

## **BAYER Consumer Care's dinner presentation on**

### ***“Feeding Options for Women Not Fully Breast Feeding”***

**Wednesday 25 June 2008  
at the Spencer on Byron Hotel, Takapuna**

#### **Peter Nobbs' presentation**

Peter introduced himself as a paediatrician who was in full-time private practice that cared for newborns.

His said his presentation was on the history and politics of breastfeeding.

He started by setting the scene for the message he was there to give by providing examples of what women who did not want to or could not breastfeed were told by Plunket in the early 1900s. He referred to a weekly column that appeared in the *Otago Witness* in the first decade of last century, and to a letter by Plunket objecting to an advertisement for infant formula, known as “humanised milk” back then. Mothers who did not breastfeed were described as unnatural. There was slide of a quote from 1908: “Any mother who could nurse her child and would not took the risk of ....”

Dr Truby King, the founder of Plunket, was a strong advocate for breast-feeding, but he also supported the development of modified milk feeds. “He wasn't fanatical about it,” Peter Nobbs said.

The next slide featured the 24-hour clock that appeared in Plunket books for many years that showed a strict timetable for babies.

Peter also referred to a letter by a Plunket Nurse that appeared in the *Otago Daily Times* in 1915 that stated while Plunket Nurses were supposed to be advising the mothers they visited to breastfeed their babies, they themselves were bringing up their own babies on Glaxo. This showed that there was a long history of Plunket Head office telling Plunket Nurses what advice they should give mothers, while the nurses actually believed something very different. Peter described how in more recent times Plunket Nurses would dutifully write down the advice they were supposed to be giving mothers in the Plunket books, but would verbally tell them something different, something they actually believed or did themselves.

Peter then described how the first humanised milk consisted of cows milk with vegetable oil, cod liver oil and dextrose. It eventually became known as Kariol.

He described how Truby King's Melrose property is a Category 1 Heritage building, and was actually the place where the making of infant formula

began. (So what was he saying - that this property is actually a shrine to the invention of infant formula in New Zealand?)

Breastfeeding rates were 91.5% in 1939; 82.1% in 1945; and 74.4% in 1952.

Vitamin supplementation was recommended for women fully breastfeeding.

At this point in his presentation, it had become clear that Peter's message was that not being able to fully breastfeed or not wanting to was normal and natural, that health authorities were often two-faced about what they were required to advise mothers to do and what they actually did themselves, and that the pro-breastfeeding stance was just a lot of politically correct behaviour. There were also subtle and not so subtle messages about the inadequacies and risks of breastfeeding.

Then Peter Nobbs began describing the politics around breastfeeding. He mentioned the WHO Code, the advice given to new mothers in hospital, and the argument around whether complementary feeding via a bottle does affect breastfeeding.

He described the perceptions of pro-breastfeeding groups like La Leche League (he didn't know how to pronounce their name correctly). He quoted from a LLL Newsletter from 2007: "Formula companies' only aim is to make money." He then assured the audience that formula companies in New Zealand do comply with the WHO Code and therefore see themselves as providing a complementary service.

The NZ Breastfeeding Authority also came under attack. He referred to their website and their current proposals around BFHI. He said Birthcare was the first hospital to gain BFHI accreditation, that NWH had, but he wasn't sure about North Shore Hospital. Someone from the audience assured him that NSH had gained accreditation. He described how NZBA interviewed antenatal patients to see if they were informed of "the benefits of breastfeeding and the risks of formula feeding." Peter stated that this is not health information, it is health advocacy.

Use of pacifiers. Studies on the effects of pacifiers show no consistent results. Recently reviewed in the February 2008 Journal of the Canadian Paediatric Society. Excess use may be a marker of problems rather than the cause of them. Peter said there was some recent evidence to suggest there was a decreased risk of SIDS when babies used a pacifier.

Use of bottles. Peter referred to 3 studies on the effects of supplementary bottle feeding. Two were from the USA and the other was from Switzerland – from 1991 onwards. One showed an effect on breastfeeding rates, and the other two showed no difference. The duration of breastfeeding in both groups was the same.

Who are the health professionals' target populations? It is different for different health professionals. He listed them in this order:

1. Lactation consultants. Quite a good bunch at NWH. However they are very extreme – “people aren’t discharged from hospital in the middle of the night if they ask for a bottle but it’s only one step back from that,” he said. At NWH the use of bottles was strongly discouraged. Supply line feeding was used.
2. Plunket Nurses. These were probably the most common source of advice on feeding. However, as Peter said, they were told by head office what to say, and would usually give women advice that concurred with their own beliefs and practice.
3. Practice Nurses.
4. GPs.
5. Paediatricians.

[But he did not even mention midwives!!]

Those women who have no problems do not need any health professionals, he said. He then made a comment about vaccinations saying “Vaccinations are now presented in antenatal classes as a take it or leave it option – which is very tragic.”

American Academy of Paediatrics’ recommendations are:

1. Breastfeed for as long as desired or possible
2. Breastfeed or formula feed for at least 12 months
3. Time to start solids is 6 months – but variable advice given
4. Consider iron issues when dealing with fully breastfeeding infants.

But Peter said the nutritionists at the Academy of Paediatrics recommend introducing solids at 4-6 months.

“Most women take the advice from health professionals and bin it – which is sensible,” Peter said. Should take their cues from the baby. 4-6 months is better advice than stating 6 months.

Iron issue is very important for mental development and this is an issue for fully breastfed infants.

At several points throughout his presentation Peter referred to the lack of RTCs regarding the benefits of breastfeeding.

So having thus set the scene, Peter now led into the selling of infant formula.

He listed the five feeding issues that were the main presenting issues at the paediatrician’s office in order of frequency:

1. Reflux
2. Colic
3. Poor weight gain
4. Allergies
5. Constipation

Reflux is only an issue if pain suggestive of eosinophagitis present. Treatment option is thickened formula. The slide showed a tin of *Novalac Reflux*.

Colic is easy to recognise but difficult to agree on a standard definition – a screaming infant that nobody can figure out what is wrong. There is more than one way to get a good outcome, Peter said, but the slide showed a tin of *Novalac Colic*.

Poor weight gain is mainly confined to breastfed infants. Almost all infants can carry on breastfeeding but will benefit from formula feeding. Another slide of one of the tins of Novalac.

It was now obvious that we were listening to a senior paediatrician who had sold his soul to the infant formula industry. I wondered how much he had been paid for doing these two presentations (the same presentation had been given in Ellerslie on the Monday night).

All women should feel they have made a responsible choice, Peter said. At NWH mothers were treated like children, and had a sign or sticker on their door saying they were fully breastfeeding. It's like a star chart for good behaviour, he said. Women should be treated as adults rather than as 5-year olds.

Peter referred to the NZBA website – said it refers to the benefits of breastfeeding but not the risks, and risks of infant formulas but not the benefits. He cited as an example that it mentions bacterial contamination of infant formulas. No sense of proportion when this only happens one in a million or less. He said why would they list something so rare?

He then said they don't refer to the risk of death from breastfeeding and said two babies had died due to breastfeeding this year. One was at NWH and the other was a woman in Christchurch who was breastfeeding her baby and she suffered a pulmonary embolism and fell on her baby and the baby suffocated and died. "I would have thought there is nothing more serious a consequence than death," he said.

He referred to what he described as the excellent book on the history of the Plunket Society by Linda Bryder called "*A Voice for Mothers*."

Peter then ended his presentation and took questions from the floor. He was asked why do women stop breastfeeding? He gave several reasons. He was then asked about constipation when bottle feeding and the use of drops. The next question concerned the use of Losac. Peter said he prescribes it.

Sian asked Peter if he thought breastfeeding was better for babies. He fudged the issue and during his reply it became really obvious that he did not think there were any significant benefits of breastfeeding for babies. Formula was just as good really.

Another drug question, this time on the use of domperidone, an anti-nausea medication also prescribed to help with relactation. Non standard use of it – off label I presume this meant. Peter said he wouldn't prescribe it.

Next question was whether breastfeeding has any bearing on the incidence of postnatal depression. Reply mainly focused on drugs. Most anti-depressants were okay for breastfeeding women to take. He mentioned the lack of RTCs again.

### **Ayumi Uyeda, Bayer's Marketing Manager**

The young woman began her presentation by referring to the role of science in the production of so much of the food we eat. Went on to describe how science has been trying to replicate breast milk for nearly 100 years.

Nutritional needs of infants – for women who can't fully breastfeed there is only one suitable alternative. Bayer range of infant formulas have been available in Europe for 15 years, but have only been available in New Zealand and Australia for about a year.

The audience was then shown a series of slides on how the composition of the different varieties of infant formula was altered. Very impressive and very slick, watching the circles of casein, lactose, protein size, minerals, or iron get bigger or smaller, depending on the variety of infant formula being recommended for the various ailments. They were all recommended for use in babies from birth upwards.

No mention of RTCs in the various claims Ayumi went on to make.

She quoted from the Eden Study. The study had 3,500 babies and was an observational study of what happens in clinical practice, she said. The first part was an epidemiological study on presenting problems, and the second part of the study was on the effects of Novalac on the problem. Each problem had a slide showing information on how long it took for the problem to be resolved in what percentage of babies. For example, the use of the colic formula resulted in the problem being resolved in 8 days for 80% of the babies.

At some point Ayumi admitted that babies may indeed just grow out of these problems.

I wondered about what the use of control groups might have revealed – with one control group being breastfed babies, and a second one being babies kept on the same formula, but their mothers being told it was the one specifically developed for the problem.

Ayumi was asked about the cost of these special formulas. They are around the \$30 mark per tin she said. Ordinary formula costs between \$15 - \$20 per tin. However if women are with WINZ they can apply for a special authority with a letter from their GP or Plunket.

Another question concerned the use of the “Sweet Dreams” formula.

A question about chopping and changing of formulas. No problem and no problem if the mother chooses to stay on the speciality product. (Of course not, more money for Bayer! But we know they are in the business for making money.)

Her use of language was impressive – the various forms of formula were constantly referred to as “premium products” and the higher cost was simply “a price differential.”

No more questions, and it was then time for dinner and more drinks.

Overwhelmed by what we had just witnessed – the plying of the over 100 guests with wine and nibbles prior to the presentation, the slick presentations which began with that by a senior and well known paediatrician who was prepared to sell the Bayer “premium product” to the audience, followed by the impressive slide show by the drug company’s marketing manager showing the scientifically developed range of infant formulas, designed for babies from birth who were having feeding problems – we left.

So this is how the pharmaceutical industry is running rings around the International Code of the marketing of infant formula, as well as the NZ version of the Code, the Ministry of Health, the NZBA, the Code Compliance Panel, etc. It was impressive – and sickening.