



Supplementary commentary re' the request for authorisation of the proposed INC Code of Practice

INC Application: Appendix 1: Proposed INC Code of Practice

Text in initial application 10 August 2023	Amended text 27 October 2023
<p><i>Clause 6.6: In circumstances of emergency relief or poverty, donations of infant formula may be made to support safe and adequate nutrition for infants. Donated supplies need to meet the following conditions:</i></p> <ul style="list-style-type: none"><i>• they are given to a health organisation or food charity to control, and are not provided directly from industry to consumer;</i><i>• they are for infants who are medically required to be fed, or are already being fed infant formula;</i><i>• the supply is continued for as long as the infants concerned need it;</i><i>• the supply is not used as a sales inducement;</i><i>• in the case of emergency relief, the donations are in accordance with national emergency preparedness plans and supporting documents.</i>	<p>Clause 6.6: Donations of infant formula may be made to support safe and adequate nutrition for infants. Donated supplies need to meet the following conditions:</p> <ul style="list-style-type: none">• they are given to a health organisation to control and distribute appropriately, including to food charities, and are not provided directly from industry to consumer;• they are for infants who are medically required to be fed, or are already being fed infant formula;• the supply is continued for as long as the infants concerned need it;• the supply is not used as a sales inducement.

Thank you for the opportunity to comment further on the application from the Infant Nutrition Council – specifically clause 6.6.

The College notes that the reasons for donating formula have been removed completely from the amended text. We already strongly disagree with any donations of commercial milk formula from industry in all situations, and consider this amended text to be inappropriate, and unworkable. We have addressed the circumstances of emergency and disaster situations and poverty in full below.

Comments from the College are below.

1. Donations in emergencies

1.1 The Ministry of Health has developed guidance to cover infant feeding in emergencies. Civil Defence Emergency Management Groups (CDEM) have a

responsibility to ensure babies are fed safely in an emergency, and where possible, support families to buy, safely prepare and use their own supplies of infant formula.¹

- 1.2 CDEM groups are directed to decline, and not seek, donations of infant formula, including donations of follow-on formula and toddler milks.
- 1.3 CDEM groups are directed to distribute only infant formula, feeding equipment and other essential feeding supplies that have been provided on behalf of the Civil Defence Controller and according to the Controller's assessment of the specific emergency. These supplies must only be provided to parents whose infants are being fed Commercial Milk Formula (CMF).
- 1.4 CMF should not be given to women who are breastfeeding or included in the general distribution of household goods.
- 1.5 The College supports the Ministry of Health's position regarding donations of infant formula during an emergency. This states that: "... agencies, health practitioners and emergency responders involved in the emergency response will decline, and not seek, donations of infant formula, including donations of follow-on formula and toddler milks. Instead, only infant formula that has been sourced and distributed on behalf of the relevant Civil Defence Controller and according to the Controller's assessment of the specific emergency will be used."²
- 1.6 The key issue is planning for an emergency and including infant feeding in the emergency response. This entails ensuring Te Whatu Ora in all regions (previously DHBs) recognise that emergency planning and response staff are responsible for addressing infant feeding needs in their emergency response and business continuity plans.
- 1.7 CDEM Groups (or the National Controller) are considered responsible for sourcing and supplying infant formula, feeding equipment and other essential feeding supplies in an emergency where parents and caregivers do not have their own supplies and cannot be supported to buy these items in the usual way.³
- 1.8 Donated commercial milk formula (CMF) in an emergency is unable to be controlled. This is certainly the case if supplies are given to charities or organisations with no knowledge of infant feeding and safety. The experiences in the Christchurch earthquakes demonstrated the issues. CMF was found in various voluntary group premises. There were products about to expire; tins of powdered formula without the necessary sterile water to reconstitute; products that were not designed for the NZ market with added ingredients such as 'colostrum' that were not appropriate; toddler and follow on CMF was also donated – neither of which are necessary products. Later boxes of donated formula were being sold on Trade Me sites (See Appendix 1).
- 1.9 Gribble noted the lack of appropriate control of donations which allowed distribution of infant formula that was out-of-date and/or containing non-approved ingredients

¹ Ministry of Health. (2015). *Roles and Responsibilities: Infant feeding in an emergency for babies aged 0–12 months*. <https://www.health.govt.nz/system/files/documents/publications/roles-and-responsibilities-infant-feeding-in-an-emergency-dec15.pdf>

² Ministry of Health. (2015). *Guide for DHB Emergency Management Staff: Infant feeding in an emergency for babies aged 0–12 months*. <https://www.health.govt.nz/system/files/documents/publications/infant-feeding-in-an-emergency-guide-for-dhbs-dec15.pdf>

³ Ibid

during the Christchurch earthquakes.⁴ Ministry of Health guidance was developed in response to the issues that occurred during the Christchurch earthquakes.

