

Code of Ethics

on the Sale of Infant Foods in Singapore

Formulated by the Sale of Infant Foods
Ethics Committee, Singapore



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Foreword

The World Health Organisation recommends that babies should be breastfed for the first six months, for optimal health and development. Indeed, breastfeeding offers many advantages to both infants and mothers. To protect breastfeeding, the Ministry of Health (MOH) established the Sale of Infant Foods Ethics Committee, Singapore (SIFECs) in 1979. The Committee formulated and implemented the marketing code called the 'Code of Ethics on the Sale of Infant Formula Products in Singapore' in 1981.

This present edition is the third revision of the original Code of Ethics, in line with the changing infant food industry marketing practices and consumer needs. The Code of Ethics has served as a useful working document for all who are involved in the promotion of childhood nutrition, and the marketing and distribution of breast milk substitutes in Singapore. It provides guidelines on the appropriate marketing and distribution of breast milk substitutes.

The 1950's through to the 1970's saw a decline in the proportion of mothers in Singapore who initiated breastfeeding (from 90% to 46%). However, we have seen a gradual reversal of this declining trend. More mothers are choosing to breastfeed. The initiation rate has improved significantly over the years. In 2001, 95% of mothers initiated breastfeeding. This is due, to a large extent, to the close cooperation between the infant food industry and the health professionals in promoting breastfeeding.

With the establishment of the Health Promotion Board (HPB) in April 2001, the administration of SIFECs was transferred from MOH to HPB. HPB will continue to safeguard breastfeeding and to ensure ethical practices amongst the infant food industry and the health professionals.

Under the chairmanship of Dr Ho Lai Yun, I am confident that members of SIFECs will continue to work together to promote the Code of Ethics.

Dr Lam Sian Lian
Chief Executive Officer
Health Promotion Board

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The contention of the Code of Ethics is that breastfeeding is an unequalled way of supporting healthy growth and development of infants. It affirms that the success of breastfeeding lies in public education. The health care system and professional groups also play an essential role in facilitating breastfeeding, and in ensuring that its workers or members are equipped with the necessary knowledge and skills to advise and guide mothers in breastfeeding practices.

The Code of Ethics also recognises that there is a legitimate market for infant formula which are scientifically formulated to provide an alternative, if breastfeeding is not possible. However, sale and distribution of infant formula should be carried out in such a way as to avoid competing with breast milk, thereby creating an artificial need for the products. Marketing of infant formula therefore, requires special treatment which makes the usual marketing practices unsuitable for these products.

In 1981, the 34th World Health Assembly adopted the WHO International Code of Marketing of Breast Milk Substitutes. The aims and the principles of the WHO Code were supported by a majority of countries,

Introduction

including Singapore. At that time, Singapore had already adopted her own Code of Ethics. As both Codes work towards achieving similar objectives, Singapore decided to continue to implement her own Code of Ethics.

In 2001, the membership of the Sale of Infant Foods Ethics Committee, Singapore (SIF ECS) was reviewed. The current list of members is in Appendix 1. The Committee reviewed the World Health Assembly Resolutions over the last six years and concluded that it was timely to revise the Code.

All firms dealing with infant foods in Singapore participated actively in the formulation of the revised Code of Ethics. They will continue to ensure its successful implementation and monitoring. They have agreed to subscribe to and operate within the Code of Ethics, and to submit their promotional, educational and product use instructional materials to be approved by the Vetting Committee of SIF ECS. This speaks very highly of the professionalism of the infant food industry representatives. It behoves all health professionals to work even harder to see that our infants receive their birthright, i.e. that they are given human milk for as long as possible.



1.

Definition of Terms

For the purposes of this Code, definitions of commonly used terms are in Appendix 2.

2.

Aim of the Code

The aim of the Code of Ethics is to contribute to the provision of safe and optimum nutrition for infants, by the protection and promotion of breastfeeding, and by the provision of guidelines on use of breast milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

3.

Scope of the Code

The Code applies to practices relating to the promotion, marketing and distribution of breast milk substitutes, **including infant formula** (for infants from birth to six months) **and any other foods recommended for use as a partial or total replacement for breast milk (Appendix 2)**. It also applies to information concerning the use of these products, bottles and teats.

4.

