



PROMOTION OF BREASTMILK AND BREASTFEEDING SUBSTITUTES IN HUNGARY

Report on the 2005 monitoring project
of the Hungarian Association for Breastfeeding

Monitoring in Hungary was based on the standard IBFAN system (SIM) and carried out by the Hungarian Association for Breastfeeding (HAB) with support of the European Union's Phare ACCESS program. It used data collected from all over the country between 1st January 2005 and 15th July 2005. Code violations were assessed by 17 monitors all familiar with the requirements of the Standard IBFAN Monitoring System. International SIM forms were translated into Hungarian and used to register data on WHO Code violations. Data processing was accordingly done by the international standard, so that Hungarian data could be added to the global data base. Altogether 611 cases of Code violations were registered on SIM-forms.

Collected data give *an approximate idea* of the situation without representing real market shares; they serve solely the purpose of getting an insight into what is going on in Hungary these days. Figures, percentages and graphs in the summary are only based on the forms completed by the monitors. Since monitoring has *no statistical value*, we tend to avoid figures in this report. Instead, we are trying to show the leading actors of the market with their proportions, dimensions, scopes of action and communication strategies. All violations mentioned and/or registered by us are fully documented and double-checked.

It was not for the first time that this kind of monitoring was carried out in Hungary: we did one as early as 1997. The chapter "Trends and perspectives" compares the results of the two surveys.

The Hungarian report will be sent to the manufacturers of formula, the Consumer Protection Agency, the Surgeon General's Office, the Ministry of Youth, Family, Social Affairs and Equal Opportunities, the Ministry of Health and the National Breastfeeding Protection Committee in Hungary. HAB is going to publish the report on its website in order to make it available for anyone interested. The English version will be sent to IBFAN Europe, as well as ICDC to let them add this material to the global surveys.

Direct access to mothers

Our monitors tried to reveal if there is any direct marketing going on, which is indisputably one of the most effective marketing strategies. [*Quote Article 5 of the Code*] Although the provisions of Article 5 of the Code are very clear, we have discovered that manufacturers and distributors of formula and infant food products almost completely ignore them. The methods they use can be summed up as follows:

1. Pregnant women receive gift boxes (in exchange for name and address!) that include several kinds of baby care products (diapers, wipes, etc.), baby magazines and information leaflets. Ironically enough, the coupon for this box can be found in a baby care booklet distributed by the family nurse of the regional health centre. (The content of the booklet issued by the Ministry of Health varies each time, the latest one we checked contained violations as well: ads for Humana, Nestlé and Chicco.) The pregnant mother gets the coupon and collects the box with all sorts of “goodies” to start her “education” with.
2. Pregnant mothers going to their regular medical check-up usually spend a while in the waiting room resting their eyes on the posters for formula and infant food products. Cute babies smiling at them from the wall represent clear violation of the Code.
3. The next “time for gifts” comes when the new mother gets a box in the Maternity Ward, this time complete with a teat and a sample of baby tea, again in exchange for name and address. Unless she ticks “No”, a flood of samples and brochures is to follow: her “education” is in safe hands. The question to ponder on is whether the new mother able or not to give this data collection sheet a thorough reading right after giving birth.
4. It has almost become a rule that around the age of three months one or more mailings are sent directly to the baby (if the legal guardian’s name is there as well, it is typed in tiny letters). The mailings contain a so-called advisory booklet on feeding, different samples (mainly of cereals and instant tea) and cheap little toys (feeding spoon, stickers, etc.). Needless to say, all are in sharp contrast with the provisions of the Code.

The system is very elaborate: companies can always refer to the mother’s consent and signature (i.e. the lack of prohibition). How effective this method is can be seen as follows.

We assume that more than 90% of young mothers are gained access to by this method, and it is very likely that for the second and third time the companies reach them again in about 70% of the cases.

Our survey focused on 198 mothers with babies of 6 months or younger.

Distribution of babies by age

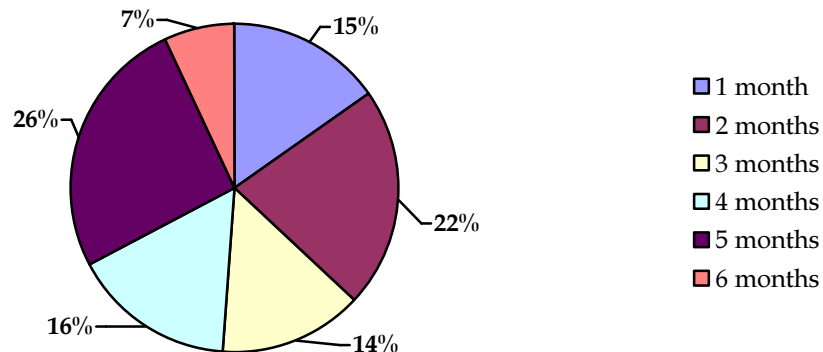


Chart 1 Distribution of babies by age

Distribution of babies by way of feeding

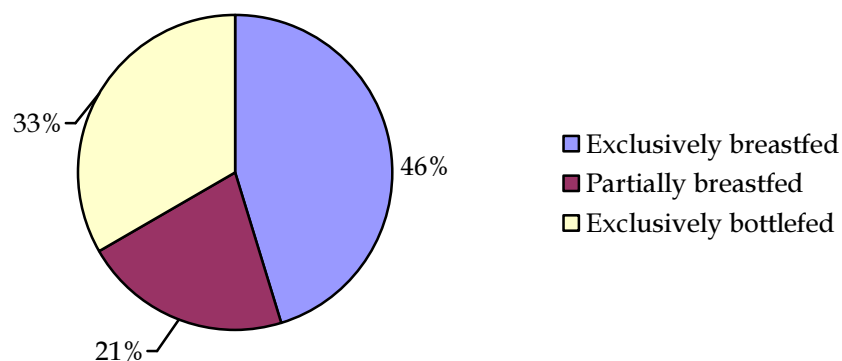


Chart 2 Distribution of babies by way of feeding

According to the WHO recommendation almost all babies should be exclusively breastfed until the age of six months with only a mere 3% needing (special) formula. It has long been known that at this age the baby does not need to be fed anything else, not even water, since his dietary needs are fully met by breastmilk. Yet, it is clear from the chart that not even 50% of babies under 6 months participating in our survey are exclusively breastfed. (The proportion of babies exclusively breastfed at 6 months is presently 36 % in Hungary.)

The following graph shows the proportion of unnecessary and dangerous complementary feeding started at an early age. (The babies' system cannot digest well enough anything apart from breastmilk prior to the age of six

months, while with early complementary feeding breastmilk production will go down.)

Early additional feeding according to food categories as shown by the survey

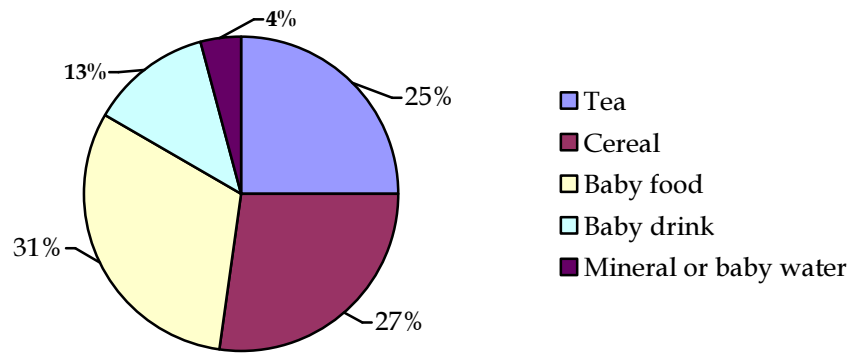


Chart 3. Early additional feeding according to food categories as shown by the survey

Why do you use a certain brand?

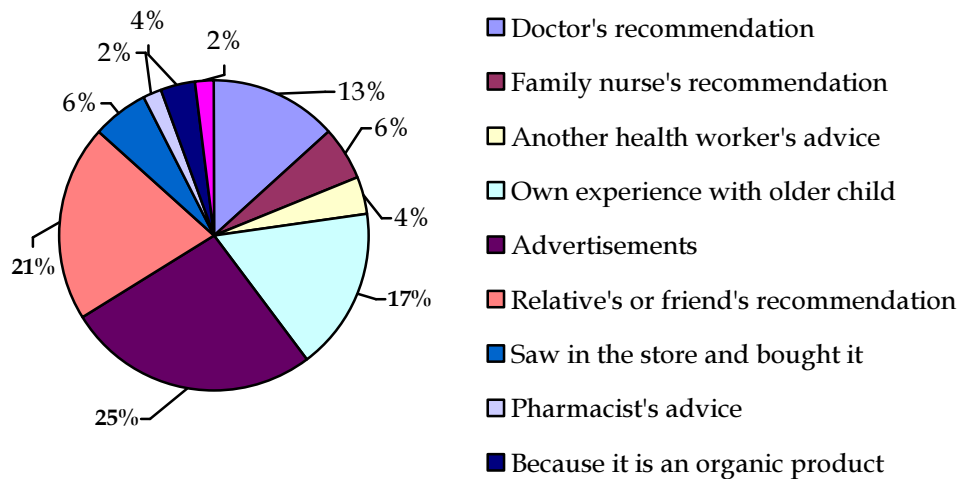


Chart 4 Why do you use a certain brand?

It is clear from the chart what successful marketing strategies manufacturers and distributors have.

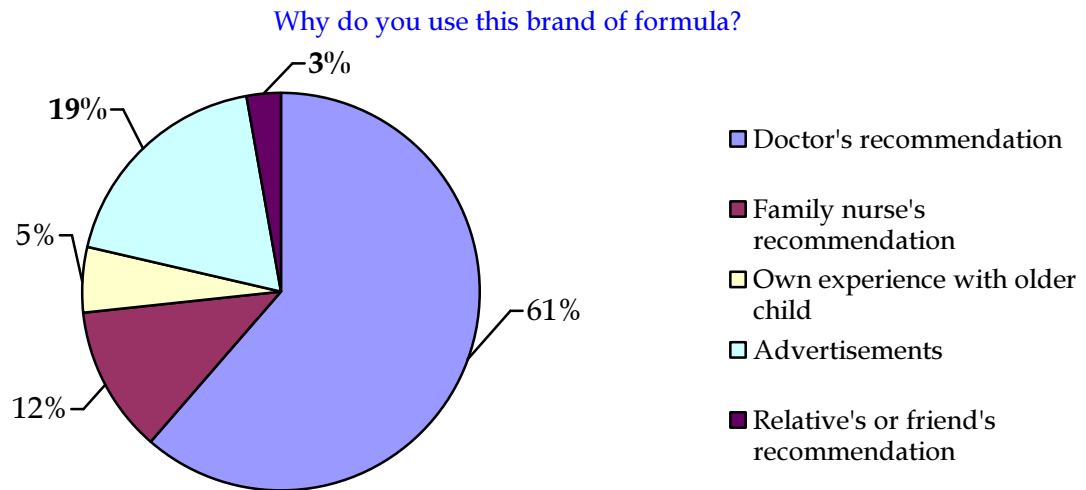


Chart 5 In case of formula: Why do you use this brand of formula?

