

# Being There: The Development of the International Code of Marketing of Breastmilk Substitutes, the Innocenti Declaration and the Baby Friendly Hospital Initiative

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## Abstract

Margaret Isabirye Kyenkya (photo) grew up in Uganda with five brothers and six sisters. Her Bachelor of Arts was in Social Work and Social Administration (Makerere University, Uganda), and was followed by a Masters in Sociology, (Nairobi University), and a Certificate in Mother and Child Health (International Child Health Institute, London). Her PhD focused on Hospital Administration inspired by the WHO/UNICEF Baby Friendly Hospital Initiative. She has worked as a researcher, the founder of Non-Governmental Organizations, a Senior United Nations Officer (New York Headquarters and several regions), a Manager in the United States Agency for International Development-funded National Health and Nutrition Projects, and a governmental Health and Nutrition Adviser. A certified trainer in a number of health and nutrition areas, a breastfeeding counselor, and a retired La Leche League Leader, Dr. Kyenkya has significantly influenced the course of lactation support and promotion globally. She stated, “My most precious and valued occupation is that of a mother [of five] and grandmother [of eight].” Dr. Kyenkya currently lives in Atlanta, Georgia, in the United States. (This interview was conducted in-person and transcribed verbatim. It has been edited for ease of readability. MK refers to Margaret Kyenkya; KM refers to Kathleen Marinelli.)

## Keywords

Baby-Friendly Hospital Initiative, breastfeeding, breastfeeding promotion, UNICEF, World Health Organization, International Code of Marketing of Breastmilk Substitutes, Innocenti Declaration, International Baby Food Action Network, Nestle boycott, La Leche League International

## Interview

**KM:** What made you go down the pathway of maternal–child health?

**MK:** When I was a young graduate student working at the Medical Research Center of the Royal Tropical Institute of Amsterdam [conducting longitudinal studies of mother and child health in Machakos, Kenya], my specialty was in Bilharzia control, but we did everything. This included field supervision for nutritionists, pediatricians, and epidemiologists. I learned to deliver babies and supported the researcher who was doing studies on the outcome



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of pregnancy. That’s how I got into maternal–child health.

While doing that, I met a La Leche League (LLL) Leader, the late Helen Armstrong. She was looking for a professor to help her write a questionnaire studying the problems of breastfeeding in Africa. I was so intrigued because I did not believe there was a problem! Later, she organized a meeting, inviting me. There were six other women from six different countries. We sat together and asked “What do we do? There is an issue about breastfeeding.” We said, “Let’s form a breastfeeding group.” We formed and registered the first breastfeeding promotion group in Africa, the Breastfeeding Information Group (BIG) in 1978.

The Nestle boycott started in 1977. Professor Derick Jelliffe [a US Pediatrician] was helping to compile information on Nestle's marketing practices. As a researcher, I knew research methodology and I could go into every part of Nairobi... I took [Jelliffe's] questionnaire and collected information. There were [formula] samples being given out in hospitals, and mothers and babies were being separated in them. There were formula promotions in low-income areas... [and] posters of infant formula and the conditions were really bad! I had no idea before that this was a real problem. When I asked about breastfeeding only, many mothers said "Oh no, we mix-feed. We give our babies water because in the hospitals they tell us to give our babies water before you start breastfeeding." The rates of diarrhea! Whew!... All pediatricians and nurses I talked to said "Yes, most of the babies here are dying of diarrhea because of the water feeding, and the bottles are dirty." It was terrible. We sent off all this information to the United States.

Early 1980 the UNICEF representative in Kenya came to one of our meetings and said "A new Executive Director in UNICEF... wants to make breastfeeding one of UNICEF's priorities. He has written to all the countries that have representatives [asking them] to do something about breastfeeding, and we would like to work with you." We agreed.

