



CPhA Position Statement on Breastfeeding and Infant Nutrition

The Canadian Pharmacists Association recognizes that:

- ▶ breastmilk is the normal and optimal food for infants ¹⁻⁴
- ▶ breastfeeding is an important immediate and long-term preventive health care measure for child and mother
- ▶ increased breastfeeding initiation and duration will result in a healthier Canadian population and lead to lower health care costs ⁵⁻¹⁵
- ▶ breastfeeding provides food security and an economic advantage for families ¹⁶
- ▶ health care providers have a responsibility to promote the initiation of, and encourage continuance of, exclusive breastfeeding to six months ^{1-4;17-19}
- ▶ pharmacists are accessible health care professionals with an established role in health promotion and disease prevention
- ▶ pharmacists have a responsibility to promote the health and well-being of Canadians by protecting, promoting, and supporting breastfeeding ^{18,19}
- ▶ pharmacists are a prime source of information on the appearance and safety of medications in breastmilk, and pharmacists need accurate information on this topic ^{18,20,21}
- ▶ pharmacists must respect and support the parent's right to make appropriate, informed infant feeding choices
- ▶ not all infants will be breastfed ¹
- ▶ breastmilk substitutes (e.g., infant formulae), bottles, and nipples are sold in pharmacies
- ▶ with the variety of breastmilk substitutes available on the market, parents may need assistance in the choice and safe use of an appropriate product
- ▶ inappropriate preparation and use of breastmilk substitutes may expose the infant to unnecessary risks. ²²

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 breastfeeding initiation and to support exclusive breastfeeding to six months
- ▶ encourages pharmacists to protect ongoing breastfeeding by providing information to consumers on the benefits and normal course of breastfeeding, the management of common difficulties, breastfeeding and the mother employed outside the home, medications and breastfeeding, ancillary breastfeeding supplies, and by referring to breastfeeding experts or peer support groups as appropriate
- ▶ encourages pharmacists to have accurate, current reference material available on the benefits and normal course of breastfeeding, and the safety of medication use in breastfeeding
- ▶ encourages pharmacists to undertake personal education in the areas of breastfeeding, infant nutrition and medications in breastmilk



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- ▶ encourages pharmacists who sell breastmilk substitutes and baby food to be knowledgeable in the nutritional content, proper choice and use of these and ancillary breastfeeding supplies
- ▶ encourages pharmacists to be aware of and promote Canada's Food Guide, which includes information on special nutritional considerations for infants, children, and breastfeeding mothers ²³
- ▶ 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) ²⁴⁻²⁸
- ▶ supports the UNICEF Baby-Friendly™ Hospital Initiative ²⁹
- ▶ encourages pharmacists who sell breastmilk substitutes, baby food and ancillary breastfeeding products to be familiar with the WHO/UNICEF Code 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 ³⁰ and Complying with the Code? A Manufacturers' and Distributors' Guide to the Code. ³¹

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 the CPhA Board of Directors in May 1995. This statement was further revised in 2001 and 2011. The Canadian Pharmacists Association would like to thank Jennifer Peddlesden for her work on updating this document.



Appendix I

Summary of the World Health Organization (WHO) / UNICEF International Code of Marketing of Breast Milk Substitutes

World Health Assembly (WHA) Resolution WHA 34:22 1981 and subsequent WHA resolutions 39.28, 47.5, 49.15, 54.2, 55.25, 58.32, 61.15, 63.14

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, follow-on milks, 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. No health claims on products.
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 as these create a conflict of interest .
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, and for powdered baby milks, the risk of *Enterobacter Sakazakii*. 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 and products high in saturated or trans fats, free sugars and salts not marketed for children. 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. **Exclusive breastfeeding:** promote and support exclusive breastfeeding for six months as a global public health recommendation with continued breastfeeding for up to two years of age or beyond.
13. **Marketing:** ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding.
14. **Sponsorship:** financial assistance from the infant feeding industry may interfere with professionals’ unequivocal support for breastfeeding and create a conflict of interest
15. **Immunity:** to strengthen efforts to protect, promote and support early and effective breastfeeding, in order to boost the development of infants’ overall immune system.



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