- 1.10 Donated CMF is distributed without any needs assessment being undertaken, without the associated supplies and information which make it safer to give, without recognition of how follow-on formula and toddler milks are unnecessary, without health care, without attention to continuity of supply, and it can also displace breastfeeding.
- 1.11 Due to the vulnerability of infants, particularly in emergency situations, governments should plan to support their wellbeing and provide access to infant feeding support in collaboration with national emergency operation guidance. As described by Hargest-Slade and Gribble (2015) only comprehensive pre-emergency planning can ensure infant protection.⁵
- 1.12 The World Health Organization and UNICEF called on governments to urgently strengthen their legislation on the Code during the COVID-19 pandemic. This included reinforcement stating that Governments and civil society organisations should not seek or accept donations of breast-milk substitutes in emergency situations.⁶ It remains unfortunate that Aotearoa New Zealand does not have any strong regulations or legislation around the International Code.
- 1.13 Gribble & Palmquist (2022) looked at the facilitators of good and poor practices in distribution of infant formula in the 2014-2016 refugee crisis in Europe.⁷ Poor practice in infant formula distribution was facilitated by the presence of infant formula donations, and the absence of proper formula feeding programmes, as well as other issues related to the normalisation of formula feeding.
- 1.14 The Infant and Young Child Feeding in Emergencies Operational Guidance⁸ states:

Where infants are under six months of age and cannot access breastmilk, infant formula meeting Codex Alimentarius standards is the appropriate BMS (breast-milk substitutes)

Where infants are over six months of age and cannot access breastmilk, infant formula may be a suitable BMS depending on the circumstances. Other milks such as heat-treated animal milk, reconstituted evaporated milk, fermented milk or yoghurt may also be given. Follow-on or toddler milks should not be provided

Where BMS is required, it should be purchased. Donations of BMS should not be solicited or accepted but should be actively advocated against.

⁴ Gribble, K., Peterson, M., & Brown, D. (2019). Emergency preparedness for infant and young child feeding in emergencies (IYCF-E): an Australian audit of emergency plans and guidance. *BMC Public Health*, <https://doi.org/10.1186/s12889-019-7528-0>

⁵ Hargest-Slade, A.C., & Gribble, K.D. (2015). Shaken but not broken: Supporting breastfeeding women after the 2011 Christchurch New Zealand earthquake. *Breastfeed Rev*, 23(3),7-13.

⁶ World Health Organization. (2020). *Countries failing to stop harmful marketing of breast-milk substitutes, warn WHO and UNICEF*. <https://www.who.int/news-room/detail/27-05-2020-countries-failing-to-stop-harmful-marketing-of-breast-milk-substitutes-warn-who-and-unicef>

⁷ Gribble, K.D., & Palmquist, A.E.L. (2022). 'We make a mistake with shoes [that's no problem] but... not with baby milk': Facilitators of good and poor practice in distribution of infant formula in the 2014-2016 refugee crisis in Europe. *Matern Child Nutr*,18(1),e13282.

⁸ Emergency Nutrition Network. *Operational Guidance on Infant Feeding in Emergencies Operational Guidance on Infant Feeding in Emergencies (OG-IFE) version 3.0* (Oct 2017). <https://www.enonline.net/resources/operationalguidancev32017>

- 1.15 The College notes that INC suggests that donations would not be used as a sales inducement. Unfortunately, this is not how marketing works of course. Branded products contribute to consumer awareness and cement the link between different products designed for infants and young children, including those which are unnecessary – follow-on formula and toddler milks.

Conclusion re' emergency and disaster situations

The College of Midwives does not support the practice of donated supplies of commercial milk formula being provided in emergency and disaster situations. In emergency situations, the Civil Defence Emergency Management Groups (CDEM) have a responsibility to ensure babies are fed safely, and where possible they should support families to buy, safely prepare and use their own supplies of infant formula. The College also agrees with the Ministry of Health guidance which states that Te Whatu Ora in all regions (previously DHBs) recognise that emergency planning and response staff are responsible for addressing infant feeding needs in their emergency response and business continuity plans. Operational guidance that includes infant feeding should not include the CMF industry in any way.

2. Donations in situations of poverty

- 2.1 Financial hardship is unfortunately a growing issue in Aotearoa New Zealand and globally. In families where infants are not being breastfed, parents have been struggling to afford commercial milk formula products.
- 2.2 This is not a complex issue, in terms of an analysis of the reasons, although the resolution of these issues is challenging. Poverty is increasing, breastfeeding is insufficiently supported, and the prices of CMF have been increasing. We do not have data from Aotearoa but as we described in our main submission, this has been an ongoing issue in the UK, where breastfeeding rates are low, breastfeeding women are not supported by government policy, and the prices of products has increased significantly enough to make them unaffordable for some families. This has contributed to a crisis in terms of the affordability of CMF.^{9 10 11 12 13}
- 2.3 Donating CMF is not the answer to the above. Controlling inflated prices, regulation of marketing and the protection, promotion and support of breastfeeding are the actions that are the safest and healthiest for infants and their mothers.