As shown by the results formula is held to be a kind of medicine – in the case of formula mothers tend to rely more heavily on the advice of a health professional than in the case of complementary foods. Doctors and family nurses therefore play a huge role in the decision whether to start artificial feeding or not and what brand of formula to use.

From among the mothers interviewed 162 sent us materials that violate the Code, e.g. samples of formula, cereal, infant food or teat that they were given as a gift.

The next chart speaks for itself.

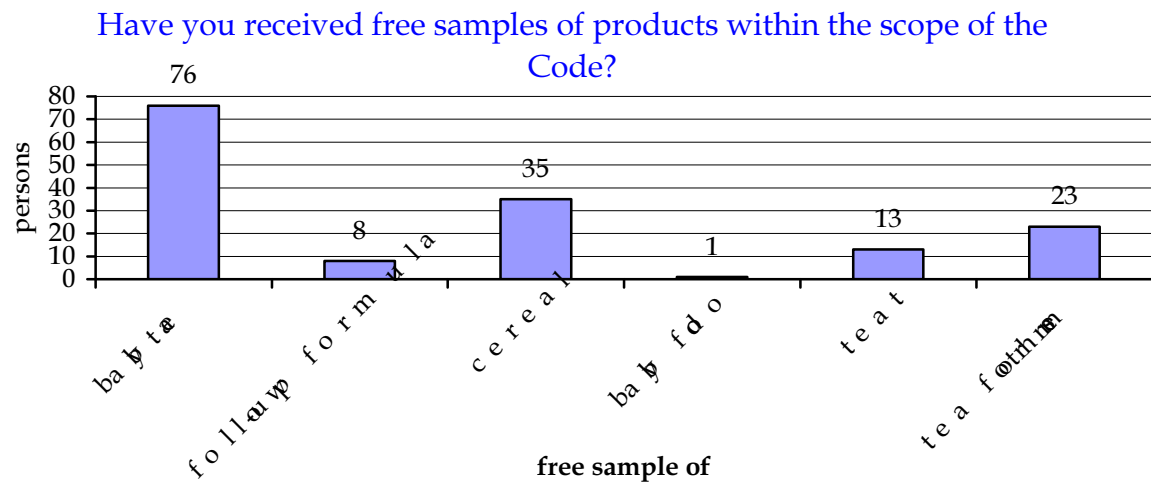


Chart 6 Have you received free samples of products within the scope of the Code?

In 102 cases samples were given in the district paediatrician's office, in 163 cases samples were mailed to mothers. The strategy behind such mailings is indisputable and hard to hide. These packs contain things and information all violating the Code and putting the success of long-term breastfeeding at risk. What could possibly be the purpose of a company that sends such mailing to the mother of a baby of 4 months? The answer is simple: it is the companies' vital interest to make mothers use their products for as long as possible, i.e. from the earliest possible age. Six months' exclusive breastfeeding clashes with their business interest, because they lose two profitable months of the consuming period of their products whose use is restricted to a short period anyway.

Let's have a list of the companies who were so "caring" to mothers:

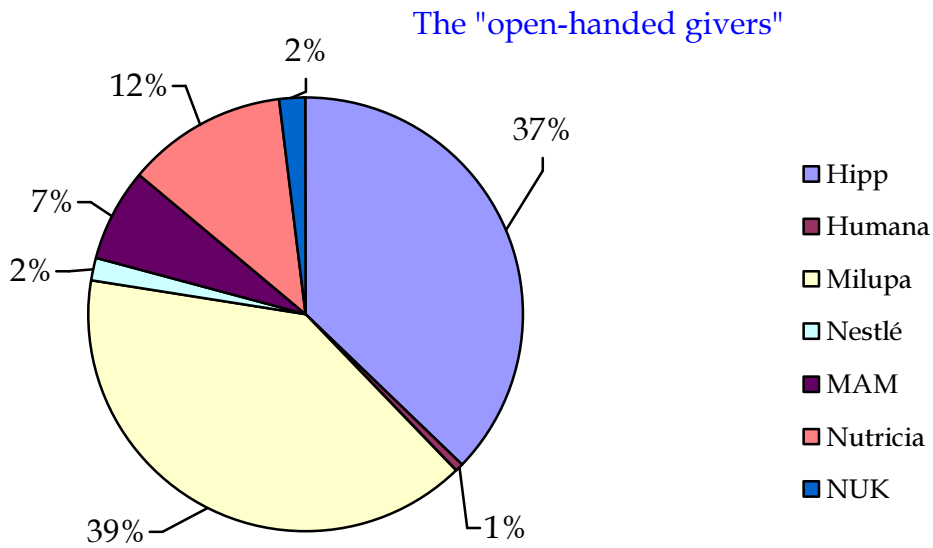


Chart 7 The “open-handed” givers

The boxes mailed or given by a health worker contain not only samples but other “gifts” as well – all violations, of course. For details see the following chart.

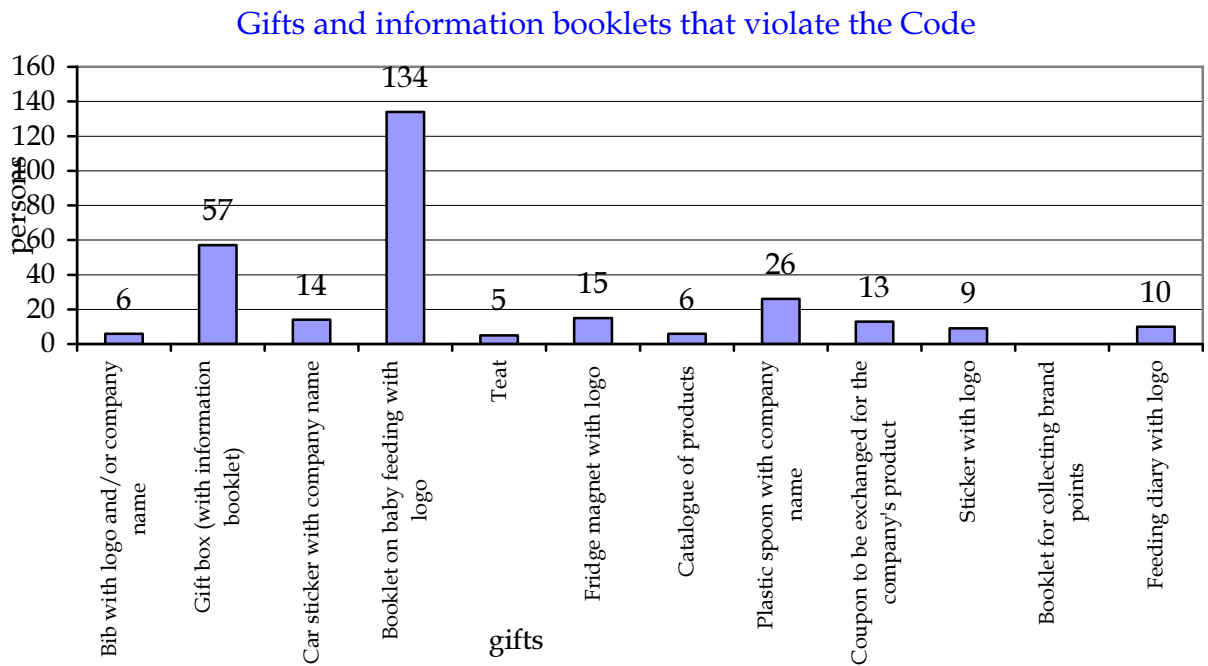


Chart 8 Gifts and information booklets that violate the Code

The company's "considerate gift" was mailed in most cases (117), but sadly enough 231 things were handed to mothers by health workers, giving them more weight by their professional stand. It is easy to get such gifts at chemist's, in pharmacies and stores of baby products. Almost all gifts had a blue or green phone number attached where company representatives could be contacted. This is called Baby Line or "nutrition counselling". Most company booklets on infant feeding should rather have the more appropriate name of product catalogue. They usually start with follow-up formula from the age of 4 months, and assert that in case there is not enough breastmilk, the company can fulfil the baby's all dietary needs from the age of 4 months.

What the packages contain:

Nestlé-package (slogan: "... the experts in nutrition.")

1. A booklet bearing the title "A mouthful of advice from 4 months"
2. Feeding diary
3. A leaflet with the title "Sinlac Recipes"
4. Stickers (4 kinds)
5. Blue Nestlé-spoon

Hipp-package (slogan: "Best from Nature. Best to Nature.")

1. A booklet on nutrition from the start
2. Shopping guidance
3. Coupon for samples
4. Sample (baby tea, recommended from 4 months)

Milupa-package (slogans: "Care and protection. What is good for the Baby is joy for the Mother.")

