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Fact Sheet: Infant Formula Marketing in Healthcare Facilities

A 2009 CDC study shows that the vast majority (66 percent) of U.S. hospitals continue to distribute industry-sponsored samples of infant formula to new mothers.¹ Formula makers use this insidious marketing tactic to encourage mothers to feed their babies formula instead of breastfeeding. Mothers who receive formula samples are less likely to breastfeed exclusively and breastfeed for shorter periods of time. Yet, healthcare providers agree that breastfeeding for the first six months of life offers crucial, long-term benefits for children. *It's time to end this dangerous practice and protect children's health.*

Infant formula giveaways are bad for babies

- **Breastfeeding is best for babies.** All major medical organizations recommend exclusive breastfeeding for the first six months, followed by continued breastfeeding for the first year and beyond, with the gradual introduction of appropriate complementary foods to the infant's diet beginning around six months of age.² Despite these recommendations, in the U.S. only 14.8 percent of babies are exclusively breastfed for six months.³
- **Distributing infant formula samples to new mothers leads to a decrease in breastfeeding.** Studies have shown that women who receive commercial discharge bags containing infant formula are more likely to stop breastfeeding sooner than those who don't receive these samples. The link between formula samples and reduced breastfeeding is well-documented.⁴
- **Higher rates of breastfeeding exist in states that have better records of banning formula samples from hospitals.** In states with the most hospitals that have banned distribution of formula samples, the average breastfeeding initiation rate was higher than those states with the worst records.⁵
- **Recognizing the dangers of formula marketing, the WHO established the International Code of Marketing of Breast-milk Substitutes in 1981.** The Code states that manufacturers of infant formula should not provide samples of products to pregnant women and mothers. Healthcare facilities are not to be used for the marketing of infant formula brands.⁶ *Most hospitals in the United States are in violation of the WHO Code.*

Breastfeeding saves lives and dollars

- **Health benefits for children:** Children that are not breastfed have an increased risk of acute otitis media, non-specific gastroenteritis, severe lower respiratory tract infections, atopic dermatitis, asthma, obesity, type 1 and 2 diabetes, childhood leukemia, Sudden Infant Death Syndrome (SIDS), and necrotizing enterocolitis. One study found that breastfed children are 22 percent less likely than those who are not to be obese.⁷
- **Health benefits for mothers:** Mothers who do not breastfeed experience increased morbidity and mortality over those who do, including increased risk of type 2 diabetes, breast cancer, obesity, ovarian cancer, post-partum depression, and bladder infections.⁸
- **Benefits to the U.S. economy:** The cost savings to the U.S. economy if more parents were to breastfeed their babies would be significant. One study found that if 90 percent of families in the United States breastfed babies exclusively for six months, savings could amount to \$13 billion. If 80 percent of families met the six month exclusive breastfeeding goal, \$10.5 billion could be saved.⁹

- **Economic benefits for families:** Formula feeding costs between \$800 and \$2800 per year.¹⁰ Breastfeeding saves families the cost of formula, as well as potential healthcare fees for infants that do not reap the health benefits of breast milk.
- **Hospitals and other businesses win.** Women who breastfeed need fewer days off for child care because their children are healthier.¹¹

Infant formula samples are not really “free”

- **The brand name formulas that are distributed are up to 66 percent more expensive than store brands.** But mothers who start using one brand of formula are likely to stick with it in the long run, making formula samples far from “free.”¹² If they continue using the brand name formulas given for “free” in discharge bags, it will cost at least \$700 extra per year.¹³

Notes

¹U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. "CDC National Survey of Maternity Care Practices in Infant Nutrition and Care (mPINC), 2009." *Table 5.2a: Distribution of infant formula discharge packs by facility type, size, NICU level, and region.* Retrieved 14 February, 2012, from http://www.cdc.gov/breastfeeding/data/mpinc/data/2009/tables5_1a-5_2a.htm.

²American Academy of Pediatrics Section on Breastfeeding. "Breastfeeding and the Use of Human Milk (Policy Statement)." *Pediatrics* 115, no. 2 (2005): 496-506; American Academy of Family Physicians. "Family Physicians Supporting Breastfeeding (Position Paper)." Retrieved 9 February, 2012, from <http://www.aafp.org/online/en/home/policy/policies/b/breastfeedingpositionpaper.html>; Academy of Breastfeeding Medicine. "Position on Breastfeeding." *Breastfeeding Medicine*, no. 4 (2008), <http://online.liebertpub.com/doi/pdfplus/10.1089/bfm.2008.9988>; James, D. C., and B. Dobson. "Position of the American Dietetic Association: Promoting and Supporting Breastfeeding." *Journal of the American Dietetic Association* 105, no. 5 (2005): 810-18; American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women and Committee on Obstetric Practices. "Special Report from ACOG. Breastfeeding: Maternal and Infant Aspects." *ACOG Clinical Review* 12, no. 1 (suppl) (2007): 1S-16S; National Association of Pediatric Nurse Practitioners. "NAPNAP Position Statement on Breastfeeding." *Journal of Pediatric Health Care* 21, no. 2 (2007): A39-A40; World Health Organization and United Nations Children's Fund. "Global Strategy for Infant and Young Child Feeding." World Health Organization. Retrieved 9 February, 2012, from

http://www.who.int/nutrition/publications/gi_infant_feeding_text_eng.pdf; U.S. Department of Health and Human Services. "The Surgeon General's Call to Action to Support Breastfeeding." U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved 14 February, 2012, from <http://www.surgeongeneral.gov/topics/breastfeeding/caltoactiontosupportbreastfeeding.pdf>.

³ Department of Health and Human Services, Centers for Disease Control and Prevention. "Breastfeeding Report Card--United States, 2011." Retrieved 3 February, 2012, from <http://www.cdc.gov/breastfeeding/pdf/2011BreastfeedingReportCard.pdf>.

⁴ Bartick, Melissa, and Arnold Reinhold. "The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis." *Pediatrics* 125, no. 5 (2010): e1048-e56; Donnelly, A., HM Snowden, MJ Renfrew, and MW Woolridge. "Commercial Hospital Discharge Packs for Breastfeeding Women." *Cochrane database of systematic reviews* (2000); Dungy, C.I., J. Christensen-Szalanski, M. Losch, and D. Russell. "Effect of Discharge Samples on Duration of Breast-Feeding." *Pediatrics* 90, no. 2 (1992): 233; Rosenberg, Kenneth D., Carissa A. Eastham, Laurin J. Kasehagen, and Alfredo P. Sandoval. "Marketing Infant Formula through Hospitals: The Impact of Commercial Hospital Discharge Packs on Breastfeeding." *Am J Public Health* 98, no. 2 (2008): 290-95; Snell, BJ, M. Krantz, R. Keeton, K. Delgado, and C. Peckham. "The Association of Formula Samples Given at Hospital Discharge with the Early Duration of Breastfeeding." *Journal of Human Lactation* 8, no. 2 (1992): 67; Wright, Anne, Sydney Rice, and Susan Wells. "Changing Hospital Practices to Increase the Duration of Breastfeeding." *Pediatrics* 97, no. 5 (1996): 669-75.

⁵ Sadacharan, R., X. Grossman, E. Sanchez, and A. Merewood. "Trends in US Hospital Distribution of Industry-Sponsored Infant Formula Sample Packs." *Pediatrics* 128, no. 4 (2011): 702-05.

⁶ World Health Organization. "International Code of Marketing of Breast-Milk Substitutes." Retrieved 10 October, 2011, from http://www.who.int/nutrition/publications/code_english.pdf.

⁷ Ip, S., M. Chung, G. Raman, P. Chew, N. Magula, D. DeVine, T. Trikalinos, and J. Lau. "Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries." Agency for Healthcare Research and Quality Publication, U.S. Department of Healthcare and Human Services. Retrieved 2 November, 2011, from <http://www.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf>; Arenz, S., R. Rückertl, B. Koletzko, and R. Von Kries. "Breast-Feeding and Childhood Obesity—a Systematic Review." *International Journal of Obesity* 28, no. 10 (2004): 1247-56.

⁸ Ip et al., "Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries."; Labbok, Miriam H. "Effects of Breastfeeding on the Mother." *Pediatric Clinics of North America* 48, no. 1 (2001): 143-58.

⁹ Bartick and Reinhold, "The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis."

¹⁰ Calculations based on prices of store brand and name brand formulas at Walgreens.com in November 2011 and average consumption of 30 oz. of formula per day.

¹¹ Cohen, R., M.B. Mrtek, and R.G. Mrtek. "Comparison of Maternal Absenteeism and Infant Illness Rates among Breast-Feeding and Formula-Feeding Women in Two Corporations." *American Journal of Health Promotion* 10 (1995): 148-48.

¹² Reiff, Michael I., and Susan M. Essock-Vitale. "Hospital Influences on Early Infant-Feeding Practices." *Pediatrics* 76, no. 6 (1985): 872-79.

¹³ Ban the Bags. "Ban the Bags Tool Kit." Retrieved 6 February 2012, from <http://www.banthebags.org/>.