively fed breastmilk. By age two, only 45 per cent receive any breastmilk at all.

UNICEF and the World Health Organization (WHO) are leading a global Global Breastfeeding Collective to increase the political commitment for breastfeeding, which is one of the smartest investments a country can make.

The Global Breastfeeding Collective seeks to join forces with partners who are also working to realize the Sustainable Development Goals' vision of a better world. Our aim is to integrate agendas, messages, and advocacy, so we can maximize our collective influence.

Together, we will go further than any of us could alone.

Breastmilk substitutes (BMS) include all milk products—such as infant formula, follow-up formula, and growing up milks—marketed for use by infants and children up to 36-months old.

GLOBAL BREASTFEEDING
COLLECTIVE

unicef 

 World Health
Organization

CODE IMPLEMENTATION ENABLES INFORMED CHOICE

PROMOTION OF BREASTMILK SUBSTITUTES UNDERMINES BREASTFEEDING

The aggressive marketing of breastmilk substitutes creates a major barrier to breastfeeding. Studies show that these tactics reduce breastfeeding rates, putting both children's and mothers' health at risk. Consequently, countering this industry's marketing practices and promoting the benefits of breastfeeding are top advocacy priorities.

Breastmilk substitutes (BMS) include all milk products—such as infant formula, follow-up formula, and growing up milks—marketed for use by infants and children up to 36-months old. Inappropriate and unnecessary use of BMS is associated with an increase in the risk of respiratory and diarrhoeal diseases, as well as an increase in deaths in children under five.

Despite the World Health Assembly's prohibition on all BMS promotion, manufacturers still make unsubstantiated claims about the health benefits of their products. BMS manufacturers spend millions of dollars annually to promote their products. These efforts are highly successful, and the sales of BMS are projected to increase from US\$45 billion in 2014 to US\$71 billion in 2019.

The widespread promotion of BMS leads to the circulation of misinformation about breastfeeding which influences the decisions that families make about feeding their infants and young children. Aggressive marketing of BMS products influences nutritional decisions that impact children throughout their lives. This is why BMS products cannot safely be marketed in the same way as other food or dairy products.

PROTECTING BABIES AND PARENTS

In 1981, the International Code of Marketing of Breast-milk Substitutes (the Code) was adopted to protect families from the industry's aggressive marketing tactics. The Code seeks to prohibit all advertising and other forms of promotion of BMS, bottles, and teats, either to health-care systems or to the broader public.

Since its adoption, the Code has been regularly updated by World Health Assembly resolutions, which have addressed new scientific evidence on breastfeeding and the BMS industry's new products and promotional tactics. When the Code is successfully implemented, it protects families from the misinformation and commercial pressures that can dissuade women from breastfeeding.

Repeatedly, the World Health Assembly has called on governments to give effect to the provisions in the Code through national, legally-binding regulations. Unfortunately, the Code has not been uniformly implemented. And monitoring efforts have highlighted consistent violations in many countries. These violations include:

- Using advertising and social media to promote BMS, bottles, and teats to the general public and to health-care systems.
- Distributing free samples to mothers.
- Enticing customers to buy BMS products using sales inducements such as special offers or price reductions.
- Publicizing health claims on labels or other BMS materials.
- Idealizing BMS products in text or images.
- Providing free supplies of BMS, bottles, or teats to health facilities.
- Sponsoring the education and meetings of health workers.



© UNICEF/UNI182998/Quintos

KEY FACTS

- With US\$45 billion in global sales in 2014, the BMS industry exerts considerable influence on infant and young child feeding.
- Reports by BMS companies and Euromonitor International suggest that implementing the International Code of Marketing of Breastmilk Substitutes impacts BMS sales.
- Regulating BMS marketing impacts child feeding:
A 2000 study found that as the frequency of advertisements for BMS in a parenting magazine increased, breastfeeding rates reported the following year generally declined.
Numerous studies have found that mothers who receive free formula samples when discharged from the hospital breastfeed less.
- Currently, 136 countries have implemented legal measures related to the Code. This number increased from 103 in 2011. Still, only 35 countries have enacted all provisions, while 31 have legal measures with many Code provisions in place, and 70 have legal measures incorporating few Code provisions in law.
- While 71 countries have legal measures that mandate monitoring mechanisms to ensure compliance with regulations, few report that their mechanisms are functional.