**KM:** Who was this?

**MK:** James P. Grant. In 1978 the US Senate hearings recommended that WHO convene a meeting on infant and young child feeding, to consider [the] drafting of a regulation, some code to regulate [the] marketing of breastmilk substitutes (the 1979 Infant and Young Child Meeting). We got invited, and I went. It was overwhelming!... WHO headquarters was HUGE! I participated in the meetings as part of the NGOs, learned as much as possible and shared whatever I could. After that meeting, the NGOs formed IBFAN—International Baby Food Action Network—to push for and support a strong marketing code, and I went back and reported to my group what had happened. We continued contributing information to the IBFAN network.

By this time, I was becoming a real activist. I was doing more work on breastfeeding and participating in meetings than I was on my research. Every time I went into the field to collect data, I worked more closely with the nutritionists, pediatricians, and obstetricians

than the biologists. [Then in] 1981, I was sent by BIG [The Breastfeeding Information Group] as their representative to the IBFAN meetings, happening around the 1981 World Health Assembly [WHA] that was to adopt the International Code of Marketing of Breastmilk Substitutes [the Code]. Industry was also present and lobbying for a weaker code.... We heard that Nestle was sending delegates and was inviting people to try to get delegations to not vote on the Code. I decided that... I would try to penetrate the Nestle meeting. I went with a nurse on the Kenya delegation. [Nestle] told us they would send us on trips, and they would give us materials. I brought all this back to the IBFAN group... Because of the global effort, Nestle and the other companies were telling the media, WHO, and UNICEF that they were no longer promoting artificial feeding (they were not giving out samples, posters, etc.). Unfortunately for them, I and other people from all continents had collected a lot of information prior to traveling to Geneva for the IBFAN 1981 meeting, and shared it with IBFAN colleagues. Immediately, they arranged for journalists to interview us. We shared the evidence of what Nestle and other companies were still doing. This helped the case for the strong regulation.... [IBFAN] produced simple materials to help us explain the draft Code to national delegations, and what was at stake if the Code did not get adopted by the WHA. Once they understood the politics, and how the companies were manipulating the situation to decrease breastfeeding and increase sales of infant formula, the delegations just wanted the Code.

The NGOs... would be at the WHA during the day and at night, we would meet between and shared what we had learned and strategized the next steps. The small group of IBFAN people were amazing (Leah Margulies, Anwar Fazal, Patricia Young, Doug Clement, Ed Baer, Andy Chetley, Annelies Allain, Jean-Pierre Allain, Doug Jonson, Dr. Clavano, Professor Jelliffe), as well as the WHO team (Elizabeth Helsing, Manuel Carballo) and the UNICEF team (Kathleen Cravero, Marjorie Newman-Williams). Both WHO and UNICEF wanted a strong code to protect breastfeeding, and any help they could get from NGOs to educate the delegations was welcome. What was admirable to me was [that] the NGOs had no money. Each person donated their time and personal resources to-

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wards this work. We slept in dormitories. Young people from Europe and the US contributed to transport and food for us. Where donations had been received (by the IBFAN groups), they were used to send tickets to NGO representatives or individual health professionals to come to the 1981 WHA [meeting] and to the IBFAN meeting. They knew how to lobby and taught us! They were doing the writing and sending out information. It was amazing!

After the Code was overwhelmingly adopted in May 1981, we celebrated! That followed the NGO meeting that formed a bigger IBFAN. Every group decided, we shall work as a network, independent of but supporting each other. We shall have regional representatives and [they] shall manage the whole network. In the Africa group I had people from Kenya, West Africa, Nigeria, Ghana, South Africa. It was a big group. Because I came from the only formal Breastfeeding Support Group in the region, the group asked me to take on the IBFAN regional coordination job. I declined. I was working full time with the Medical Research Centre, a graduate student, a mother of two under-fives, and married. I [went] back to the Breastfeeding Information Group with the report from WHA and the IBFAN meeting and asked them to nominate an IBFAN regional coordinator. They turned to me and said, "You know you are the best person to do this." So, I took on the responsibility to set up IBFAN Africa [mid-1981].