Informational / Educational and Service Materials

- 4.1** The infant food industry will ensure that the provision of information on infant feeding is objective and consistent with established guidelines from the Health Promotion Board.
- 4.2** Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach health professionals, pregnant women and mothers of infants will not use any pictures or text which may idealise the use of breast milk substitutes, bottles and teats. The terms 'humanised', 'maternalised', or similar terms should not be used.



4.3 These materials will carry the words ‘Important Notice’ which will include, in printed letters not less than 1.5 millimetres in height, the following information:

- * Benefits and superiority of breastfeeding
- * Negative effect (on breastfeeding) of introducing partial bottle-feeding
- * Difficulty of reversing the decision not to breastfeed
- * Recommendation to seek professional advice when mothers are unable to breastfeed.

4.4 Statements pertaining to product claims will reflect scientific integrity **without** carrying the implication that the product is superior or equal to breast milk. The Code recognises the need for continuous research efforts by the infant food industry aimed at filling the gaps in knowledge of their products.

4.5 All educational and product use print materials will be distributed **only** through health professionals. Company personnel will be allowed to contact health professionals to provide scientific and factual information on products within the scope of this Code, and associated educational and product use materials. Copies of the cited references should also be given together with the product detail aids to health professionals.

4.6 Materials for distribution may bear a company's name or logo, but will not refer to a proprietary product within the scope of this Code. Product names / logos will be allowed only on materials specific to the products. Pack shots in print materials will be limited to products specific to the content of the materials. Materials for distribution should not discourage breastfeeding.

4.7 All materials for products within the scope of the Code will need to be approved by the Vetting Committee of SIF ECS. These will include overseas publications intended for use in Singapore. The approved publications should carry a SIF ECS code number.



5.

Practices of Infant Food Industry

- 5.1** The infant food industry will not, as part of their job responsibilities, perform educational functions in relation to pregnant women or parents of infants and young children. **All advice on the use of breast milk substitutes is to be given only by doctors, dietitians / nutritionists, nurses and voluntary consumers' group or breastfeeding specialists.** Medical and nursing personnel will not allow infant food company personnel (including doctors, nurses and nutritionists / dietitians) to take their places in public education and parental counselling on infant feeding at their premises.

- 5.2** The provision of mothercraft or similar services (see Appendix 2 for listing of mothercraft services) paid by the infant food industry will not be permitted. Mothers requesting for consultation or mothercraft-type services can be referred to polyclinics, hospitals, paediatric clinics or the Singapore Breastfeeding Mothers' Support Group.
- 5.3** For company staff responsible for product promotion, the incentive schemes will not be linked in any way to promotion of products within the scope of this Code. Likewise, no financial inducements (e.g. special discounts for other medical and paramedical items by the companies) to promote products within the scope of this Code will be offered to hospitals, clinics and retail pharmacies.



6.

Milk Supplies to Hospitals

6.1 Hospitals will have the responsibility to provide adequate facilities and an environment that is conducive to parent-infant bonding and the successful establishment of breastfeeding, in keeping with the recommendations to make hospitals baby-friendly.

Hospitals with maternity service will be committed to having professional staff dedicated to advising and assisting parents on the preferred and proper methods of infant feeding. Mothers will be taught the details of breastfeeding during antenatal classes as well as in the postnatal period. After discharge, mothers will continue to have easy access to follow-up care and supervision by qualified health professionals.

6.2 Breastfeeding is the preferred method of feeding and the use of infant formula products will be decided by the medical staff based on the infant's and mother's clinical condition. The same recommendation will apply to staff working in the antenatal and postnatal clinics.

6.3 Bottles of pre-prepared milk will be treated as any other medication, and will not be distributed and left on baby cots as a routine.

Feeding of formula milk to infants who are being breastfed in hospitals is discouraged as this can be a deterrent to successful lactation.

6.4 Donations by the infant food industry of infant formula or other products within the scope of this Code may be made to hospitals. Hospitals will have the responsibility to ensure that the amounts of available samples are kept to a minimum to reduce the likelihood of over-distribution. Staff will also ensure that bottles of infant formula are kept in storage, out of sight of parents and visitors to avoid imparting a misguided impression of the preferred method of feeding in the hospital.



- 6.5** There will be no direct ordering of infant formula from the infant food companies by nursing and medical staff. Ward orders for infant formula will be communicated to the respective food or dietetic department of the hospital for arrangements of delivery and distribution of milk supplies to the nurseries.
- 6.6** Similarly, discharge packs normally given out by hospitals will not contain any products within the scope of this Code. Breastfeeding mothers may perceive the provision of samples of infant formula at discharge as a tacit discouragement to breastfeeding and an endorsement to formula use by the health professionals and /or hospital.