CALL TO ACTION

Countries have shown that breastfeeding rates can be dramatically improved within a short time period. Actions,

policies, and programmes that support mothers at health facilities, home and work have been shown to significantly increase breastfeeding. We invite partners to join us in protecting families from the commercial pressures of the BMS industry. Together, we must:

- Disseminate accurate information about the value of breastfeeding and its importance as a powerful tool for early childhood development, brain development and healthy families.
- Increase investments in breastfeeding and include funding to implement the Code through national, legally-enforceable regulations with independent monitoring mechanisms and deterrent sanctions.
- Advocate for the adoption of or strengthening of legislation to fully implement the Code and subsequent relevant World Health Assembly resolutions, including advocating for legislation that covers all breastmilk substitutes including infant formula, follow-up formula, and toddler and growing-up milks for children up to 36-months-old in accordance with the Code and WHO guidelines.
- Become a monitor of the International Code of Marketing of Breastmilk Substitutes and report violations to the relevant authorities.
- Advocate with the medical profession and other professional associations to increase dissemination of the Code and improve capacity development so all health workers know their obligations and avoid being used to promote products made by the BMS industry.

RESOURCES CITED

Foss, Katherine A., and Brian G. Southwell, "Infant feeding and the media: The relationship between *Parents' Magazine* content and breastfeeding, 1972–2000," *International Breastfeeding Journal*, vol. 1, no. 1, 30 April 2006.

The Lancet breastfeeding series, 29 January 2016.
<http://www.thelancet.com/series/breastfeeding>
(accessed 2 February 2017).

Piwoz, Ellen G., and Sandra L. Huffman, "The Impact of Marketing of Breast-milk Substitutes on WHO-recommended Breastfeeding Practices," *Food and Nutrition Bulletin*, vol. 36, no. 4, 2015. <https://journals.sagepub.com/doi/pdf/10.1177/0379572115602174> (accessed April 2026).

United Nations Children's Fund, *Tracking Progress on Child and Maternal Nutrition: A survival and development priority*, UNICEF, New York, 2009. <https://digitallibrary.un.org/record/674645?v=pdf> (accessed April 2026).

United States Government Accountability Office, Report to Congressional Addressees, February 2006, GAO-06-282.

Yeong, J. K. (2014). Breaking the Rules, Stretching the Rules 2014: In brief. IBFAN-ICDC. <https://www.babymilkaction.org/wp-content/uploads/2014/05/BTR14inbrief.pdf> (accessed April 2026).

WHO, UNICEF, IBFAN, *Marketing of Breast-milk Substitutes: National implementation of the International Code, Status Report 2018*, WHO, UNICEF and IBFAN, Geneva, 2018.
<http://apps.who.int/iris/bitstream/handle/10665/272649/9789241565592-eng.pdf?ua=1>



© UNICEF Indonesia Communication Unit

**FOR MORE INFORMATION
AND TO JOIN THE COLLECTIVE:
breastfeeding@unicef.org
unicef.org/breastfeeding**

Global Breastfeeding Collective Partners: 1000 Days | Academy of Breastfeeding Medicine | Action Against Hunger | Alive and Thrive | Bill and Melinda Gates Foundation | CARE | Carolina Global Breastfeeding Institute | Center for Women's Health and Wellness | Centers for Disease Control and Prevention | Concern Worldwide | Helen Keller International | International Baby Food Action Network | International Lactation Consultant Association | La Leche League International | New Partnership for Africa's Development | Nutrition International | PATH | Save the Children | UNICEF | United States Agency for International Development | WHO | World Alliance for Breastfeeding Action | World Bank | World Vision International

World Health Organization (WHO)
Avenue Appia 20
1202 Geneva, Switzerland
www.who.int/en

United Nations Children's Fund (UNICEF)
3 United Nations Plaza
New York, NY 10017, USA
www.unicef.org

unicef.org/breastfeeding

Permission is required to reproduce any part of this publication.
Permissions will be freely granted to educational or non-profit organizations.

WHO/NMH/NHD/19.19
© United Nations Children's Fund (UNICEF)
© World Health Organization (WHO)
February 2019
© UNICEF/NYHQ2010-3063/Pirozzi: Cover Photo