Establishing the *IBFAN Africa Network* was challenging. BIG worked in sub-groups. We already had groups working on mother support, counseling at hospitals, giving talks to groups, producing the newsletter, and one on research (to find out what was happening with mothers in plantations and in rural areas). We decided another sub-group would work on the Code and I chaired that group, and it would support me with IBFAN Africa work. To reach out to other countries we went through UNICEF since breastfeeding was also their priority.... They started inviting me to meetings ... the regional director had a meeting of UNICEF representatives (1982) and they invited me to speak to them about breastfeeding.... UNICEF decided to work through their communications officers to promote breastfeeding in every country. In 1982, the East and Southern Africa Communications Officer organized an orientation meeting for journalists in Zimbabwe which I chaired.... From then on, UNICEF was really engaged and kept me and my team busy. The same officers identified persons in their countries to set up national IBFAN groups. I also worked actively in Kenya. In 1981 the Kenya delegation had been a strong mobilizer for the Code in Geneva. We tried to get a Kenyan law.... However, we had a lot of Nestle opposition to a strong Kenya Code and they insisted on being full participants in the drafting process. BIG

was small compared to them and we were losing. I appealed to the leader of the biggest and politically powerful grassroots women's organization, *Maendeleo ya Wanawake*. The organization had a nutritionist who was active in BIG (Mrs. Jennifer Mukolwe). She set up a meeting for me with the politically powerful Mrs. Jane Kiano... who said to me, "What is all this about breastfeeding and bringing woman backwards?" ... I told her this is a woman's issue and she had a responsibility to fight for us, for her children and grandchildren. I spoke in detail about what formula was made of and how marketing stole a woman's right to breastfeed. After she heard this, she was upset, "This is what they have done here? When is the next meeting?"

The next meeting was crucial because a decision was going to be made to not adopt the Code, because the Nestle reps were participating and our BIG group was a lone voice. Other organizations had been threatened and stopped participating. I was nervous; imagine my relief when this very tall, elegant, and well-known powerful lady walks in and sits right next to me! There was silence. They realized she was there to support breastfeeding. She just sat there; they started presenting what was going to happen in terms of the Code. She said, "What has happened to regulate the marketing of breastmilk substitutes?" and of course they were lost for words. She gave me an opening to reveal all the intricacies of how officials and NGO leaders were being threatened and intimidated, as well as the implications for the health and wellbeing of Kenyan infants and children if the marketing practices were not strongly regulated. I even questioned why Nestle reps were sitting in the meeting. She said, "I want this Code. Definitely. And I want it soon." That was a turning point for the Kenya Code. Higher level officials in government got involved and very strong decisions were made. Samples were banned from hospitals and posters removed with the biggest women's organization behind the breastfeeding movement.

After completing my MA requirements, I became a full-time employee of IBFAN, based in Kenya, with funding by the International Organization of Consumers Union. I was the first regional representative and the first regional coordinator for IBFAN Africa, covering both east and west Africa. I didn't have an office, working out of my house. I bought baskets from the markets in Kenya and then traveled with them if I was invited to one of the organization's meetings. Someone would pay for me, and they would arrange for me to stay with someone... I sold these baskets and brought the money back to IBFAN Africa. I would ask my husband to donate to my efforts with cash, to buy supplies (such as pens, paper, stamps, envelopes, carbon paper). We didn't have computers then. We used typewriters and I donated mine. I worked with volunteers, who pre-

pared documents and I would request friends with office set-ups to help with photocopying. We even started an *IBFAN Africa Newsletter*! My young children would help with sorting, packaging, and stamping the newsletter for mailing. Then later BIG got a grant, rented an office and I used one of the rooms for IBFAN Africa.... With the first grant we had, we provided \$500US to each new national group. UNICEF and WHO funded national level activities, including advocacy, training of health-workers, and national Code development.

