
The International Code and You

Many IBCLCs seek a better understanding of how they can meet their obligations under the *International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA Resolutions* (International Code) and how it applies to ILCA, their professional association. Briefly,

1. Because the IBLCE Code of Professional Conduct recognizes protecting the public health of mothers and children as an important responsibility, all IBCLCs **should** abide by the International Code.^{1 2}
2. ILCA conforms to the requirements of the International Code as a fundamental principle on which the professional association was created.³
3. ILCA complies with the requirements of the International Code to avoid conflicts of interest¹ and has a long-standing prohibition in its by-laws from accepting money from an entity which does not meet its obligations under the International Code.⁴ Thus, ILCA will not accept commercial ads or conference exhibitor requests from such entities. The ILCA Board of Directors broadened and clarified this prohibition in 2011 and 2012: "ILCA does not invest in, nor accept funding, donations, advertising, or sponsorship from corporate entities that do not meet their obligations under the *International Code of Marketing of Breast-milk Substitutes* and all subsequent [relevant] WHA resolutions. 'Corporate entities' include all subsidiaries and parent companies of marketers that are not meeting their obligations" under the International Code.⁵
4. In 2014, ILCA established the Expert Code Panel (subsequently designated the International Code Committee) to assist in assessing all advertisers, exhibitors, and others, to ensure that all advertisement and exhibits at ILCA events are in accordance with the requirements of the International Code and avoids conflicts of interest.⁶
5. Health workers/IBCLCs may find themselves in a relationship with an entity that does not meet its obligations under the International Code or manufactures products covered under the International Code. These guidelines are helpful in avoiding conflicts of interest and such relationships to maintain professional credibility, independence and trust:
 - a. The health workers/IBCLCs pay for and do not accept free or subsidized supplies of the product types that fall under the International Code⁷, to use in their facilities, practices or businesses (e.g. they purchase bottles, teats, and infant foods for their medical use with non-breastfeeding babies; they purchase or rent

¹ See also Endnote 6

pumps or any other feeding related equipment that will be sold or rented to mothers at fair market value or retail price).⁸

- b. In cases where an event or some part of an event is sponsored by an entity not meeting its obligations under the International Code, the IBCLC may refuse to attend that event; attend, but not those portions sponsored by this entity; or waive a speaker fee, but acknowledge to attendees this disassociation from the sponsor.
- c. There shall be **NO PROMOTION**. The IBCLC should not accept any free samples, or any "freebies" (like meals, name badge holders, ID lanyards, mugs, notepads, tote bags, computer mouse pads, etc.). Any product covered under the International Code may be sold when medically indicated.² The IBCLC should explain the clinical use, the required duration of the use and the risks of the products to a mother or care giver. The IBCLC may open the box, demonstrate the safe use, when needed to the mother or care giver, describe the clinical need, use and risks to a mother or care giver who needs information about that product type, without promoting the brand name. An IBCLC should not promote or make claims about the products. The IBCLC should not have signs advertising the logos and brands of products falling under the scope of the International Code. To avoid promoting one particular product and to prevent any conflict of interest, the IBCLC should give the consumer sufficient information to facilitate an informed decision by listing several options or products available for the purpose needed. Ideally, the IBCLC should have no financial interest in the options presented. If the IBCLC has a financial interest in the options presented, it should be fully disclosed.³
 - i. If the IBCLC produces or obtains educational material related to any product within the scope of the Code, even for therapeutic purposes, the educational material should include all relevant points from Article 4.2 of the Code: informational and educational materials should include:
 1. Benefits and superiority of breastfeeding
 2. Maternal nutrition and the preparation and maintenance of breastfeeding
 3. The negative effect on breastfeeding of intruding partial bottle feeding
 4. The difficulty of reversing the decision
 5. Where needed, the proper use of infant formula

² Acceptable Medical Reasons for Use of Breast-milk Substitutes

http://www.who.int/nutrition/publications/infantfeeding/WHO_NMH_NHD_09.01/en/

³ Yeong JK, Allain A. (eds) Code Essentials 3 – Responsibilities of Health Workers under the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. 2009 Malaysia:ICDC page 22

6. Social and financial implications and the health hazards of unnecessary and improper use and no pictures or text idealizing the use of breastmilk substitutes.
 - d. Notwithstanding any of the above, an IBCLC having a relationship with any entity that does not meet its obligations under the International Code may be considered a conflict of interest under WHA Resolutions 49.15, 58.32, 61.20 and 65.60.⁴
6. Additionally Article 11.49 of the International Code requires health professionals and professional associations to monitor for International Code violations and report violations to the industries that are non-compliant and to their appropriate government authorities.⁵

ENDNOTES:

¹ Applicable definitions from the International Code include:

"**Health care system**' means governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or childcare institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.

'**Health worker**' means a person working in a component of such a health care system, whether professional or nonprofessional, including voluntary, unpaid workers."

A health worker's responsibilities are as follows:

"7.1 Health workers should encourage and protect breastfeeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2."

"7.3 No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or

⁴ INFACT Canada Summary of WHA Resolutions <http://www.infactcanada.ca/wha-resolutions.html>

⁵ The International Code of Marketing of Breast-milk Substitutes
http://www.who.int/nutrition/publications/code_english.pdf page 14

members of their families, nor should these be accepted by health workers or members of their families."

"7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families."

The full text of the International Code, and its subsequent World Health Assembly resolutions, is at <http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/>

² "A crucial part of an IBCLC's duty to protect mothers and children is adherence to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly's [sic] resolutions."
<http://iblce.org/resources/professional-standards/>

³ ILCA is organized to accomplish several stated purposes, including "support the world-wide implementation of the International Code of Marketing of Breast-milk Substitutes and other subsequent WHA resolutions which are consistent with the goals and objectives of the Association" (ILCA Bylaw 2.1)

⁴ "As an organization, ILCA and its affiliates will not endorse any literature or products, or accept direct funding from industries producing or marketing products that do not comply with the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions" (ILCA Bylaw 2.2.1)

⁵ ILCA does not invest in, and does not accept funding, donations, advertising, or sponsorship from corporate entities that do not meet their obligations under the International Code of Marketing of Breast-milk Substitutes and all subsequent WHA resolutions." Corporate entities" includes all subsidiaries and parent companies of marketers that are not meeting their obligations under the International Code of Marketing of Breast-milk Substitutes and all subsequent [relevant] WHA resolutions. ILCA Advertising Policy, October 2012. Policy may be read in full at
http://www.ilca.org/files/resources/advertising_opportunities/ILCA_Advertising_Policy.pdf

⁶ Conflict of interest is defined as "a set of conditions in which professional judgment concerning a primary interest (such as patients' welfare or the validity of research) tends to be unduly influenced by a secondary interest (such as financial gain) See Article 7 of the International

Code and WHA Resolutions 49.15, 58.32, 61.20 and 65.60. <http://www.infactcanada.ca/wha-resolutions.html>

International Code Paragraph 7.2 states: "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, and such information should not imply or create a belief that bottle feeding is equivalent or superior to breastfeeding."

⁷ International Code Article 2 *Scope of the Code* says: "The Code applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use." Note: WHA resolution 49:15 (2016) extends the scope of the Code to include follow-on (toddler) milks.

⁸ International Code preamble recognizes legitimate uses and availability of Code-covered products: "Considering that when mothers do not breastfeed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or noncommercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding."

⁹ International Code Article 11.4 states: "Non-governmental organizations, professional groups, institutions and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed."