

Recommended Guidance for Governors, Mayors, and Other Public Officials Considering Partnerships with Private Sector

Partnerships with the private sector can enable states and municipalities to provide programs and services to their citizens that may not otherwise be affordable. Infant formula manufacturers offer funds, products, and services to enhance their image and increase market share. Scientific evidence proves that these practices are detrimental to women's and children's health.^{1 2 3 4 5}

Exposure to infant formula marketing causes women to doubt that their milk is superior to formula, and undermines their confidence in their ability to meet their breastfeeding goals.⁶

Breastfeeding is a priority focus area in public health, impacting improved health outcomes in more than one *other* priority area, including obesity and infant mortality. A proven and cost-effective primary prevention strategy, breastfeeding builds a foundation for life-long health and wellness for mother and child. All major medical authorities recommend babies receive only human milk for their first six months, and continue to breastfeed (with the addition of appropriate complementary foods) for at least the first 1-2 years of life.⁷ Infants who are not breastfed are at increased risk for many acute illnesses and chronic diseases, including ear, respiratory, and gastrointestinal infections; asthma; Type 1 and Type 2 diabetes; obesity; leukemia; and Sudden Infant Death Syndrome.⁸ Not breastfeeding increases the mother's risk of breast and ovarian cancer.⁸

If 90% of U.S. mothers exclusively breastfed for six months as recommended by medical authorities, the United States could save \$13 billion per year, including the cost of pediatric diseases and conditions and an excess 911 deaths.⁹ A similar study estimating the maternal health burden found that suboptimal breastfeeding incurs more than \$17 billion per year in additional costs to society.¹⁰

The Surgeon General's Call to Action to Support Breastfeeding proclaims that all Americans have the responsibility to support breastfeeding mothers, including taking action to "ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding." Accepting support from infant formula manufacturers is an implied endorsement of the products they offer, exerting undue influence on your administration's agents and your constituents.

Examining and understanding the full ramifications of partnerships with the private sector will reduce the risks of real or perceived conflicts of interest and accompanying damage to your credibility, reputation, and ultimately, the health of your citizens. Our recommendations are to:

- Ensure that all public-private partnerships are fully transparent to the public;
- Ensure that all public-private partnerships are free from conflicts of interest;
- Accept funding only from companies that meet their obligations under the *International Code of Marketing of Breast-milk Substitutes*;¹¹
- Do not allow for-profit companies to design your plans, advise on content, or execute your activities; partner instead with appropriate experts from government or non-profit organizations to fill these roles;
- Avoid partnerships with companies whose products negatively impact the public's health.

USBC supports your efforts to protect the health of your communities by actualizing these recommendations. Please contact us with questions or concerns.

¹ Eastham CA, Rosenberg KD, Sandoval AP. Differential effect of formula discharge packs on breastfeeding by maternal race/ethnicity. Paper presented at American Public Health Association 133rd Annual Meeting & Exposition; December 2005; Philadelphia, PA.

² Rosenberg KD, Eastham CA, Kasehagen LJ, Sandoval AP. Marketing infant formula through hospitals: the impact of commercial hospital discharge packs on breastfeeding. *Am J Public Health*. 2008;98(2):290-295.

³ Donnelly A, Snowden HM, Renfrew MJ, Woolridge MW. Commercial hospital discharge packs for breastfeeding women. *Cochrane Database Syst Rev*. 2000;(2):CD002075.

⁴ Foss KA, Southwell BG. Infant feeding and the media: the relationship between *Parents' Magazine* content and breastfeeding, 1972-2000. *Int Breastfeed J*. 2006;1:10.

⁵ Howard C, Howard F, Lawrence R, Andresen E, DeBlicke E, Weitzman M. Office prenatal formula advertising and its effect on breast-feeding patterns. *Obstet Gynecol*. 2000;95(2):296-303.

⁶ Parry K, Taylor E, Hall-Dardess P, Walker M, Labbok M. Understanding women's interpretations of infant formula advertising. *Birth*. 2013;40(2):115-124.

⁷ American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk (policy statement). *Pediatrics*; originally published online February 27, 2012; DOI: 10.1542/peds.2011-3552.

American Academy of Family Physicians. Family physicians supporting breastfeeding (position paper). <http://www.aafp.org/about/policies/all/breastfeeding-support.html>. Published 2001. Updated 2008. Accessed July 15, 2013.

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American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women and Committee on Obstetric Practice. Special report from ACOG: breastfeeding: maternal and infant aspects. *ACOG Clin Rev*. 2007;12(1)(suppl):1S-16S.

U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

World Health Organization/UNICEF. *Global Strategy for Infant and Young Child Feeding*. Geneva, Switzerland: World Health Organization; 2003.

⁸ Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.

⁹ Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics*. 2010;125(5):e1048-e1056.

¹⁰ Bartick MC, Stuebe AM, Schwarz EB, Luongo C, Reinhold A, Foster EM. Cost analysis of maternal disease associated with suboptimal breastfeeding. *Obstet Gynecol*. 2013;122(1):111-119.

¹¹ Appropriate marketing practices for breast milk substitutes, such as infant formula, are outlined in the World Health Organization's *International Code of Marketing of Breast-milk Substitutes*.