



LIFIB

Your Local Infant Feeding Information Board

LIFIB BRIEFING

December 2014

‘No such thing as a free lunch’: an industry-funded study day, Nov 2014 by Shel Banks, Infant Feeding Information Specialist, LIFIB Chair.

On Wednesday 20th November, a colleague and I attended a ‘free study day’ on infant feeding, in Camden, central London. Set-up by the Journal of Family Healthcare, the venue was snuggled in a very trendy part of town, only a short walk away from the coffee shops for ‘beautiful people’.

It had been billed as ‘A practical training event designed for healthcare professionals, especially health visitors and midwives’, offering certified CPD hours, and **free to attend**.

Although I had signed up to the event via an email circulated (as a warning about what healthcare professionals were suddenly receiving in their email inboxes) through my contacts in the local infant feeding network, I had actually first heard about the event from an advert in the Journal of Family Healthcare: a glossy magazine which lands in the pigeonholes of many midwives and health visitors, though they seem not to know where or when or how they were added to the mailing list .

The Journal of Family Healthcare is published by Pavillion Publishing, and seems to be mostly about providing a free journal for healthcare professionals, which can legitimately carry paid advertising of ‘first milks’ and can put on these sorts of ‘educational’ events, which attract sponsorship. This particular event was sponsored by Nestle Nutrition, Habermann and Mam.

A leaf through the pages of the free copy they provided us with in our welcome bags, shows pages of advertising for artificial feeding products, the likes of which are not allowed to be put into publications aimed at the general public. The slant is informative and conspiratorial: the baby milk manufacturers are sharing details on their products to help inform the healthcare professionals, in a world they portray as lacking in artificial feeding information, it would seem.

The editorial is more advertorial in nature than one would expect from a Journal: the front page of one issue, shown here, has an image of baby being bottlefed, with the relevant article inside informing us about a new infant milk, & making unsubstantiated claims for this product.



Description

The event is CPD certified and you will be provided with a certificate of your attendance, as well as a free annual digital subscription to the Journal of Family Health Care*, and the opportunity to network with your peers and the presenters during break times. Ample time has been built into the programme to allow for debate and discussion.

*conditions apply.

Alongside the below programme, the event also has an exhibition space. Exhibitors include:

Nestle Nutrition

SMA Nutrition offers a range of scientifically developed formulas to help meet the nutritional needs of babies and young children. Every product has a tailored nutrient profile for each stage of growth and development. Building on 90 years' experience in term and specialist milks SMA Nutrition is able to offer our core range of First, Follow-on and Toddler milks and in addition can offer the following specialist milks to deal with a range of common feeding issues:

SMA Comfort - An easy to digest infant milk designed specifically to care for babies experiencing tummy troubles. This is the only comfort milk without a thickener which means this formula can be used without the need for a fast flow teat. SMA Comfort is halal and vegetarian approved and available on the Healthy Start scheme.

SMA Staydown – Designed for the dietary management of babies with significant reflux. This product is clinically proven to reduce reflux in infants with GOR and is thickened with an easily digestible cornstarch. SMA Staydown is halal approved and suitable for vegetarians.

SMA LF (Lactose Free) – Designed for the dietary management of primary and secondary lactose intolerance. SMA LF is the only whey dominant formula in the UK and ROI and is halal and vegetarian society approved.

Please visit our stand for more information on our full product range.

Who should attend

All health care professionals supporting families, but especially health visitors and midwives.

Multinational corporation Nestle purchased the Pfizer Nutrition business in 2012, including the SMA brand, beating off rivals Danone, who own Cow & Gate and Aptamil. Nestlé is the one of the four most boycotted companies on the planet and the most boycotted in the UK.

The JFHC CPD event website carried the warning: 'This event is supported by an educational grant from Nestle Nutrition. Please tick here [] and enter the code "NoEmail" at checkout if you do not wish for your data to be shared with our event supporters Nestle Nutrition.' Of course I ticked the box and I entered 'NoEmail' on the booking form, which requested my email AND my postal address.

Baby Milk Action often protest outside a company-sponsored or organised event; as their website says, 'even one or two people outside a venue is enough to get leaflets to most people attending'.

Mike Brady of Baby Milk Action, who was demonstrating peacefully (holding up a placard and handing out leaflets) just outside the venue at the start of the event, said, 'Nearly everyone was happy to take a leaflet.'



"Passers-by were also interested to find out what was going on and shocked that Nestlé was sponsoring health workers. A few participants stopped to chat on the way in. The conversation amongst one group went: 'We don't like Nestlé' – 'But they are sponsoring the event!' – 'We're only here for the lunch'. As the leaflet says, 'It's not a free lunch – it's a Nestlé marketing strategy' – and it's paid for by mothers who use formula.

Leafleting at another event resulted in student midwives debating conflicts of interest at their college and deciding not to attend company events in future. Only one person refused a leaflet, saying 'RCM charge £85 and only give you a biscuit. These people are wonderful.' Interesting how a free event and lunch was enough to persuade that health worker not to even look at independent information – which should be a concern to anyone who uses the health service.'



Inside the centre, and all along the walls of the room in which the talks took place, there were beautiful slick displays about new products from SMA, making various claims and reminding us that the products were available free to those on Healthy Start vouchers. Immediately upon arrival we were handed a cloth bag and a shiny plastic carrier bag. The cloth bag was plain apart from the words 'You're doing great' and was full of glossy SMA literature; the plastic carrier bag contained some information and samples from Mam Baby and Habermann, the two other sponsors.

Free coffee and pastries were offered on arrival, but we avoided the refreshments and went to look at the stalls: the SMA stall was biggest, and the helpful stallholder gave me some non-evidence based information and assured me that the simple graphs inside the literature which she endeavoured to explain to me, showed that, for example, using their product could reduce allergies, if it was used from the very first feed a baby had and they never used anything else. Of course she was not to know that LIFIB have evaluated the evidence for the claims made about this product, and found them lacking. Mam also had a stall, as did Habermann.

At 9.30am we were ushered through to the main room where we were addressed by the host, Penny Hosie, the Editor of the JFHC. She introduced the first speaker, and I noticed the Head of Scientific Affairs from Nestle Nutrition sit down at the back of the room.

The first speaker was Dr Susan Battersby, Independent Researcher and Lecturer in Infant Feeding, speaking on the subject of " Supporting mothers with feeding – positive communication" A quick google search showed she is now self employed as an independent midwifery researcher/lecturer, and until February 2006 was employed as a Midwifery lecturer at the University of Sheffield. A search for publications shows that in 2007 she co-authored 'An Evaluation of La Leche League Great Britain's Breastfeeding Peer Counsellor Programme' along with various other LLL leaders. The programme for the session says "This presentation will focus on areas including dilemmas health care professionals can face when communicating with mothers and how best to support them with feeding issues. Additionally this session will provide positive communication techniques to empower and encourage mothers to extend best practice. Followed by a discussion and Q&A, looking at case studies, to give delegates the opportunity to apply and analyse what they have learnt to their roles."

She began her talk with a breakdown of some of the stats from the Infant Feeding Survey 2010, which went as follows: Breastfeeding initiation rates are increasing! In England we've got 83% initiating breastfeeding, isn't that wonderful?! BUT, by 6 months only 1% of mothers are still breastfeeding. (No mention that this figure actually alludes to EXCLUSIVE breastfeeding at 6 months, and that the majority of babies will be eating solids by then, but point made : here in England, mothers don't breastfeed for those 2 years mentioned by the World Health Organisation.

She went on to discuss the effective use of communication skills to empower breastfeeding mothers, which was very good until she stated that Health Care Professionals shouldn't 'tell' a mother what to do, they need to take the time to listen to mothers, and spend even perhaps half an hour with each mother to support her breastfeeding, because the HCPs in the room's body language became rigid at this point - who has the time to spend up to half an hour with each mother 'checking positioning'?!



There was a question and answer session after some case studies at the end, to which the Nestle SMA rep who was sitting at the back of the room, contributed freely. The information she gave was mostly correct, there was a little bit of a flavour that 'we all know breast is best, but...' and we felt very aware of an agenda, which really was to make it clear that 'formula will do nicely if you don't have time to help a mother breastfeed' - and the other delegates seemed happy to learn from the market leaders. Dr Battersby said "I don't actually feel that we have a very supportive environment for breastfeeding, in this country" and "we have to say that breastfeeding can be a wonderful experience, IF you're successful."

