

Working within the
WHO *International
Code of Marketing
of Breastmilk
Substitutes*

A guide for
dietitians

2020



What is the WHO International Code of Marketing of Breastmilk Substitutes?

The *International Code of Marketing of Breastmilk Substitutes* was adopted by the World Health Assembly (WHA) in 1981 and is often referred to as ‘the Code’ or ‘the WHO Code’ (World Health Organisation, 1981). The Code is an important part of creating an environment that enables families to make the best possible infant feeding choices based on impartial information free of commercial influences. It has been globally established that inappropriate promotion of food products that compete with breastfeeding can negatively affect the choice of a mother to breastfeed her infant optimally.

There is only one version of the Code, but there have been multiple relevant WHA resolutions adopted since 1981 and all of these are considered as part of the Code, along with the guidance that supports them. Many of the additional resolutions have strengthened issues relating to reducing conflict of interest for health workers.

What are ‘breastmilk substitutes’?

The following are all considered breastmilk substitutes and are covered by the WHO Code: infant formula, follow-on formula, infant milks marketed as a food for special medical purposes (IFSMP), growing-up or toddler milks, any food marketed for infants under 6 months of age, and any food or drink marketed in a way that suggests it can replace breastmilk in the first three years of life, as well as bottles and teats.

It is important to note that, when marketing their products, companies may use the name of the manufacturer, rather than the infant formula brand name and that the Code relates to companies selling foods for infants and young children as well as any brands. For example, Danone Nutricia manufactures Aptamil and Cow & Gate, and Nestlé manufactures SMA, so any inappropriate marketing by those parent companies would be considered as contravening the Code. Also, companies that market specialist breastmilk substitutes in the UK – such as Abbott or Mead Johnson – should be considered in exactly the same way as any other breastmilk substitute manufacturer.

Why is the Code important?

The World Health Organisation (WHO, 2003) and health departments across the developed world, including in the UK, recommend that the best way to feed an infant is exclusive breastfeeding for the first six months of life, and continued breastfeeding alongside complementary foods in the second six months of life and beyond. Globally it is recommended that babies are breastfed for at least two years.

The protection, support and promotion of breastfeeding rank among some of the most effective interventions to improve child health and survival, as well as the health of mothers, globally.

The UK has some of the lowest breastfeeding rates in the world, with 8 out of 10 women stopping before they want to. While UK breastfeeding initiation rates are good (with 81% of women commencing breastfeeding), the drop-off rates are very high, with only 42% of babies receiving any breastmilk at 6-8 weeks of age, and with exclusive breastfeeding at six months (as recommended by the WHO) at 1% (McAndrew et al, 2012).

The advertising that families are exposed to significantly affects how families perceive different brands and product types. Despite all first infant formulas meeting the same compositional regulations, cross-promotion in the advertising of follow-on formula and other milks has led families to believe that there are significant differences between brands. This contributes to families buying more expensive formulas, which they may not be able to afford (All-Party Parliamentary Group on Infant Feeding and Inequalities, 2018). It is important to remember that, if there were sufficient evidence that a new ingredient was beneficial to infant health, it would be added to all infant formula by law.

Key recommendations of the Code

The Code is an extensive set of recommendations. Some of the relevant key points are covered below.

Health workers should ensure that:

- there is no advertising for infant feeding products anywhere within public services
- there is no contact between company personnel and pregnant women or mothers
- there are no items, including stationery, bearing company logos or product names on public service premises or used by its staff
- no free samples of products are given to health professionals or mothers
- only scientific and factual information, free from commercial bias, is used in the care of babies and their parents
- no donations to the health care system (including to health workers and professional associations) are made by companies selling foods for infants and young children
- meetings of health professionals and scientific meetings are not sponsored or attended by companies selling foods for infants and young children.

The Code restricts *marketing* of breastmilk substitutes, but it does not restrict the provision of unbiased evidence-based information for health workers or families about breastmilk substitutes and how these can be used safely. Information from breastmilk substitute companies often contains misleading or incomplete information, so it is important that dietitians seek out and use independent forms of support and information for families.

The Code in the UK

The UK, like many countries, has some but not all of the Code in law. UK law currently restricts the direct marketing of infant formula to the general public, but families and practitioners are still exposed to marketing practices that undermine breastfeeding – for example, with advertisements for follow-on formula, or information provided to practitioners by company representatives or through sponsored events.

New regulations that came into law in the UK in February 2020 also restrict the marketing of infant milks marketed as foods for special medical purposes. This means, for example, that free samples cannot be given to families, and nutrition and health claims cannot be made.

For an explanation of the UK law, see the Baby Feeding Law Group website at www.bflg-uk.org

An increasing number of health services targeting mothers and babies, childcare services and universities have committed to adopting the Code through their working towards achieving Unicef UK Baby Friendly accreditation. To find out more about this accreditation see <https://www.unicef.org.uk/babyfriendly/about/>

In the UK, 92% of maternity units and 91% of health visiting services have committed to working within the Code as part of the Unicef UK Baby Friendly accreditation, and many children's centres, neonatal units, midwifery and health visiting courses are on their Baby Friendly accreditation journey.

Unicef UK Baby Friendly accreditation supports breastfeeding and safe and responsive formula-feeding practices.

To find out more about how the Unicef UK Baby Friendly Initiative supports families who bottle feed their infant, see <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/bottle-feeding-resources/>

FAQs

The Code and conflicts of interest

Q1 How does advertising and marketing create a conflict of interest for health workers?

A A conflict of interest arises when an individual or organisation has competing interests, where serving one interest may be of detriment to the other, and impartiality is compromised. For example, a professional who has been subjected to advertising and marketing from an infant milk company may feel favourable towards that company and be more likely to recommend one of their products rather than an alternative that may be more, or equally, suitable. This would be a conflict of interest as their decision-making process has been altered. While most professionals would try to avoid behaving in such a way, the impact of advertising and marketing on our decision-making is often unconscious and can be unavoidable. It is therefore advisable to limit the exposure to advertising and marketing.

It is also important to be aware that marketing of breastmilk substitutes to staff can create a conflict of interest for the Trust as a whole, which goes against, and can jeopardise, local Baby Friendly status. For more information on instances that may compromise Baby Friendly status, see the Unicef UK report *Working within the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers* (Unicef UK Baby Friendly Initiative, 2019).

Q2 How does the Code fit with professional codes of practice?

A The Health and Care Professions Council's *Standards of Conduct, Performance and Ethics* state that potential financial reward should not play a part in the advice or recommendations of products and services they give (HCPC, 2016), and the BDA *Code of Professional Conduct* states that members will "not accept private financial benefits or favours, which could be interpreted as an attempt to gain preferential treatment, or present a conflict of interest" (British Dietetic Association, 2017). As a practitioner, it

is important to recognise the various ways that financial benefits could be received – including stationery, leaflets, free or subsidised samples, invitations to sponsored study days, offers to pay for travel to other conferences or events, or payments for speaking at events – all of which incur a cost that is not being borne by the individual dietitian or dietetic department.

The HCPC standards also state that allied health professionals must not make or support unjustifiable statements relating to particular products, and that potential financial reward should not play a part in the advice or recommendations of products and services they give. Educational material provided for dietitians by breastmilk substitute companies may contain misleading or incomplete information, which can influence the information that dietitians provide to families. For an individual's dietetic practice to correspond with this part of the HCPC standard, it is essential to avoid all conflicts of interest, and to play an active role in seeking out independent, evidence-based information to support their practice.

Meetings with company reps

Q3 Why should I not meet with company reps?

- A Company representatives use meetings with health professionals to promote their products, with the intention that they are more likely to recommend that the products are provided by the hospital setting. Reps often have financial incentives to encourage more sales, and all companies have a duty to maximise their profits for shareholders. Reps may typically visit at lunchtime and bring lunch and gifts to these meetings, with the aim of making health professionals feel more favourably towards the rep and their products.

Meetings between reps and health professionals are very valuable for the companies as they use them as opportunities to ask questions about local services, gain contacts and develop relationships. Building a relationship with staff acts as a powerful marketing tool as staff are more likely to accept information uncritically from someone they feel they can trust.

Q4 How can I get information about products if I don't meet with company reps?

A Independent information about infant milk products can be obtained from other sources. For example:

- First Steps Nutrition Trust provides independent information on infant milks available on the UK market and specialist products for infants aged 0-6 months. Information about the composition of infant milks, as well as reviews of claims made and the costs of products, can be accessed at <https://www.firststepsnutrition.org/composition-claims-and-costs>
- The Unicef UK Baby Friendly leaflet, *Responsive Bottle Feeding*, provides simple guidance for families about bottle feeding and formula choice (Unicef UK Baby Friendly Initiative and First Steps Nutrition Trust, 2019).
- Referring to NICE guidance or the British National Formulary (BNF) for children can also often provide relevant information about the suitability of different types of infant milks and enteral feeds for various patient groups.

Health professionals can access information about breastmilk substitutes using product information on company websites and by asking direct questions to the company if information is missing. Health professionals should be active in their requests for specific information, and not be passive recipients of the marketing information that reps might want to share.

Q5 What if I meet representatives out of work hours?

A Information gained at out-of-hours meetings is likely to be used in your workplace and therefore managers should discourage staff from such meetings, whenever they take place.

Q6 Our service still wants to meet with company representatives. How can staff be protected from conflicts of interest?

A One senior member of staff can be nominated to meet with a company rep. The staff member can cascade any relevant information to colleagues after the material has been scrutinised, and where possible verified against other sources of information and evidence. Staff should always ask reps for any new information at least a week ahead of their meeting, so they have time to look at compositional information or claims made and can ask appropriate questions. If an individual member of staff is meeting with a company rep, it is important that they do not accept any gifts, including stationery, food, literature or free samples.

After each meeting with a rep, it is sensible to reflect on the usefulness of the meeting, whether the information could have been obtained in a more appropriate way elsewhere, and to what extent it benefited the rep and the company.

Stationery

Q7 Does using stationery provided by company reps really matter – especially if it's unbranded?

A The use of stationery with brand or product name logos normalises and acts as promotion for these companies and their products. Similarly, stationery which does not feature company names or logos often still acts as an advertisement by using company colours and typefaces. If a dietitian uses stationery with a company's branding on it, the trust that the family have in the dietitian is often then instilled in the brand too (sometimes referred to as the 'halo effect'). This is highly valued by companies as it improves their brand image. However, it can also be very misleading and suggests that the health professional endorses a particular brand which they did not intend to do, and goes against professional codes of conduct.

For independently produced age wheels, staff might want to consider using those available from the Breastfeeding Network website.

Free and subsidised samples

Q8 How can I ensure I have products for families to try if we don't take free samples?

A The procurement of any infant milk, specialised milk or breastmilk fortifiers at a subsidised or discounted rate is a gift and promotes favourable relations between the companies and the Trust.

Dietetic departments can purchase infant milks at full market price through the NHS Supply Chain or an appropriate pharmaceutical wholesaler, or from retail outlets. It is important that free or reduced-cost products are not accepted and that local procurement officers do not negotiate reduced prices directly with company representatives. Wherever possible – for example, for extensively hydrolysed milks – more than one brand should be offered to families, to prevent endorsement. Dietitians should not provide reps with any family contact details. UK regulations that govern the marketing of infant milks that are foods for special medical purposes do not permit manufacturers to give free or subsidised products, samples or any other promotional gifts to members of the general public (including mothers, pregnant women and their families).

Keeping breastmilk substitutes out of view

Q9 I have a very small office. How can I keep products out of view?

A Any infant milks stored in dietetic offices should be stored away out of sight in a cupboard or a bag to prevent promotion to other members of staff who may visit the dietetic office. Alternatively, breastmilk substitutes could be stored elsewhere – for example, in hospital pharmacies or community 24-hour pharmacies in the borough. This can be explored with procurement or CCGs accordingly.