I was invited by WHO and UNICEF to go to many meetings and conferences to speak about the issues and keep people up [to date]. In 1986 they called me to a meeting convened by WHO and UNICEF in New York ... where I was asked "Do you want to work for UNICEF?" I said, "UNICEF where?" "New York." "New York!! I am a village girl. I am not going away to NY." I was scared. I said "Uh uh! Send someone [else]." ...My husband ... had gone for his graduate studies to Yale University, and he was still in contact with people at Yale... He said "Yeah let's go!... but if you are going to go and move the children and me... then it has to be a contract that will last for 2 years." Eventually we accepted. It was one of the toughest jobs ever. The transition was so hard. We lived in New Rochelle, NY.

But the thing that made me accept was the deputy director (programs), Dr. Richard Jolly, interviewing me [during] a regional nutrition meeting in Nairobi, "Why are you resisting coming to New York?" I said, "I don't know. I know this work. I stand up, I go on the radio and I even criticize UNICEF for promoting immunization and oral rehydration salts without talking about breastfeeding and child nutrition." He said, "What are you doing now?" "I am creating programs and working on lactation management training of health workers. We are organizing women as consumers to protect breastfeeding, and we are creating mother-to-mother support groups to support breastfeeding." "Who do you work with?" I said I had LLL contacts in Zimbabwe and Zambia, Kenya, and South Africa; we work with everybody. He turned to me, "I want you to do that everywhere. Come to UNICEF and do exactly what you are doing but all over the world." My conditions were that my support network [must be] the International Organization of Consumers Union, the Nestle boycott organizers, La Leche League, Nursing Mothers Association of Australia, and, in Europe, the active groups of young physicians. [He agreed]. We moved to New York in Oct 1987, on a 2-year contract, and I started my work as the first global Advisor on Infant and Young Child Feeding in UNICEF. I was continuously in touch with my network, working as a team with UNICEF.

In my UNICEF office in New York, I found a lot of documents, in boxes, from Ed Bear and Leah Margu-

lies prepared for the draft Code, and I read them all. They gave me a starting point of what UNICEF had already supported. I also found a draft manual by Dr. Beverly Winnikoff, at the Population Council. I met with her and asked if I could continue working with it. It's from this manuscript that I wrote the *Protecting Promoting and Supporting Breastfeeding: The Role of Maternal Facilities* (1989). The draft went through a lot of reviews as I shared it widely. Question was: How to publicize it? Already Wellstart was implementing these very practices in 12 hospitals in the world, using funding from USAID. When I gave the near final draft to Dr. Richard Jolly, he said, "This is really good. However, you know how Jim (Grant, Executive Director) works. When he is talking to leaders, he pulls something out of his pocket (an ORS package, a vaccine vial) to make his point. He cannot pull out a breast or a large book to promote breastfeeding. How about you write a summary, say *Ten Steps to Breastfeeding* or something?" That was at 3pm. I went downstairs to my office on the 8th floor, called my close working team: Helen Armstrong (Massachusetts, US), Felix Savage (in the UK) and Audrey Naylor (San Diego, US) and alerted them to be ready to burn the midnight candle. Later I would check in with Beverly, of course. As usual they first protested about further compacting information that had already been very summarized in the booklet! And, again, I talked about the need to "simplify in order to popularize." It was so hard to attempt to summarize the book in 10 steps. Three hours later, I came up with 15 steps. Dr. Jolly would not have it. We did not use email then. I was faxing drafts back and forth to the team. We ended the night with 12 steps. I took it to my supervisor, Dr. Peter Greaves, and, after editing, we showed it to Dr. Jolly the following morning. We engaged colleagues at WHO, the communications team at UNICEF and eventually got to 10 steps. I shared this with my team, and they approved. Thus, the *Ten Steps to Successful Breastfeeding* were born and later became the basis for *The Baby-Friendly Ten Steps to Successful Breastfeeding*, which Jim Grant transformed into the *WHO/UNICEF Baby Friendly Hospital Initiative*, launched in 1992.