The free Nestle SMA cloth bag and contents, including lots of glossy marketing material

During the case studies the speaker mentioned that if staff did not have time to support a mother themselves then they could refer to other breastfeeding support: "do you all have lay workers in your area?" She mentioned 'local NCT contact', Children's Centres and the National Breastfeeding Helpline in her handout, which did not include contact details or anything useful for the staff to take away, but couldn't remember anyone else in her spoken presentation other than 'La Layshay' (LLL / Le Leche League) and did basically conclude that there's not much anyone can do once a woman has started formula feeding, because sometimes mothers just want to formula feed. The case studies did not make clear what a HCP supporting breastfeeding might be looking for, nor did they model any questions or phrases to help with this 'effective communication'.

After a break for refreshments, during which my colleague and I high-tailed it to one of the trendy tea shops on the high street to avoid the Nescafe on offer in the display area, the JFHC Editor introduced the next speaker, Registered Paediatric Dietician and co-founder at Foodtalk CIC, Melissa Little, whose topic was "Maternal and infant obesity – Raising the issue".

The programme described this session as looking "at the increasing prevalence of maternal and infant obesity in the UK. It will cover how best to approach difficult conversations with sensitivity whilst still communicating the risks obesity presents for both the mother and infant. It will also cover the sensitivity of discussing inappropriate infant growth rates with new parents. Followed by a discussion and Q&A, looking at case studies, to give delegates the opportunity to apply and analyse what they have learnt to their roles."

Melissa began her talk by giving us some stats on obesity from 2010, whilst also saying that this data is not routinely collected, but that the UK is waiting for a new data set. She quite rightly impressed

upon us the burden of obesity in pregnancy on maternity hospital and wider NHS costs. She then went on to talk about obesity in children, and told that there is currently no clear definition for infant overweight, but that 'growth crossing two centile lines' was the current best, and that rapid weight gain in early infancy is the biggest indicator of childhood obesity.

NICE PH27 (2010) we were told, on the topic of "Weight management before, during and after pregnancy", dictates that professional bodies and others responsible for setting competencies and developing continuing professional development programmes for health professionals, healthcare assistants and support staff, should ensure they have the skills to advise on the health benefits of weight management and risks of being overweight or obese before, during and after pregnancy, or after successive pregnancies. It was felt in the room that this was lacking, and there were mumbles about access to any kind of training. Canadian-born Ms Little acknowledged that feeding method played a role in the obesity picture, but went on to say **"obviously breastfeeding is super-important, but how many of you are allowed to talk about formula feeding? I know in a lot of areas, because of Baby Friendly, healthcare professionals aren't allowed to talk about formula feeding, and making up a bottle is really difficult, I mean, does the powder go in first? Or the water? But as you heard earlier, only 1% are still breastfeeding at 6 months so 99% are formula feeding"**

She mentioned that at a 'recent conference' (someone else spoke about this later in the day, and I think they were referring to the CPHVA conference which had taken place earlier in the week, in Manchester) she'd heard 'something interesting' presented about it being the protein levels in some artificial feed driving the accelerated growth - and therefore increasing the obesity risk - of artificially fed infants; she said "the people from Nestle Nutrition might have more to say about this but I know that they're changing the formula now". The Nestle rep replied to the effect that carers should avoid giving the hungry baby formulas, or after 6 months the follow on formulas, to infants at risk of obesity.

Because obesity is a huge issue with our children, the speaker went on to say, we should avoid over-feeding or feeding when baby is not hungry, and she mentioned that 'it's caused in part by babies who fall asleep feeding', but did not say whether she meant breastfeeding or bottle feeding babies. The representative from Habermann bottles joined in at this point to say that it's "all about bottles traditionally being easier to overfeed with", presumably unlike the new Habermann 'suckle feeder' bottle which they were promoting at the event, and which I received samples of and literature about, by post six weeks later.

The Habermann rep asked a question to Ms Little about whether if mums are breastfeeding, because tastes go through the milk, does that mean that if the mother's diet is problematic this will heighten the baby's 'taste' for junk food, and the Nestle SMA Rep replied that there IS an impact in utero: she'd apparently heard this at the same conference cited above, in the same talk - because where a mother ate a varied diet, breastfeeding was shown to have a positive impact on fruit and veg intake in the child when they started to eat solid foods.



Habermann sent samples (two of each item shown here) 6wks later

The final slide cited some references for us all to write down and check out, the principal one of which was ‘Early Nutrition for Later Health’, **written by a Paediatric Dietician and handily online on the Infant and Toddler Forum, which is funded entirely by Danone Nutricia Early Life Nutrition (who own Aptamil and Cow & Gate amongst others).**

My colleague and I went back out into the Camden sunshine and bought our lunch at a lovely gastro pub on the corner, rather than benefit from the ‘free lunch’, returning to our seats to hear the final talk of the day, on **responsive feeding**, led by Alison Wall, reportedly a Public Health Strategist for Children and Young People, and Independent Health Visitor. Unsure what an Independent Health Visitor was, I had a quick scroll through the internet and found that she is the **resident health visiting expert for the Infant and Toddler Forum, and Aptaclub.**

Our programme told us that the afternoon session would look at ‘the latest research into responsive feeding, and consider: What is responsive feeding? What effect does this have on parent and infant? What conversations should healthcare professionals be having with new parents about responsive feeding and at what stage Followed by a discussion and Q&A, looking at case studies, to give delegates the opportunity to apply and analyse what they have learnt to their roles.’

She began her talk by thanking JFHV and Nestle Nutrition for the opportunity to speak, and introduced herself, describing herself as “a bit of a history anorak: I love history on feeding”. Asking who she was addressing gave everyone in the room the opportunity to say what their background was: 40 or so MWs, HVs, student, and dieticians, plus 5 people from Nestle SMA, 3 people from JFHC, the reps from Habermann and Mam, and the 3 speakers.

Ms Wall first gave some definitions of responsive feeding (“a reciprocal relationship: an infant displays signals about their readiness to feed” - Mentroet et al 2001; “communication through verbal and non-verbal cues, followed by an immediate response from the caregiver” - Harbron), and then moved on to speak about the UNICEF “Five Recommendations” on responsive feeding. I haven't been able to find any reference to these online, however: what Baby Friendly say is “We would like staff to communicate to mothers effectively that breastfeeding can be used to feed, comfort and calm babies. Feeds can be initiated when babies show feeding cues, when they are distressed, when they are lonely, when the mother’s breasts feel full or when she would just like to sit down and rest.”; “Dummies can interfere with responsive feeding by placating babies who would otherwise be breastfed, and this in turn can affect a mother’s milk supply. Staff would be expected to ensure that mothers are aware of this should they choose to use a dummy.”

Non verbal communication is very important to responsive feeding - look at the way the baby cries and recognise when the baby is hungry because the cry is different. **This was an opportunity to talk about non-verbal cues in a newborn, however none were offered.**



Free Mam bag & contents, including bottle & glossy marketing materials

The presenter described how HCPs could access iHV online information and lectures on eg perinatal and infant mental health, saying that feeding can have an effect on emotional health, citing Drake et al 2007 on maternal responsiveness in the first 2-4 months of a baby's life, that satisfaction with life was a new predictor of maternal responsiveness, along with self esteem and number of children. So some use of the evidence base, although when describing 'signs that baby is ready to feed' she listed "they might be crying with hunger".

Challenges to responsive feeding was next. According to our presenter, these include: an immature nervous or digestive system; colic; sickness; immature immune system (which she said could lead to thrush); and **inappropriate use of dummies. However the speaker then said "I actually do think dummies have a place, but only for a short period of time, and not until breastfeeding is established"**

Other challenges listed seem to be very much less evidence based, more experiential perhaps: maternal mental distress, PND, anxiety, and excessive tiredness. I think most evidence-based HCPs would have trouble viewing these as anything other than explanations of why a mother might be failing to be able to be responsive to her infant, but perhaps these are the very mothers who most need our support in doing so, because evidence shows huge issues with children not attaching to their mums.

Ms Wall said here that although she thinks of Baby Friendly as being mostly about breastfeeding, actually formula feeding can also be responsive; typically, she said, when looking at the formula fed baby we tend to focus on the volume of milk, but should think about cues instead. Artificially feeding women, she said, need more support.