⁹ Baby milk 'crisis' amid surge in families struggling to feed infants. <https://news.sky.com/story/baby-milk-crisis-amid-surge-in-families-struggling-to-feed-infants-12976787>

¹⁰ Baby Feeding Law Group. (2023). *Legal restrictions on the marketing of commercial milk formulas and the cost-of-living crisis*. <https://www.bflg-uk.org/our-work>

¹¹ Cost of every available first infant formula milk exceeds value of Healthy Start allowance.

<https://foodfoundation.org.uk/press-release/cost-every-available-first-infant-formula-milk-exceeds-value-healthy-start-allowance>

¹² UNICEF UK Baby Friendly Initiative. (2023). *Unaffordable infant formula process rises: Safeguarding infant health and safety*. <https://www.unicef.org.uk/babyfriendly/infant-formula-price-rises/>

¹³ The All-Party Parliamentary Group on Infant Feeding and Inequalities. (2018). *Inquiry into the cost of infant formula in the United Kingdom*. November 2018. <http://www.infantfeedingappg.uk/wp-content/uploads/2018/11/APPGIFI-Inquiry-Report-cost-of-infant-formula.pdf>

- 2.4 As described by UNICEF UK Baby Friendly Initiative, the College agrees that no family in crisis should ever be turned away without being provided with support.¹⁴
- 2.5 The College agrees with the key principles outlined in the guide for local authorities and health boards in the UK by UNICEF UK BFI, First Steps Nutrition Trust, and the National Infant Feeding Network.¹⁵ There is a duty of care for the safeguarding of infants under 12 months affected by family hardship, regardless of how they are fed. Provision of infant feeding support needs to conform to the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions. This should not involve the commercial milk formula industry.
- 2.6 We also agree with UNICEF UK BFI that the responsibility for provision of commercial milk formula during a crisis is not a food bank responsibility, because food banks do not have staff trained in infant feeding, they rely on donations which may not be suitable, products which may be short dated, and they cannot guarantee timely and consistent supplies to meet infant needs.¹⁶
- 2.7 Food banks are not health organisations, and their staff are not trained or qualified to make assessments of infant needs either short or long-term, and some situations could include complex feeding difficulties. The responsibility for infant feeding support rests firmly with the Ministry of Health | Te Whatu Ora, public health and some social services who work with families with infants and young children.
- 2.8 The Ministry of Health / Te Whatu Ora need to urgently develop policies and guidance for food banks and NGO staff with clear information about the appropriate pathways for referral for support in financial hardship. These pathways should not include contact with industry. These pathways should however include how to access the funds to purchase the appropriate CMF, and this will require collaboration with the Ministry of Social Development (Work and Income).
- 2.9 A service which supports the health and development of infants should include no obligation on the parents to repay these funds and no delay in accessing the money for the CMF. Parents should be able to purchase the product they have already been using for their infants rather than being given a different product to use. This respects the family's choice and helps maintain dignity in these very upsetting circumstances. Funding should be available until the infant is one year of age, or the family circumstances improve.

¹⁴ UNICEF UK Baby Friendly Initiative. (2022). *Infosheet on the provision of infant formula for families experiencing food insecurity*. <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2022/10/Infosheet-on-provision-of-infant-formula-for-families-experiencing-food-insecurity.pdf>

¹⁵ First Steps Nutrition Trust/UNICEF UK BFI/ National Infant Feeding Network. (2022). *Supporting families with infants under 12 months experiencing food insecurity. A guide for local authorities and health boards*. <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2023/02/UNICEF-UK-Baby-Friendly-Guide-for-Local-Authorities-and-Health-Boards.pdf>

¹⁶ UNICEF UK Baby Friendly Initiative. (2022). *Infosheet on the provision of infant formula for families experiencing food insecurity*. <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2022/10/Infosheet-on-provision-of-infant-formula-for-families-experiencing-food-insecurity.pdf>

Conclusion re' situations of poverty

The College does not support what we consider to be the inappropriate distribution of commercial milk formula for families experiencing hardship. CMF should be purchased through the usual procurement channels when necessary and there should be no free or subsidised supplies. The College would like to see the Ministry of Health/ Te Whatu Ora, public health agencies and social services who work with families with infants and young children to take responsibility for these infant feeding/food insecurity issues. Agencies working with families, infants, and young children such as Tamariki Ora Well Child services could be supported to purchase supplies when necessary and/or refer families for immediate financial support via Work and Income. They should not accept donations of CMF. These policies need urgent development to ensure the health and safety of infants and young children.

Ngā mihi nui

New Zealand College of Midwives | Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa