

UPDATE

BABY MILK
ACTION

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Contaminants in UK baby milks

Nestlé on the loose in China

World Health Assembly says no

to commercial sponsorship

Baby Milk Action Update is written & edited by David Meiklejohn, Patti Rundall, Lisa Woodburn, Rosie White Sue Woolley and Cathy Lewis.

Baby Milk Action is a non-profit organisation which aims to halt the commercial promotion of bottle feeding and to protect and promote good infant nutrition. We are a member of the International Baby Food Action Network (IBFAN) which is made up of more than 140 groups in over 70 countries. Baby Milk Action co-ordinates the Nestlé boycott.

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We aim to produce three Updates a year, but our office was broken into and computers stolen. Please be patient...

All material may be used if credited.

Cover: A 20 foot long baby asks the Minister to ban PVC. (see Page 5) Photo: Greenpeace.

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Be a code monitor

Help us to keep the baby food companies under control by keeping your eyes open for anything which you believe undermines breastfeeding. If you can, write to the company and send a copy of the correspondence to us. Remember to take a careful note of the date, place, brand and company details.

Send copies of your letters to, Dr Hiroshi Nakajima, Director-General, World Health Organisation, CH-1211, Geneva 27.

Carol Bellamy, Executive Director, UNICEF, 3 United Nations Plaza, New York, NY 10017.

Information about monitoring

and the Code is available on the following web-sites:

IBFAN:
<http://www.gn.apc.org/ibfan>
Baby Milk Action
<http://www.gn.apc.org/babymilk>
INFACI Canada
<http://www.io.org/~infacto>
ORIGEM Brazil:
<http://bbs.elogica.com.br/aleitamento>

• For violations of the *International Code* and the UK law which relate to the UK and to exports from the UK, contact your local Trading Standards Officer. The address is in the phone book.

Monitoring works

By keeping an eye on the Internet, Lactivist, Ros Escott was able to get a Japanese bottle feeding competition stopped. Reported in "Tokyo Newspaper" on July 23, the

IBFAN Guidelines for Meetings with the Baby Food Industry

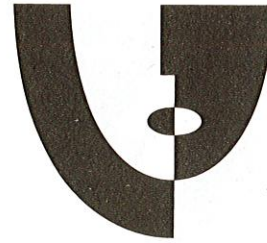
Baby Milk Action is the UK member of the International Baby Food Action (IBFAN). At the IBFAN meeting in Luxembourg in March 1996, IBFAN Europe agreed the following recommendations. Although designed for IBFAN representatives, they may also be useful for individuals who are approached by company personnel:

All meetings must have:

- an agreed agenda;
- an IBFAN representative never goes alone;
- the meeting is "on the record" ie, taped or carefully minuted;
- the minutes are sent to IBFAN Geneva.



infant feeding bottles manufacturer, 'Pigeon' planned to hold a Baby Olympics. Called 'Neo Baby Pigeonpic' it was to take place on September 18 in Yoyogi, Tokyo. Non-Japanese babies - 50 in all - were invited to participate in the contests, which included a 10 metre crawling race and a 'milk drinking competition'. The baby who finished a bottle of 50cc milk the quickest would win. Prizes ranged between 100,000 - 300,000 yen (\$1,000 - 300).



International news

World Health Assembly says no to commercial sponsorship and yes to independent monitoring

On 25 May a World Health Assembly Resolution was unanimously adopted which addressed the issue of commercial sponsorship, the need for independent monitoring and the need to ensure safe marketing of complementary foods.

The baby food industry, anxious to expand the market for complementary foods and to be included in all monitoring programmes, was out in force opposing the key points of the Resolution. They claimed that if we all learn to collaborate and trust each other, the issue could safely be taken off WHO's busy agenda. However, in the two-hour debate every amendment in favour of the compa-



Delegates at the 49th World Health Assembly in Geneva, May 1996, celebrate an important victory. The photo includes some of the key advocates for the resolution from: the Netherlands, Sweden, Norway, Finland, Zimbabwe, Venezuela and Swaziland; also IBFAN delegates from India, Philippines, Netherlands, Switzerland, U.K. Photo: Patti Rundall

nies was thrown out, and the Assembly voted unanimously to step up its advocacy.

Rush Ashton, speaking on behalf of the International Confederation of Midwives, explained to delegates why in 1986 the ICM took the decision not to accept sponsorship from infant formula manufacturers at any congresses, conferences or meetings, "Our experience, like that of others, is that the needs of mothers for the professional support of midwives in achieving successful breastfeeding can be undermined by pressures associated with both the offer and acceptance of financial or other support from manufacturers involved in the infant formula industry, including manufacturers of bottles and teats".

Dr Timothy Stamps, Minister of Health and Child Welfare for Zimbabwe lambasted the companies and Nestlé in particular, explaining how the inappropriate marketing of baby milks and foods encourages mothers to buy expensive imported products rather than the traditional foods. Supporting the call for control of commercial sponsorship he described how Nestlé attempts to buy the allegiance of health workers with special awards and gifts.

- The baby food industry has given no indication that it will abide by this new Resolution - or the one passed in 1994 (WHA 47.5).
- The Royal College of Midwives has expressed interest in finding out the extent of commercial sponsorship of midwives in relation to training and updating in the UK.

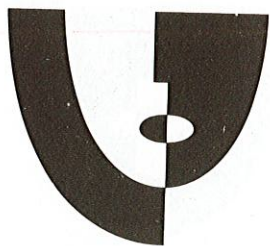
Can you help by publicising the Resolution and investigating your own university, college, hospital or Trust?

ACTION POINT

"In the process of Western acculturation, people have been led to believe that breastfeeding is primitive... Powerful companies exploit developing countries using intensive and attractive marketing techniques. I will take this Resolution home to use as a piece of firewood to combat the factors which negatively affect child nutrition." Dr Otto, Delegate from Palau

WHA Resolution 49.15:

"... Concerned that health Institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health... Member states are urged to: "ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest. ... and to ensure that monitoring of the International Code is carried out in a "... transparent, independent manner, free from commercial influence." and that "... complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding"



Sponsorship's hidden ties

On July 1 BBC Radio 4's *You and Yours* addressed the issue of sponsorship. David Swarbrick, marketing director of a medical products company, explained how obligations to the company are implicit in any sponsorship deal: "There's an ethical dilemma, because to enter into a sponsorship arrangement with the hospital is a promotional decision that requires the investment of money. To invest that money you will look for a return. The only way you can really secure a return, is to have more patients discharging with more of your product than would otherwise have been the case. So the patients may not leave the hospital using the right product for them, they may leave the hospital using the right product for the sponsoring company. It's also a straightforward commitment from the hospital that they will do what they can to help the company achieve its commercial objectives."

On the same programme, Vicky Dugbartey, a senior midwife and infant feeding specialist, explained how Queen Charlotte's Maternity Hospital in London used to fund professional courses but stopped when it became a Trust. Vicky reluctantly turned to baby milk manufacturers who were only too happy to oblige. However, some of the speakers Vicky invited would not talk on the course because

of the sponsorship and two years ago she decided to stop taking baby food industry money: "I cannot support breastfeeding fully if I'm taking handouts from our rivals, so to speak. My own conscience says that this is not right. I cannot be telling a mother breast is best and don't give formula milks, while at the same time taking handouts. It wasn't right."

- The next study day at Queen Charlotte's *Infant Nutrition Perspectives* will have no baby milk sponsorship and is on 14 November 1996. Tel: 0181 741 1311

- Cambridge University's decision to accept a £1.5 million sponsorship deal from the British American Tobacco Industries for a Chair in International Relations has caused a furore with scientists and health advocates and may well backfire. Already the Imperial Cancer Research Fund is reconsidering whether to fund future research in Cambridge.

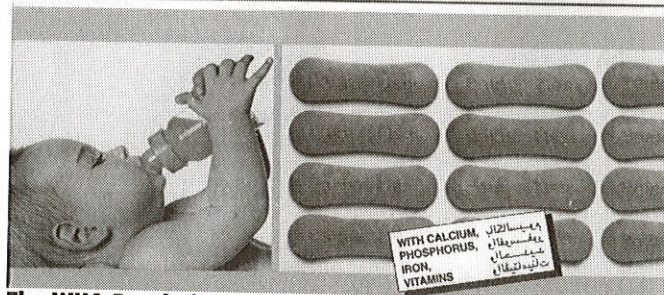
Independent monitoring?

Companies must monitor their practices according to the Code, but in addition, the WHA Resolution highlighted the vital need for additional, truly independent monitoring.

The UK Churches, UNICEF, Save the Children and a number of other UK NGOs have formed a group called the International Breastfeeding Monitoring Group (IBMG). IBMG will be carrying out a monitoring project during the next year. It will accept no money from the baby food in-

Complementary foods under control?

dieterba FIRST BISCUIT
البسكويت الأول



The WHA Resolution will give a boost to the moves to stop inappropriate promotion and labelling of complementary foods such as this *Dieterba - first biscuit* on sale in Oman in 1994. Clearly not suitable as a breastmilk substitute, the package gives instructions for dissolving the biscuit in a feeding bottle.

dusty.

- The second stage of IBFAN's monitoring project will take place at the end of this year. The results of the first stage were reported in *Breaking the Rules 1994*.

Baby Friendly world

The number of Baby Friendly Hospitals around the world has almost doubled since the beginning of the year. According to UNICEF figures in June, 7,779 hospitals are officially designated as Baby Friendly - up from 4,282 at the end of 1995.

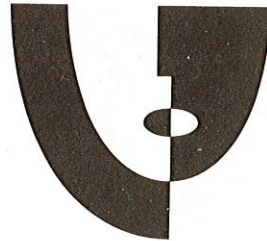
The Baby Friendly Initiative is a UNICEF/WHO joint endeavor that encourages hospitals to promote exclusive breastfeeding through specific practices such as rooming-in and the prohibition of free and low-cost supplies of breastmilk substitutes.

"A Baby-Friendly Hospital ensures that a woman's right to choose how to feed her

baby is preserved, free from adverse influences," said Lida Lhotska, UNICEF's Project Officer in Infant Feeding and Care. "Evidence is increasing that when women have full information and a supportive environment, the vast majority will choose to breastfeed."

New law update

The International Code Documentation Centre (ICDC) in Penang, Malaysia, reported that 13 more countries have been added to the list of those with laws, regulations or other legal measures to implement the *International Code of Marketing of Breastmilk Substitutes*. The additions more than doubled the number listed in the 1994 *ICDC State of the Code by Country*, which identified 11 countries that had acted to implement the Code since it was drafted in 1981.



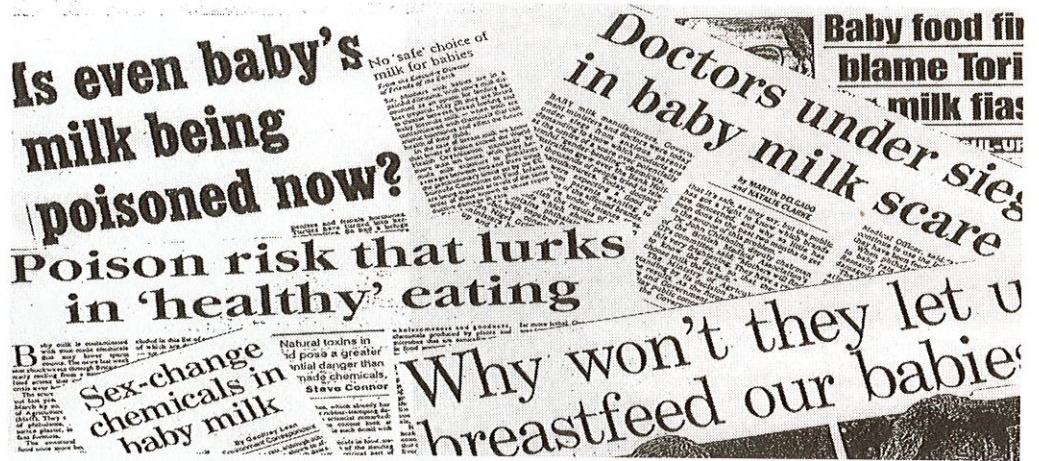
UK Panic over phthalates

For many people working on the baby milk issue the major focus of concern are the problems faced by babies living in some of the poorest conditions in the world. For these babies artificial feeding can be a death sentence. However, there are known and proven risks from artificial feeding for all babies, including those living in wealthier societies. For this reason the WHO *International Code of Marketing of Breast-milk Substitutes* bans the promotion of artificial feeding in all countries.

The failure of the UK Government to implement the Code or to protect parents from misleading commercial promotion has led to the routine use of artificial feeding by the majority of British parents, who believe this to be almost as safe as breastfeeding.

Consumer confidence in the safety of UK food was badly damaged by the BSE and beef crisis. It plummeted further in May when news broke that 9 brands of baby milk on sale in the UK were contaminated with phthalates - man-made chemicals which have been linked with cancer and a lowering of sperm count.

For weeks afterwards the Baby Milk Action office was flooded with media enquiries and calls from alarmed and anxious parents. While we did not want to exacerbate the situation, we were placed in a difficult situation - knowing



Some UK headlines, May 1996. Cover picture: Baby Milk Action joined Greenpeace, Friends of the Earth and the Women's Environmental Network to present a gift of a 20-foot-long plaster baby to the Minister for Agriculture, calling on the Government to ban PVC - the main source of phthalates.

that the problem with phthalates is only one of a long line of concerns that exist about formula milks.

The risk from contaminants which may be present in baby milks (heavy metals, phthalates, lindane and phytoestrogens for example) are often long term and impossible to measure. Risks are also posed by other substances which are added to formulas: egg, peanut oil, genetically engineered materials etc. We need to question the adequacy of existing controls on the composition, labelling and promotion of all foods, not just baby feeding products.

With the Government firmly set on a course of deregulation this questioning has become urgent and vital. Amendments to the European Directive on baby milks calling

"I am not sure the general public wants a whole series of scientific print-outs on particular brands."

Tim Boswell, UK Agriculture Minister. May 1996

for: "Necessary maximum levels [of contaminants to] be established without delay..." will come into force in March

1999 but this is small comfort for parents of babies born in the meantime. And even then, can they be confident that the standards will be adequate?

Although the Ministry of Agriculture (MAFF) was the only agency to carry out tests for phthalates and had already published information about its surveys in March, its refusal to name the brands with the highest levels and its insistence that all baby milks are 'safe' resulted in the issue being viewed as another British cover up. The Infant and Dietetics Foods Association would say nothing either, on the basis that the information was 'commercially sensitive.'

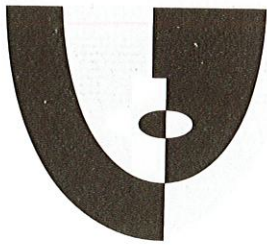
Few acknowledged that most UK baby milks are imported and that phthalates are likely to occur wherever the manufacture of PVC is permitted.

- The Ministry of Agriculture

has commissioned a study into levels of phthalates in breast-milk. The results will be available next year.

Baby Milk Action meets Minister

Having delivered the 20ft baby to MAFF, Greenpeace, Baby Milk Action, Friends of the Earth and the Women's Environmental Network representatives had a meeting with Junior Minister, Tony Baldry. He was asked to give wholehearted support to the campaign to ban PVC and to ensure that baby milks are not promoted. Mr Baldry advised us to take our concerns about PVC to Emma Bonino, the European Commissioner for Consumer Affairs, and reminded us that the Scientific Committee for Food (the EU advisory body) had issued a statement saying that existing levels of phthalates were safe. He could not say whether members of the SCF had links



either the food or petro-
 nical (PVC) industry.
 Following the meeting,
 Parliamentary Secretary,
 Sheila Browning, wrote to
 in peace. She said there is
 a gap in the knowledge re-
 garding both levels of envi-
 ronmental exposure and to
 the response of effects of
 potentially hormone-dis-
 rupting chemicals... When fur-
 ther scientific evidence be-
 comes available the Govern-
 ment will consider, with
 its European partners, the need
 for further restrictions." She
 said the UK has no plans to
 take unilateral action to re-
 strict the use of PVC, but as
 concerns still have concerns,
 baby milk manufacturers are
 being pressed to take action
 to reduce phthalate levels
 as far as possible.

Phthalate alert

Only two months after the
 phthalate scare, baby milk
 is in the news again. This
 time it was about phytoestro-
 gen in soya. Phytoestrogens
 are chemicals which occur
 naturally in high levels in soya
 and have weak oestrogenic
 effects. However, phytoestrogens
 also seem to have some
 beneficial effects in some
 cases. The Government's
 Food Safety and Hygiene
 Advisory Committee is
 recommending further re-
 search and is advising manu-
 facturers to investigate means
 to reduce phthalate levels
 as far as possible.

Breastmilk - dioxin level falls

Because of the widespread pollution of our environment,
 toxic substances, such as Dioxins and PCBs have been found in
 some samples of breastmilk, the levels varying according to the
 mother's exposure. However, according to MAFF, dioxin levels
 in breastmilk have fallen by one third in the last few years.

In some countries, such as Germany, scare stories about con-
 taminants have discouraged some mothers from breastfeeding.
 However, the contaminant levels of breastmilk would have to
 be very high to justify the risks of bottle feeding. All the evi-
 dence to date demonstrates that babies are developmentally
 and neurologically healthier if they are breastfed and that
 breastfeeding can even counteract the neurological effects of
 contaminants transferred to the baby through the placenta be-
 fore birth. **But there is no room for complacency about pollu-
 tion and the safest and only solution is to remove all unnec-
 essary contaminants from the environment at source.** Unlike
 breastfeeding, artificial feeding adds to environmental pollu-
 tion: in its manufacture, packaging, transport and preparation.

... but action is still needed

Many hormone disrupters, such as PCBs and DDT, have al-
 ready been banned or restricted and could explain MAFF's
 welcome announcement about the fall in dioxin levels in
 breastmilk. However, chlorinated plastic PVC, responsible for
 two significant hormone disrupters, is still a common consumer
 product and is the second most widely used plastic, with its
 world market growing by 5% annually. Production and dispos-
 al of PVC generates dioxins and phthalates and it is likely that
 wherever these chemicals are made and used they will appear
 in the food chain. In Australia, recent tests on waste water from
 one plant showed very high levels of phthalates and ICI have
 admitted responsibility. 95% of all phthalates produced are
 used in PVC plastic. Once in the environment we cannot stop
 them getting into our food. Some action has been taken: The
 Olympic Village for the next Olympic Games in Sydney will
 not contain PVC. The Swedish Parliament has called for PVC
 to be withdrawn.

Write to Rt Hon Douglas Hogg MP, Minister of Agriculture,
 MAFF, Whitehall Place, London SW1A 2HH. Ask him
 to ban baby milk advertising, give full information
 on the levels of dioxin in breastmilk.

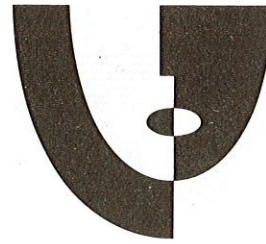
a prerequisite of the UK baby
 milk law which should apply
 to all baby milks!)

The possible dangers of soy
 infant formulae were identified
 in scientific literature in the
 early 1980s. More recently re-
 searchers in New Zealand,
 have called for soya formulas
 to be removed from the mar-
 ket. Concerns about soya
 were first raised in the UK by
 the Food Commission 18
 months ago.

Babies fed soya formula milk
 have been shown to consume
 several times the amount of
 phytoestrogens which has
 caused changes in women's
 menstruation patterns.

By releasing the information
 in a more controlled way,
 through health professionals
 and by consulting public
 health advocates (including
 Baby Milk Action) and the in-
 dustry, the Government avoid-
 ed the media hype and panic
 that occurred with phthalates.

But manufacturers and retail-
 ers have not been asked to
 withdraw the products, stop
 promotion, or to put warnings
 on labels or in shops. The re-
 sponsibility for informing par-
 ents about the potential risks
 has been placed on health
 professionals alone. Soya
 baby milks have not been
 placed on a prescription-only
 list and can still be bought
 over the counter. This means
 that it is unlikely that all par-
 ents using soya will be made
 aware of the potential risks.



Soya, a growing market

According to the Infant and Dietetic Foods Association (IDFA) the UK soya baby milk market is worth £8.2 million (the baby milk market is worth £134 million) and soya is fed to 2-3% of artificially fed babies in the UK (7-10,000 babies each year). The world-wide market for soya baby milks is considerably larger and is growing. Companies argue that 'specialised formulas' such as soya do not fall under the scope of the European Directive (which covers formulas "intended for use by infants in good health") and so often fail to include the required warnings. They also promote the notion that allergy to cow's milk and lactose intolerance is far more common than it is. One Indian company, for example, promotes soya as "The ideal food replacement for infants with diarrhoea."

In answer to questions at the UK Department of Health meeting in July, Niall Bowen, Chair of IDFA and Marketing Director of Cow & Gate, said that manufacturers did not seek to expand the UK soya baby milk market, but no statistics or commitments were given regarding world markets.

• For the DoH patient information leaflet on soya contact your doctor or the Department of Health on: 0171 210 3000.

Legal action?

Concern remains about the aluminium content of soya

milks and about its high levels of glucose syrup (under EU regulations soya formulas can contain 50% glucose and still be labelled 'sucrose free'). Only one manufacturer - Cow & Gate - suggests on its labels that glucose syrup may cause dental caries. A number of parents are taking legal action over dental caries resulting from the use of baby drinks and from soya baby milk. Any one who feels that they may have a case to make against manufacturers could contact the Allied Lawyers Response Team (Alert). Alert is a proactive network of UK solicitors, promoting and co-ordinating large-scale litigation relating to injury caused by consumer products, medicines, environmental and workplace conditions. Alert will provide free information and advice by email and can be contacted by telephoning the BT operator and asking for Freephone Alert or by dialling 0151 283 8585. Web site no:

<http://www.alertuk.com>

• The Soy Information Network (SIN) in New Zealand, set up by parents of soya-fed children who suffer from a range of conditions, can also be contacted: SIN, PO Box 100 212, North Shore Mail Centre, New Zealand.

• On April 25 1994, the US magazine, *Newsweek*, told of a multi-million dollar project to find, isolate and study phytochemicals: "In the world where science merges with health, phytochemicals are the next big thing. Phytochemicals offer the next great hope for a

magic pill, one that could go beyond vitamins."

A herbal estrogenic capsule, *Evanesce*, containing phytoestrogens is being recommended by The *Phoenix Project Transition Support Services*, for men undergoing sex change.

Peanut scare

In March the *Sunday Times* carried an article which mentioned the dangers of peanut oil in baby milks and nipple creams and highlighted once again the need for clear labelling. Peanut can cause a very severe reaction in a small number of babies and even a tiny trace can trigger a life-threatening reaction in a susceptible individual. The number of children in the UK who suffer from peanut allergy is growing. Many allergy specialists believe it is because infants are becoming sensitised when they encounter peanuts at an inappropriate stage in the development of their immune systems, particularly in the first few months of life.

The Infant and Dietetic Foods Association (IDFA) alleges that since June 1996 peanut oil has not been used in the manufacture of any UK baby milks. However, Nutricia, manufacturers of Cow and Gate, admit that traces of the oil have been used as a carrier for Vitamin A and may still be present in some old stocks of 'specialised formulas' such as *Infasoy*, *Pepti Junior* and 'ready to feed' baby milks. All of these

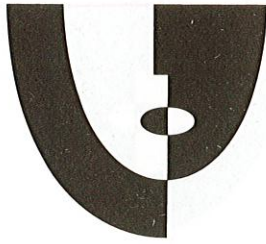
can be bought 'over the counter' or ordered by parents through pharmacies. Baby milks generally have a long (2-year) shelf life and ingredients are not clearly marked. Anyone concerned about allergies should contact the manufacturer, quoting the batch number. (Let us know what they say!) We have no information about exports.

The manufacturers of Kamillosan, have still not withdrawn peanut oil from its nipple cream but are considering doing so. There is no evidence that nipple creams do any good.

• The best way for all parents with a family history of allergy to avoid allergies is to breast-feed exclusively until about 6 months - and for mothers to avoid eating large quantities of peanuts while pregnant and breastfeeding. The Anaphylaxis Campaign, the support group 'fighting for those with potentially fatal food allergies' advises that this avoidance need not be fanatic.

Further information on allergies available from: Anaphylaxis Campaign PO Box 149, Fleet, Hampshire, GU13 9XU

• Maternity Alliance urged the Government to extend maternity leave to enable mothers to breastfeed while the phthalate scare continued.

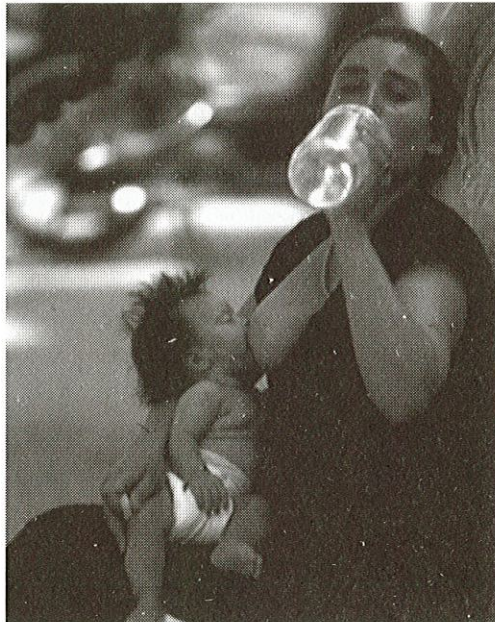


Tourists told don't breastfeed in UK

A leaflet produced by the British Tourist Authority, *Days out 1996*, claims that in the UK "breastfeeding in public is not considered generally acceptable." The Authority included the advice in their leaflet following reports that some tourists had received negative comments whilst breastfeeding in public in the U.K. The leaflet, which is sent free to people in 34 countries, caused outrage at the Royal College of Midwives AGM. The RCM is urging its members to complain about it.

- RCM delegates voted unanimously to press the Government to fully fund breastfeeding initiatives and condemned the abolition of the Government's National Breastfeeding Working Group.
- World Breastfeeding Week (1-7 August) focussed on *Breastfeeding is a Community Responsibility* and encouraged people to investigate breastfeeding facilities in their locality. La Leche League marked the week with a walk in Hyde Park. A number of countries are celebrating the week in the first week in October.

Send to Baby Milk Action for: Breastfeeding a Community Responsibility by the World Alliance for Breastfeeding Action (WABA) Information about breastfeeding in public from: Ros Barber at: Campaign for Rights in Breastfeeding, PO Box 67, Uckfield, East Sussex, TN22 5ZY. Tel: 01825 890928



Enjoying the hot spanish sun in Seville.

Photo: Konny Domnauer, Megapix.

but keep a supply of various brands for mothers who choose to bottle feed.

- Addenbrookes is hoping to become a Baby Friendly Hospital and its support for breastfeeding is improving. When Baby Milk Action volunteer, Fataneh Barzin, gave birth to her son Hooman in July, she received excellent support and advice on breastfeeding from the staff at Addenbrookes. There was no routine advice on bottle feeding and only one mother in her antenatal class was considering this method of feeding. Staff took care to find out Fataneh's family history of allergies and she was advised to cup feed any expressed breastmilk - at least for the first 6 weeks. She left hospital confidently breastfeeding - much to Hooman's delight.

Baby milks trials - science or promotion?

From time to time Baby Milk Action receives letters from parents who are concerned at the way baby milk trials are carried out, especially the way in which mothers are recruited. The following stories show how companies have used trials to promote their products:

- In a trade advertisement in 1993 Milupa claimed that 'distribution' of its milk had risen from 15% to 70% of UK hospitals during 1993. Milupa based this figure on hospitals which were using baby milk for trials. According to Medicare Audit the true figure was 39%.
- When Mrs Payne, a patient on the Obstetrics and Gynaecology Unit of Addenbrookes hospital in Cambridge, was discharged

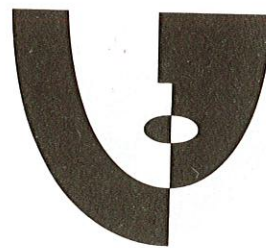
last December, the staff handed her a folder which contained the exercise plan she was to begin at home. The folder also contained promotion for Farley's baby milks. Although dating from before 1993, it invited readers to "join the 'great team' of Farley's and Addenbrooke's - where Farley's conducted the largest ever clinical trial of a baby milk... Farley's are also proud to help and support new Mums with excellent products like Ostermilk and Ostermilk Two."

The folder contravenes the *International Code of Marketing of Breastmilk Substitutes* and the UK Law.

Staff at Addenbrookes are investigating how it got onto the wards and have apologised. However, they say that they have "always accepted sponsorship from commercial groups for such publications" and that they do not promote one baby milk over another,

New guidelines for baby milk trials

The Government Committee on Medical Aspects of Food and Nutrition Policy (COMA) will publish a new report, *Guidelines on the Nutritional Assessment of Infant Formulas* in September. The report will address the ethical issues surrounding research and trials of baby milks and the assessment of novel foods. In response to our comments, the Trading Standards advisory body, LACOTS, is also urging caution in the question of trials in the Guidance Notes to the UK baby milk law which will be finalised in the Autumn. (See Page 9)



Department of Health in quandry

As we go to press, three documents which will have an important influence on baby milk marketing and infant feeding information have been issued for consultation. All three papers should, ideally, be read together and we have not had time to do a thorough analysis of them all. But as the closing date for comment on the DOH Guidance is 10th September we will outline the key issues:

1. *Guidance notes on the Implementation and Interpretation of the Infant Formula and Follow-on Formula Regulations 1995* - issued by the Local Authorities Coordinating Body on Food and Trading Standards (LACOTS) - will accompany the Law and provide clarification and interpretation relating to advertising, labelling, exports, sponsorship and claims.
2. *Guidance on the Provision of Information and Materials relating to infant feeding* - a consultation document issued by the Department of Health - sets out 'good practice' guidelines for infant feeding information produced by anyone - manufacturers, health professionals, teachers, etc. It deals with content, presentation, logos, single requests for information, donations to the health care system and distribution.
3. *Draft Infant Formula and Follow-on Formula (Amendment) Regulations 1997* - issued by the Ministry of Agriculture (MAFF) - arise from a new Commission Directive. (96/4/EC) They

contain some disturbing and dangerous amendments to the law. (See page 10)

Given the political framework in which it operates, it is not surprising that the Department of Health has had such difficulty tackling the problem of providing parents with "objective and consistent advice" - a requirement of the *International Code*, the European Directives and the UK Law. The DoH Guidance is a brave attempt to bring some control to the whole area of 'information' and, if properly monitored and adhered to, could curb much of the misleading information currently produced by manufacturers. The Working Party which helped draw up the first drafts consisted of representatives from health professional and mother-support groups, UNICEF, Baby Milk Action and the baby food industry. The guidelines therefore contain some excellent safeguards. But throughout its formation the document has been unavoidably hampered by weaknesses in the UK Law, which allow the baby food industry - with its limitless resources - freedom to promote products through the health care system.

The DoH draft contains some new concessions to industry which were not agreed by the Working Group and illustrates once again the hazard of including the baby food industry in the formation of health policy.

The majority of British parents are unaware of the many real (and proven) risks of ill health associated with artificial feeding. It remains to be seen whether the guidelines will

help address this serious gap in knowledge. Unless the baby food industry is forced to reveal unpalatable truths about its products, and until the Government realises that parents want honest straightforward information, the only way parents are likely to receive important information is through one alarming media scare after another.

- Baby Milk Action is urging the DoH to provide funding for a simple, non-promotional guide to baby milks that will give full and frank information about the various brands on the market - including information about the ingredients, sugars, what is missing etc. The only one available at present is the Royal College of Midwives, *Comparison of breastmilk with infant formulas available in the UK*, which needs up-dating. If a regularly up-dated information sheet (produced by an entirely independent body/ies) were available, health workers might be more inclined to refuse promotional brochures.
- Copies of the guidelines are available from: Alex Baylis at the DoH Nutrition Unit, Skipton House, 80 London Road, London, SE1 6LW. Tel 0171 972 5108 or Les Bailey at LACOTS PO Box 6, Robert Street, Croydon, CR9 1LG Tel: 0181 688 1996.

Informed choice

Watch for two new leaflets on infant feeding which are being produced by MIDIRS in its series, *Informed Choice in maternity care - using evidence to empower childbearing women*. Funded by the DoH, they promise to be good. Available soon from MIDIRS, PO Box 669, Bristol, BS99 5FG.

Key Points in the Guidelines:

The DoH is inviting oral and written comments so below we outline some key points for those wishing to comment. It will be interesting to see if the health lobby will be able to eliminate some of the loopholes during this consultation process.

Both the DoH and LACOTS Guidelines use the term 'good practice' for suggestions which go further than the law itself. To ignore 'good practice' guidelines may not constitute an offence in legal terms, so the guidelines could, in the interests of health, create many more safeguards.

Some good points:

- The DoH document insists that material is dated, referenced and clearly authored.
- Both documents attempt to stop companies soliciting 'requests' from parents and creating databases.

Some weaknesses

- A limited attempt is made to restrict follow-on milk advertising.
- Both documents fail to make clear the crucial distinction between **publications specialising in baby care** - which can contain baby milk adverts, and **informational and/or educational materials related to infant feeding** - which cannot. The DoH guidelines leave this task to the 'enforcing authorities... and the courts.'
- The DoH guidelines are weaker than LACOTS on logos. They allow educational materials to carry large logos (similar to brand names) and pictures of babies being bottle fed - against the advice of the Working Group. Retail pharmacies can distribute these - on request. Yet pharmacies selling baby milk cannot be considered 'independent' advisors.

New amendments to the EU Directive brings risks to the UK

New amendments to the European Directives on the marketing of baby milks will soon come into force. They mainly affect composition but could open the door for some potentially dangerous new marketing techniques. Member states are required to bring in laws which comply with the Directive by March 1997.

The amendments allow companies to add manufactured components such as nucleotides, selenium, carnitine, and long-chain fatty acids - constituents which are naturally present in human milk. However, manufacturers will not be allowed to make claims for these components as such claims could be misleading.

But manufacturers could possibly be allowed to make health claims relating to 'Reduction of risk to allergy to milk proteins' for milks containing 'partially hydrolysed proteins.'

A European Commission Green Paper could have far-reaching consequences for the infant formula advertising bans in the EU. Described by the Advertising Association as a "challenge to those member states who restrict EU trade by cynically banning communications" the Commission is inviting comments until 30th Nov. Anyone interested could send for: Commercial Communications in the Internal Market. Green Paper from the European Commission. Tel: +322 296 0110 Fax: 295 7712

Although milks with fully hydrolysed proteins have been shown to be useful, the scientific basis for claims for the cheaper partially hydrolysed proteins has not been established.

A 1993 paper by a leading Swedish allergy specialist, Prof Bengt Bjorksten, called into question a paper on hypo-allergenic milks by Prof Jean Rey, a member of the the European Scientific Committee for Food and the European Committee ESP-GAN: "The conclusions drawn by the Committee regarding what immunological characterization should be recommended for antigen-reduced infant formulae differ substantially from what most American and European researchers suggest, and they are almost identical to those suggested by the company marketing the partially hydrolysed product direct to the public... Why did the Committee not properly address this important controversy but merely uncritically quote a review published in a company sponsored book by an employee of the company?"

1 "Comment on Comment on "Antigen-reduced infant formulae" Acta Paediatr 82:660-2. 1993

When these products were first launched in 1988 in the US several cases of anaphylactic shock in allergic babies were reported. New York and eight other states and the Food and Drug Administration investigated

and forced Nestlé Carnation to stop using 'hypo allergenic' claims which were described as: "Misleading and deceptive... Those babies who had severe reactions to Carnation Good Start have paid a high price for the company's irresponsible conduct."

Allergy claims may also conflict with Codex Alimentarius, 'Draft guidelines for use of Nutrition Claims' (ALINORM 97/22 Appendix 11) which are under discussion.

ACTION POINT

MAFF has issued a draft of the new legislation and is inviting comments until 27 September. Baby Milk Action will urge MAFF to allow only a statement of fact, such as: "Contains partially hydrolysed proteins. Before use contact your Doctor etc..." Copies are available from: Denise Love, Food Labelling and Standards Division, MAFF, Nobel House, 17 Smith Square, London SW1P 3JR.

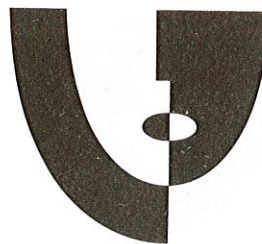
Nucleotides

Although the new amendments will not allow claims relating to other components, such as LCPs and nucleotides, many companies are already promoting these components on adverts to health workers, labels and under-the-lid leaflets. The ads are misleading and subtly imply that the new 'enriched' formulas match breastmilk. An editorial in The Journal of Paediatric Gastroenterology and Nutrition states: "Nucleotides present in human milk may also be modified by specific factors ...Further studies will be needed to clarify the modification that human milk nucleotides undergo prior to absorption.

In drawing up legislation the European Commission is advised by a body called the Scientific Committee for Food. The work of the SCF covers extensive range of aspects relating to food safety and composition. Although the SCF is planning to address the issue in September, SCF members still do not have to publicly declare any financial links they may have with the food or other industry. Consequently, SCF opinions - however sound - are likely to be viewed with suspicion. For example, the amendments call for maximum levels of substances 'which endanger the health of infants' to be '... established without delay' but worries will remain that the levels of phthalates and phytoestrogens permitted in baby milks will be influenced by the interests of the PVC industry.

This may lead to a better definition of how to supplement and at what level.... dietary nucleotides do have significant biological effects and that benefits for formula-fed infants are possible. But, even if clear benefits are demonstrated in animal experiments, further long-term human studies that demonstrate what levels of dietary nucleotides are effective and well tolerated are needed... Further research needs to be done to determine the optimal and upper limit for safe and effective supplementation. Without a sound knowledge base, infant feeding choices are likely to be dictated by marketing practices."

1 Do Infants need Nucleotide Supplemented Formula for Optimal Nutrition? Journal of Paediatric Gastroenterology and Nutrition (11:429-437 1990)



HIV and breastfeeding

As the number of infants born with HIV infection grows and the role of breastmilk in transmission becomes clearer, the Joint United Nations Programme on HIV/AIDS (UNAIDS) has issued a new statement, 'HIV and infant feeding: An Interim Statement.' (UNAIDS July 1996)

The main message is that parents have the right to receive information and should be encouraged to make up their own minds about how to feed their babies. In addition, a high priority must be given to reducing women's vulnerability to HIV infection.

The statement reinforces the general principle that breastfeeding should be protected, promoted and supported in all populations regardless of HIV infection rates. However, preliminary studies suggest an average risk of one in 7 children born to, and breastfed by, a woman living with HIV (ie infected with HIV). UNAIDS states that where there is uninterrupted access to adequate, safely prepared substitutes, children of HIV positive mothers will be at less risk of illness and death if they are not breastfed. Where there is not such access, artificial feeding substantially increases the risk to children of illness and death.

Manufacturers and distributors of breastmilk substitutes "should be reminded of their responsibilities under the

Code and continue to take the necessary action to ensure that their conduct at every level conforms to the principles and aim of the Code."

The statement gives no information on cup feeding which is the WHO preferred option for artificial feeding.

This issue will be discussed in a future *Update*.

- In Uganda health workers give mothers full and frank information about the risks of HIV infection and encourage them to make up their own minds.

Breastfeeding promotion - the best preventative medicine

A number of scientific institutions from all over the world have collaborated to conduct a study into the effect of breastfeeding promotion on the morbidity and mortality of infants. They have found that breastfeeding promotion can be one of the most cost effective health interventions for preventing cases of fatal and non-fatal diarrhoea, and for gaining Disability Adjusted Life Years (DALYs). DALYs are an indicator of the economic loss caused by disease assuming that individuals disabled by their disease cannot work to earn money. The benefits are greatest in communities with little breastfeeding support, and are consistent between Brazil, Honduras and Mexico. It was conclusively shown that in countries where breastfeeding is not widely practised in the early

months and where a significant proportion of women give birth in health facilities, priority should be given to the promotion of breastfeeding in these facilities. The study has allowed the benefits of breast feeding promotion to be quantified and will provide concrete data for presentation to funding bodies by those wishing to prevent disease in developing countries.

Horton et al. *Breast feeding promotion and priority setting in health, Health policy and planning* 1996, 11(2): 156-168

Breastfeeding and tonsillectomy

A study conducted by the Department of Paediatrics at the University of Naples reveals that children whose tonsils had to be removed were less likely to have been breastfed. Nearly 3000 questionnaires were sent out with an 82% return, 9.6% of children had had their tonsils removed, the main reason being recurrent throat and ear infection. The protection conferred by human milk against respiratory infections may persist for several years. The antibodies are protective, but also decrease the severity of infection and might be associated with more tolerant tonsillar lymphoid tissue. Less severe tonsillar infections in breastfed babies would therefore result in fewer tonsillectomies.

A. Pisacane. *Breast feeding and tonsillectomy BMJ* 1996;312:746.

Formula milk linked to diabetes

Scientists are investigating the possible links between insulin dependent diabetes (IDD) in young children and the use of powdered baby milk following a two-fold increase in diabetes in under fives in Britain. A genetic factor is thought to be important with 2% of children predisposed to develop IDD, but the different expression of it in identical twins suggest environmental factors also play a part.²

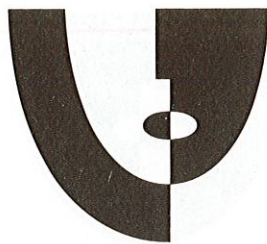
Three observations support the suggestion that cows milk may trigger the onset of IDD¹. People who were breastfed for a short time, or not at all, are at an increased risk of IDD.² The frequency of disease in animal models of IDD can be modified by altering the cows' milk components in their feeds.³ 100% newly diagnosed IDD patients have antibodies against a cows' milk protein.¹

There are, however, studies finding little linkage between IDD and infant feeding habits.³ The European Commission is funding further research into why European IDD is on the increase in young children.

1 T.Ellis, Early infant diets and IDD, *Lancet* 1996 347, p1464-5.

2 N.Maclaren, S IDDM environmentally induced?, *NEJM* 1992,327, 348-49

3 M.Bodington. Cows milk and type 1 childhood diabetes: no increased risk. *Diabetic Med* 1994, 11, 663-65



Company news

Companies infiltrate former IBFAN group

The baby food industry has been searching for an opportunity to subvert and undermine the worldwide effort to protect breastfeeding. They thought they saw one on 10 July, when an extraordinary meeting took place in Washington DC.

Personnel from a number of baby food companies such as Nestlé, Wyeth and Milupa were there, together with representatives from various international NGOs concerned with women's health, who had been flown in at the expense of Action, the supposedly cash-strapped former IBFAN group.

The meeting seems to have been designed to build international support for Action and to explore funding opportunities and possibilities of negotiation between NGOs and the baby food industry. Despite a long history of advocacy in the baby food issue, Action's Vice-President, Rod Leonard, has alarmed and disappointed his former IBFAN colleagues by proposing such a collaboration.

He is applying to US AID for funding for part of the estimated \$10 million cost of his proposal to set up an organisation to *Monitor the outcome of the Health and Nutritional Status of Children in the First Three years of Life in Selected Countries* - a project which Action hopes will run for 6 years in 10 countries. Like the IUNS proposal highlighted in *Update 18*, the Action

proposal shows how collaboration with industry fundamentally affects and weakens the terms of reference: it contains key factors which are in direct opposition to the ones used by IBFAN, UNICEF and NGOs such as Save the Children - factors which the industry has been trying to promote for years. For example:

- it suggests collaboration at the outset with the baby food industry (the very agency it is supposed to be monitoring)
- it refers to 'infant formula marketing practices', rather than 'breastmilk substitutes' and fails to refer to the *International Code's* subsequent resolutions.

When IBFAN first heard about Action's change of focus it wrote to Action's Chair and then issued a statement on the Internet giving the reasons why Action could no longer be part of the IBFAN network. Despite this, Action has been using its former connections to advertise itself and gain support.

Interestingly, at the meeting no mention was made of the Save the Children report about Nestlé in China (See *Boycott news*) or of the World Health Assembly Resolution passed just 6 weeks before, which stressed the need for independent monitoring free from commercial influence.

Nestlé apologises - 'on' or 'off' the record'?

The Washington meeting took place just two days after Save the Children published its concerns about Nestlé's promotion to health workers in China. How significant this was is unclear, but just before the end of the meeting, Geoffrey Fookes, Vice-President of Nestlé Public Affairs, allegedly admitted that Nestlé had made errors in the past and that he did not want to be known as a baby killer.