A slide at this point cited Donald Winnicott's theory of "The Good Enough Mother" in which the good enough mother will pay attention to her child, interacting with it "to the general satisfaction of the child" and over time giving the child "a sense of loosening rather than the shock of being 'dropped'" which "teaches them to predict and hence allows them to retain a sense of control. Rather than sudden transition, this letting go comes in small and digestible steps"

The presenter discussed four types of parenting style: Authoritative; Authoritarian; Indulgent; and Uninvolved. Of course differing parenting styles may go a long way to contributing or preventing obesity and fussy eaters. According to the presenter we should be encouraging the 'authoritative' method of parenting: mothers should be in control of feeding; they decide what the baby and small child should eat. They should not indulge a child in to giving him or her what they want ("children need boundaries!"), nor should they be authoritarian and be completely rigid, behaviours like 'finishing the bottle' or the dinner plate aren't useful. We were instructed to instruct that families should make sure meal times are social occasions - all meals. At this point she grabbed at her chest and sounded horrified: "just look at those mothers who are on their phones while feeding their babies! And those mothers and fathers who detach themselves while watching television at meal times!" ?

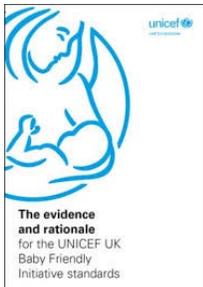
Next we were told that the control of the mother was needed because In the first few weeks of life, babies can't regulate their own calorie intake. The presenter went on to discuss the idea that there is evidence for and against causative link between breastfeeding and a reduced risk of obesity, during which discussion she cited the somewhat-discredited PROBIT trial, Kramer et al "we need to be careful

... when we're giving out the message that breastfeeding will reduce obesity as the evidence doesn't back this up": **The presenter is clearly not aware of a recent meta-analysis of 25 studies with a total of 226,508 participants, whose results showed a dose-response effect between breastfeeding duration and reduced risk of childhood obesity.**

Our presenter also seemed to believe that bottle feeding babies are going to drink more as "when they're breastfeeding, they're going to stop all the time, as their mothers' areola fills up with milk", which shows a lack of understanding about lactation and, when speaking about the constituents of milk, she said "lots of constituents here, most of them I can't pronounce, so..." We are left feeling it's all very complicated. She went to comment about leptin (found in breastmilk) and satiation, and the fact that formula manufacturers have been looking into putting this into formula.

Because "about a third of kids are overweight in the UK" we were told, HCPs / HVs should really be able to make direct dietetic referrals, since staff at the front line are struggling to get children's obesity dealt with quickly enough even though they see children every day and can see the growing trend, because "it takes such a long time to get research into practice".

"Both how and what a baby is fed will determine later growth patterns" we were told, and then she went on to mention that Lord Darzi's report



"Better Care for London" made 64 recommendations including that we should be looking at what children eat, but that this report did not address the how and when. She cleverly referenced UNICEF Baby Friendly's 'Evidence & rationale' document.

The Nestle SMA asked a question at this point: "We put volumes [of feed] on the side of the tin: are we part of the problem?" The presenter replied "No, it's a good idea, but ensure it's clear that it's a guideline; parents really want factual information but not too prescriptive."

The Editor of JFHC then closed the event by thanking Nestle: "without their sponsorship of the event, we wouldn't be able to get these messages over for free".

As for the Baby Milk Action leaflets distributed earlier that day, a lot were placed in the bags with all the other marketing information. We did not see any left on tables or in the bins as we left. Here's hoping that they were read, and questions were asked.

I had suggested the colleague who went with me assume the role of a student health visitor for the day. The following were her impressions:

"There is no way to know what good positioning and attachment looks like, but I can always suggest to a mother that it would be 'even better if she tries 'something else'";

Supporting a mother to breastfeed is really time consuming and with so many time pressures, no one has time to do it;

There are peer supporters out there, but I have no idea who they are or how I contact them;

I'm not allowed to talk to mothers about formula feeding, but I MUST talk to mothers about formula feeding;

Formula marketing is designed to help mothers where the HCPs have seemingly failed them;

We need formula to help mothers because no one listens to them;

Mothers using mobile phones are bad & wrong.

Again and again the point was made that breast-feeding was the thing that all mothers should aspire to and that health care professionals should make it a priority to support mothers in this aspiration."