

To: all RCPCH members

Re: AGM agenda item 10: briefing notes

From: Prof Judith Ellis, CEO

6th April 2016

The following motion has been submitted for consideration by the RCPCH AGM that is to be held on 27th April 2016 at 5.30pm at the ACC, Liverpool:

"In order for RCPCH as a professional body to avoid institutional conflicts of interest and thus maintain its reputation as an unbiased, independent educator and advocate for child health, the College should decline any commercial transactions or any other kind of funding or support from all companies that market products within the scope of the WHO Code on the marketing of breast milk substitutes"

It has been proposed by Professor Charlotte Wright, seconded by Dr Rosie Kyeremateng, and supported by the signatures of the necessary 15 members required for it to be considered at the AGM.

Council has discussed the motion, and has made the recommendation that the AGM should oppose it. Council has also agreed that the following briefing papers regarding the motion may be distributed electronically. On the subsequent pages of this document, you will find:

- a briefing paper from the motion's proposers (pp 2-3) setting out their reasons for proposing it.
- a briefing paper from Council (pp 4-5) setting out its reasons for recommending that the motion be opposed.

Please note that it will only be possible to vote on the motion by attending the AGM in person. Should you have any queries regarding this motion or the AGM, please email governance@rcpch.ac.uk

Yours sincerely,

Professor Judith Ellis, MBE

CEO

Briefing paper for motion to RCPCH annual general meeting on formula milk sponsorship

Charlotte Wright, Rosie Kyeremateng, Tony Williams, Tony Waterston, Delan Devakumar,

In recent years the RCPCH has progressively distanced itself from formula milk manufacturer (FMM) sponsorship and we applaud the publicity that the College has given to the recent Lancet series^{1,2} on breast feeding and the President's commitment to "protect all families from aggressive marketing by formula manufacturers"³. However the college still derives income from FMMs for trade stands and core funding from a FMM, while collaborations with the two largest FMMs have recently been considered. We argue that, by accepting such funding, the College assists FMMs in promoting their products and damages its reputation as an objective source of guidance on infant feeding. We hope that the College will now demonstrate its full commitment to breastfeeding by declining all income from formula milk manufacturers when this motion (see overleaf) is debated at the RCPCH Annual General Meeting in Liverpool on April 27th 2016.

What has changed in our understanding of the importance of breastfeeding?

Until recently many believed that the risks associated with use of breast milk substitutes (BMS) in affluent countries were trivial or spurious. However a recent Lancet series summarised 28 systematic reviews and meta-analyses, including many studies in developed countries. This found that in high income countries, even after allowing for socioeconomic confounding effects, the impact of not breast feeding on child morbidity and mortality is still considerable, while the impact on maternal health is actually higher than in resource poor settings¹.

Why is the use of infant formula such a concern?

While FMMs produce specialist products for paediatric use, the great majority of their profits come from products fed to healthy children and this market is growing worldwide². Around 80% of UK mothers now start breastfeeding, but the rate drops away sharply after birth. This is strongly associated with the use of 'supplementary' formula milk feeding which in fact displaces breastmilk and inhibits breastmilk production: increasing the risk of early cessation of breast feeding 13-24 fold^{4,5}

What works in supporting breastfeeding, and what undermines it?

A key message of the Lancet series is that a range of interventions implemented simultaneously results in considerable breastfeeding gains². One of these interventions is the WHO/UNICEF code on marketing of breastmilk substitutes. This stresses the need for health workers to be independent of FMM promotional influences, such as sponsorship of professional associations^{2,6,7}. These funding relationships undermine breast feeding by facilitating the interaction of health staff with FMM representatives at educational meetings as well as creating an institutional conflict of interest.

Why is institutional conflict of interest a concern?

We recognise that individual clinicians undertake entirely valid work with FMMs on product evaluation, but this is quite different to the acceptance of funds by a professional body that must independently advise on their appropriate use. Receiving FMM funding will distort public and professional perceptions of the College stance on breastfeeding as well as their advice on the appropriate clinical use of breastmilk substitutes. Sponsorship of this kind thus damages the College's reputation as an independent advocate for child health; we can afford not to have the money, we cannot afford the loss of reputation.

We hope members will come to the AGM and join in this important debate.

The motion:

“In order for RCPCH as a professional body to avoid institutional conflicts of interest and thus maintain its reputation as an unbiased, independent educator and advocate for child health, the College should decline any commercial transactions or any other kind of funding or support from all companies that market products within the scope of the WHO Code on the marketing of breast milk substitutes”

Proposer Professor Charlotte Wright

Seconder Dr Rosie Kyeremateng

References

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7. WATERSTON T, YILMAZ G. Sponsorship of paediatricians/paediatric societies by the Baby Feeding Industry - a position paper by the International Society for Social Paediatrics and Child Health *Child: Care, Health and Development* [Volume 42, Issue 2](#), pages 149–152, March 2016

Briefing paper from RCPCH Council to inform consideration of a motion on formula milk sponsorship to be presented at the Annual General Meeting, April 27, 2016

Summary

RCPCH Council recognises that the intent of the motion proposed by Professor Charlotte Wright, and seconded by Dr Rosie Kyeremateng, is to protect children. However, Council opposes the motion on the grounds that first, the motion is not in the best interest of infants and children, second RCPCH already has strong safeguards in place when accepting financial support, and third the motion will prevent RCPCH and paediatricians from working in the best interests of children. Council urges all members to join in this debate, and consider and vote on the motion.

Breast-milk substitutes

Breast-feeding gives children the best start to life-long health, hence RCPCH welcomed and publicised the restatement of the benefits of breastfeeding in a recent Lancet series published in 2016¹. RCPCH considers the promotion of formula over breast-feeding in healthy infants to be unacceptable. RCPCH has publicly committed to “*protect all families from aggressive marketing by formula manufacturers*”² and strongly supports the *WHO International Code of Marketing of Breast-milk Substitutes*. Council also notes that without high quality breast-milk substitutes babies whose mothers cannot breast-feed and babies with allergic or metabolic conditions, will be harmed. In addition, as cow’s milk is not recommended as the main food before 12 months of age, the majority of healthy infants in the UK will use an infant formula during the first year, even if they are initially exclusively breast-fed. The RCPCH therefore considers it essential that high quality breast-milk substitutes are available for healthy full-term infants, preterm infants, and infants with specific diseases and conditions, and that these products are continually evaluated and improved.

Conflicts of Interest

Council recognises the need to avoid institutional conflicts of interest and maintain the reputation of RCPCH as an unbiased, independent advocate for child health. However, the potential for conflicts of interest when accepting funding is not restricted to infant formula companies but also includes Government, charities, non-governmental and other commercial organisations, including pharmaceutical companies.

Unless RCPCH is to forego all such funding the question becomes “*How can potential conflicts of interest best be managed?*” RCPCH has addressed this issue by taking a rigorous and robust attitude to ensuring compliance with guidance from the Charity Commission and best practice within the scientific and medical fields. This is reflected in the updated RCPCH Sponsorship Framework³ agreed by Council in 2015 that includes a requirement for due diligence, comprehensive investigation to be certain that required standards of conduct have not been breached, before entering into any agreement with external entities.

Interactions with commercial organisations

Breast-milk substitutes occupy a unique position as both food and therapy. Paediatricians working in collaboration with breast-milk substitute manufacturers have an important contribution to make in product development. The proposers of the motion recognise this need noting ‘*We recognise that individual clinicians undertake entirely valid work with formula milk manufacturers on product evaluation.*’

¹ Breastfeeding Series. *The Lancet* 2016; 387: 403-504 <http://www.thelancet.com/series/breastfeeding>

² Open Letter on the crisis in UK breastfeeding February 2016 <http://ukbreastfeeding.org/open-letter/>

³ RCPCH Sponsorship Framework July 2015 <http://www.rcpch.ac.uk/news/rcpch-sponsorship-framework>

The engagement of clinicians and researchers with industry in accountable and well-governed collaborations drives product quality, evaluation, and translation into practise. Council considers RCPCH as the professional organisation for paediatricians, to have a logical and important role in facilitating communication between clinicians, researchers and manufacturers, monitoring progress, and implementing advances to benefit children.

Wider implications

The motion would set a precedent wider than breast-milk substitutes as similar issues apply to medical devices, therapeutic drugs, and indeed, the growing commercialisation of human donor milk. The motion would be detrimental to RCPCH engagement with developers and manufacturers and hence to infants, children and young people who need their products. A ban on such interactions would not only cause significant increases in the registration fees for the Annual Conference, disproportionately affecting the most junior attendees who are least able to pay, but would have similar effects across the rest of RCPCH activity.

Council considers that transparent, productive, working relationships, consistent with the Sponsorship Framework, with the manufacturers of drugs, devices, and products for children, which includes breast-milk substitutes, is essential if RCPCH is to fulfil its obligations to child well-being.