



The Sale of Infant Foods Ethics Committee Singapore (SIF ECS) Code of Ethics

Effective 1st January 2019

With a one-year grace period for compliance, till 1st January 2020

5th Edition



Table of Contents

Message from the Ministry of Health.....	2
Foreword by CEO of Health Promotion Board	3
Introduction.....	4
CLAUSE 1 – Definition of Terms	7
CLAUSE 2 – Aim of the Code	7
CLAUSE 3 – Scope of the Code	7
CLAUSE 4 – Responsibilities of the Infant Nutrition Industry.....	8
Promotion and Advertising.....	8
General Sponsorship	10
Sponsorship and events for Healthcare Personnel	10
Educational materials for Healthcare Personnel	12
CLAUSE 5 – Responsibilities of Healthcare Institutions and the Healthcare Personnel	14
<i>5.1 Responsibilities of Healthcare Institutions.....</i>	<i>14</i>
<i>5.2 Responsibilities of Healthcare Personnel</i>	<i>15</i>
CLAUSE 6 – Responsibilities of Retailers	17
CLAUSE 7 – Labelling requirements	19
CLAUSE 8 – Implementation and Monitoring.....	21
The Infant Nutrition Industry.....	21
The Healthcare Personnel and Institutions	21
The Retailers.....	22

Message from the Ministry of Health

The Ministry of Health recognises the importance of breastfeeding for the optimal health of infants, young children and their mothers. The World Health Organisation has highlighted breastfeeding and appropriate weaning as effective in ensuring and promoting optimal nutrition for infants. Breastfeeding should be universally encouraged for all mothers and infants except in very specific medical situations.

It is heartening to see that more mothers are starting and continuing breastfeeding in Singapore. However, more needs to be done to promote breastfeeding, so that more infants receive optimal nutrition. In this aspect, I am encouraged by the strong commitment of our healthcare professionals in supporting breastfeeding. The Joint Statement on Breastfeeding and Optimal Milk Feeding for Infants and Young Children by the Academy of Medicine, College of Obstetricians & Gynaecologists, College of Paediatrics & Child Health, Chapter of Family Medicine Physicians, College of Public Health & Occupational Physicians, Association of Breastfeeding Advocacy (Singapore), Obstetrical & Gynaecological Society of Singapore, Singapore Paediatric Society, Perinatal Society of Singapore, and Singapore Nutrition and Dietetics Association, recognises the important role that healthcare professionals can play in encouraging and supporting breastfeeding in the community.

In tandem, the work of the Sale of Infant Foods Ethics Committee, Singapore (SIF ECS) provides a framework to guide healthcare professionals in their interactions with the Infant Nutrition industry. This ensures that promotion and support for breastfeeding and optimal infant nutrition is not compromised in any way. I would like to extend my appreciation to the members of the SIF ECS Committee, and especially members of the SIF ECS Code review committee for their dedication and commitment in reviewing the SIF ECS Code to ensure its continued relevance and usefulness.

Dr. Amy Khor

Senior Minister of State (Health)

Foreword by CEO of Health Promotion Board

The Sale of Infant Foods Ethics Committee, Singapore (SIF ECS) was established in 1979 by the Ministry of Health (MOH) to guide Infant Nutrition Industry practices and to protect and promote breastfeeding, through the promulgation of the **'Code of Ethics on the Sale of Infant Foods in Singapore'**. Administration of the SIF ECS was transferred to the Health Promotion Board (HPB) in 2001.

Since the first edition of the Code in 1981, this Code has undergone four revisions to keep up with the changing landscape of the Infant Nutrition Industry and consumer needs in Singapore. It has served as a useful guide by providing appropriate parameters for all involved in the sale, distribution and promotion of breast milk substitutes. This fifth revision of the Code will include the expansion of the scope from the current 0-6 months to 0-12 months, expansion of sponsorship restrictions for healthcare institutions, introduction of a penalty framework and the expansion of infant formula labelling in the Sale of Food Act, which this Code will reference.

HPB would like to specially thank the members of the SIF ECS Code review committee for their valuable time and applying their extensive experience in the comprehensive review of the Code.

HPB will continue to fully support the work of SIF ECS to protect and promote breastfeeding, safeguard ethical standards and guide the interactions between the infant nutrition industry and all relevant stakeholders (healthcare personnel and institutions, and retailers). I am confident that members of the SIF ECS will continue to work co-operatively to ensure the robustness of the Code.

Zee Yoong Kang
Chief Executive Officer
Health Promotion Board

Acknowledgements

The review of this Code was undertaken by the SIF ECS Code Review Committee

**Members of the
SIF ECS Review
Committee**

Chairperson: *A/Prof Daniel Goh Yam Thiam*

Yong Loo Lin School of Medicine,
National University of Singapore
and
Paediatric Cluster Chair
Khoo Teck Puat–National University Children’s Medical Institute
National University Healthy System

Advisor: *Prof Ho Lai Yun*

Emeritus Consultant, Paediatrician and Neonatologist
Singapore General Hospital and KK Women’s and Children’s Hospital
SingHealth Duke–NUS Academic Medical Centre.
Director, Child Development Programme, Ministry of Health,
Singapore

MEMBERS

Dr Chua Mei Chien

Head, Special Care Unit
Senior Consultant, Dept of Neonatology
KK Women’s and Children’s Hospital

Ms Natalie Goh

Dietitian
Singapore Nutrition & Dietetics Association

Ms Venetta Miranda

Executive Director
Asia Pacific Infant and Young Child Nutrition Association (APIYCNA)

Ms Tan Yi Ling

Senior Manager
Agri-Food & Veterinary Authority

Introduction

Nutrition in early life has been shown to impact later health outcomes¹. It is thus imperative that infants are provided with the best start in life through ensuring optimal feeding practices². Singapore supports the World Health Organisation (WHO)'s recommendation³ on exclusive breastfeeding for the first six months of life as it provides all the energy and nutrients needed for optimal growth and development, and protection against infectious and chronic diseases. Breastfeeding provides many established health benefits for infants, mothers, families and society¹ and is recognised as an effective measure to decrease infant morbidity and mortality in both developing and industrialised countries. Moreover, breast milk provides the perfect nourishment the infant needs as it contains antibodies, hormones and other naturally occurring nutrients. Except in very few specific medical situations, breastfeeding should be universally encouraged for all mothers and infants.

In Singapore, the National Breastfeeding Survey (NBFS, 2011) showed that more mothers are starting and continuing to breastfeed. Between 2001 and 2011, exclusive breastfeeding rates at discharge increased from 28% to 50%, while breastfeeding initiation rates immediately after birth increased from 95% to almost 100%. At 4 months' post-discharge however, the proportion of breastfeeding mothers declines to 59%, and continues to decline to 42% at 6 months. Only 1% of mothers in Singapore continue to exclusively breastfeed their infants for six months after birth⁴, which is low compared to other developed countries like Australia (18%)⁵, South Korea

¹ Agostoni C. *et al*, 'Early nutrition patterns and diseases of adulthood: a plausible link?', *European Journal of Internal Medicine*, 24:5-10 (2013)

² Professional bodies, such as the American Academy of Paediatrics and the Academy of Nutrition & Dietetics, including HPB, also recommend "breastfeeding with complementary foods from six months until at least 12 months of age as the ideal feeding pattern for infants.". To meet their evolving nutritional requirements, infants should also receive nutritionally adequate and safe complementary foods no later than six months but not before four months.

³ The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) emphasise the importance of breastfeeding for optimal health of infants, young children and their mothers.

⁴ Lily Chua and Aye Mya Win, "Prevalence of Breastfeeding in Singapore" Research and Strategic Planning Division, Health Promotion Board, September 2013

⁵ Australian Health Survey: Health Service Usage and Health Related Actions, 2011-12

(11%)⁶, and Taiwan (49%)⁷. This is of concern, given the long-term health benefits of breastfeeding.

With adequate education and support, most women are able to exclusively breastfeed. The absolute contraindications to breastfeeding are few and include inborn errors of metabolism such as classic galactosaemia and phenylketonuria or when mother is infected with human immunodeficiency virus (HIV). The Code recognises that there are indications for infant formula, which is a viable alternative, if breastfeeding is not possible. All infant formulas sold in Singapore regardless of brand or product meets international standards on the nutritional composition necessary for the healthy growth of babies. However, the sale and distribution of infant formula should be carried out in such a way as to avoid competing with breast milk and undermining efforts to improve breastfeeding.

In 1981, the 34th World Health Assembly adopted the World Health Organization (WHO) International Code of Marketing of Breast Milk Substitutes, where majority of countries supported the aims and the principles of the WHO Code, including Singapore. Singapore has since appropriated the implementation of the Code to its national context and needs and focused particularly on regulating advertising and promotional practices for infant formula. Further, our recommendations on breastfeeding are internationally aligned to those of other developed countries e.g. United Kingdom and Australia.

