

Why the Politics of Breastfeeding Matter

by Gabrielle Palmer

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A book review by Peter Greaves

Those of a certain age may remember the Nestlé Boycott, and wonder whether it is still operating. Younger people may not have heard of it, or wonder whether it is still relevant. It is operating, and it is relevant, and this little booklet explains why. The author, who co-directed the International Breastfeeding Practice and Policy Course at the Institute of Child Health in London, distils the essence of her earlier books *The Politics of Breastfeeding* (3rd edition 2009, which those wishing to know more should consult) and *Complementary Feeding: Nutrition, Culture and Politics* (2011), and adds later material. For example, Nestlé's Chief Executive Officer repeating at its 2016 Annual General Meeting the mantra: "Ever since the Code was established Nestlé has respected it." The author comments: "Part of the art of marketing is to repeat a lie so often that it becomes perceived as truth."

The Code in question is the International Code of Marketing of Breast-milk Substitutes, adopted overwhelmingly by the World Health Assembly, the policy-making body of the World Health Organization, in 1981. Its meaning has been elaborated in a series of subsequent relevant resolutions by the World Health Assembly.

A boycott against Nestlé products (chosen because it was the market leader) started in 1977, but was suspended in 1984 when the company promised that it would abide by the Code. However, it was re-launched in 1988 when it was evident that companies still promoted free supplies of infant formula to hospitals, a highly effective marketing tactic. The current ongoing boycott of Nestlé is led by Baby Milk Action, which has set out conditions for its ending (<http://www.babymilkaction.org/nestle-four-point-plan>).

The Code is about marketing; it is **not** saying you cannot give a baby anything other than breastmilk. As Palmer explains:

It is saying that companies must not push their products at you, tell lies about infant feeding or withhold vital information. I'm sorry to say most companies still do all three... Unethical marketing of baby milk is still happening and it's far more sophisticated than in the era of the 1970s when saleswomen were disguised as 'milk nurses'. It entices and manipulates health professionals and their institutions, politicians and some aid agencies.

Commenting on struggles in many countries over the implementation of the Code Palmer continues:

This is not a clash between saints and devils. It is a conflict of purpose between the interests of the public good and the interests of companies' profits. Do we want unelected companies to control the decisions, policies, and actions of our elected governments and the UN? What impresses me is the courage of individuals who risk so much, even their lives, to do the right thing.

Despite evidence to the contrary, it is still commonly thought that poor, malnourished women cannot provide enough milk for their babies. In fact, so long as the mother is not extremely malnourished, the more a baby suckles, the more breastmilk production is stimulated from the mother. "The breast is a gland, not a bladder." Introducing other milks or restricting breastfeeding reduces this stimulus and the problem of "insufficient milk" arises. Women can become the dupes of the predators who push the expensive substitutes.

Nipple stimulation also promotes hormonal control of ovulation. Research with Scottish mothers showed that as long as their babies suckled at least 6 times a day, amounting to 65 minutes in total, including some night feeding, they did not ovulate. This can be an effective method of birth control as long as breastfeeding remains exclusive and frequent. The activities of milk companies have contributed to the population explosion, increasing the number of their potential customers. They have also contributed to the pandemic of obesity, which starts in infancy.

This slender little book, with 121 pages of text and a further 23 pages of index, glossary, references, and the websites of 10 useful contacts, fits easily into a handbag or pocket so that commuting activists, health professionals and potential parents can readily learn about a priority public health intervention for child health. Indeed, all those concerned with big issues of children's rights, women's rights, inequalities, mass migration, antibiotic resistance and climate change can gain a new and perhaps surprising perspective and understanding from this book.