At first, the WHO publication department refused to publish the booklet, saying "no one will buy it" and "it won't have a market and will be a waste of resources. It's your book Margaret, you publish it as a paper or something." However, we needed this booklet to have the WHO's endorsement. The WHO technical staff and leadership had already approved the content. My mission was to popularize the information and make the *Ten Steps* applicable everywhere. I was told: "you have to market it before we [the WHO] publish it." They reproduced 1000 copies and sent them to all the hospitals and organizations I knew, all over the world,



and requested them to pre-order. The preorders were almost overwhelming for WHO. La Leche League International was amazing at marketing the booklet. Wellstart International, and all the mother-support groups in all regions did their part. IBFAN groups got governments in developing countries to order and, for them, the booklet would be free. Within a year, WHO said it was their top [selling] publication.

My main job was to organize a global meeting on infant and young child feeding to develop the basic policies and program. What should be the best policy and programs for breastfeeding promotion, protection, and support? The population office of USAID was really active and committed to promotion of breastfeeding as part of their family planning program. They had contracted with Georgetown University (Dr. Miriam Labbok and Peggy Koniz-Booher) to work on breastfeeding and amenorrhea. We formed the *Inter-agency Group for Action on Breastfeeding* with USAID, Swedish International Development Authority [SIDA], UNICEF, and WHO to organize this meeting in Innocenti [Italy]. It's this meeting that produced the *Innocenti Declaration for the Promotion, Protection and Support of Breastfeeding* (1990).

I managed the secretariat to prepare for the meeting, with three staff. The organization of that meeting was so political. Deciding who would organize the meeting, who would speak, who would be invited. The number of meetings we had to prepare for the meeting itself were so numerous... in Geneva, in London, in Washington. In the end my supervisor resolved the problem by stating this would be a UN meeting, with select governments participating. The NGOs and industry started putting on the pressure through their connections in UNICEF, WHO, USAID, SIDA, and even the World Bank. Each side wanted their interests to be covered and to participate. At the final preparatory meeting held in Geneva, we agreed to use the Triple A approach (Assess, Analyze, and then take Action). The UN meeting was arranged as follows: (1) An ASSESSMENT of what we knew about breastfeeding would be presented by WHO; they convened a couple of technical meetings just focusing on assessing the situation; (2) An ANALYSIS of what this data indicated would be presented by USAID; (3) Then UNICEF would present a proposed ACTION based on the outcome of the assessment and analysis. This process eased the politics around participation. We agreed to invite only two NGOs as observers. The fight was: Do you have the activists, or do you go to industry? In the end there was a compromise and the industry went through the USAID (the American delegation). USAID was brilliant. [They said] "OK why don't we take one group that we fund to come and represent?" They picked Wellstart International, which was Dr. Audrey

Naylor! SIDA said we shall send the Geneva Infant Feeding Association (GIFA). In the end we had top breastfeeding advocates. Those guys from USAID—Cloey O'Gara from the Nutrition Department, and Jim Shelton from Population, working with Miriam Labbok, were able to exclude industry. In any case, the country delegations would not have been happy with participation of the Baby Food Industry.

I spent a full year making a video preparing for this meeting and I figured global action could best be inspired by all the good/pro-breastfeeding actions that were already going on...shift the attention from what bad things industry was doing.... I had convinced the Communications group within UNICEF to produce the film. There was one young girl in the department, who seemed very talented but also bored. I went to them and said, "Why don't you help me make a film on breastfeeding?" She was very excited. We wrote the script. They did what they do. They even traveled to Honduras because Judy Canahuati was ready to have them document what she was doing there.... At one of UNICEF's preparatory meetings I invited all the people I wanted in the film: Ted Grenier, Michael Latham, Felix Savage, Marian Thompson (LLLI), Barbara Heiser and so on. Of course, they interviewed leaders in UNICEF and WHO. You know, that little girl from the UN won an award for that movie and that was the movie I had used at the Innocenti meeting to introduce the Action part.

We invited Health Ministers from governments that had the best pro-breastfeeding policies and programs. It was a high-level meeting. Executive Directors from three UN agencies attended! Jim Grant of UNICEF, Hiroshi Nakajima of WHO, and Nafis Sadiq of UNFPA [the United Nations Population Fund]. That was rare. The chairperson was Professor Ransome-Kuti, Health Minister in Nigeria, who had navigated some of the toughest WHA meetings in the issue. Very brilliant. We agreed that these governments, member states of the WHO and UNICEF Executive Board, were going to make the declaration: They were going to make the decision. The UNICEF leadership gave me the honor to present the action section on their behalf! That was such a vote of confidence and very nerve wracking because it was my presentation that would determine what the Action document would look like. My supervisors, Drs. Peter Greaves and Urban Jonsson, and my colleague, Jean Rubanzibwa-Ngaiza, were such a source of encouragement.... I showed that 10-minute video. It was beautiful, well made. After that I made a fiery, inspiring speech (handwritten, not seen by anyone else prior).... By the end of my presentation everybody was "YES! We have to have a strong recommendation out of this!" I had convinced them that it must be 6 months exclusive breastfeeding; it has to

be breastfeeding for 2 years and beyond. I had convinced them that we had enough mother-on-mother support groups in the world that would help us do this. My thing was to bring up what was already happening around the world. I showed them what IBFAN groups were doing all over the world.... It still ranks as... the best presentation I ever made and has had the most global consequences.

That is how we got the *Innocenti Declaration for the Protection, Promotion and Support of Breastfeeding*.... From then on, every document has talked of exclusive breastfeeding, continue breastfeeding for 2 years. . . . That meeting was in August 1990. In September was the first meeting of the UN focusing on children, the World Summit for Children, which Mr. Jim Grant had spent 5 years preparing. This meeting produced the *Convention on the Rights of the Child*... and, for the first time, breastfeeding was included, thanks to the Indonesian government and the intense lobbying that was mounted by NGOs, especially LLLI (Barbara Heiser).... From then on there was no stopping us.... I was doing my thing with UNICEF staff so that they could become effective supporters, developing program guidance to be used at country level. The 1990 UNICEF Nutrition strategy also included the Innocenti Declaration.

Then, in 1992, Mr. Jim Grant launched the *Baby Friendly Hospital Initiative*. Soon, regional directors were strolling to my office asking me for guidance. I panicked. My next instruction as the technical officer was to develop the implementation guidelines. I convened a meeting of three people: myself, Audrey Naylor, and Felix Savage. We met in London for 3 days to develop the first guidance. The 12 hospitals supported by Wellstart International were designated model hospitals. But, in the meantime, [we used] this network of people.... It was like weaving a basket. Bringing all the parts together.

**KM:** How long did you work in New York?

**MK:** My first tour of duty was from Sept 1987 to March 1994. We included support as a critical part of programming, thus recognizing the role played by mother support groups and health workers.

I was then posted to Pakistan, as Chief of Health and Nutrition Senior Program Officer in Nutrition; I was doing proper program work, managing money, health, nutrition, immunizations. I was also the advisor for IBFAN and infant and young child issues in Asia. We had to have a lactation curriculum to support healthcare facilities and training health workers to understand lactation. We supported nursing and medical schools in developing that curriculum and putting it in [place]. If we had lactation consultants, we would say: "Hire lactation consultants so they can work in hospitals."... One of the issues, whenever we talked about breastfeeding promotion, was the tendency to dismiss

this as a women's issue. I remember talking to Helen Armstrong, "How do you get nurses and doctors to pay attention to breastfeeding, how breastfeeding works?" I said, "Call it lactation management. Talk about the physiology of lactation." The first curriculum written by Helen Armstrong was a lactation management course for Africa. Once we called it that name, they were buying in.

**KM:** You are an amazing, amazing woman. I am so happy that I had this chance to speak with you. Would you like to give me a final comment?

**MK:** I feel like my own country, Uganda, is going backwards in breastfeeding practices. Where there is economic improvement, access to modern hospitals, it comes with all sorts of bad habits, such as separating mothers and babies at birth. I have made a decision: this is where I want to work. Over the last year I have gotten offers of jobs to go back and manage projects because the last 10 years of my life I was managing health and nutrition projects in Africa. However, I really want to work with mothers and children, one on one or in small groups.

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## Resources

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