In consultation with the relevant stakeholders and professionals, the Code is regularly reviewed and updated by a panel of experts to ensure that it takes into consideration local needs and context, whilst adhering to the spirit of the 69th World Health Assembly Resolution released in 2016. The successful implementation and monitoring of the Code also calls for cooperation of stakeholders (as defined in **Appendix 2**). The current list of Members is in **Appendix 1**

⁶ Bae et al. "Trends of Breastfeeding Rate in Korea (1994-2012): Comparison with OECD and Other Countries", Journal of Korean Medical Science, November 2013

⁷ Extracted from Taiwan's Health Promotion Administration, Ministry of Health and Welfare website: <http://www.hpa.gov.tw/English/ClassShow.aspx?No=201401270002>

CLAUSE 1 – Definition of Terms

For the purposes of the Code of Ethics on the Sale of Infant Foods in Singapore, frequently used terms are defined in ***Appendix 2***.

CLAUSE 2 – Aim of the Code

The aim of the Code is to ensure optimal nutrition for all infants between 0 to 12 months, by protecting and promoting breastfeeding and by ensuring the proper and safe use of breastmilk substitutes when necessary, on the basis of adequate information and through appropriate distribution practices in Singapore.

CLAUSE 3 – Scope of the Code

The Code applies to the promotion and distribution practices only of breastmilk substitutes (defined in ***Appendix 2***) for infants 0 to 12 months by the Infant Nutrition Industry, distributors and retailers, to the public, healthcare personnel and healthcare institutions. Products within the scope of the Code refers to breastmilk substitutes, and are defined in ***Appendix 2***.

All stakeholders are obligated to adhere to the Code.

CLAUSE 4 – Responsibilities of the Infant Nutrition Industry

Promotion and Advertising

4.1. Promotion or advertising (in all retail, online or other electronic channels, including but not limited to broadcast, print and out-of-home media) featuring products and infants within the scope of the Code is prohibited. These include:

- (a) **Financial or material inducement** such as discount vouchers, gifts, loyalty points, coupon codes, bonuses, cashback, free samples (including taste sampling), tie-in sales, supplies, gifts or other benefits towards the specific purchase of products within the scope of the Code.
- (b) **The use of nutrition and health claims, terms and its related terms** such as “smart”, “intelligent” or “intellectual potential” to create the belief that products within the scope of the Code are equivalent or superior to breastfeeding.
- (c) **Special displays and shelf labelling** including but not limited to shelf-talkers, shelf-labels, shelf-branding, wobblers, block-stack and end gondola display
- (d) **Cross-promotional practices** including but not limited to materials or information that carry instructions or illustrations which encourage progression to formula milk products outside the scope of the Code e.g. Step Diagram, displays of other formula milk products that are on promotion alongside products⁸ within the scope of the Code (in both retail and online channels).
- (e) **Production or distribution of information, collaterals and educational materials** on general infant feeding and products (or containing product name) within the scope of the Code in any form to the public. These include but are not limited to health booklets, growth charts, calendars, stationery, pamphlets, posters, etc.

⁸ Please refer to Annex C for guidelines on the display of products within the scope of the Code

- (f) **Participation in Mother and Baby events** for the promotion of products within the scope of the Code.
- 4.2. **Advertising restrictions** for relevant products within the scope of the Code will also be referenced in the Chapter (Statutes and statutory instruments with special relevance to advertising and related trading practices) in the Singapore Code of Advertising Practice (SCAP).
- 4.3. **Support distributors' and retailers' understanding** of the existence, contents and operationalisation of the Code. All stakeholders are obligated to adhere to the Code.
- 4.4. **Providing advice or any form or type of educational services** on the use of products within the scope of the Code and general infant feeding for pregnant women or parents of infants and young children by company personnel is prohibited. Such advice should only be given by doctors, dietitians, nutritionists, nurses and qualified lactation consultants not employed by the Infant Nutrition Industry.
- 4.5. **Direct public communications** on any product changes is prohibited, unless approved by the SIFecs Chairperson under exceptional circumstances. All communications can only be done through healthcare personnel.
- 4.6. **The sale or display of products** within the scope of the Code at polyclinics, maternity wards, nurseries, specialists' clinics, general practitioners' premises or any healthcare institutions is prohibited, with the exception of third-party retailers.
- 4.7. **The sale of ready-to-feed (RTF) infant formula** to the public by manufacturers is prohibited.
- 4.8. The provision or funding of **mother-craft or similar services** (*Appendix 2*) for products within the scope of the Code is prohibited.

- 4.9. **Solicitation and use of personal information** in any form for the purpose of promotion of products within the scope of the Code is prohibited. This includes solicitation and use of personal information by third parties.

General Sponsorship

- 4.10. When sponsoring a symposium, congress or other medical/healthcare events targeted at the public and/or healthcare personnel, (including public education forums and parental counselling sessions on infant feeding) for both local and overseas meetings, industry must comply with the following:
- (a) The main organisers should be the relevant professional association⁹ and Infant Nutrition industry members should not be the main organisers;
 - (b) The sponsorship must be able to withstand public and professional scrutiny and conform to the professional standards of ethics and good trust;
 - (c) Industry-employed personnel are not allowed to conduct talks of any form to the public under the banner of the companies;
 - (d) Product names should not be featured at these talks;

Sponsorship and events for Healthcare Personnel

- (e) Industry-employed personnel can only deliver talks and lectures to healthcare personnel. Any conflict of interest must be declared;
- (f) No payments should be made to compensate healthcare personnel for time spent in attending the event;
- (g) Payments of reasonable honoraria and reimbursement of out-of-pocket expenses, including travel and accommodation, may be provided to healthcare personnel who are providing genuine services as speakers or presenters or moderators on the basis of a written contract with the company at the Event;

⁹ The professional associations are the Association for Breastfeeding Advocacy Singapore, Singapore Paediatric Society, Singapore Nutrition and Dietetics Association, Perinatal Society of Singapore, Obstetrical and Gynaecological Society of Singapore, College of Paediatrics and Child Health, and College of Obstetrics and Gynaecology, Singapore. Relevant departments of public and private hospitals may also be considered on a case by case basis.

- (h) Any support provided to individual healthcare personnel must not be conditional upon any obligation to recommend or promote products within the scope of the Code;
 - (i) Companies should not pay any cost of guests, spouses or family members accompanying invited members of the medical and allied health personnel;
 - (j) Sponsorship to healthcare personnel should be limited to travel, meals, accommodation and registration fees, with travel and accommodation applicable to overseas meeting only;
 - (k) If the programme is accredited for postgraduate medical education by a medical or other professional associations, responsibility for the programme content remains with the organization responsible for obtaining accreditation for the meeting, and industry support should be disclosed;
 - (l) Invitations to such meetings should not be extended to spouses unless they themselves are practising members of the medical or allied health personnel;
 - (m) Only economy Class tickets for air travel of less than 6 hours should be provided. This should apply to all faculty members e.g. speakers, members of Advisory Boards as well as attendees;
 - (n) When a Congress/Symposia organised by the infant nutrition industry based in Singapore is held in an overseas location, majority of the attendees should not be from Singapore;
 - (o) When a Congress/Symposia is organised, a minimum of 75 per cent of time should be spent on core activities of the Congress/Symposia and a maximum of 25 per cent of time may be devoted to recreational activities e.g. entertainment, sight-seeing tour of modest or nominal cost;
- 4.11. **Donation or provision of products** within the scope of the Code at a price lower than the wholesale price to a healthcare personnel or healthcare institutions is prohibited.
- 4.12. **Donation or distribution of any equipment, services or articles** to healthcare institutions for the promotion of products within the scope of the

Code is prohibited. This includes but is not limited to stationeries, collaterals, calendars, growth chart, health booklets and toys.

- 4.13. **Promotion of products** within the scope of the Code through healthcare personnel or institutions is prohibited.

Educational materials for Healthcare Personnel

- 4.14. All information on infant formula and product use to healthcare personnel must satisfy the following:

- (a) Be scientific and factual with appropriate referencing. Copies of cited references will be made available upon request. Company personnel distributing these materials should remind healthcare personnel that the detailing aids are for their information only and should not be distributed nor displayed to the public.
- (b) Pictures or text within these materials should not:
 - Make comparison to breast milk or imply that products within the scope of the Code is equivalent, similar or superior to breast milk.
 - Idealise the use of infant formula, or discourage breastfeeding.
 - This includes but is not limited to the use of:
 - (i) Pictures of infants, young children or carers (e.g. mothers or fathers);
 - (ii) Images which imply infant health, happiness, well-being or enhanced abilities (e.g. intellect, growth), or the health, happiness and wellbeing of carers, is associated with infant formula
- (c) No solicitation of contact information from pregnant women and mothers with infants for the purpose of promotion of products within the scope of the Code.

- (d) The materials must carry statements concerning the importance of breast feeding and advisory on the proper use of products within the scope of the Code:
 - (i) A statement concerning the superiority of breastfeeding, such as “Breast milk is the best food for baby.”
 - (ii) Statement in (i) shall be preceded by the words “Important Notice” or equivalent terms.
- (e) The description ***“For use by healthcare professionals. Not for public display.”*** must be clearly watermarked on each page of the material.

CLAUSE 5 – Responsibilities of Healthcare Institutions and the Healthcare Personnel

5.1 Responsibilities of Healthcare Institutions

- 5.1.1. All public and private maternity hospitals are strongly encouraged to be Baby Friendly Hospital Initiative (BFHI)-accredited and implement the 'Ten Steps to Successful Breastfeeding' (*Annex A*) and provide an **environment conducive to parent-infant bonding and successful establishment of breastfeeding**.
- 5.1.2. **The use of infant formula in healthcare institutions** must be decided only by medical personnel, in instances where the mother is unable to breastfeed or breastfeeding is medically contraindicated. Mothers who cannot or choose not to breastfeed should be given appropriate education on formula feeding by medical personnel.
- 5.1.3. Discharge Packs given out by hospitals must not contain any products within the scope of the Code and any products related to bottle-feeding.
- 5.1.4. The **use of Ready-to-Feed (RTF) infant formulas** must only be limited to hospital wards.
- 5.1.5. **The sale or distribution of RTF infant formula** to the public or clinics is prohibited.
- 5.1.6. **The sale or display of products** within the scope of the Code at polyclinics, maternity wards, nurseries, specialists' clinics, general practitioners' premises or any healthcare institutions is prohibited, with the exception of third-party retailers.
- 5.1.7. **Accepting donations or sponsorships** of products within the scope of the Code, is prohibited.

- 5.1.8. **Accepting any financial or material inducements** (including but not limited to special discounts for other medical and paramedical items by the companies, event and training sponsorships, provision of supplies and stationeries) from the infant nutrition industry for the direct promotion of products within the scope of the Code is prohibited.

5.2 *Responsibilities of Healthcare Personnel*

- 5.2.1. **Encourage and support all mothers to breastfeed** their infants exclusively for the first six months and thereafter to provide safe and appropriate complementary foods with continued breastfeeding for up to two years (*Annex B – Joint Statement on Breastfeeding and Optimal Milk Feeding for Infants and Young Children*)
- 5.2.2. Ensure that **bottles of infant formula are kept in storage** and out of sight of parents and visitors. Bottles of pre-prepared milk should be treated as medications and should not be distributed and left on baby cots. Partial breastfeeding should be discouraged.
- 5.2.3. Where necessary, give instructions for the **safe and appropriate use of breast milk substitutes** to parents and of relevant risks associated with the use of products within the scope of the Code.
- 5.2.4. Unless otherwise stated in **Clause 4.10** (*General Sponsorship*), acceptance of products, sponsorships or any financial or material inducements from the infant nutrition industry for the promotion of products within the scope of the Code is prohibited.
- 5.2.5. **Any involvement in promotional activities** for products within the scope of the Code is prohibited.
- 5.2.6. **Requesting or receiving free samples** (including taste sampling), gifts or supplies of products within the scope of the Code is prohibited.

5.2.7. **Purchase of products** within the scope of the Code at a discounted price is prohibited.

5.2.8. **Acceptance of any educational or promotional materials** (including but not limited to baby record books, growth charts, calendars, stationery, health care equipment and any other forms of gifts) for the promotion of products within the scope of the Code is prohibited. Healthcare personnel may however accept scientific and factual information on products within the scope of the Code, and should ensure that these materials are neither distributed nor displayed to the public.

CLAUSE 6 – Responsibilities of Retailers

- 6.1. Promotion or advertising (in all retail, online or other electronic channels, including but not limited to broadcast, print and out-of-home media) featuring products and infants within the scope of the Code is prohibited. These include:
- (a) **Financial or material inducement** such as discount vouchers, gifts, loyalty points, coupon codes, bonuses, cashback, free samples (including taste sampling), tie-in sales, supplies, gifts or other benefits towards the specific purchase of products within the scope of the Code.
 - (b) **Special displays and shelf labelling** including but not limited to shelf-talkers, shelf-labels, shelf-branding, wobblers, block-stack and end gondola display
 - (c) **Cross-promotional practices** including but not limited to materials or information that carry instructions or illustrations which encourage progression to formula milk products outside the scope of the Code e.g. Step Diagram, displays of other formula milk products that are on promotion alongside products¹⁰ within the scope of the Code (in both retail and online channels).
 - (d) **Production or distribution of information, collaterals and educational materials** on general infant feeding and products (or containing product name) within the scope of the Code in any form to the public.
- 6.2. **Advertising restrictions** for relevant products within the scope of the Code will also be referenced in the Chapter (Statutes and statutory instruments with special relevance to advertising and related trading practices) in the Singapore Code of Advertising Practice (SCAP).

¹⁰ Please refer to Annex C for guidelines on the display of products within the scope of the Code

- 6.3. **Solicitation and use of personal information** in any form for the purpose of promotion of products within the scope of the Code is prohibited. This includes solicitation and use of personal information by third parties.
- 6.4. **Sale of ready-to-feed (RTF) infant formula** to the public by retailers is prohibited.

CLAUSE 7 – Labelling requirements

Information on the product label and packaging of products within the scope of the Code sold in Singapore must:

- 7.1. Comply with the Sale of Food Act and Singapore Food Regulations.
- 7.2. Be designed in a manner that does not imply that products within the scope of the code are equivalent to or superior to breastmilk.
- 7.3. Carry statements concerning the importance of breastfeeding and advisory on the proper use of products within the scope of the Code:
 - (a) A statement concerning the superiority of breastfeeding, such as “***Breast milk is the best food for your baby.***”
 - (b) A statement recommending that the infant formula be used only on the advice of a healthcare personnel, such as “***Before you decide to use this product, consult your doctor or healthcare professional for advice.***”
 - (c) Statements in 7.3(a) and 7.3(b) shall be preceded by the words “***Important Notice***” or equivalent terms.

7.4. Exemptions

This does not apply to formula for special medical purposes¹¹. These are to be used only under medical supervision, such as products specially processed or formulated

¹¹ Foods for special medical purposes (FSMP) as defined under Codex Alimentarius Commission, would be regarded as special purpose food under the purview of the Agri-Food & Veterinary Authority. According to the *Codex Alimentarius Commission* international food standards, “**FOODS FOR SPECIAL MEDICAL PURPOSES (FSMP)** are a category of foods for special dietary uses which are specially processed or formulated and presented for the dietary management of patients (including infants) and may be used only under medical supervision. They are intended for the exclusive or partial feeding of patients with limited or impaired capacity to take, digest, absorb or metabolize ordinary foodstuffs or certain nutrients contained therein, or who have other special medically-determined nutrient requirements, whose dietary management cannot be achieved only by modification of the normal diet, by other foods for special dietary uses, or by a combination of the two.” Examples include products specially processed or formulated for infants with inborn errors of metabolism as well as pre-term infants. Products carrying claims like “anti-regurgitation” and “lactose free”; as well as partially and/or completely hydrolysed formula are not considered as FSMP.

for infants with inborn errors of metabolism as well as pre-term infants. It is suggested that these products be marked or labelled with the following:

- (a) The words “***formula for special medical purposes***” or any other words of similar meaning, in the name of the formula or in a conspicuous place of the package that is not in close proximity to other information on the package;
- (b) The words “***Use Only Under Medical Supervision***” or any other words of similar meaning, in bold and in a conspicuous place of the package that is not in close proximity to other information on the package;
- (c) A statement stating “For the dietary management of (fill in the disease, disorder or medical condition for which the formula is intended to be used or known to be effective)”, or showing any other words of similar meaning; and
- (d) A warning statement and explanation on the hazard in bold and in a conspicuous place of the package that is not in close proximity to other information on the package, (if the formula poses a health hazard when consumed by a person who does not have the disease, disorder or medical condition stated in the statement)

CLAUSE 8 – Implementation and Monitoring

- 8.1. Compliance to the Code is obligatory for all stakeholders (as defined in Appendix 2). All stakeholders are responsible for monitoring their activities to ensure adherence to the principles and aims of the Code.
- 8.2. All stakeholders may report any suspected violations of the Code to HPB_SIF ECS@hpb.gov.sg

The Infant Nutrition Industry

- 8.3. Infant nutrition industry members who violate any of the articles within the Code will result in any one or combination of the following actions imposed by the Ministry of Health and Health Promotion Board (Please refer to Appendix 3 for details on monitoring and compliance):
- 8.3.1. Written warning with copies issued to the parent company and/or headquarter.
 - 8.3.2. Publication of violators and their violations on HPB website.
 - 8.3.3. Omission of the relevant company from milk rotations in maternity hospitals and/or from procurement exercise for RTF infant formula for a period of time.
 - 8.3.4. Further violation of relevant articles under Clause 4.1 that fall within the scope the Singapore Code of Advertising Practice (SCAP) may entail action by the Advertising Standards Authority of Singapore (ASAS) thereunder.
 - 8.3.5. Violations of articles under Clause 7 may entail regulatory action under the Sale of Food Act and Singapore Food Regulations.

The Healthcare Personnel and Institutions

- 8.4. Healthcare personnel or institutions who violate any of the relevant articles within the Code will result in any one or combination of the following actions

imposed by the Ministry of Health and Health Promotion Board (Please refer to Appendix 3 for details on monitoring and compliance):

8.4.1. Written warning issued to the violating healthcare personnel or institution, with copies to the relevant professional associations.

8.4.2. Publication of violators and their violations on HPB website.

The Retailers

8.5. Retailers who violate any of the relevant articles within the Code will result in any one or combination of the following actions imposed by the Ministry of Health and Health Promotion Board (Please refer to Appendix 3 for details on monitoring and compliance):

8.5.1. Written warning with copies issued to parent company and/or headquarter.

8.5.2. Publication of violators and their violations on HPB website.

8.5.3. Further violation of relevant articles under Clause 4.1 that fall within the scope the Singapore Code of Advertising Practice (SCAP) may entail action by the Advertising Standards Authority of Singapore (ASAS) thereunder.

Annex A – Principles of the Baby-Friendly Hospital Initiative (BFHI), ‘Ten Steps for Successful Breastfeeding’

To be certified as “Baby-Friendly”, hospitals must fulfil the criteria¹² of following the “*Ten Steps for Successful Breastfeeding*” and the “*International Code of Marketing of Breast-milk Substitutes*” as determined by UNICEF/WHO.

The Ten Steps for Successful Breastfeeding (revised 2018¹³) have been broadly classified into 2 main sections:

Critical Management Procedures

1. (a) Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.
(b) Have a written infant feeding policy that is routinely communicated to staff and parents.

Establish ongoing monitoring and data-management systems.

2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key Clinical Practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants’ cues for feeding.

¹² UNICEF/WHO: Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care – Section 1, Background and Implementation. http://apps.who.int/iris/bitstream/10665/43593/1/9789241594967_eng.pdf

¹³ UNICEF/WHO: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-Friendly Hospital Initiative (<http://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf>)

9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Under the International Code of Marketing of Breast-milk Substitutes, “Baby-Friendly” hospitals must not receive free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from manufacturers or distributors of breast-milk substitutes, bottles, teats or pacifiers. The hospitals must also ensure that no pregnant women, mothers or their families are given marketing materials or samples or gift packs by these manufacturers or distributors.

JOINT STATEMENT ON BREASTFEEDING AND OPTIMAL MILK FEEDING FOR INFANTS AND YOUNG CHILDREN



College of Obstetricians &
Gynaecologists, Singapore



ACADEMY OF MEDICINE
SINGAPORE



College of Paediatrics & Child
Health, Singapore



COLLEGE OF PUBLIC HEALTH
& OCCUPATIONAL PHYSICIANS
SINGAPORE



Singapore Paediatric Society



Joint Statement on Breastfeeding and Optimal Milk Feeding for Infants and Young Children

1. Purpose

In this statement, the Academy of Medicine, College of Obstetricians & Gynaecologists, College of Paediatrics & Child Health, Chapter of Family Medicine Physicians, College of Public Health & Occupational Physicians, Association of Breastfeeding Advocacy (Singapore), Obstetrical & Gynaecological Society of Singapore, Singapore Paediatric Society, Perinatal Society of Singapore, and Singapore Nutrition and Dietetics Association, set out to provide clarity on breastfeeding, and optimal feeding practices for infants and young children, and the important role of healthcare professionals in the promotion, protection and support of breastfeeding. Nutrition in early life has been shown to impact later health outcomes¹⁴ and hence, it is imperative that infants are provided with the best start in life through ensuring optimal feeding practices. Given the significant and longitudinal impact of breastfeeding on maternal, child and societal health¹⁵, doctors and medical professionals who look after mothers and babies have a responsibility to educate and equip themselves with skills and adopt practices to support and assist mothers and babies in their breastfeeding journey.

2. Definitions

For the purposes of this statement, “breastfeeding” is defined as the mother/child act of human milk transference, while “exclusive breastfeeding” means that no other liquid or solid food is fed to the infant, with the exception of medicines. “Breast-milk substitutes”, including “formula milk”, refers to any food¹⁶ marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose. “Infant formula” refers only to breast milk substitutes scientifically formulated to satisfy the nutritional requirements of infants up to six months of age¹⁷. “Complementary Foods” refers to any food suitable as a complement to breastmilk or to infant formula, when either become insufficient to satisfy the nutritional requirements of the infant¹⁸.

3. Breastfeeding

3.1. Importance of breastfeeding

The World Health Organization (WHO) and the United Nations International Children’s Fund (UNICEF) emphasise the importance of breastfeeding for the optimal health of infants, young children and their mothers⁵. Breastfeeding is recognised as an effective measure to decrease

¹⁴ Agostoni C. *et al*, ‘Early nutrition patterns and diseases of adulthood: a plausible link?’, *European Journal of Internal Medicine*, 24:5-10 (2013)

¹⁵ American Academy of Paediatrics, Section on Breastfeeding. Breastfeeding and the use of human milk. *Paediatrics* 2005; 115(2): 496

¹⁶ Including special formula products available over the counter

¹⁷ This definition is in accordance with the Sale of Infant Foods Ethics Committee Singapore (SIFECS) Code of Ethics

¹⁸ WHO, ‘Infant and young child nutrition: Global strategy on infant and young child feeding’, 55th World Health Assembly, 2002

infant morbidity and mortality in both developing and industrialised countries, and its established health benefits for infants, mothers, families and society (Annex 1) are manifold and extensively cited by international authorities such as the WHO, UNICEF, American Academy of Paediatrics and many others. Breastfeeding should be universally encouraged for all mothers and infants except in very few specific medical situations.

3.2. Implications of the early cessation of breastfeeding

Multiple studies have shown that breastfed infants are 22% less likely to be obese¹⁹ compared to infants who were never breastfed or who were formula milk-fed. This could be due to the bioactive components of breastmilk as compared to formula milk²⁰ or the positive impact of breastfeeding on the dietary practices²¹, preference²² and habits of infants. Breastfed infants have been shown to have better appetite regulation²³ compared to formula milk-fed infants. Compared to breast milk-fed babies, formula milk-fed babies also appear to have faster weight gain²⁴, which has been associated with increased risk of obesity^{25,26} and other adverse health outcomes later in life²⁷. In addition, formula milk-fed children are at higher risk of developing dental caries²⁸ and infections^{29,30}. Recent studies^{31,32} have also shown an increased risk of childhood obesity as a result of the early introduction (before 4 months of age) of complementary foods to formula milk-fed infants, but not in breastfed infants. This highlights the importance of the type of milk fed (breastmilk vs infant/formula milk) in early life³³ and its impact on later health outcomes,

3.3. Breastfeeding rates in Singapore

¹⁹ Bernardo L Horta and Cesar G Victora, 'Long-term effects of breastfeeding: A Systematic Review', *World Health Organization Publications* (2013)

²⁰ Bernardo L Horta and Cesar G Victora, 'Long-term effects of breastfeeding: A Systematic Review', *World Health Organization Publications* (2013)

²¹ Lim et al, 'Food Sources of Energy and Macronutrient intakes among infants from 6 to 12 months of age: The Growing Up in Singapore Towards Healthy Outcomes (GUSTO) Study', *International Journal of Environmental Research and Public Health*, 15:488 (2018)

²² J A Menella and G K Beauchamp, 'Flavour experiences during formula feeding are related to preferences during childhood', *Early Human Development*, (2002), pp71-82

²³ Li et al, 'Do infants fed from bottles lack self-regulation of milk intake compared with directly breastfed infants' *Pediatrics*, 125(6), (2010)

²⁴ Baird et al, 'Being big or growing fast: systematic review of size and growth in infancy and later obesity', *The British Medical Journal*, 331 (2005)

²⁵ A Hornell et al, 'Breastfeeding, introduction of other foods and effects on health: a systematic literature review for the 5th Nordic Nutrition Recommendations', *Food and Nutrition Research*, 57 (2013); J Yan et al, 'The association between breastfeeding and childhood obesity: a meta-analysis', *BMC Public Health*, 14:1267 (2014)

²⁶ Dewey et al, 'Growth of breast-fed and formula-fed infants from 0 to 18 months: The DARLING Study', *Pediatrics*, 89; (1992), pp1035-41

²⁷ MS Kramer and R Kakuma, 'Optimal duration of exclusive breastfeeding: A Systematic Review', *Cochrane Database Systematic Review*, (2002); Stanley Ip et al, 'Breastfeeding and maternal and infant health outcomes in developed countries [Review]', *Evidence Reports/Technology Assessments*, 153 (2007)

²⁸ The American Academy of Pediatric Dentistry, 'Policy on Dietary Recommendations for Infants, Children and Adolescents', (2012)

²⁹ Melinda McNiel et al, 'What are the Risks Associated with Formula Feeding? A Re-Analysis and Review', *Birth Issues in Perinatal Care*, 37 (2010)

³⁰ KM Silvers et al, 'Breastfeeding protects against adverse respiratory outcomes at 15 months of age', *Maternal & Child Nutrition*, 5; (2009), pp243-250

³¹ Huh, S.Y et al, 'Timing of solid food introduction and risk of obesity in preschool-aged children', *Pediatrics*, 127 (2011)

³² S Robinson and C Fall, 'Infant Nutrition and later health: A review of current Evidence', *Nutrients*, 4; (2012), pp859-874

³³ J Pearce and SC Langle-Evans, 'The types of food introduced during complementary feeding and risk of childhood obesity: a systematic review', *International Journal of Obesity*, 37 (2013), pp477-485

In Singapore, the National Breastfeeding Survey (NBFS, 2011) showed that more mothers are starting and continuing breastfeeding. Comparing between 2001 and 2011, exclusive breastfeeding rates at discharge from hospital increased from 28% to 50%, while breastfeeding initiation rates immediately after birth is nearly 100%. However, whilst the proportion of mothers practising breastfeeding at six months post-delivery doubled from 21% to 40%, exclusive breastfeeding at six months' post-delivery is very low at 1%, falling significantly behind developed countries like Australia³⁴ (18%), South Korea³⁵ (11%) and Taiwan³⁶ (50%). This is of concern, given the long-term health benefits of breastfeeding. Hence, more needs to be done in Singapore to increase and prolong breastfeeding rates.

4. Guidelines on optimal infant and young child feeding

Recommendations for optimal infant feeding are outlined below.

4.1. For infants 0 to 12 months

Exclusive breastfeeding is recommended for infants until six months of age, with continued breastfeeding along with appropriate complementary foods. This is in line with the recommendation of the WHO, to ensure the optimal growth, development and health of infants and young children³⁷. Other professional bodies, such as the American Academy of Paediatrics³⁸ and the Academy of Nutrition & Dietetics³⁹, also recommend "breastfeeding with complementary foods from six months until at least 12 months of age as the ideal feeding pattern for infants." For those who are unable or choose not to breastfeed, infant formula can be a viable alternative. Donor breastmilk from a milk bank is an alternative choice for premature babies in hospitals. All infant formulas sold in Singapore regardless of brand or product meets international standards on the nutritional composition necessary for the healthy growth of babies⁴⁰. Although there are differences in the nutritional composition of different formula milk brands and products for healthy babies, these differences are largely negligible. To meet their evolving nutritional requirements, infants should also receive nutritionally adequate and safe complementary foods no later than six months (or 26 weeks) but not before four months (or 17 weeks)⁴¹.

³⁴ Australian Health Survey: Health Service Usage and Health Related Actions (2011-12)

³⁵ Bae et al, 'Trends of Breastfeeding Rate in Korea (1994-2012): Comparison with OECD and other countries', *Journal of Korean Medical Science* (2013)

³⁶ Extracted from Taiwan's Health Promotion Administration, Ministry of Health and Welfare website: <http://www.hpa.gov.tw/English/ClassShow.aspx?No=201401270002>

³⁷ [WHO | The World Health Organization's infant feeding recommendation](#)

³⁸ American Academy of Pediatrics, 'Policy Statement: Breastfeeding and the use of human milk'. *Pediatrics*, 129 (2012); pp827-41

³⁹ Lessen R, et al. 'Position of the academy of nutrition and dietetics: promoting and supporting breastfeeding', *Journal of the Academy of Nutrition and Dietetics*, (2015); 115(3):444-9.

⁴⁰ Codex Alimentarius. Codex Standard 72 on infant formula, (1987); 1-7, (http://www.fao.org/fao-who-codexalimentarius/sh-proxy/fr/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252Fstandards%252FCODEX%252FBSTAN%252F72-1981%252FCXS_072e.pdf) [Extracted from Article 'All formula milk tested meets food safety standards: AVA (2017, December 10)]

⁴¹ M Fewtrell *et al*, 'Complementary Feeding: A Position Paper by the European Society for Paediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN) Committee on Nutrition', *Journal of Paediatric Gastroenterology and Nutrition*, 64(1) (2017); pp119-132

4.2. For toddlers 12 months and above

Mothers are encouraged to continue breastfeeding for up to 2 years or beyond. If no longer breastfeeding, toddlers can switch to full cream milk after 12 months. This should be complemented by a good variety of solid foods from the four main food groups (fruits, vegetables, grains and meat and alternatives). This is in alignment with the recommendations of the Departments of Health in Australia⁴², Hong Kong⁴³, the United Kingdom⁴⁴ and the United States of America⁴⁵. If eating and growing well, toddlers above the age of 2 years can switch to low fat milk.

5. Role of healthcare professionals

Given the extensive health and social benefits of breastfeeding for mothers, children, families and society, healthcare professionals caring for infants and their mothers should recognise its importance and actively support and promote the practice of breastfeeding through the following:

- Support and encourage mothers to breastfeed exclusively for at least 4 months (or 17 weeks), exclusive or predominant breastfeeding for six months and to continue supplementing with breastfeeding up to two years of age or beyond
- Be educated and updated in skills and practices to protect, promote and support the practice of breastfeeding
- Understand and support the principles of the Baby Friendly Hospital Initiative (Annex 2)
- Be aware of and support the Sale of Infant Food Ethics Committee Singapore (SIFECS) and the WHO *International Code of Marketing of Breast-milk Substitutes*
- Work with relevant healthcare professionals and involve lactation consultants in clinical care to facilitate and optimise success in breastfeeding

6. Acknowledgements

This position statement is supported and endorsed by the Academy of Medicine, College of Obstetricians & Gynaecologists, College of Paediatrics & Child Health, Chapter of Family Medicine Physicians, College of Public Health & Occupational Physicians, Association of Breastfeeding Advocacy (Singapore), Obstetrical & Gynaecological Society of Singapore, Singapore Paediatric Society, Perinatal Society of Singapore and Singapore Nutrition and Dietetics Association.

⁴² National Health and Medical Research Council, '*Eat for Health: Infant Feeding Guidelines, Information for Health Workers*', Australian Government Department of Health & Ageing (2012)

⁴³ Hong Kong Department of Health, '*Recommendations on Milk Intake for Young Children – Information for Health Professionals*', HK DOH, (2012)

⁴⁴ UK Scientific Advisory Committee on Nutrition (SACN), '*Feeding in the First Year of Life Report*' (2017)

⁴⁵ US Department of Agriculture and US Department of Health and Human Services, '*Dietary Guidelines for Americans*', US Government Printing Office; Washington DC, 7th ed. (2010)

Annex 1 – Evidence for Breastfeeding

In infancy, breastfeeding significantly decreases the risk of morbidity and mortality from multiple infectious diseases⁴⁶, including respiratory tract infections and diarrhoea⁴⁷. It has also been associated with a decreased incidence of sudden infant death syndrome⁴⁸ and better developmental outcomes⁴⁹, especially in premature infants. There are also long term benefits of breastfeeding for the infant, which has been associated with a lower risk of high blood pressure and cholesterol, obesity, type 1 and 2 diabetes, and cancers in later life⁵⁰.

The benefits of breastfeeding also extend to mothers, where it is associated with a decrease in the incidence of both breast and ovarian cancers, type 2 diabetes, hypertension and cardiovascular disease⁵¹. Further, breastfeeding improves the health of both infants and mothers, by reducing emotional stress on the family and preventing loss of productivity at work commonly associated with illness⁵², indicating further savings to society, as well as ensuring the emotional wellbeing of the family.

A Spanish study⁵³ showed that with each additional month of exclusive breastfeeding, hospital admissions as a result of infections may be reduced by as much as 30% in the first year of life. A meta-analysis of 33 studies⁵⁴ examining healthy infants in developed nations showed similar results, with formula milk-fed infants experiencing three times more severe respiratory illnesses compared with infants who had been exclusively breastfed for four months.

Breastmilk however, has lower vitamin D and iron levels, and breastfed infants are recommended⁵⁵ to be supplemented with 400IU of Vitamin D from 1 year of age and weaned with iron-rich complementary foods. Breastfeeding mums should also ensure adequate calcium intake of 1000mg per day.

⁴⁶ Heinig MJ. 'Host defense benefits of breastfeeding for the infant. Effect of breastfeeding duration and exclusivity'. *Pediatric Clinics of North America* 2001;**48**(1):105-23

⁴⁷ López-Alarcón M, Villalpando S, Fajardo A. 'Breast-feeding lowers the frequency and duration of acute respiratory infection and diarrhea in infants under six months of age'. *Journal of Nutrition* 1997;**127**(3):436-43

⁴⁸ Venneman MM, Bajonowski T, Brinkmann B, et al. 'Does breastfeeding reduce the risk of sudden infant death syndrome?' *Journal of Pediatrics* (2009);**123**(3):e406-10

⁴⁹ Ip S, Chung M, Raman G, et al. 'Breastfeeding and maternal and infant health outcomes in developed countries'. AHRQ publication number 07-E007. (2007)

⁵⁰ Stuebe A. 'The risks of not breastfeeding for mothers and infants'. *Reviews in Obstetrics & Gynecology* (2009) Fall;**2**(4):222-31

⁵¹ Blincoe AJ 'The health benefits of breastfeeding for mothers' *British Journal of Midwifery* (2005); **13**(6); pp398-401

⁵² Ball TM, Wright AL. Health care costs of formula-feeding in the first year of life. *Journal of Pediatrics* (1999);**103**(4 Pt 2):870-6

⁵³ Paricio Talayero JM, Lizan-Garcia M, Otero Puime A, et al. 'Full breastfeeding and hospitalization as a result of infections in the first year of life'. *Journal of Pediatrics*, **118**(1), (2006); e92-9

⁵⁴ Bachrach VR, Schwarz E, Bachrach LR. 'Breastfeeding and the risk of hospitalization for respiratory disease in infancy: A meta-analysis', *Archives of Pediatrics & Adolescent Medicine*, **157**(3), (2003), pp237-43

⁵⁵ J Pupillo, 'Bone up on new vitamin D recommendations', *American Academy of Pediatrics*, **29**(10), (2018)

Annex 2 – Principles of the Baby-Friendly Hospital Initiative (BFHI)

To be certified as “Baby-Friendly”, hospitals must fulfil the criteria⁵⁶ of following the “*Ten Steps for Successful Breastfeeding*” and the “*International Code of Marketing of Breast-milk Substitutes*” as determined by UNICEF/WHO.

The Ten Steps to Successful Breastfeeding (revised 2018⁵⁷) have been broadly classified into 2 main sections:

Critical Management Procedures

1. (a) Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.
(b) Have a written infant feeding policy that is routinely communicated to staff and parents.
(c) Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key Clinical Practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants’ cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

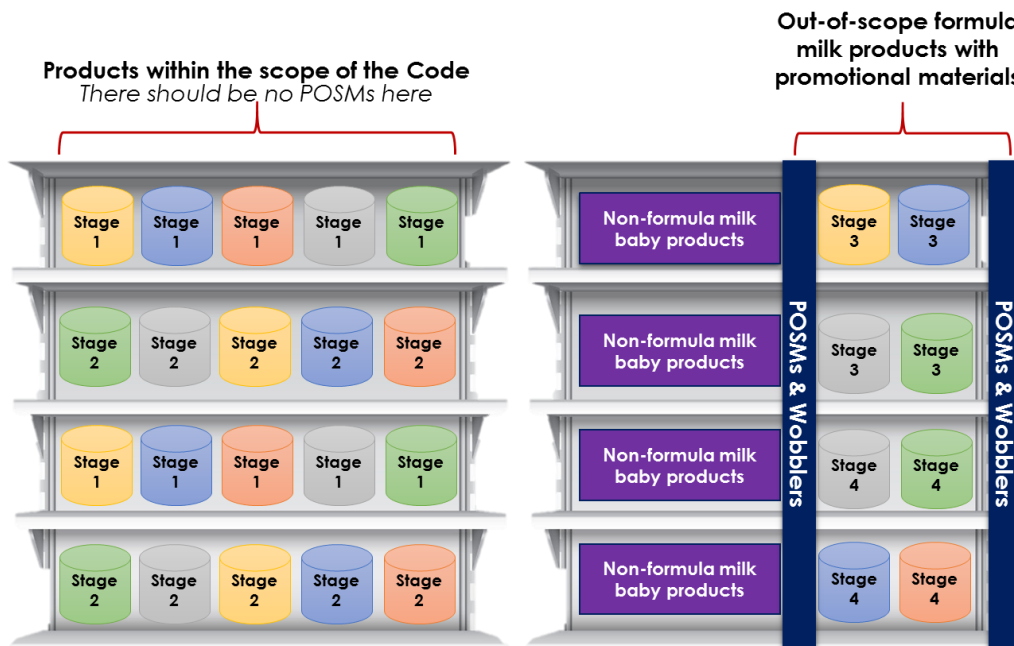
Under the International Code of Marketing of Breast-milk Substitutes, “Baby-Friendly” hospitals must not receive free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from manufacturers or distributors of breast-milk substitutes, bottles, teats or pacifiers. The hospitals must also ensure that no pregnant women, mothers or their families are given marketing materials or samples or gift packs by these manufacturers or distributors.

⁵⁶ UNICEF/WHO: Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care – Section 1, Background and Implementation. http://apps.who.int/iris/bitstream/10665/43593/1/9789241594967_eng.pdf

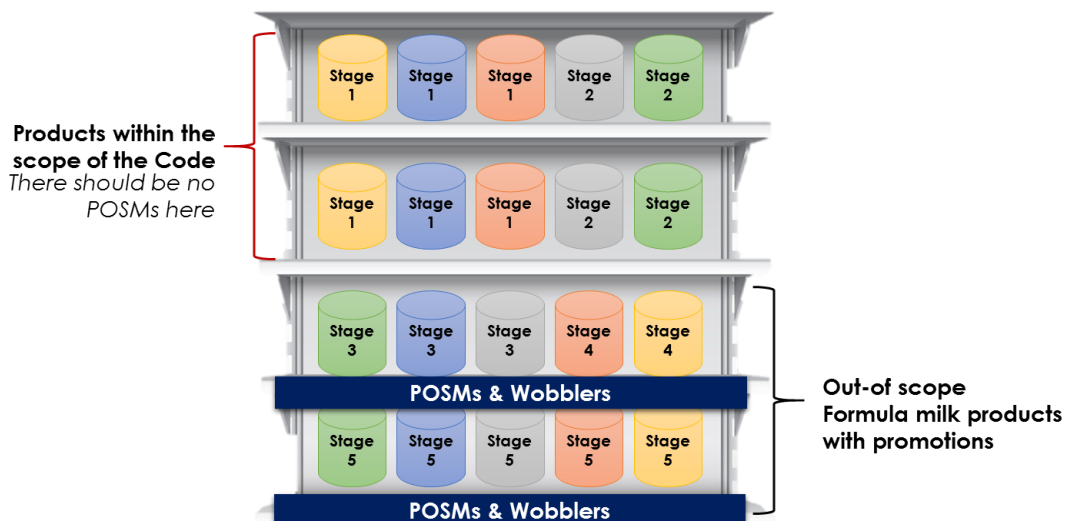
⁵⁷ UNICEF/WHO: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-Friendly Hospital Initiative
(<http://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf>)

Annex C – Guidelines on the display of products within the scope of the Code

1. Products within the scope of the Code are placed in separate supermarket aisles from out-of-scope formula milk products, where they may be discounted and/or have promotions
2. Non-formula milk products should be placed between products within the scope of the Code and out-of-scope formula milk products that are discounted and/or have promotions, if not placed in separate supermarket aisles



3. Products within the scope of the Code should not be placed on the same eye level as out-of-scope formula milk products that are discounted and/or have promotions



Appendix 1a: List of Sale of Infant Foods Ethics Committee Singapore (SIFECs) members for (2016-2018)

Chairman	<p><i>Prof Ho Lai Yun</i> Emeritus Consultant, Paediatrician and Neonatologist Singapore General Hospital and KK Women's and Children's Hospital SingHealth Duke-NUS Academic Medical Centre. Director, Child Development Programme, Ministry of Health, Singapore</p>
Main Committee Members	<p><i>A/Prof Daniel Goh Yam Thiam</i> Yong Loo Lin School of Medicine, National University of Singapore and Paediatric Cluster Chair Khoo Teck Puat–National University Children's Medical Institute National University Healthy System</p> <p><i>Dr Chua Mei Chien</i> Head, Special Care Unit Senior Consultant, Dept of Neonatology KK Women's and Children's Hospital</p> <p><i>Ms Cynthia Pang</i> Assistant Director, Nursing KK Women's and Children's Hospital</p> <p><i>Ms Alderline Wong</i> Counsellor Breastfeeding Mothers Support Group</p> <p><i>Dr Thowfique Ibrahim</i> Senior Consultant KK Hospital Perinatal Society of Singapore</p> <p><i>Hoirul Hafiidz Bin Maksom</i> Assistant Vice President, Hospital Administration Gleneagles Hospital</p> <p><i>Ms Natalie Goh</i> Dietitian Singapore Nutrition & Dietetics Association</p> <p><i>Ms Shirley Tay Poh Ching</i> Director, Nursing Mount Alvernia Hospital</p> <p><i>Mae Mah</i> Deputy Director, Operations Administration Thomson Medical Pte Ltd</p> <p><i>Dr Natalie Chua</i> OG Consultant SOG Heng Clinic for Women</p>

Sale of Infant Foods Ethics Committee Singapore (SIFecs) Code of Ethics
Appendix 1: List of Committee Members