1. Car sticker ("Baby on board")
2. Nutrition booklet
3. Samples (baby tea, prebiotic follow-up formulae from 4 months)

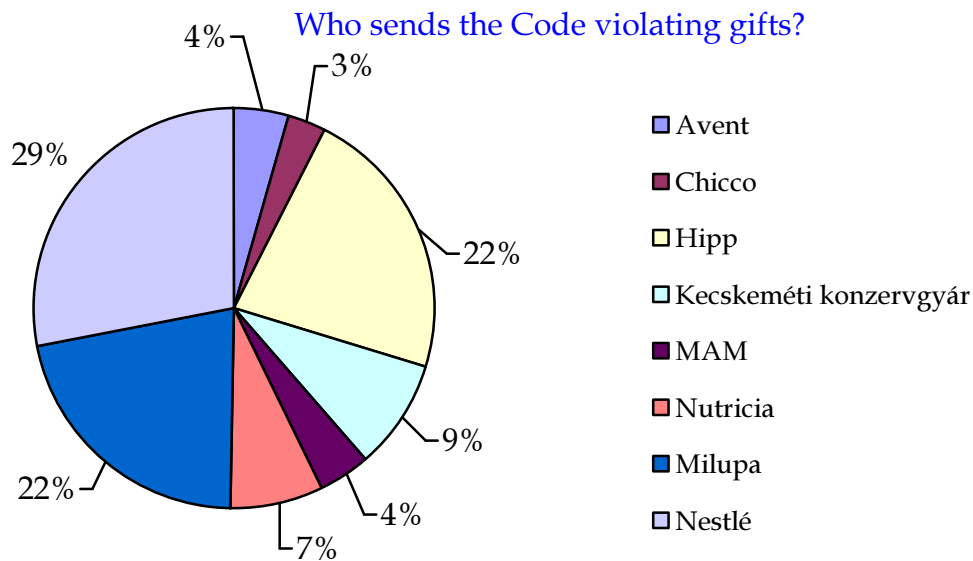


Chart 9. Who sends the Code violating gifts?

You can find a selection of quotations below, all printed in baby feeding booklets that are given to mothers to inform them “when time is ripe”. Companies’ messages vary according to two major age groups, with different (but clearly discernible) underlying content.

Up to the age of 6 months: “What are you going to feed your baby with, once your milk has gone down?” and “After 4 months your baby may not find breastmilk enough/tasty enough/varied enough.”

After the age of 6 months: “What you are cooking for your baby is not good/safe..., give him infant food prepared under strict control.”

(E.g. “When introducing vegetables never use vegetables of unknown source or hothouse ones! Their high nitrate content can be a health hazard for your baby! HIPP vegetable purees come in a wide range and are completely safe to use.”

Message in a bottle – a selection of hidden (false) messages

| Text | Real message | Source |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Do not be late with the spoon! The baby does not stop trying his/her new abilities, keeps practising how to chew and swallow. Time is | If you do not introduce the spoon as early as possible, your child might never want to eat anything solid. | Nestlé: “A mouthful of advice from 4 months” Page 7 |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <p>ripe for him to venture into new experiments like the use of spoon. If parents miss this ideal opportunity by introducing the spoon too late, the shift from liquid to solid food meets difficulties in most of the cases.</p> | | |
| <p>“Depending on the baby’s appetite, activity, metabolism and of course the mother’s breastmilk production the energy needs of a baby can normally be covered by breastmilk until the age of 5-6 months. Besides the gradual introduction of complementary food between 4-6 months mothers should continue feeding milk (breastmilk or formula) of appropriate quantity and quality to the baby.”</p> | <p>You should start complementary feeding between 4-6 months.</p> | <p>Milupa: “Offering what’s best by Milupa” Page 7</p> |
| <p>“Milupa cereals offer a variety in the baby’s diet after 4 months.”</p> | <p>Breastfeeding until 6 months is too monotonous, breastmilk is a boring kind of food for the baby.</p> | <p>Milupa: “Offering what’s best by Milupa” Page 12</p> |
| <p>“Babies breastfed on demand do not usually need liquid supplements. There are circumstances, though (hot summer days or a dry heated room), when the baby needs more liquid. This</p> | <p>When it’s hot, breastmilk cannot supply the baby with enough liquid, tea has to be given.</p> | <p>Milupa: “Offering what’s best by Milupa” Page 16</p> |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <p>is when Milupa teas prepared for babies are highly recommended.</p> | | |
| <p>“There comes a time in each baby’s life when breastmilk alone cannot fulfil its nutritive and dietary role any longer. There are signs in the baby’s behaviour mothers can rely on:</p> <ul style="list-style-type: none"> - the baby suckles vehemently, empties both breasts, but apparently remains hungry - wakes up 1-2 hours after breastfeeding and wants to eat again - puts everything he can get hold of into his mouth tasting it <p>Once you have noticed these signs on your baby, you may realize: time has come to let him meet new tastes and kinds of food.</p> | <p>If mother’s milk is not enough, the solution lies not in increasing breastmilk production but in launching on early complementary feeding.</p> | <p>Nestlé: “A mouthful of advice from 4 months” Page 8</p> |

Editor’s note: The above signs listed by Nestlé can often be seen on most babies at various times. Only in very few cases are they really the indicative of the baby’s need for complementary feeding. Since breastfeeding is also a kind of comfort for the baby, he/she prefers being breastfed not only when he/she is hungry but when he/she just wants to have a few comforting drops to let him/her fall asleep cuddled by Mom. Use of hands is a natural development which might happen months prior to the time when the baby is really willing to accept new food.

Promotion in shops

Although strictly prohibited by the Code, all distributors of formula, infant food, bottle or teat in Hungary use the strategy of point-of-sale marketing.

[Quote Article 5 of the Code] To what extent distributors comply with Article 5 can be summed up as follows:

In POS-marketing of formula and infant food company representatives or hostesses do not generally use the strategy of direct contact with customers.

Companies do however display great activity in the following spheres:

- Short-term discounts at many places with time-shifts
- Special displays, shelf-talkers
- Tie-in-sales
- Gifts with purchase

All hyper- and supermarkets in the country have a share in the POS-activities of formula and infant food manufacturers, about 80% of all POS-activities are centred around these outlets. Hypermarket chains tend to be favourite spots for nationwide POS-campaigns with simple, effective and Code violating methods. (See e.g. the Nestlé Beba2 fancy box campaign that was going on for months in the biggest hypermarket chains.)

Smaller sales outlets do not represent great potential for companies, while in shops under 100 m² no POS-marketing activity was observed apart from occasional (rather rare) discounts.

It is not so at chemist's, pharmacies and stores of baby products. We revealed a very high rate of Code violations at these places, since approximately 15% of all POS-activities of manufacturers and distributors are centred around these places.

Distribution of Code-violating POS-practices

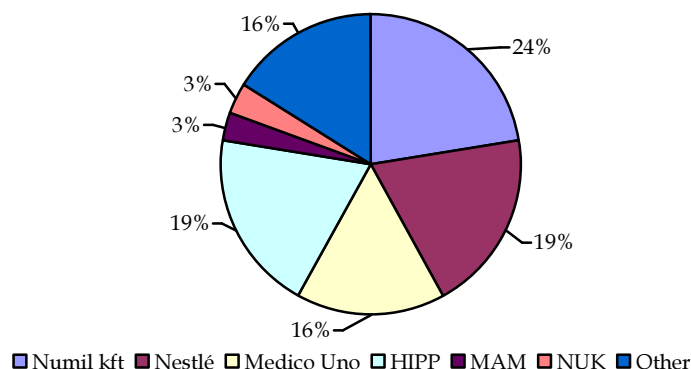


Chart 10. Distribution of observed Code-violating POS-practices by manufacturers/distributors

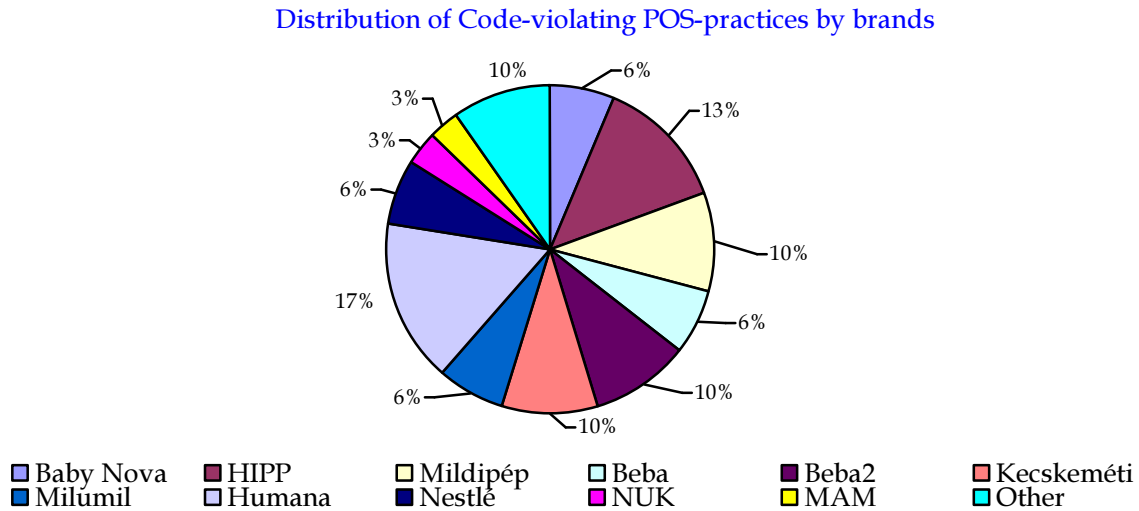


Chart 11. Distribution of observed Code-violating POS-practices by brands

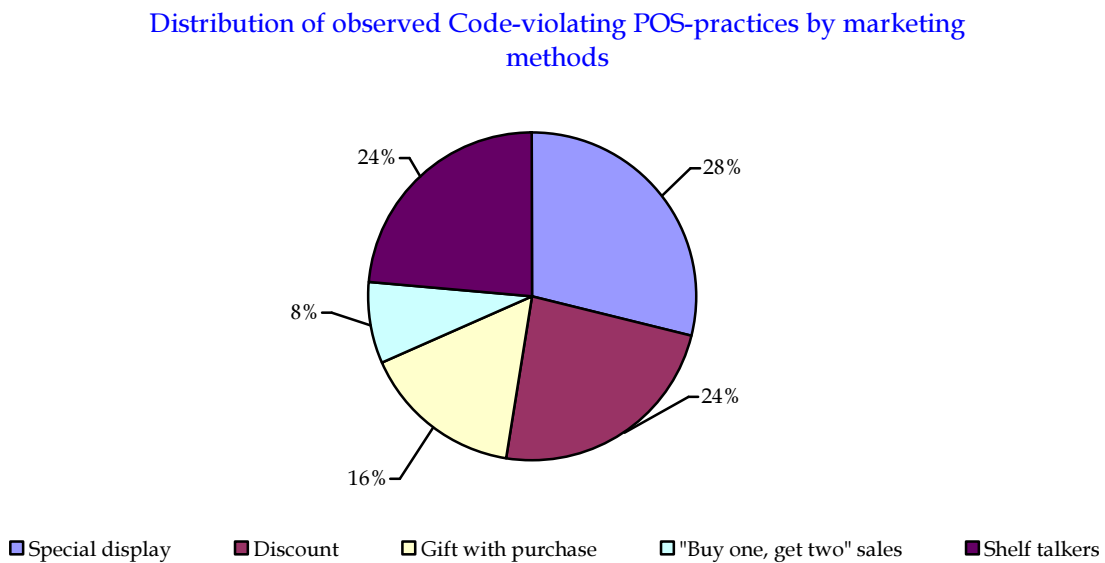


Chart 12. Distribution of observed Code-violating POS-practices by marketing methods

It is obvious from the latter chart that companies prefer relying on the customers' price sensitivity to using other, less classical and less effective marketing methods. Catching the customers' attention comes as a secondary task of POS-marketing, firstly because the products themselves are not of

that kind, secondly because the companies use several other marketing methods (leaflets, samples) to create a “foundation” for POS-activities.

Promotion in health care facilities

Manufacturers and distributors of formula and infant food have diverse marketing methods within the health care facilities. Company personnel seek direct access to doctors in the first case, but they do contact other health workers and occasionally new (or would-be) parents as well in maternity and paediatric wards and clinics. The provisions of the Code concerning health care facilities are as follows: [*Quote Article 6 of the Code*]

Health workers in Hungary might suffer from conflicting roles caused by the promotion directed at them – this may be the main reason for all that hardship our monitors met in this field. Monitors were most often not able to complete the forms, and a lot of data were lost by the lack of appropriate documentation. Our survey covered two university hospitals (one in Budapest, one in the countryside) one university paediatric hospital (in Budapest), three family paediatricians’ offices and the maternity and obstetrical wards of four hospitals (two in Budapest and two in the countryside). There were several places where our monitor was turned out when she revealed her purpose of collecting data. It was a sad experience that apart from very few facilities we met sheer objection in the health care system.

Our survey revealed the following Code-violating marketing methods as listed by types of health facilities:

Family paediatricians’ offices:

- Notepad with logo (e.g. Hipp, Humana, Nestlé)
- Posters on the wall (e.g. Nestlé, Hipp)
- Toys in the waiting room with logo (e.g. Milupa, Nutricia)
- Sponsorship of conference attendance (e.g. Milupa)
- Pens, calendars and other stationery with logo (e.g. Nestlé, Humana)
- Growth chart with logo (e.g. Nestlé)
- Document folder (e.g. Humana)
- Stickers (e.g. Nestlé, Nutricia)
- Shopping bag (e.g. Nestlé)
- Brochures (e.g. Milupa, Nestlé)

Promotion in family paediatricians' offices has apparently not been reduced by publicity. Each office is packed with promotion materials from almost all actors of the market side by side having almost the same appearance (that is why we have listed only examples). Manufacturers and distributors have multiple gains by covering the office with them: they reach the doctor, the family nurse, the mother, and most unfortunately the child, as well. Mothers often get samples of products and the names of medicines not needing prescription are written on a notepad sheet with company logo, while there is a beautiful, eye-catching poster of a big company lurking in the background. The charming little stickers given by the doctor after vaccination make children happy; it is only the alert onlooker who realizes that the new target is the child himself. Logos, mascots and brand names easily find their ways into children's minds, thus becoming a most effective marketing tool: these children are the parents and consumers of the future. Ethical or moral aspects seem to be pushed aside. Why do most paediatricians participate in all this? No one knows, since they are just not willing to talk about it.

Hospital wards, specialized clinics:

- Donations or low-price sales to the institution of supplies of infant formula
- Display of posters
- Company support of doctors' conference attendance
- Packages to new mothers containing samples

Budapest hospitals get solicited supplies of what in most cases is special formula; they try to encourage mothers to breastfeed. The institution normally gets this formula at a reduced price, which is a violation of the Code.

Hospitals in the countryside tend to call upon the bottle more easily. One third of the countryside hospitals checked did buy starter formula, while the others use only special formula when there is need for it (e.g. in the case of sick, newborn babies).

There were a few hospitals, however, that reported on unsolicited company supplies.

There were many violations with packs given to new mothers in hospitals. Almost 100% of new mothers get a gift box (a so-called Felicitas or Baby service-pack) containing baby hygiene products, product brochures and several Code-violating things like teats and samples of formula and baby tea.

As the delivery company says it is the hospital's decision what the pack should contain, so in Baby Friendly Hospitals there are no samples of formula or tea in the boxes. The gift pack is handed to the mother by a health worker or a hostess in white uniform carrying the underlying meaning that the contents are all approved by the hospital. The mother is expected to give her name and address, then she is "bombarded" for months by different companies with samples and advertisements, unless she ticks the "I do not want any product samples" box on the sheet she is to sign.

Labels of infant formula

The provisions of the Code on infant formula are as follows: [*Quote Article 9 of the Code*]

Since labelling is an extremely effective marketing method, and the instructions of preparation are extremely important for safe feeding, we paid special attention to labels in this survey.

We checked the labels of infant formula on the Hungarian market, whether or not they comply with the Code.

Our survey covered the packaging of 25 products of 4 manufacturers or distributors of formula (Nestlé, Nutricia, Numil Ltd., Medico Uno Co.). What we found can be summed up as follows:

- There was not one Hungarian infant formula, all of them were imported products.
- There were only 4 kinds of infant formula (Milumil 1, Mildibé 1, Nutrilon Premium, Humana 1) that were regular infant formulae without any special indication. It is a very important fact, since all others are to be taken for medication, i.e. they are automatically subsidized by the National Health Fund and can easily be recognized by doctors as necessary. Once a formula is said to serve medical purposes, it is prescribed for breastfed babies as well!
- 18 labels were violations of the Code by stating that the product is similar to or equal with breastmilk and by suggesting that the formula is ideal for the feeding of a young baby.
- Thus all manufacturers and distributors turned out to be Code violators by the mismanagement of one or more labels.
- There are grave differences between labels in the original (usu. German) language and their Hungarian version glued on top. This can easily confuse the customer, since the differences are often very important (e.g. the age for which it is recommended).

- We found a box of formula where the text “important notice” that is to be placed at a conspicuous place as a rule was at the *bottom* of the box. It could be seen only if the box was turned upside down.
- There were three cases when the label did NOT have a warning about the health hazards of inappropriate preparation! (Milumil 1 with Prebiotics, Mildibé 1, Nutrilon Pepti)
- There was one label where the advice on storage conditions was missing (Milupa SOM).

Labels of follow-up formula and complementary food

Just like the labels of infant formula, labels of follow-up formula (i.e. milk-base products for babies from the age of 4-6 months) and other complementary infant food products (fruit/vegetable/meat purees, cereals, etc.) all should comply with the provisions of Article 9 of the Code.

Our survey covered 221 labels of products of 13 formula and/or infant food manufacturers and/or distributors, whether or not these labels comply with the Code. Results show that companies tend to ignore the provisions of the Code in this field, as well. Data are grouped by type of product.

Follow-up formula

25 products of 7 manufacturers/distributors (Nestlé, Abbott, Nutricia, Numil Ltd., Medico Uno Co., Hipp Ltd.) were checked, whether their labels contain all necessary information for safe use. Only three of these products had been produced in Hungary.

Only in one case (Nutrilon Pepti Plus) was the recommended age missing. The following chart shows the distribution by recommended age as indicated on the labels of follow-up formula.

Distribution of follow-up formulae by recommended age

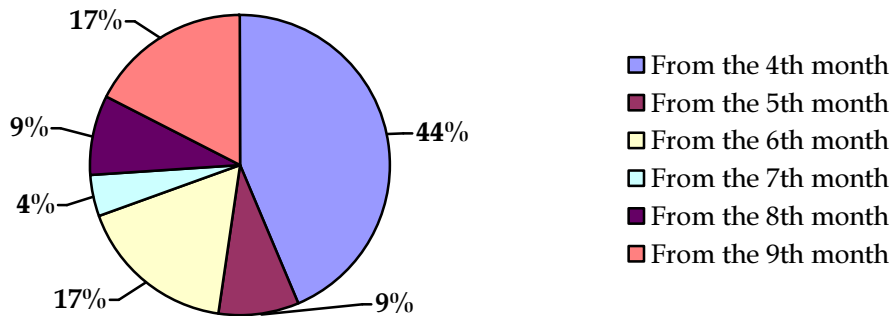


Chart 13. Distribution of follow-up formulae by recommended age

As shown by the data early introduction of follow-up formula is a vital interest of manufacturers and distributors. More than half of all follow-up formulae are recommended under 6 months! No wonder that 44% (almost a half) are recommended from as early as 4 months – in contradiction with the recommendations of WHO, the Code and the Union of Hungarian Paediatricians.

Editor’s note: The notion of “follow-up formula” is not mentioned in the original WHO-Code, simply because this kind of products came into the market after the finalization of the Code. Resolution 39.28 of the 1986 WHA does, however, contain the following statement: “the practice being introduced in some countries of providing infants with specially formulated milks (so-called “follow-up milks”) is not necessary”. The composition of follow-up formulae and baby milks is increasingly different from breastmilk and closer to simple cow’s milk, therefore their production cost is lower. This fact, however, is not reflected in the pricing of these products. Ironically enough, their marketing does warn mothers not to give any cow’s milk to their babies before the age of three years. This urge cannot be justified by any nutritional reason, only the companies’ strive for more customers and a bigger profit.

We were sorry to discover that in several cases the text of the original packing and that of the translation differed. (E.g. Humana HA: the *front* of the packing, i.e. the original, very conspicuous text says 4 months in German, while the *back* has a Hungarian label saying 5 months. Similarly, Nestlé Beba2+ has 5 months on the front and 6 months on the back.) This can very easily mislead consumers.

There were only two kinds of follow-up formula (Beba2 and Nan) where there was *no* indication to use the bottle for feeding. This way there is a grave danger that even if the bottle has been avoided this far, it may be introduced together with the follow-up formula.

There was only one follow-up formula where the label had the photo/drawing of a baby (Nutrilon 3). It might be said that manufacturers and distributors comply with the Code in this sense. One of the newest Humana formulae has a suitable drawing of a grazing cow on its packing.