Providing information for families

Q10 I don't have time to make our own leaflets to give to families. Does it matter if I use leaflets produced by breastmilk substitute companies?

A Leaflets and recipe books made by breastmilk substitute companies are often appealing to dietitians due to

their evidence-based appearance and the convenience of ordering them for free and in bulk. While the brand name might not be printed anywhere on the leaflet, the leaflets might still use recognisable typefaces and colours, contributing to subtle promotion of a brand, and may still create a conflict of interest for the health professional. Often the information may appear to be consistent with policy and current thinking, but some information may be excluded or small wording changes may subtly undermine appropriate infant feeding practices. Furthermore, these leaflets often do not highlight the potential risks associated with specialist formulas or that, with appropriate breastfeeding support, the product may not be necessary.

Q11 Which independent websites or apps about infant feeding can I recommend to families?

A Before recommending a website or app to families, it is important to assess any potential conflicts of interest there may be present.

Baby Buddy is an independent app endorsed by the NHS. It provides evidence-based information and support for pregnant women and young families, including videos featuring professionals and other parents sharing their experiences. It is free and downloadable from the main app stores and the NHS apps store.

A list of organisations that provide independent information on infant feeding, along with a list of organisations that are funded by the breastmilk substitute companies, can be found at www.bflg-uk.org

Q12 What's wrong with attending sponsored study days?

A The Code says that breastmilk substitute companies should not be allowed to sponsor training because of the conflict of interest it exposes health workers to. Participants may leave study days thinking that they have gained new knowledge, without being aware that there may be biases in the

Sponsored study days and training

evidence that was disseminated, or that the branding of the event will have had an influence on their image of a product or company. Study days can also act as an opportunity for a company to promote their brand and range of products, and to give out material or gifts which continue to act as a reminder of the brand.

Trusts working towards Baby Friendly status have received a recommendation that adjoining services (e.g. dietetic departments) should not enable their staff to attend sponsored study days. It is important that services across a Trust take a consistent approach to avoiding a conflict of interest. Study days arranged by organisations that take funding from the formula industry may not appear to be directly sponsored, but there may be conflict of interest in the choice of speakers or topics discussed. The Code says that donations from formula companies to health professional organisations should not be allowed.

Q13 Where else can I get training?

A Dietitians are encouraged to attend study days or conferences hosted by independent organisations such as Unicef UK Baby Friendly, the Institute of Health Visiting, the CPHVA or Bliss, or professional conferences that refuse funding from formula companies and are not hosted by organisations that take funding from or work with the breastmilk substitute industry. If you have training needs that you think cannot be fulfilled elsewhere, speak to your line manager and see if independent training can be provided, or consider putting on an independent study event yourself.

A lot of Trusts might find that there are experts on certain topics, such as allergies or the microbiome, working within their Trust. Consultant Paediatricians or Infant Feeding Leads may be interested in offering free ad hoc internal study days. This also promotes collaboration and consistent knowledge across services within a Trust.

There are many other cost-free ways in which dietitians

Using sponsored resources for CPD

can further their knowledge without going on sponsored study days – for example, by referring to large, good-quality studies, systematic reviews, SACN, or NICE guidance. Independent learning also gives dietitians the opportunity to reflect on the quality of the research they are studying in a way that often is not possible at a study day.

If a sponsored study day still appears to be the most appropriate way of furthering learning and dietetic practice, it would be advisable to consult Unicef UK Baby Friendly's study day checklist before attending.

Q14 What's wrong with using sponsored resources for my Continuing Professional Development (CPD)?

A Magazines and journals aimed at dietitians and other healthcare professionals often contain sponsored articles or advertorials. These may appear to be providing new research, but they can be written by a representative from a breastmilk substitute company looking to promote an ingredient or product. The information they provide does not have to be in line with accepted scientific evidence and policy in the UK, and there are no mechanisms to challenge the claims made, even when the quality of the evidence is poor.

Some scientific articles in journals, and their authors, will declare conflicts of interest, such as receiving funding from the food and drink industry (including breastmilk substitute companies). The impact of this should not be underestimated. There is plenty of evidence showing the impact of 'sponsorship bias' on research. For example, a systematic review of nutrition-related scientific articles examined the relationship between funding source and conclusion (Lesser et al, 2007). It reported that an article from a funded study was 7.61 times more likely to report a conclusion favourable to the nutrition industry compared to those where there was no industry funding. It is common for an article on a topic to be juxtaposed in a journal or magazine with a relevant product advert which can favourably strengthen the opinion of the product.

Websites produced by breastmilk substitute companies targeting healthcare professionals often have articles discussing the special features and evidence behind their product. Similarly, adverts in magazines and journals might appear to be scientific, but the quality of evidence may be poor. They may also have articles providing information about various health conditions in infants and young children (such as cows' milk allergy). These articles often promote the use of their products and overlook the value of breastmilk. They may also suggest that the prevalence of various conditions is greater than agreed by the scientific community, which can contribute to over-prescribing.

Taking part in market research surveys

Q15 Why do market research surveys pay to get my opinion as a dietitian?

A Companies undertake market research surveys to obtain information about and quotes from dietitians. These surveys are often sent through a third party, usually from a market research agency or through a professional organisation that is funded to do this. The results of the surveys can be used to help companies devise targeted marketing campaigns, and to justify their activities by referring to 'what health professionals want'. The surveys can also act as an opportunity for the company to market themselves to the dietitian. The payment or prize draw offered to the dietitian in return for their answers is an indication of how valuable these market surveys are for them.

Before contributing to market research surveys, consider if your responses could be used by the companies later to tailor the advertising of their product to dietitians in a misleading way, and if this could be of detriment to evidence-based dietetic practice.

Supporting research funded by the breastmilk substitute industry

Q16 How can I support research that is funded by the breastmilk substitute industry without creating a conflict of interest?

A If dietitians are approached by a company to take part in research, it is important for there to be clear guidance on

Accepting funding from breastfeeding substitute companies

how any conflict of interest associated with this can be avoided. A local Infant Feeding Lead should be consulted during the decision-making process to ensure that the research does not undermine appropriate infant feeding. Local research ethics committees and research coordinators may not be experts in infant feeding or protection of breastfeeding but can advise on how a study could be conducted in a way which protects a health worker from conflict of interest. Individual dietitians should not accept direct payments from a company for any research undertaken, nor agree to speak on behalf of the company about the research.

Any study that involves women in the perinatal period must ensure that all mothers are informed of the benefits of exclusive breastfeeding and how to get breastfeeding off to a good start, and that local breastfeeding support is identified and made available to participants.

Q17 Why can't I collaborate with the companies when writing articles or speaking at events?

- A** Companies may approach dietitians and offer them payment to write an article or speak at an event. While some dietitians might feel flattered by this, it is important to be aware that the companies provide this opportunity because it still acts as marketing for their product or company. Sponsored articles and study days come with much greater benefits for the company than for the individual dietitian. Before collaborating with breastmilk substitute companies, dietitians are encouraged to consider whether this will reflect well on them or on general perceptions of the dietetic profession.

Q18 Why can't I accept funding for travel or attendance at professional conferences or meetings?

- A** Dietitians may be offered funding to travel to or attend meetings, or may be invited to activities (e.g. a tour of a vineyard) as a thank you for time spent with reps or

information provided. They may sometimes be invited to accept funding directly or through another organisation and these payments may not be in the public domain. Dietitians are sometimes funded to attend ‘discussion roundtables’ and receive an honorarium from a breastmilk substitute company in exchange for their views on new products and ingredients. All these activities create conflict of interest for a dietitian.

Accepting awards

Q19 What’s wrong with accepting an award sponsored by an infant milk company?

- A** Companies often sponsor award ceremonies (for example, those run by a professional magazine), as this is further promotion for their brand. By accepting an award, the individual’s name will be associated with the company and this presents a conflict of interest. The companies benefit from having their name linked with an ‘award-winning dietitian’ but this comes with little advantage to the professional.

If an individual decides to accept an award while working for an NHS Trust, it is important that they do not accept the award as an employee of the Trust, as this would cause an association between the Trust and the company (i.e. the name of the employer should not be stated if the individual accepts the award), and could jeopardise local Baby Friendly status.

Supporting a dietetic service to implement the Code – what dietetic managers can do

Q20 As a dietetic manager, what can I do to support my service to follow the WHO Code?

- A** If a dietetic department decides to work in line with the Code, it is important that the Code is implemented in a sustainable and consistent way across all services in the area.

Adopting a local infant feeding policy

Adopting or signing up to a local infant feeding policy (such as one written by a local Infant Feeding Lead) can clarify the roles and responsibilities of different staff groups with

regards to the Code, and the department's approach to potentially contentious issues such as how contact with company representatives should be managed. The policy can also cover how sponsored study days should be treated – for example, stating that study leave will not be awarded for sponsored study days, and that travel or study bursaries cannot be accepted from companies for study during work hours.

Environmental audit

Conducting an 'environmental audit' is a valuable way of monitoring whether local practice is in line with the Code. Individual dietitians with a particular interest in this area can visit local paediatric dietetic sites (e.g. clinic rooms, waiting areas and offices) on a regular basis (e.g. once a quarter) to assess if there are Code violations. For example:

- They might look for:
 - inappropriate stationery, such as pens, notepads or bags with the names of products, or names or logos of breastmilk substitute companies
 - leaflets produced by infant milk companies or by those in partnership with them
 - infant milk tins, bottles or other breastmilk substitutes on display
 - magazines or journals with advertisements for breastmilk substitutes, either in the dietetic office or in patients' waiting rooms.
- They might also check:
 - whether a 'Breastfeeding welcome' sign is visible
 - whether appropriate leaflets about bottle feeding – such as the Start4Life *Guide to Bottle Feeding* – are available for families (although these should not be on display).

Addressing Code violations

There should also be a protocol for addressing any Code violations in the department.

Dietitians working in inherited metabolic diseases

Q 21 Does the Code also apply to dietitians working in inherited metabolic diseases and epilepsy?

- A It is acknowledged that finding relevant resources and study days for those working in inherited metabolic diseases (IMD) without industry sponsorship is currently not feasible. Until this is possible, dietitians working in this area are encouraged to call on the British Inherited Metabolic Diseases Group to produce resources and host study days that are independent of breastmilk-substitute company involvement.

Dietitians working in these areas are still encouraged to reduce conflicts of interest in their workplace to the best of their ability – for example, by not using branded stationery and not meeting with company representatives. Dietitians could also reflect on how they store samples of specialist infant milks. Keeping tins of infant formula on view in an office visited by other staff, visitors or the public acts as promotion for the brand. If products are purchased to give to families then it is important to note the code of each product in case there is a health and safety concern and the product is recalled. Many companies can supply products at short notice, which reduces the need to buy lots of sample stock.

Useful resources

Working within the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers

Published by Unicef UK Baby Friendly Initiative. Available at: <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/Working-within-The-Code-Guide-for-Health-Workers.pdf>

Scientific and factual? A review of breastmilk substitute advertising to healthcare professionals and ***Scientific and factual? A further review of breastmilk substitute advertising to healthcare professionals***

These two reviews analyse some of the marketing claims made about infant milks by manufacturers, and whether advertising information is 'scientific and factual' in nature.

Published by First Steps Nutrition Trust. Available at: <https://www.firststepsnutrition.org/reviews-of-claims>

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Published by First Steps Nutrition Trust, 2020.

Acknowledgments

We would like to thank Bahar Ghodsian RD for writing this guidance, and the following dietitians for their valuable contributions and review: Susannah Costelloe, Dr Helen Crawley, Jennifer Crossan, Lisa Cruickshank, Aoife Hearne, Caroline King, Denise King, Dr Angela Madden, Susan Short, Gillian Weaver and Marjon Willers.

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