Mr Fookes's frankness seems to have been tailored specifically to win the trust of the NGOs at the meeting. There was no sign of it during a BBC World Service interview a few weeks later when he denied Save the Children's allegations. Asked whether Nestlé was guilty of giving a subtle message which undermines breastfeeding and violates the *International Code*, he replied: "Certainly not, I

think this is entirely wrong there is no question whatsoever of a subtle message. There is a very clear need for infant formula and we promote infant formula according to the International Code of Marketing of Breastmilk Substitutes as adopted by the World Health Organisation in 1981... So we would dispute that we play any part whatsoever in trying to dissuade mothers from breastfeeding."

Mr Fookes went on to say that the Code allows promotion simply because of its title: "Well, we're playing semantics here, I'm afraid. As you know very well the Code is called the 'Code of Marketing' and 'marketing' includes promotion. Promotion to the health professionals, education and so on. So if there was no promotion in the Code, there would be no need for a code. This is simply nonsense to say that no promotion is allowed."

Is promotion the same as information?

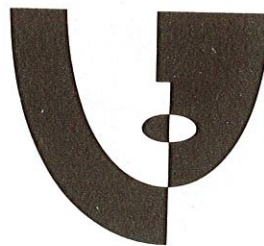
Mr Fookes shows how companies distort the meaning of the *International Code* to continue their dangerous marketing practices. The Code allows for the dissemination of information but clearly prohibits all promotion to the public and in any part of the health care system:

Article 5.1: "There should be no advertising or other form of promotion to the general public of products within the scope of this Code."

Article 7.2: "Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters,"

Article 6.2: "No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2."

New publications



Infant feeding in Transition

A new report by IBFAN has found numerous violations of the *International Code* in Central and Eastern Europe.

The report is a continuation of Baby Milk Action and IBFAN's broader work in the region. Violations vary from labels appearing in an inappropriate language to advertising on TV. The pressures on breastfeeding vary between countries according to factors such as the rate of economic development and the provision of emergency relief.

Defining exactly what is an emergency has proved a difficult problem with some agencies regarding countries going through severe economic upheaval as being 'in emergency'. This has often led to a proliferation of supply-based aid, including baby milk, which has flooded local markets, creating a new demand for artificial feeding. In some instances, where aid has been more tightly controlled, as in UN programmes in Bosnia, positive work has resulted in increased breastfeeding rates.

The main thrust of the report remains that in the absence of enforceable laws, baby milk companies have chosen to ignore the *International Code*. Fortunately, new IBFAN groups are forming throughout the region to challenge such marketing.

Infant Feeding in Transition An IBFAN report on infant feeding in emerging markets in Europe. 1996 £2 See Reply form.

Milk, Money, and Madness

This book is a valuable addition to the small number of works devoted to the need to protect and promote breastfeeding and to counteract the effects of the global marketing of artificial breastmilk substitutes.

It covers an eclectic range of information on breastfeeding practices in different cultures and offers an analysis of the process that led to the development of safe substitutes for breastmilk. It explores the specific role of American formula companies in developing and expanding the market for their products.

The book owes a great debt to Gabrielle Palmer's *The Politics of Breastfeeding*, which is tacitly acknowledged in a quotation which opens the introductory pages.

Palmer's work is more overtly political in its approach. *Milk Money and Madness* is divided into three sections: *Breastfeeding Beliefs and Practices*; *Breastmilk: the Miracle Food and Medicine* and *Breastmilk Economics - Shaping Corporate and Governmental Policies*.

Section I, includes a fascinating range of information about breastfeeding practices throughout different ages and cultures but it lacks any underlying thesis which would have drawn it all together. It may be that the authors' intention was simply to present some interesting background information as a context for

the later sections of the book, which are more strongly presented. The section explaining the value of breastfeeding enables the book to stand alone; rendering it comprehensible to those new to the issue of "breast versus bottle". Section 3 was of particular interest in its analysis of the role of the American companies, especially in relation to the Women, Infants, Children Welfare Programme and the cost of providing formula to babies under this scheme. In conclusion, Buamslag and Michels offer an important contribution to the continuing campaign to stop the promotion of artificial breastmilk substitutes by providing a comprehensive picture of the issues. Review by Sue Woolley *Milk Money and Madness, the Culture and Politics of Breastfeeding*. Naomi Baumslag, Dia L Michels. ISBN 0-89789-407-3

Baby Friendly /Mother Friendly

This book, the second in the series on the role of the midwife in the provision of high quality maternity care, explores how 'baby friendliness' can be achieved in practice. It includes a chapter by Gabrielle Palmer and Saskia Kemp and one entitled *The Commercial pressures against Baby Friendliness* by Patti Rundall. *Baby Friendly /Mother Friendly Writings on Quality of Care*. International Midwifery Perspectives Volume 2 ISBN 0-7234-2123-4 Mosby: London. 1995 £14.95

Corporate Giants -

One of a series of 5 pamphlets produced by the World Development Movement, this gives an excellent, straightforward background to the size and power of transnationals and the impact they have on the world.

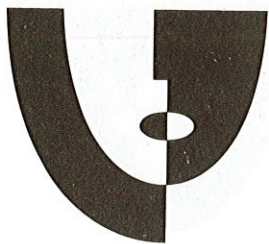
See Reply Form.

The International Code: Challenges for the Future

This edition of the Swedish journal, *News on Health care in Developing Countries* (NU), published by the Unit for International Child Health, Uppsala University, is devoted solely to the baby milk issue. It contains features about the *International Code* by leading proponents from IBFAN, UNICEF, WHO and Nestlé. See Reply Form.

Crucial Aspects of Infant Feeding in Emergencies.

IBFAN groups throughout Europe have been focussing on the problem of emergency relief. This report of the round table meeting with UN agencies and IBFAN in Geneva in October 1995 has been published by AGB in Germany. It includes background papers and policy statements relating to this important issue. An essential document for any agency involved in emergency relief for children.



Membership and staffing

you can become more involved with Baby Milk Action

Annual General Meeting in January members will need for more involvement in nominating for also a proposal that ideas for strategy should be accepted. The meeting staff and would look into this back via the

Baby Milk Action now Directors this is appropriate time to involve in the recruitment; is governed by a Memorandum and Articles of Association which is usual for companies. Our shares each paid-up; right to stand for or to nominate another to become a

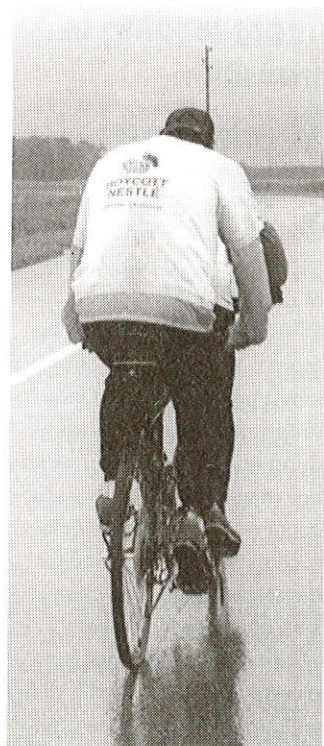
also have the right resolutions for e.g. of new Directors; or by proxy. The decision put for AGM was to elect through a postal. Articles do not do so, rather than them, which would bring an Annual General Meeting waiting for the suggestion is

votes on their behalf at the AGM. Forms for proxy voting are sent out with the notice of AGM and other necessary papers.

We welcome nominations for Directors and, to balance the range of skills and experience to help run Baby Milk Action most effectively, we are looking for people with financial, legal, marketing and fundraising skills. The Directors, mostly through delegation to the staff, are responsible for the overall management of the organisation. They co-ordinate policy, look at the progress of activities and advise on specific areas of work. Although there are clear responsibilities defined by the Companies Act, the prospect of being a Director should not sound too terrifying! The main point is that a Director should use reasonable skill and care in the management of the company's business. We need to develop a balance of skills to include knowledge to fulfil our objectives but also to advise on organisational management and support fundraising and promotion. Directors meetings are held quarterly, usually in London, for an evening and help can be given for expenses to attend. It is the aim to develop sub-

Good-bye David

David Meiklejohn is leaving Baby Milk Action to take up a post as Information Officer for UNICEF UK. In the 3 years David has been with us he has made a tremendous contribution to all our work, especially the networking and campaigning. David has been responsible for the coordination of area contacts and for the Eastern Europe project. As a journalist he has also played a key role in promoting Baby Milk Action's profile and has just finished producing the Report on Eastern Europe and the 1997 Calendar. We wish him all the best in his new position.



David on his tandem ride to Nestlé AC in Lausanne.

Welcome back Suzanne

Suzanne Braker, former administrator for Baby Milk Action, has returned to our team after successfully completing her degree course at Anglia Polytechnic University. Her thesis, for which she got 78% was, 'Are the business objectives of the Nestlé Corporation in conflict with ethical values?'

nominating another member please complete the enclosed form which also includes more detailed information on the responsibilities of a Director, and return it to Baby Milk Action by 1st November.

We ask all Directors to make a declaration about any financial links they may have with industry, particularly the baby food industry. Nominations will be circulated before the next Annual General Meeting. If you

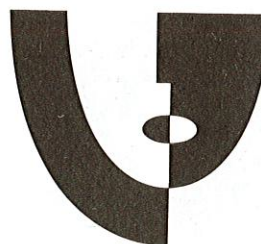
During the past year staff and Directors have been discussing the current policies of Baby Milk Action with the aim of producing a new strategic plan for the organisation. They have agreed to employ a consultant to develop this in conjunction with staff and members during the next year. This should provide members with more opportunities to contribute ideas about the future of Baby Milk Action, perhaps through

Update

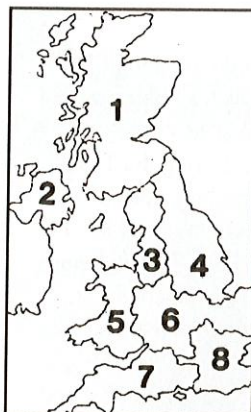
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DORSET: Tracy Stanton, 7 St. John's Road, POOLE BH15 2NB (01202) 673941

Carl Richards, 49 Stanfield Rd, Winton, BOURNEMOUTH BH9 2NL (01202) 533247.

Mary-Clare Buckle, 13 Market Street, ABBOTSBURY BH15 2NB (01305) 871 561.

HAMPSHIRE: Christine Donovan, 15 Whitworth Road, SOUTHAMPTON SO18 1GE (01703) 236766.

Heather Wincott, 16 Rectory Close, GOSPORT PO12 2HT (01705) 366243

Sue Malpass, 6 Glyn Drive, Stubbington, FAREHAM PO14 2PJ (01329) 663 743.

ISLE OF WIGHT: Ian & Wendy Moth, 145 Carisbrooke Road, NEWPORT PO30 1DG (01983) 529628

SOUTH EAST (8)

BEDFORDSHIRE: Jenny Bower, 34 Amphil Street, BEDFORD MK42 9BU (01234) 357124

BERKSHIRE: Belinda Cox, Aslans Howe, Greenway, Woolton Hill, NEWBURY RG20 9TD (01635) 254635

ESSEX: Nicolette & Paul Coleman, 86 Ronald Park Ave, WESTCLIFF-ON-SEA

SS0 9QW (01702) 431626

KENT: Carolyn Collins, 13 Majestic Parade, Sandgate Road, FOLKESTONE CT20 2BZ (01303) 250122.

Joan Arthurs, 3 Cordine Close, Grovehurst, SITTINGBOURNE ME10 2HY (01795) 478443.

Julie Crawford, 2 Bailiff's Cottages, Newnham, SITTINGBOURNE ME9 0JU (01795) 890 027.

Fiona Clay, 74 Godwin Road, CANTERBURY CT1 3UF (01227) 464235

LONDON: Lin Redman, 76 Glencoe Ave, Newbury Park, ILFORD IG2 7AN (0181) 590 9188.

Maureen Purtell, 196 Exeter Road, Rayners Lane, HARROW HA2 9PH (0181) 868 0506

Lucetta Read 5 South Block Peabody Estate, Brodlove Lane, Shadwell, E1 9DY (0171) 265 8159

SURREY: Kate Cox, 2 Glenrose, Old London Road, Mickleham, DORKING RH5 6BY (01306) 741260.

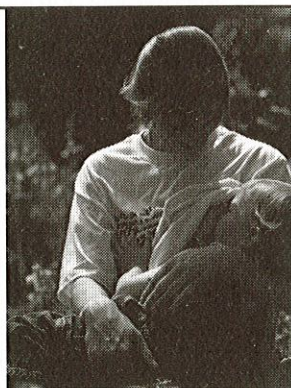
Patricia Wise, 141 Marlpit Lane, Old Coulsdon, CROYDON CR5 2HH (01737) 552295

new merchandise - diary



Baby Milk Action T-shirts - available in medium, extra large - £10

1997 Breastfeeding Calendar



IBFAN

Diary Dates:

Baby Milk Action AGM -
Saturday, 25 January 1997
Venue in London, to be announced later.

WABA Forum -Action for the 21st century

The World Alliance for Breastfeeding Action (WABA) is organising a *Global Forum on Children's Health and Rights* in December 1996 in Thailand.

Contact Susan Siew, WABA, PO Box 1200, 10850 Penang, Malaysia. Tel: +604 658 4816 Fax: 604 657 2655

Labour Party Conference (30 Sept - 4 Oct) Baby Milk Action will have a stall.

Code Training Course run by the International Code Documentation Centre (ICDC) in Penang. 15 - 25 September 1996. Contact ICDC PO Box 19, 10700 Penang, Malaysia, +604 6569799 Fax: 604 6577291

The 1996 Certificate Course Breastfeeding Practice and Policy at the Institute of Child Health in London has just finished. The course is designed for doctors and senior health professionals and is ENB approved.

Anyone interested in attending this excellent course next year (30 June - 25 July 1997), or in funding participants, should get in touch with The Continuing Education Office, Institute of Child Health, 30 Guilford St, London, WC1N 1EH. Tel: 0171 829 8692 Fax 0171 831 0488

Food and Nutrition (ICN) in Rome will take place on 2-4 September in Warsaw, Poland. During the 1992 Rome meeting, controversy arose over the need for distinction between the various Non-Governmental Organisations (NGOs) who were present - Business Interest NGOs (Bingos) and Public Interest NGOs (Pingos).

Infant feeding in emergencies

Following the IBFAN and UN meeting in Geneva last October, round table meetings of non-governmental organisations have been held in Ireland and the Netherlands. The IBFAN group, AGB will be hosting a meeting in Germany on 10 September and Baby Milk Action's meeting will be held in London on 25 September.

Contact Patti Rundall at the Baby Milk Action Office for further details..

- Those who attended the Baby Milk Action AGM in January will be pleased to note that Feed the Children has changed its name to Children's Aid Direct.

World Breastfeeding Week

Belgium, Finland, Germany, the Netherlands, Norway, Sweden, Switzerland and the