7.

Product Samples

7.1 The infant food industry will not provide samples and retail packs of products within the scope of this Code to pregnant women, mothers or members of their families or health professionals. There will be no delivery to homes of product samples or any gifts of equipment or utensils which may promote the use of infant formula or bottle-feeding.



8.

Product Advertisement and Promotion

- 8.1** There will be no direct advertising to the general public of products within the scope of this Code, except when the advertisement is approved by the Vetting Committee of SIF ECS and / or targeted at health professionals. This will apply to advertisements on the internet.
- 8.2** There will be no point-of-sale promotion to induce sales at the retail level; these include giving of samples / any other promotional materials, special displays, shelf labelling, price-off offers, discount coupons, premiums such as hampers and gift packs, and tie-in sales for products within the scope of this Code.

8.3 The infant food industry will not be associated in any manner with Baby Shows for products within the scope of this Code. It follows that there will be no co-organising of events with any health professional groups or institutions. The infant food industry will not solicit for contacts with pregnant women or mothers of infants and young children. It is the responsibility of the organisers and sponsors to observe the Code.

8.4 Polyclinics, maternity wards, paediatric clinics and family doctors' practices will not be used to sell products within the scope of this Code or display samples, pamphlets and posters depicting different brands of products within the scope of this Code.



9.

Labels

- 9.1** Labels will be designed to provide information on the appropriate use of the product, so as not to discourage breastfeeding. They will also conform to the regulations under the Sale of Food Act.

- 9.2** Can inserts or any form of can attachments will not be allowed for products within the scope of the Code. All information about the product and its use will appear only on labels as part of the can.

10.

Implementation and Monitoring

- 10.1** Adherence to this Code will be supervised by SIF ECS, and is obligatory on the entire infant food industry operating in Singapore. The infant food industry will be responsible for monitoring their marketing practices according to the principles and aims of this Code, and for taking steps to ensure that their conduct at every level conforms to the Code.
- 10.2** Professional groups, institutions and individuals concerned will have the responsibility of observing the Code, and drawing attention to activities which are incompatible with the principles and aims of this Code, so that appropriate action can be taken.



10.3 The successful implementation and monitoring of this Code calls for cooperation among all those concerned - the infant food industry, retailers, wholesalers and distributors, health professionals, and government authorities, and requires these sectors to take proactive measures to promote awareness of the Code.

In particular, institutions responsible for the education and training of health professionals should incorporate this Code into their curricula in order to ensure awareness of its contents.

The infant food industry can apprise not only their company personnel, but also the retailers, wholesalers and distributors of the Code and their responsibilities to conform to it.

Members of SIFECs (Jul 01 - Jun 04)

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Infant food industry representatives:

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Diethelm (S) Pte Ltd, Healthcare
Division / Friesland Nutrition

Dumex (M) Sdn Bhd

Nestle (S) Pte Ltd

Nutricia Asia Pacific

Orient Europharma Pte Ltd

Wyeth (S) Pte Ltd



Definition of Commonly Used Terms

BREAST MILK SUBSTITUTES refer to any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose.

These include:

- * infant formula (for infants from birth to six months)
- * complementary foods such as cereals, teas and juices, water and other baby foods marketed for use before the baby is six months old.

COMPANY PERSONNEL refers to any persons (including doctors and nutritionists / dietitians) employed by companies manufacturing, distributing and marketing products within the scope of this Code.

COMPLEMENTARY FOOD 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. Such food is also commonly called 'weaning food' or 'breast milk supplement'.

INFANT FORMULA refers to a breast milk substitute scientifically formulated to satisfy the nutritional requirements of infants up to six months of age.

The term also includes special formula products available over the counter.

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MOTHERCRAFT SERVICES refer to the employment by the infant food industry of nurses, midwives or related personnel to advise and assist mothers in infant feeding and infant care.

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

- * Parentcraft services or home care programme
- * Hotlines / helplines
- * Soliciting of mothers
- * Baby clubs
- * Newsletters
- * Talks on infant care
- * Websites
- * As determined by the Vetting Committee of SIFECS

This definition applies especially to products and activities within the scope of the Code.

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