	<p>Dr Yvonne Ng Senior Consultant, Dept of Neonatology National University Hospital</p> <p>Dr Varsha Atul Shah Honorary Treasurer, College of Paediatrics & Child Health, Singapore Senior Consultant, Dept of Neonatal & Development Medicine Singapore General Hospital</p> <p>Ms Lilian Yew Chief Nurse Raffles Hospital</p> <p>Ms Mythili Pandi Breastfeeding Mothers' Support Group</p>
Advisory Member	<p>Ms Tan Yi Ling Senior Manager Agri-Food & Veterinary Authority</p>
Industry Members	<ul style="list-style-type: none"> • Abbott Laboratories (S) Pte Ltd • Danone Dumex ELN S'pore Pte Ltd • FrieslandCampina (Singapore) Pte Ltd • Wyeth Nutrition (Spore) Pte Ltd • Nestle Nutrition Singapore • Orient Europharma Pte Ltd • Reckitt Benckiser
Members of the SIFecs Review Committee	<p>Advisor: Prof Ho Lai Yun Emeritus Consultant, Paediatrician and Neonatologist Singapore General Hospital and KK Women's and Children's Hospital SingHealth Duke-NUS Academic Medical Centre. Director, Child Development Programme, Ministry of Health, Singapore</p> <p>Chairperson: A/Prof Daniel Goh Yam Thiam Yong Loo Lin School of Medicine, National University of Singapore and Paediatric Cluster Chair Khoo Teck Puat–National University Children's Medical Institute National University Healthy System</p> <p>MEMBERS</p> <p>Dr Chua Mei Chien Head, Special Care Unit Senior Consultant, Dept of Neonatology KK Women's and Children's Hospital</p> <p>Ms Natalie Goh Dietitian Singapore Nutrition & Dietetics Association</p>

Sale of Infant Foods Ethics Committee Singapore (SIF ECS) Code of Ethics
Appendix 1: List of Committee Members

	<p><i>Ms Venetta Miranda</i> Executive Director Asia Pacific Infant and Young Child Nutrition Association (APIYCNA)</p> <p><i>Ms Tan Yi Ling</i> Senior Manager Agri-Food & Veterinary Authority</p>
--	--

Sale of Infant Foods Ethics Committee Singapore (SIF ECS) Code of Ethics
Appendix 1: List of Committee Members

Appendix 1b: List of Sale of Infant Foods Ethics Committee Singapore (SIF ECS) members for (2018-2020)

Chairman	<p><i>Adjunct A/Prof Chan Yoke Hwee</i> Chairman, Division of Medicine Senior Consultant, Children's Intensive Care Unit Department of Paediatric Subspecialties KK Women's and Children's Hospital</p>
Healthcare Institution Members	<p><i>Ms Antoinette Sabapathy</i> Deputy Director of Nursing Gleneagles Hospital</p> <p><i>Dr Lim Su Lin</i> Chief Dietitian National University Hospital</p> <p><i>Ms Mae Mah</i> Deputy Director, Operations Administration Thomson Medical Pte Ltd</p> <p><i>Ms Mary Jane Mendoza</i> Deputy Ward Manager Raffles Hospital</p> <p><i>Ms Shirley Tay Poh Ching</i> Director of Nursing Mount Alvernia Hospital</p> <p><i>Dr Yong Tze Tein</i> Senior consultant & Clinical quality chairman Dept of Obstetrics & Gynaecology Singapore General Hospital President, College of Obstetrics & Gynaecology</p>
Medical colleges, societies & non-profit governmental organisation and association Members	<p><i>Adjunct A/Prof Anne Goh</i> Senior consultant & Head of Allergy Service Senior consultant of Respiratory Medicine Service Dept of Paediatrics, KK Women's and Children's Hospital President, Singapore Paediatric Society</p> <p><i>Dr Chua Mei Chien</i> Head, Special Care Unit Senior Consultant, Dept of Neonatology KK Women's and Children's Hospital President, Association for Breastfeeding Advocacy (Singapore)</p> <p><i>Ms Izabela Kerner</i> Dietitian President, Singapore Nutrition & Dietetics Association</p> <p><i>Ms Khatim Hamidon</i> Vice-President, Breastfeeding Mothers' Support Group</p>

Sale of Infant Foods Ethics Committee Singapore (SIFECs) Code of Ethics
Appendix 1: List of Committee Members

	<p><i>A/Prof Tan Kok Hian</i> Senior Consultant Dept of Maternal Fetal Medicine KK Women's and Children's Hospital President, Perinatal Society of Singapore</p>
Advisory Member	<p><i>Ms Tan Yi Ling</i> Senior Manager Agri-Food & Veterinary Authority</p>
Industry Members	<ul style="list-style-type: none"> • Abbott Laboratories (S) Pte Ltd • Danone Dumex ELN S'pore Pte Ltd • FrieslandCampina (Singapore) Pte Ltd • Nature One Dairy • Nestle & Wyeth Nutrition (Spore) Pte Ltd • Orient Europharma Pte Ltd • Reckitt Benckiser
Retailer Members	<ul style="list-style-type: none"> • NTUC Fairprice • Dairy Farm Group • Sheng Siong • RedMart

Appendix 2: Definition of Commonly Used Terms

ADVERTISING refers to any form of communication that is used or apparently used to promote, directly or indirectly, the sale of breast milk substitutes:

- (1) Any words, whether written or in an audible message;
- (2) Any still or moving picture, sign, symbol or other visual image or representation;
- (3) Any combination of 2 or more of those things in paragraph (1) and (2),

But does not include communications of personal opinion made by an individual (for no commercial gain) to the public or a section of the public in relation to any goods or services, brand of goods or services, or person who provides goods or services.

BREAST MILK SUBSTITUTES refer to any food specifically marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose. These refer to **Infant formulas** (for infants from birth to 12 months of age), except for **foods for special medical purposes (FSMP) for infants**.

COMPANY PERSONNEL refer to any persons (including but not limited to doctors, nurses, pharmacists, lactation consultants, nutritionists/dietitians, promoters, medical representatives, sales representatives or nutritional representatives) employed by companies manufacturing, distributing and marketing products within the scope of this Code.

COMPLEMENTARY FOODS refers to any food, whether manufactured or prepared, suitable as a complement to breast milk or to infant formula, when either becomes insufficient to meet the nutritional requirements of the infant. Complementary food is also referred to as 'weaning food' or 'breast milk supplement'. Age-appropriate complementary feeding refers to foods that meet the nutritional needs of the growing child, while maintaining breastfeeding, and should be of appropriate texture and given in suitable amounts, frequency and consistency.

DETAILING AIDS refer to any visual or sales aids in print or electronic format containing product/brand information, product claims, clinical data and/or scientific information related to the topic. They are typically used as a tool to engage healthcare professionals in a product-specific or product-related dialogue.

DISTRIBUTORS refer to a person, corporation or other entity engaged in the sale, whether wholesale or retail, of any products within the scope of the Code.

FEEDING BOTTLE refer to an object used to feed liquids to infants, composed of a teat and a container to hold the liquid.

FOODS FOR SPECIAL MEDICAL PURPOSES (FSMP) FOR INFANTS refers to products regarded as special purpose foods under the purview of the Agri-Food & Veterinary Authority (AVA). According to the *Codex Alimentarius Commission*, FSMP are a category of foods for special dietary uses, which according to its descriptions or instructions for use, are specially processed or formulated and presented for the dietary management of patients (including infants) and may be used only under medical supervision. They are intended for the exclusive or partial feeding of patients with:

- (i) limited or impaired capacity to take, digest, absorb or metabolize ordinary foodstuffs or certain nutrients contained therein;
- (ii) other special medically-determined nutrient requirements;

Whose dietary management cannot be achieved only by modification of the normal diet, by other foods for special dietary uses, or by a combination of the two.

Examples include products specially processed or formulated for infants with inborn errors of metabolism (i.e. galactosemia and phenylketonuria) as well as pre-term infants. Products carrying claims like “anti-regurgitation” and “lactose-free”; as well as partially and/or completely hydrolysed formula are not considered as FSMP.

HEALTHCARE PERSONNEL refer to any person providing (or who are in training to provide) health care services in a health care facility. This includes medical

practitioners, nurses, midwives, dietitians, nutritionists, health education officers, lactation consultants, clinical psychologists, medical social workers, hospital assistants, medical assistants, food service personnel, voluntary unpaid workers and any other persons working in healthcare institutions or such other persons as may be specified by the Ministry of Health for the purpose of this Code.

HEALTHCARE INSTITUTIONS refer to governmental, non-governmental or private institutions, organisations and associations engaged, directly or indirectly, in the provision of health care or in the training and education of healthcare professionals and healthcare personnel. This includes but is not limited to hospitals, polyclinics, general practitioners' premises, private clinics, maternity wards, nurseries, specialists' clinics.

INFANT refers to a person not more than 12 months of age.

INFANT FORMULA refers to any food described or sold as an alternative to human milk for the feeding of infants. It shall be a product prepared from milk of cows or other animals or both or from other edible constituents of animals, including fish, or plants and which have been proved suitable for infant feeding.

INFANT NUTRITION INDUSTRY refers to all manufacturers, importers and distributors of products for the feeding of infants.

LABEL refers to any tag, brand, marks, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container of any products within the scope of this Code.

MOTHER AND BABY EVENTS refer to baby exhibitions, fairs, contests and shows held in Singapore for the general public.

MOTHERCRAFT SERVICES refer to services to advise and assist mothers on infant feeding and infant care.