It is not very fortunate, though, that the packaging of most follow-up formulae do refer to, and in most cases are extremely similar to that of the company's starter formulae, which apparently may be very misleading (e.g. Humana 1 and Humana 2).

Almost all labels had a website address or a blue or green phone number on them that could be contacted for further information.

Infant food products (bottled)

105 products of nine infant food brands (Hipp, Kecskeméti, Sunval, Nestlé, Univer, Hamé, Bio Bambini, Mildi, Holle) and baby desserts of four brands (Nestlé, Hipp, Kecskeméti, Nutricia) were covered by our survey. We selected only products whose label indicated recommended age under six months (35 of these were produced in Hungary) and checked to what extent their labels comply with Article 9 of the Code. Those infant food products and baby desserts that indicate recommended age under six months are breastmilk substitutes according to the Code and the subsequent resolutions, since at this age mothers should exclusively breastfeed their babies.

All labels indicated recommended age, which for the above reason was crucial information for us. The following chart shows their distribution.

Distribution of bottled baby foods by recommended age

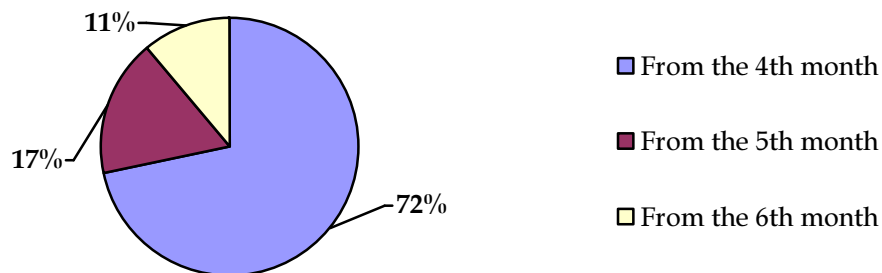


Chart 14. Distribution of bottled baby foods by recommended age

The implied message in most cases is “use it as early as possible”. There is an immense amount of products for very small babies, which urges mothers to introduce them to the baby’s diet and also raises a feeling of uncertainty: “If this thing is for 4- month-olds, I might have to start using it.” All factors – brochures, labels, uneasiness – try to incite the same decision. Who wins on it?

There were 27 products of four brands (Hamé, Kecskeméti, Univer, Mildi) where we found a photo or drawing of a baby on the packing, which is a violation of the Code.

The same problem emerged with the difference between the original label and the translated version. (E.g. Hipp’s “Goodnight porridge” had 4 months as recommended age on the original label [very conspicuously], while the Hungarian version said 6 months.)

Baby drinks (bottled fruit and/or vegetable juices)

15 products of 6 brands (Kecskeméti, Hipp, Sunval, Nestlé, Pacific, Nutricia) were examined, 6 of which were produced in Hungary. All were recommended from the age of 4 months.

There were 6 cases (all Nestlé or Mildi brands) where there was an indication for bottle feeding.

The labels of Kecskeméti (a Hungarian brand) baby drink products had a photo of a baby on them, which is a violation of the Code.

The packing of Nestlé and Nutricia products displayed the same kind of graphics as that of the company's infant formula products.

Baby teas

21 products of 5 brands (Milupa, Holle, Hipp, Naturland, Univer) were monitored. All of them indicated recommended age with the following distribution:

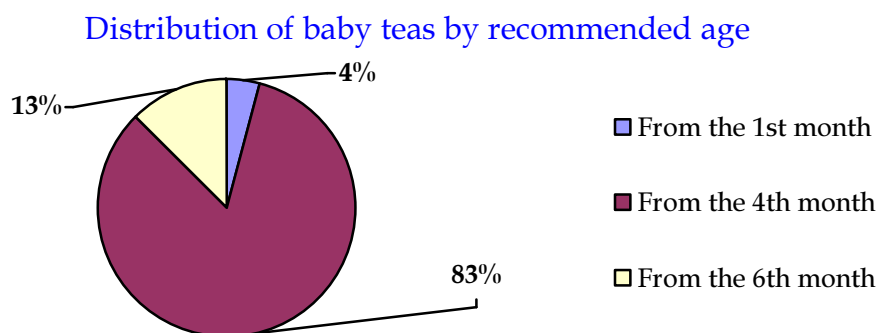


Chart 15. Distribution of baby teas by recommended age

There were several tea-products displaying Code-violating baby photos (Milupa, Hipp).

Almost all of them were herb-base products (in most cases some tranquillizing herb was used, like Melissa or Chamomile). All contained sugar.

There were 14 cases where bottle feeding was recommended. Let us quote a “product description” that tries to catch mothers’ attention with the following statement: “A happy baby with peaceful days and nights – an achievement of Naturland tea.” (Naturland infant tea, ingredients: anise seed, fennel seed, chamomile blossom, coriander seed, lemon grass.) Although we did not take it our task to examine the ingredients of a product, yet the question emerges: if the label indicated “sedative”, would mothers ever buy this product? Not to mention the fact that a baby so tranquillized may not want to suckle that often and mother’s milk may go down.

Cereals

12 cereals of four brands (Hipp, Milupa, Nutricia, Nestlé) were covered by our survey, with no attention to differences in flavour. None of these products were made in Hungary, the graphics of the labels did not violate the Code. All brands have one or more products recommended from 4 months. All products recommend spoon feeding as opposed to bottle feeding.

Other infant feeding products

Products belonging here are gruels and mineral waters. The labels of Sunval and Holle products do not indicate recommended age in most cases (e.g. Sunval baby gruel, Holle infant tea). Baby waters (Humana, Obudai Gyemant) are recommended from the first days by the manufacturers. Both labels miss “important notice” and the warning about the effects of extra liquids on breastmilk production. The graphics of Humana baby water are in line with the company’s starter and follow-up formulae.

There is another worrying fact concerning complementary infant feeding products, which is *unrelated to the Code*, yet deserves to be mentioned because it is *a health hazard*: quite a few “bio-”products of premium category recommended under 6 months contain gluten! (To mention just a few of these: Sunval whole-wheat gruel – labelled “From 4 months”; Holle fruit puree: whole-wheat cereal with apple and banana – labelled “From 4 months”; Holle fruit puree: banana with wheat-meal – labelled “From 4 months”!) Having a look at the cereals we find the same incongruence: according to their list of ingredients they contain whole milk, occasionally as much as almost 50%. Their label should have a warning that the product might cause allergic reactions and that it is not recommended and altogether unnecessary for breastfed babies before 12 months.

Our monitors noticed that shop assistants have almost no idea of the ingredients of infant feeding products and can only suggest buying the well-known brands. Mothers also tend to buy the best advertised products and they get a lot of samples until their baby reaches the age of six months. There is a wide distribution of products according to their ingredients; there are a few containing only natural ingredients, while most of them contain sugar and several artificial ingredients. Manufacturers use fairy tale-characters and mother-and-baby pictures for the advertisement of their products. There are certain brands that attach even a “tale-book”, i.e. a picture book with images of the company’s other products to inform the mother.

The slogan “with special attention to modern nutrition principles” appears almost on each brand, giving the impression that commercial infant food products are extremely healthy. There is a general trend that even food that can easily be cooked at home is to be substituted by commercial products. Influenced by advertisements and also for the sake of their own comfort many mothers buy these products in the belief that their children’s healthy development is thereby guaranteed.

New, trendy notions have been introduced by the advertisements: “e.g. eco-produce, bio-product, whole-wheat, no preservatives added, etc.” We have not checked the products to verify these statements, so let’s say we do believe that what they say is right. Yet it gives one reason to wonder why things that should be absolutely evident are presented to be so special.

There is a wide selection of products recommended for babies under 6 months. We have found products that are very far from the needs of a 4-6-month-old baby (e.g. Spaghetti with Bolognese sauce).

Labels of bottles and teats

Many people have no idea what problems bottles and teats may cause in breastfeeding. The baby can easily get confused by the use of bottle and teat. Supple, soft mother’s breast is suckled with a different technique than hard and synthetic teat. This is true for breast shields and pacifiers as well. Due to the bad technique the baby cannot suckle enough milk, the nipple is not stimulated sufficiently and mother’s milk will go down. The baby doesn’t gain enough weight, might even stop growing, since he/she cannot reach the most nutritious hind milk that can be emptied only with efficient suckling technique. In addition to this the baby can be so disturbed by the first use of teat that never again or only after several efforts is he willing to accept mother’s breast. This is why it is so important for mothers to be well-informed about the possible dangers of bottles and teats. We monitored only bottles and teats, not breast shields. On labels of bottles and teats the Code does NOT allow the following:

- photo or drawing of an infant, small child or a parent bottlefeeding his/her baby
- text or drawing that idealizes the use of bottle and teat
- text or drawing that promotes the use of breastmilk substitutes
- text about the similarity between the product and mother’s breast or nipple

To get a clearer picture we discuss bottles and teats separately. Non-label promotion methods are discussed in the chapter dealing with promotion to the public.

Bottles

Our survey covered 18 products of 11 manufacturers and distributors. None of these were produced in Hungary. The situation is as follows:

- None of the bottle labels promoted breastmilk substitutes.
- Code-violating photo and/or drawing was found on the labels of more than 10 products, i.e. more than half of all.
- There were 4 cases when the text of the label emphasized the product's resemblance to mother's breast or nipple (e.g. Canpol Babies: "resembles mother's breast"; Chicco: "[...] strived to keep the baby's illusion [sic!], to make teat resemble mother's nipple as much as possible").
- Only two labels contained the obligatory warning on the importance of breastfeeding.
- There were 7 cases when the Hungarian product information and instructions for use were *not available before purchase* (if there was any, it was placed in the box, so it could be read only after removing the packing, e.g. Bébé Comfort, Bébé You, Chicco).

Teats

We monitored 49 products of 15 manufacturers or distributors. None of them was produced in Hungary. What we found is as follows:

- None of the teat labels promoted breastmilk substitutes.
- Code-violating photo and/or drawing was found on the labels of more than 15 products (e.g. Avent, MAM, Gerber, Chicco, Bébé Comfort).
- There were 11 cases when the text of the label emphasized the teat's resemblance to mother's breast or nipple, its use to suckling. (e.g. MAM Bambino: "It is adapted to natural suckling movements. The strength and rhythm of suckling is the same as if the baby were on mother's breast."; Gerber: "The soft teat satisfies the baby's suckling need, while being gentle to his gum"; Avent: "The teat was modelled after the mother's breast"; Nuby: "The baby feels like suckling on Mom's breast").
- There were many cases when Hungarian product information was missing (e.g. Bébé Comfort, Bébé You).
- Companies often try to legitimize the use of teats/pacifiers with the idea that it is far better than thumb-suckling (e.g. MAM Crystal: "Orthodontic

teat that – unlike thumb-suckling – does not hinder the development of palate and teeth”).

- Other “magic words” (i.e. promotional texts that urge the use or reduce the bad feelings towards the use of the products) are:
 - “anatomic form” (most teat-manufacturers have it on the label, but what exactly it means is never made clear)
 - “it can heal, it is useful” (e.g. Nuby Pacifier: “Helps the baby through the hard period of teething. The small globules massage the baby’s inflamed gum. The handle is easy to hold for Mum.”; NUK: “NUK form secures space for forthcoming teeth, while strengthens muscles, tongue and helps the healthy development of jaw and teeth.”)
 - “medically legitimate” (e.g. MAM Air: “recommended by dentists, skin-friendly product”)

There are many cases when companies use the method of tie-in sales. Unfortunately there are many gift packs that contain bottles and/or teats. For example the gift packs given by Avent entitled “Welcome to the World” or “Sweet Dreams” contain baby bath, glass, baby lotion *and* bottle and teat, as well.

Direct access to health workers

We have mentioned above several occasions of promotion directed towards the workplace of health workers, i.e. health facilities. As an extension to this we also questioned several paediatricians, health visitors and checked the professional journals, as well. The Code, of course, has provisions for this field, too.

[Quote Article 7 of the Code]

To what extent these provisions are met in Hungary is as follows.

According to the photos and documents acquired and interviews made by us there are special fields where health workers become targets of promotional activities of manufacturers and distributors of infant formula and baby food products. These fields are:

1. Conference organization or support

E.g. the Conference of the North-Hungarian Organization of the Hungarian Association of Paediatricians, held in Eger, 3-4 June 2005. Major sponsors were: Milupa, Sanofi. In such cases conference halls usually have the sponsor’s logo in the background, samples are distributed, those interested

can contact sales personnel on the spot, dinner or cultural program is financed by the sponsor. The officially published conference material will contain the sponsor's brochure or advertisement, the conference's website contains a link or banner of the sponsor. For each conference participation doctors get credits, which is an incentive for them. Participants' data are normally accessible for the sponsor (on enrolment sheets or by collecting name cards), who then uses these data for further direct marketing.

2. Supporting medical associations, societies

E.g. Society of Family Paediatricians, major sponsors are: Hipp, Nestlé, Milupa. Company logos appeared even in the society's monthly periodical (only for society members), moreover on the front inner (B/1) page. In June 2005 the above mentioned periodical published an article about a conference with photos, one photo having been shot with a conspicuous Milupa cloth in the background (p. 11, lower left corner). As of the conference itself, all cultural programs were also sponsored by the above three companies.

3. Leaflets in waiting rooms of medical facilities

We monitored 27 promotion materials of 8 manufacturers and distributors (Nestlé, Medico Uno, Hipp, Milupa, Buszesz Co., Humana, Univer, Nutricia) published specifically for doctors and family nurses. The materials covered approx. 100 products.

Distribution of promotion materials for doctors/family nurses according to type of product

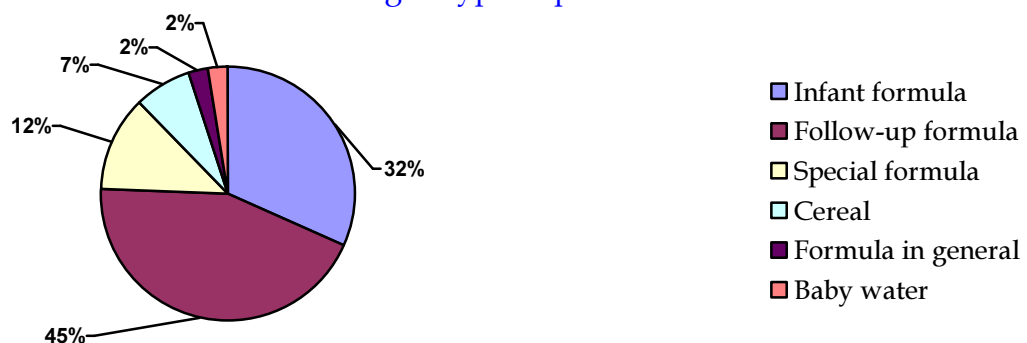


Chart 16. Distribution of promotion materials for doctors/health visitors according to type of product

Manufacturers and distributors of infant formula and baby food products are strongly present in waiting rooms, health visitors' offices and doctors' offices.

It can almost be taken for granted that the following marketing methods are there in any waiting room:

- posters
- product information leaflets, brochures

Health visitors' offices and doctors' offices are often packed with the following:

- posters
- post-it notes or notepads with company name and logo
- pens with company name and logo
- product information leaflet and brochures for doctors and family nurses
- prescription holder with company name and logo
- folder with company name and logo
- stickers, boxes
- toy animals with company name and logo

Which company's what kind of "interior decoration" is present depends presumably on the workers' taste and supply.

It is worth noting two phenomena:

A. Use of language – "strictly scientific information" – see Article 7.2 of the Code

The language of materials published for health workers does not differ greatly from that intended for the public. These publications might contain a larger proportion of foreign words (mostly Latin) giving the impression that they are professional, yet their real information content is not richer than that of general publications. Emphasis is laid on the amount and time of social security support, but not more information is given on ingredients or other matters of professional interest than what can be found on the product's label.

Let's select a few quotations from these professional materials, just to get a taste of them.

“You give rest to the mother and food of full nutritional value to the baby.”
(a leaflet of Nutrilon Plus2)

“The new Humana weaning formula is the ready solution to prevent iron-insufficiency in babies and small children” (a leaflet of Humana 2 and 3 ready follow-up formula)

A highly illuminating piece is the one that is not only hypocritical but also emphasizes the importance of the DOCTOR’S decision-making role.

“Dear Doctor,

The young mother trusts You, receives advice and help from You in order to give all the best for her child. The decision is always in Your hands.

How can a mother overcome her fear of not having enough milk? What can she do if she is unable to give enough to her baby? Whom can she contact if God save from it (sic!) her milk production doesn’t start at all?

Of course she will feel uncertain. In the vicious circle that follows her frustration can cause further problems in milk production. This is a situation where the doctor’s decision is the only way out.

Egis-Nutricia trusts Your professional knowledge. Your experience, too. And Your intention to help. We would like to enable You to help as many mothers as possible. Nutrilon Premium 1 is the ideal way to realize this.”
(Nutrilon Premium 1 – Nutribox brochure)

B. Lack of information of critical importance

Promotion materials published for health workers do not contain the necessary warning on the superiority of breastfeeding – and more than that!

None of the “professional materials” in the 27 doctors’ offices that we checked gave information on the following:

- that an early introduction of partial bottle feeding has a negative effect on breastfeeding
- that it is very difficult to reverse the decision not to breastfeed
- that maternal nutrition and the preparation for and maintenance of breastfeeding are very important

In materials that promoted formula the following information was MISSING:

- instructions for appropriate use
- the social and financial consequences of the use of formula
- the health hazards of inappropriate food or feeding method

- the health hazards of inappropriate or unnecessary use of formula or other breastmilk substitutes

Most formula descriptions imply that bottle/artificial feeding is equal to breastfeeding.

As a whole we can say that the grossest violations can be found in the “professional” materials intended for health workers and the activities directed towards health workers, especially doctors. This is in unison with the result of our survey, namely that parents bring their decisions for formula on the health worker’s advice.

Promotion materials for the public

Promotion to the public is regulated by the Code as follows:

Article 5 The general public and mothers

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

Unfortunately we cannot give account of any positive experiences.

66 promotion materials of 16 brands of 13 manufacturers and distributors were found to be violations of the Code.

Distribution of manufacturers, distributors and brands is shown in the charts below. Manufacturer’s/distributor’s name is followed by brand name in brackets, if the two are not the same.

Distribution of manufacturers/distributors by brands

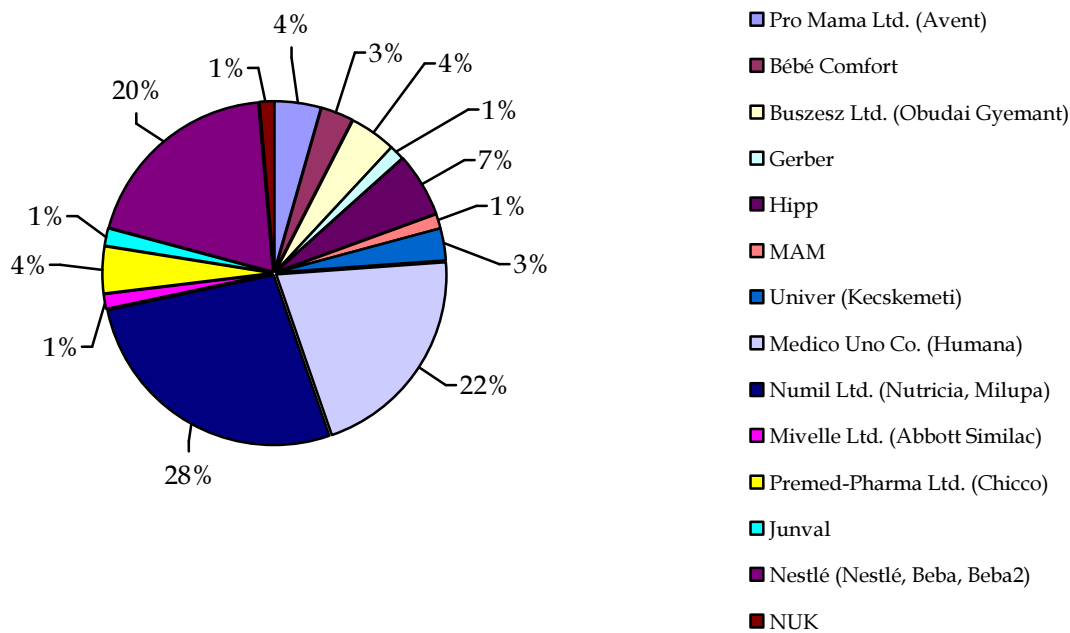


Chart 17. Distribution of manufacturers/distributors and brands

The distribution of marketing methods in promotion for the public is in line with the products' characteristics (OTC, over-the-counter medicine or FMCG, fast moving consumer goods) with one exception: the ratio of commercials is extremely low. This summary does not attempt to give an explanation for this.

The chart below shows the distribution of marketing methods to the public.

Distribution of marketing methods in promotion to the public

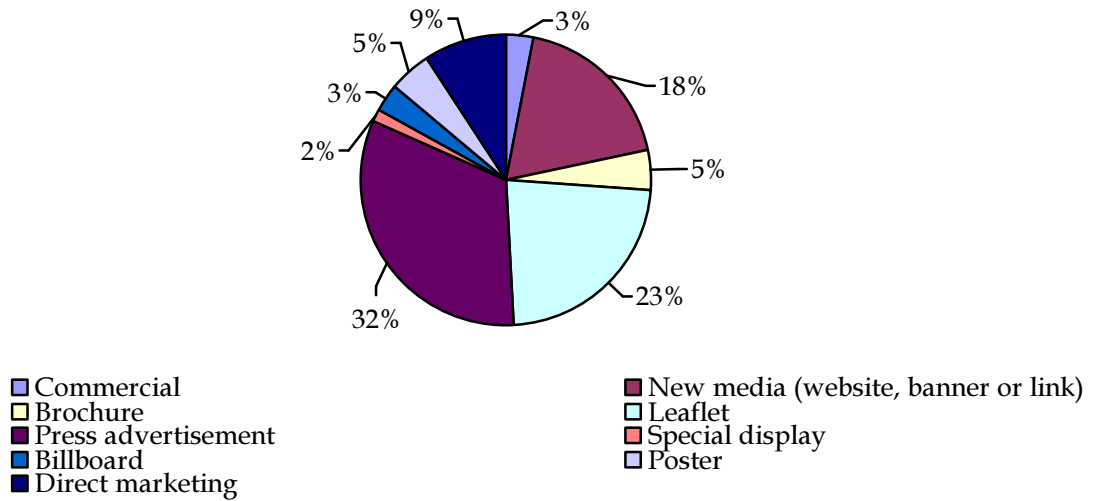


Chart 18. Distribution of marketing methods in promotion to the public

In the following we discuss promotion to the public by products under the scope of the Code. Their distribution can be seen in the chart below.

Distribution of products under the scope of the Code in promotion to the public

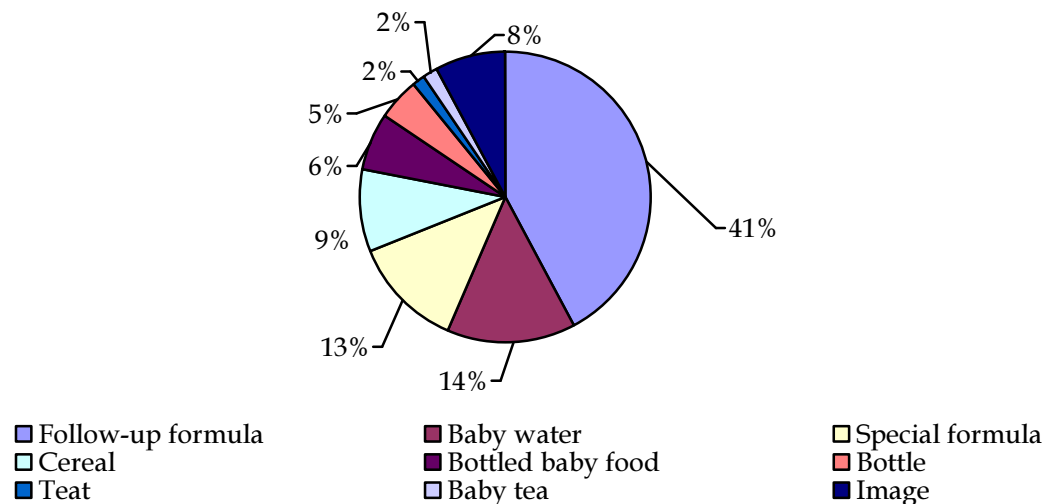


Chart 19. Distribution of products under the scope of the Code in promotion to the public

Company websites contain promotion of these products as well.

Infant formula

Infant formula does not appear in promotion for the public, yet it is not to be explained by any ethical or moral standpoint of manufacturers and distributors of formula – rather by the prevailing Hungarian laws. (See Appendix 1)

Sadly enough two products have evaded legal regulation: the so-called baby waters (Humana Babywasser, Obudai Gyemant). Budapest was inundated by their billboards this summer, special websites and numerous banners advertised them in the new media, to complete the list with newspaper ads, leaflets and PR-interviews on them. There were no actors on the market to bring a voluntary decision against the promotion of these products, so manufacturers and distributors of baby waters take advantage of the lack of legal regulation. Our prevailing laws control the advertising of infant formula only, instead of all products that can be viewed as breastmilk or breastfeeding substitutes. A recognition of this fact leads to the responsibility of current health authorities, i.e. the urge to give statutory force to the Code and the subsequent resolutions in Hungary as well.

Follow-up formula

Promotion of follow-up formula to the public uses several marketing methods. The two commercials mentioned earlier belong to this category, they are obvious examples of violation of the Code. In the Humana commercial a young father is waken up by the baby, remembers, how deadly difficult it was to prepare formula, then feels happy that this time it is going to be different: he takes a Humana Folgemilch weaning formula numbered 3 (standing next to a similar box numbered 2!) off the shelf, pours it into the bottle, then feeds the baby presumably younger than 6 months together with the mother in bed. If the commercial did not display No. 2, it should already be taken as a violation of the Code since it promotes bottlefeeding. Since it also promotes the formula recommended from the age of 4 months, moreover without the obligatory written warning, it is also a violation of the prevailing Hungarian law. Another case of such violation of the Code and our law was the distribution of samples of these products on the baby clothes fair organized by one of the most distinguished baby magazines “Kismama” this spring.

Complementary food (cereals, fruit/vegetable/meat purees, weaning formula)

This is the area where promotion is the strongest. There are numerous competitions (usually with send-in bar codes) to boost sales (e.g. Milupa, Nestlé). Discounts are so regular that it implies a serious price competition among companies. No week passes without a hyper- or supermarket or chemist's chain (occasionally several of them during the same period) selling these products at special prices. Another important marketing method for complementary food products (apart from direct promotion discussed above) is the regularly published brochures of discount products of great grocery store chains. With the help of these brochures companies gain direct access to their target groups. Since most of their products are purchased in these grocery store chains, the brochures do their job with only a few image- or product advertisements or PR-interviews to be added. This is the field where new media get the biggest role (e.g. Nestlé-sponsorship of www.babaszoba.hu or Milupa-ad on www.babanet.hu and the company websites).

As a latest development companies try to deliver a new kind of message to expand the application time of cereals and weaning formulae. While during the past few years they tried to save children from the consumption of cow's milk protein until the age of one year (which was right to do), this deadline is being pushed further out until the end of the second or even the third year with the appearance of the new generation of weaning formula, i.e. baby milk. Most weaning formulae ("baby milks") are recommended until the end of the third year. (E.g. Nestlé Beba2 product information insert: "The composition of this milk-base liquid product is ideal to foster the growth and development of the baby. This weaning formula enriched with iron, vitamins and minerals can be fed from five months to three years.") Product information on most company websites miss the statement that breastfeeding is the best.

Bottles and teats

Manufacturers and distributors of this group of products have expansive promotion activity with their main marketing methods being direct marketing, leaflets, newspaper ads and discounts. Manufacturers and distributors of these products are gross violators of the Code in their business

communication, since it is their vital interest to hide the fact how dangerous their products are to breastfeeding and to persuade customers that bottle feeding is equal to breastfeeding.

Trends and perspectives

Our first monitoring on the Hungarian situation of the marketing of breastmilk substitutes was carried out in 1997. When it comes to the unavoidable task of comparing the results of the two surveys we face special difficulties. The majority of the difficulties originate from the differences in methodology and data procession, the minority raise technical problems. Yet it is worth trying to do the impossible, since this recent shot we made on the Hungarian marketing of formula and baby food shows sad stability whose effects we had better prepare for.

When compared with those of almost a decade ago the results of this survey are rather similar. The lack of essential difference is to be explained by the passivity of the current health authorities and the lack of strict legal regulation. The words of the summary of our former survey are unfortunately still valid:

“Manufacturers and distributors do not comply with the provisions of the International Code. They freely advertise the products under the scope of the Code to mothers and the public, distribute samples to mothers and health workers. They give donations or low-price sales to the health care system. Hospitals, clinics and health centres are covered by posters and leaflets. There is no conference, study tour or professional journals without support from the manufacturers of formula and baby food. Most conferences on infant feeding are organized by them, most doctors’ study tours abroad are financed by them. Most health professionals welcome their support without realizing what consequences this kind of cooperation might have. Our health care system facing severe financial problems might easily fall victim to the companies’ marketing activities, unless we realize what their real purposes are.”

The methods and techniques are almost the same with the slight difference of their being more colourful, more appetizing, more “trendy” – so a lot more dangerous. The only new tool is the widespread use of the internet, which did appear in our first survey, but at that time it did not have the extensive role it has now, 8 years later. Organizing and supporting conferences for which doctors get credits is a method that has been gaining strength lately; during the monitoring we witnessed quite a few events called conference yet in



reality organized for the introduction of a new product. It is still on the top of the methods list to reach and involve doctors into formula marketing.

There has been not much change in the target groups, either. Judging from the appearance of baby milks, target groups have even become wider. There are certain groups that cease to enjoy the favours of manufacturers and distributors (e.g. family nurses or workers in maternity wards) – they seem to have failed to fulfil the companies' hopes for promotion. One of the main reasons is the act of the National Chief Family Nurse who prohibited all materials and posters promoting formula from all places where mothers may consult family nurses. Unfortunately there is no such firm and useful prohibition concerning paediatricians' offices and owing to their different organisational structure it is unlikely ever to happen.

One of the saddest trends is the new focus of long-term promotion on children: a Nestlé Blue Bear sticker might stay in the children's room for years and the familiar mascot will influence their choice after childhood as well – it might as well stay with them for decades.

In order to let you have an even clearer insight into problems in Hungary we add three appendices: one note on our health system and two texts from the Hungarian edition of “Breaking the Rules” published in summer 2005 in Budapest, Hungary.

Appendix 1

Translator’s note:

Before launching on the findings in our health care system a short explanation is needed about its structure. In Hungary we have a network of so-called health visitors: workers (almost solely women) with health education of secondary degree, specialized on problems of pregnant or young mothers and babies. They work as consultants for *healthy* mothers and children, register them, advise them, visit them (it is part of their duties), invite them for vaccination and help them contact the paediatrician if need be. This is a free health service all mothers and children are entitled to. Pregnant mothers actually have to contact the family nurse whose district they belong to as soon as the fact of pregnancy is stated by the gynaecologist. Health visitors usually have an office somewhere near the paediatrician’s one, and the two of them ideally cooperate well, yet health visitors work independently of the paediatrician. They are paid from the central budget (i.e. National Health Fund) and their network is headed by the National Chief Health Visitor.

There is another network of *family doctors* who are all university graduates but do not specialize in any particular field (GP in the UK.) They have districts (2-5 doctors share one district as they often share offices as well) and people living in that district normally belong to one of them – although people have a free choice of doctors, so it is just a matter of convenience to choose someone working close enough. There are also family paediatricians who are responsible for the children belonging to them. “Belonging to them” means that each Hungarian citizen has a social security identification number that entitles him/her to get the services of such a family doctor/paediatrician free of charge, who in turn gets his/her wages from the central budget (National Health Fund) according to the number of people registered in his/her office. These family doctors are the ones to consult in any health matter first and also the first to see in case of illness. It is their decision whether to send the patient to a hospital for further treatment or not – yet, patients are free to choose any hospital for check-up if they do not trust the decision of the family doctor.

Appendix 2

**PREFACE TO THE HUNGARIAN EDITION OF
“BREAKING THE RULES”**

(shortened and edited for IBFAN readers)

As shown by the figures of the National Health Fund more than 2 billion HUF (Hungarian Forints) (USD 10 million) were spent on subsidization of formula from the collected taxes in 2003, and the 2004 amount was presumably not a penny less. (Translator's note: This is the money the state contributes to the price of formula obtainable by prescription. If the doctor prescribes formula parents have to pay only a part of the price – 50% in general, depending on the type of formula.) As an addition to this an annual HUF 1.2 billion (USD 6 million) is spent on subsidized formula by the customers themselves. The annual formula consumption (as of subsidized formula, i.e. formula bought on prescription) is a total of 1.700.000 boxes, while the annual birth rate can hardly reach 90.000! What these data reflect is NOT the total consumption of formula, only the amount that is registered by the National Health Fund, i.e. formula bought on prescription. The kinds of formula belonging here are starter formula, hypoallergenic formula until the age of one year, and special formula for those children who cannot be fed on regular or hypoallergenic types. So this huge sum of money includes neither the amount spent on follow-up formula and baby milk, nor the amount spent on regular infant formula bought without prescription, i.e. for full price. An annual quantity of formula costs a family an estimated sum of more than HUF 120.000 (USD 600).

The growing popularity of hypoallergenic formula deserves special attention. If the baby is at a higher risk of developing allergic reactions (i.e. if one or more of his relatives have suffered from some kind of allergy), he is entitled to get prescriptions for hypoallergenic formula until the age of one year. It means that parents will have to pay only half of the price. Yet, hypoallergenic formula normally costs twice as much as average formula does, so both the National Health Fund and the customer pay the double price than they would in a normal case. On top of this they have to buy this product for twice as long: until the age of one year instead of six months.

Having a closer look at the growing market of antireflux formula, we might arrive at the same conclusions. It is also highly illuminating to read the booklets and brochures on this kind of formula prepared for health workers by the companies. It turns out that once the borderline between normal

throwing up and reflux problem is blurred, the number of babies “needing” antireflux formula can easily be multiplied.

The dimensions of expenditures, the amount of formula sold to customers and the experience of lactation consultants all seem to prove that there are a lot more babies being fed on formula than who would actually need it. While our health system is on the verge of collapsing for not being able to finance even the most vital needs, the National Health Fund still uses the healthcare contribution paid by taxpayers to subsidize completely unnecessary expenditures.

A further paradox is posed by the problem that artificially fed children will use the healthcare system more often than their breastfed peers.

Are these disadvantages widely known? Unfortunately not, even among health workers. Most conferences and study tours are organized by manufacturers and distributors of formula, so the serious consequences of artificial feeding are not recognized even by health professionals.

(...)

Although manufacturers of formula should comply with the Code and the subsequent resolutions whether they are implemented in a certain country or not, they are only willing to comply if there are prevailing national laws to control them. There are 24 such countries in the world, Hungary unfortunately not being one of them. (...) Companies in Hungary show most willingness to comply with the Code in the field of labelling, while they just would not give up health workers to be their major target group. From their point of view this is very understandable, since most mothers start artificial feeding on a health worker’s advice and they also consult the health worker on which brand to chose. The results of our monitoring stand proof of this.

The WHO Code and the Hungarian laws

Hungary accepted and signed the Code 24 years ago, thus making a promise that the provisions of the Code are soon going to be implemented in the country. What has gained legal status in the country up till now is, however, only a meagre section of the Code, namely the provisions concerning infant formula. There is nothing to control the promotion of follow-up formulae, baby milks, baby food products and bottles and teats.

The reason for this is to be found in the EU legislation that Hungarian legislators had to take for their guidance when preparing the country for

joining the EU in 2004. They copied the 91/321/EEC Directive of the European Committee almost word by word, even though it is supposed to be the minimum requirement and our national laws could be stricter.

There is only one slight change: the provisions of the Directive concerning donations for organizations and institutions by manufacturers and distributors are somewhat clearer than those of the prevailing Hungarian legislation.

The problems we face are evident: what is missing from the EU legislation is also missing from the Hungarian legislation – and the scope of EU provisions is narrower than that of the International Code. We also lack regulations on the relationship between health workers and manufacturers and distributors of formula. It means that health workers (doctors, midwives, health visitors) have no clear rights and duties when contacted by sales personnel who consequently can freely enter pharmacies and institutions of the health care system.

(...)

The Hungarian Association for Breastfeeding suggests that the following actions should be taken – in line with the provisions of the International Code:

1. A complete prohibition of the promotion of all kinds of formula, bottle and teat for the consumers; marketing methods like gifts, samples, tie-in sales, discounts, etc. included.
2. Health workers should receive only scientific and factual, impartial information on formula. The basic requirements should be laid down and monitored by a group of professionals (e.g. the National Breastfeeding Protection Committee) that are independent of manufacturers and distributors (so that there be no conflict of interests) and are well-versed in the newest findings of how to support breastfeeding.
3. There should be no conferences on infant feeding for which doctors get credits organized or sponsored by manufacturers of formula.
4. There should be no baby food products, cereals and drinks recommended by the manufacturers and distributors for babies under 6 months of age.
5. Each family and mother should receive clear and factual information on breastfeeding, the breastfeeding friendly solutions of problems, the risks and disadvantages of artificial feeding, including its material disadvantages. Information should also be given on the difficulty of returning to breastfeeding – as specified by Hungarian regulations, yet not carried out.



Knowing that the favourite target group of manufacturers and distributors is health workers, there is one more act to be added to the above 5:

+1: All health workers who have contact with mother-and-baby or mother-and-child should participate in a workshop on breastfeeding organized by an independent party at least every 5 years. Breastfeeding should receive the status it deserves in secondary and higher health education. No health professional can give answers to breastfeeding problems, unless he/she is well-versed in the subject.

We do not believe that the solution lies in the radical reduction of state support for prescribed formula. International experience shows that the best control on the spread of artificial feeding is the implementation and reinforcement of the provisions of the International Code and subsequent relevant WHA resolutions. This should be complemented by the appropriate education and information of mothers, families and health workers.

Appendix 3

**15 CAUSES OF UNNECESSARY BOTTLEFEEDING OF BABIES
IN HUNGARY**

(FROM THE HUNGARIAN EDITION OF “BREAKING THE RULES”
shortened and edited version for IBFAN readers)

1. Keeping up the old method of timed breastfeeding.
2. To make the mother feel more comfortable. (There are many breastfeeding mothers who keep a box of formula at home “just in case”.)
3. As a substitute of reassuring and comforting the mother.
4. Lack of support by the family.
5. To stop the baby cry.
6. To stop the mother worry. (Even doctors say formula can help those who feel insecure and are afraid of not having enough milk. To help the mother get rid of her worries they give her a prescription of formula.)
7. Bad assessment of the speed of gaining weight. (Occasionally doctors say the baby “is not gaining enough weight” even when the figures are normal for the child’s age and phase of development.)
8. To tranquillize the baby.
9. To prevent obesity. (Some doctors say mothers should control the amount their babies want to eat.)
10. Feeding according to “tables”. (A lot of doctors and family nurses say mothers should weigh their babies after each breastfeeding and if the amount of milk consumed is too little – say under 150 gr. – they should complement it with formula. They do not take it into account how often the baby is breastfed, etc.)
11. To prevent throwing up. (Some doctors try to solve the problem of throwing up with anti-reflux formula instead of checking the mother’s breastfeeding technique.)
12. To make the baby sleep through the night. (There is a Sleep Consultation Centre in Budapest where doctors say mothers should stop breastfeeding first if they want to have peaceful nights.)
13. Separation from the baby. (This is probably the biggest problem. Apart from Baby Friendly Hospitals babies are normally separated from the mother most of the time during the first few days – and in several cases they are fed artificially. Formula given to babies during this period is not registered anywhere, so it is still a secret what percentage of Hungarian babies is exclusively breastfed until



6 months. Even though statistics say over 40%, it cannot be taken for granted, since there is no evidence about the first few days. Another problem is posed by cases when the baby or the mother needs hospitalization, which also means their separation since most institutes have no facilities to solve this problem.)

14. The mother gets some medication. (Many doctors find it easier to prescribe formula instead of checking the ingredients of the medicine the mother needs to take.)
15. Hyperbilirubinaemia of the newborn.

(The study was written by Klara Jokai (marketing expert, member of HAB). The appendices were written by Renata W. Ungvary, President of HAB, shortened and edited by Agota Revesz, who also translated the whole study.)