



# Position Statement on Breastfeeding and Infant Nutrition

The Canadian Pharmacists Association recognizes that:

- ▶ breastmilk is the biologically ideal food for infants; and
- ▶ breastfeeding is an important immediate and long-term preventive health care measure for both infant and mother <sup>1-12</sup>; and
- ▶ increased breastfeeding rates should result in a healthier Canadian population and lead to lower health care costs; and
- ▶ breastfeeding provides a positive economic advantage for families; and
- ▶ health care providers have a responsibility to encourage the initiation and continuance of breastfeeding<sup>18</sup>; and
- ▶ pharmacists are accessible health care professionals with an established role in health promotion and disease prevention; and
- ▶ pharmacists have a responsibility to promote the health and well-being of Canadians by protecting, promoting and supporting breastfeeding; and
- ▶ pharmacists are a prime source of information on the appearance and safety of drugs in breastmilk<sup>11</sup>, and pharmacists need accurate information on this topic<sup>21</sup>; and
- ▶ pharmacists must respect and support the parent's right to make appropriate, informed infant feeding choices; and
- ▶ not all infants will be breastfed<sup>18</sup>; and
- ▶ breastmilk substitutes (e.g., infant formulas), bottles and nipples are sold in pharmacies; and
- ▶ with the variety of breastmilk substitutes available on the market, parents may need assistance in the choice and safe use of an appropriate product; and
- ▶ inappropriate preparation and use of breastmilk substitutes may expose the infant to unnecessary risks<sup>5,6</sup>.

Therefore, the Canadian Pharmacists Association:

- ▶ supports the promotion of public awareness and acceptance of the importance of breastfeeding, and national endeavours to protect, promote and support breastfeeding.
- ▶ encourages pharmacists to promote the initiation and maintenance of breastfeeding by providing information to the patient on the benefits and normal course of breastfeeding, management of common difficulties, breastfeeding and the employed mother, drugs and lactation, referral to breastfeeding experts or support groups, and to have available ancillary breastfeeding supplies.



- encourages pharmacists to have accurate, current reference material available on the benefits and normal course of breastfeeding, and the safety of drug use in lactation.
- encourages pharmacists to undertake personal education in the areas of breastfeeding, infant nutrition and drugs in breastmilk.
- encourages pharmacists who sell breastmilk substitutes and baby food to be knowledgeable in the nutritional content, proper choice and use of these products, as well as in the selection of bottles, nipples and pacifiers.
- encourages pharmacists to be aware of and promote Canada's Food Guide to Healthy Eating<sup>14</sup> which includes information on special nutritional considerations for infants and breastfeeding mothers.
- encourages other health service agencies to develop and adopt similar policies which promote, protect and support breastfeeding.
- supports the WHO/UNICEF International Code of Marketing of Breast Milk Substitutes, 1981 and subsequent WHA Resolutions (Appendix I).
- Supports the Baby-Friendly™ Hospital Initiative<sup>8</sup>
- encourages pharmacists who sell breastmilk substitutes, ancillary products and baby food to be familiar with the WHO/UNICEF Code<sup>14</sup> and monitor their marketing practices (*refer to Protecting Infant Health: A Health Worker's Guide to the International Code of Marketing of Breast Milk Substitutes*<sup>15</sup> and *Complying with the Code? A Manufacturers' and Distributors' Guide to the Code*<sup>16</sup>).

### Note:

A resolution at CPhA's May 1994 Annual General Meeting to develop a position statement on breastfeeding and infant nutrition resulted in the CPhA representative on the "Health Canada Expert Working Group on Breastfeeding" (now called Breastfeeding Committee for Canada – BCC) drafting a position paper, which was approved by CPhA Board of Directors on May 13, 1995. In 2001, the position paper was revised by the CPhA representative on BCC, and was approved by the CPhA Board of Directors on May 26, 2001.

The recommendations of other organizations, which have published statements/guidelines on breastfeeding, have been taken into account in formulating CPhA's position statement. These include *Nutrition for Healthy Term Infants*, Statement of the Joint Working Group: Canadian Paediatric Society, Dietitians of Canada and Health Canada<sup>18</sup>; approval by the Canadian Public Health Association of a resolution on breastfeeding<sup>19</sup>; policy statement on breastfeeding by the Canadian Healthcare Association<sup>13</sup>; the evaluation of breastfeeding by the Canadian Task Force on the Periodic Health Examination<sup>1</sup>, recommendations of the Canadian Medical Association.<sup>20</sup>



## Appendix I

Summary of the World Health Organization (WHO) / UNICEF International Code of Marketing of Breast Milk Substitutes, World Health Assembly (WHA), 1981; Resolution WHA 34:22 and subsequent WHA resolutions 39.28, 47.5, 49.15.

1. **Aim:** aims to “contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution”.
2. **Scope:** the Code applies to breastmilk substitutes, including infant formula; to other milk products, foods and beverages, when marketed or otherwise represented as a partial or total replacement for breastmilk; to feeding bottles and nipples. It also applies to their quality and availability, and to information concerning their use.
3. **Advertising:** no advertising of above products to the public.
4. **Samples:** no free samples to mothers, their families or health care workers.
5. **Facilities of Health Care Systems:** no promotion of products, i.e., no product displays, posters or distribution of promotional materials. No use of mothercraft nurses or similar company-paid personnel. The “health care system” does not include pharmacies or other established sales outlets
6. **Health Care Workers:** no gifts or samples to health care workers.
7. **Supplies:** no free or low-cost supplies of breastmilk substitutes to maternity wards and hospitals.
8. **Information:** informational and educational materials must explain the benefits of breastfeeding, the health hazards associated with bottle feeding, and the costs of using infant formula. Product information must be factual and scientific.
9. **Labels:** product labels must clearly state the superiority of breastfeeding, to use only on the advice of a health care worker, instructions for the appropriate preparation and a warning about the health hazards of inappropriate preparation. No pictures of infants, or other pictures or text idealising the use of infant formula.
10. **Products:** unsuitable products, such as sweetened condensed milk, should not be promoted for babies. All products should be of a high-recognized standard.
11. **Complementary Feeding:** foster appropriate complementary feeding from the age of about six months recognizing that any food or drink given before complementary feeding is nutritionally required may interfere with initiation or maintenance of breastfeeding.
12. **Marketing:** ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding.
13. **Sponsorship:** financial assistance from the infant feeding industry may interfere with professionals’ unequivocal support for breastfeeding.



## References

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