Different forms of related services will come under the umbrella of mothercraft. These include:

- Antenatal classes
- Parentcraft services or home care programme
- Hotlines / helplines
- Soliciting of mothers
- Mother and baby clubs
- Newsletters
- Talks on infant care
- Websites / Digital media
- Others, as determined by the Vetting Committee of the SIFECS

OUT OF HOME MEDIA refers to any form of advertising that reaches the consumers while they are outside their homes. These includes, are not limited to billboards, posters, buses, commuter rail, transit shelters and street furniture, airport media, taxis, mall advertising, cinema, pop-up stores and projection media.

PACK SHOT refers to any representation of a designated product either by photograph or graphic illustration.

PRODUCT NAME refer to the specific name given to products within the scope of the Code.

PROMOTION refers to any direct or indirect form of sales-inducing strategies, including but not limited to discounts, offers, free and low-cost supplies, donations, redemption schemes, free gifts related or unrelated to purchases, free utensils or articles, prizes, carrier-bags with pack-shots or product logo, discount coupons, special displays at retail outlet and other giveaways.

PROFESSIONAL ASSOCIATION refers to an organisation, usually non-profit in nature, which serves the interests of members who share a common field of interest or activity, and is seeking to further a particular profession, the interests of individuals engaged in that profession and the public interest. In Singapore, professional associations relevant to the code include the Singapore Paediatric society, Perinatal

Society of Singapore, Obstetrical and Gynaecological Society of Singapore, College of Paediatrics and Child Health, and College of Obstetrics and Gynaecology, Singapore, Singapore Nutrition and Dietetics Association, Association for Breastfeeding Advocacy (Singapore). Relevant departments of public and private hospitals may also be considered on a case by case basis.

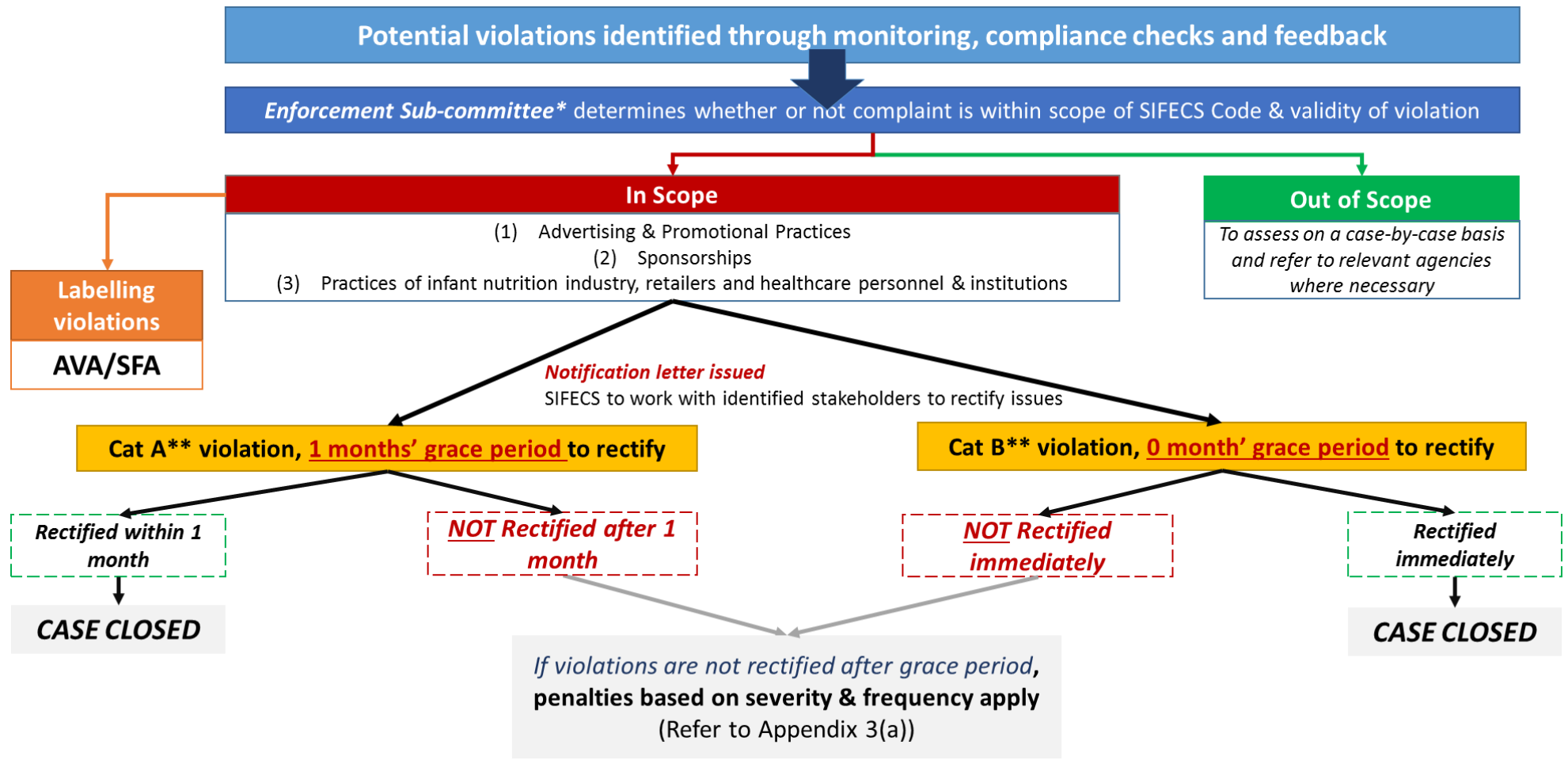
RETAILERS refer to all physical and online points of sale who sell infant and follow-on formula at any sale outlet or premises including but not limited to pharmacies, shops and supermarkets, hypermarkets, convenience stores, petrol marts, Chinese medical halls.

STAKEHOLDERS refer to the Infant Nutrition Industry, Professional Associations, Retailers, Healthcare Institutions, Healthcare Personnel and Government Authorities. In particular, medical, nursing and allied health institutions responsible for the education and training of healthcare personnel should incorporate the Code into their curricula to ensure the widespread awareness of its contents.

TEAT refer to the part of a feeding bottle from which the infant sucks liquid.

These definitions apply to products within the scope of the Code and its related distribution, promotional and advertising practices.

Appendix 3: Monitoring and Compliance



*Committee is made up of SIF ECS Chairperson, HPB/MOH and relevant stakeholder representative i.e. the stakeholder group involved in the violation

**Refer to appendix 3(a) for definitions of Cat A and Cat B violations

Appendix 3(a): Categories of violations and associated penalties

First recourse of action when violations are picked up is the issuance of notification letters to violating stakeholders. SIF ECS committee will work with identified stakeholders to rectify issues within the stated grace period – one month for Category A violations, and immediate rectification for Category B violations.

1. Category A violations

Category A violations are those with minimal and/or no direct impact on breastfeeding i.e. has small reach/low visibility to mothers/low-value investment

1.1. Examples of category A violations

- (a) **Retail segregation** e.g. placement of in-scope products together with promotional out-of-scope products
- (b) **Provision and acceptance of sponsored materials** e.g. stationeries with formula milk logo, non-compliant educational materials for HCPs
- (c) Hosting a non-compliant industry-sponsored event for HCPs

1.2. Associated penalties for category A violations that are not rectified after grace period

- (a) Warning letter issued to parent company or governing body *if violation is not rectified after grace period*
- (b) Violation to be rectified *within 1 month of warning letter*
- (c) *If not rectified after 1 month of warning letter*, publication of violation on HPB website

2. Category B violations

Category B violations are those with large and/or direct impact on breastfeeding i.e. has wide reach/high visibility to mothers/high-value investment and can be categorised as follows:

- 2.1.** Category B(i) refer to violations that can be rectified, such as long-term sponsorship agreements and/or promotional practices
- 2.2.** Category B(ii) refer to violations that cannot be rectified, such as once-off past events and/or sponsorships

2.3. Examples of category B violations

- (a) **Provision and acceptance of sponsorships for the promotion of products within the scope of the Code** e.g. entering into hospital sponsorship agreements that provides discounted medical equipment in exchange for longer milk rotations
- (b) **Promotion of in-scope products** e.g. price discounting, vouchers, free gifts, provision of free samples, display of formula milk, bottles and/or teats in healthcare institutions
- (c) **Advertising of in-scope products** on all channels (e.g. broadcast & print media, social media post, web article, blog post, EDM)
- (d) Hosting an **industry-sponsored event** featuring products within the scope of the Code targeted at mothers

2.4. Associated penalties for category B violations that are not rectified immediately

2.4.1. Category B(i) violations

- (a) Warning letter issued to parent company or governing body if violation is not rectified after grace period
- (b) Violation to be rectified *within 1 month of warning letter*
- (c) *If not rectified after 1 month of warning letter*, publication of violation on HPB website

(d) If not rectified after 1 month of publication on HPB website, violation will be escalated to main SIF ECS committee

2.4.2. Category B(ii) violations

(e) **For 1st time violations**, warning letter will be issued to parent company or governing body if violation is not rectified after grace period

(f) **If violation repeated for the 2nd time**, publication of violation on HPB website

(g) **If violation is repeated 3 times or more**, violation will be escalated to main SIF ECS committee

