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Protecting and Supporting the WHO International Code During COVID-19

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Worldwide, the changes brought on by the COVID-19 pandemic have altered our daily lives, our institutions, and the ways we are able to interact. It is a profound socio-cultural change, the implications of which will take us years to understand. What has not changed is the very essence of what human families need, which includes the need that infants have for human milk. Protecting lactating families and the institutions supporting these families becomes critical when the postpartum experience and lactation care are altered by social distancing and mandated isolation. The already life changing event of bringing a new child into the world becomes laden with additional layers of anxiety and stress, now without the support of family and without adequate lactation care. During a pandemic, when so many people are dying, when public messaging is so contradictory, and our understanding of this disease is so incomplete, becoming new parents has the added burden of disrupted expectations, increased fear and uncertainty, all mixed with the joy of the new life brought into their home.

Although the scale is massively different, our current situation reminds me of a different infectious disease outbreak. My colleagues and I were able to research new parents' experiences during the 2003 SARS epidemic in Hong Kong (Dodgson et al., 2010). We interviewed new mothers about their experiences of birthing and the early postpartum period during the height of that outbreak, when hospitals had strict no visitor (not even fathers) policies. Participants spoke about experiencing the fear and uncertainty of childbirth alone, isolated from all family. The only support they had was healthcare workers in full isolation gowns, face shields, and masks that covered their mouths. It was something they could not have imagined would ever happen—much like those hospitalized throughout the world during the COVID-19 pandemic. Four themes emerged from the participants' narratives (i.e., living with uncertainty, intense vigilance, isolation, and disrupted expectations), which are being echoed by new parents experiencing the COVID-19 pandemic, despite advances in technology and communication modalities since 2003. During the crisis period in Hong Kong, healthcare priorities shifted away from maternal child issues, just as they have been during the COVID-19 pandemic, leaving those giving birth and bringing home a new infant without the care and support they need. I hope researchers are studying what has been happening in the lives of those who have become parents during the COVID-19 pandemic, so that we all might learn better ways to deliver and manage care for this vulnerable population during the next acute wave of an infectious disease, and not repeat the failures of the past.

Capitalizing on the uncertainties and fears of new parents has been a marketing strategy of commercial interests for many years. Of course, these strategies are contrary to the letter and intent of the *International Code of Marketing Breast-milk Substitutes* (IC; WHO, 1981) and its subsequent World Health Assembly Resolutions (World Health Assembly, 1981–2018). IC compliance has been a major international issue for as long as it has existed, particularly during infant and young children emergencies (WHO, 2003). In this issue, Burrell et al., 2020 describe the model they developed during the infant and young child feeding emergency among the Rohingya refugees in Cox Bazar, Bangladesh. They describe how, in the midst of this huge humanitarian crisis, organizations can still adhere to the IC, providing an excellent example for us all.

International monitoring of the IC traditionally has been the role of not for profit non-governmental organizations (e.g., International Baby Food Action Network-IBFAN; World Alliance for Breastfeeding Action [WABA]) and the World Health Organization [WHO]). However, individual countries have had the responsibility to enact IC legislation/regulations and to self-monitor compliance, which some do

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much better than others, but all could improve. International Board Certified Lactation Consultants (IBCLCs) are required to adhere to the IC as part of their commitment to provide the best possible care to breastfeeding families. The *Journal of Human Lactation* (JHL) continues to support the IC through the articles we publish and our publication policies. Throughout the multiple societal layers, individuals and organizations are dedicated to promoting and enacting the IC. It is only through the conscientious and often volunteer monitoring that the IC has a meaningful presence globally, as the big money that international commercial interests use so freely continues to work against enacting the IC.

Clearly, we are living through a global infant and young child feeding emergency on a scale not previously experienced in modern times. This prompted UNICEF (2020a) to reiterate the IC stating:

> Donations of BMS [breast milk substitutes] by manufacturers has been shown to lead to increased use of substitutes and a reduction in breastfeeding. For this reason, the World Health Assembly (WHA) has stated that there should be no donations of free or subsidized supplies of breastmilk substitutes in any part of the health care system. This prohibition extends to emergency settings where governments have been urged by WHA to ensure that any required breast-milk substitutes are purchased, distributed and used according to strict criteria. For more details refer to Operational Guidance on Infant Feeding in Emergencies (p. 1-2).

Many anecdotal reports have surfaced on social media and the internet concerning the violations of the IC by manufacturers of human milk substitutes. A number of these are cataloged on the *Baby Milk Action* website (http://www.babymilkaction.org/archives/24341) with new postings as they are reported. Examples from their website are, "Nestlé Lactogen follow-on formula was distributed by a charity in India." When this was questioned by the local breastfeeding support organization, the practice was stopped. Similarly, "Plasmon (the infant food brand of Kraft Heinz in Italy) announced the donation of 700,000 euros of products, including infant formula, for low income families economically affected by Covid19" (Baby Milk Action, IBFAN UK, http://www.babymilkaction.org/archives/24341). Members of IBFAN ITALIA recognized this as an IC violation and sent letters to their Ministry of Health and others in order to bring this practice into view. In the United Kingdom a similar incident occurred in a Baby-Friendly Hospital and was brought to light by local lactation advocates. These examples are most likely the tip of the iceberg. However, they also illustrate that IC activism works! The Baby Milk Action (IBFAN UK) website and the documentation posted from advocates around the world demonstrates how important it is that we all stay engaged in promoting the IC, especially during these difficult times.

What can you and I do? We can (1) be aware of the tenants of the IC and what the agencies and organizations within our lives are doing to support or negate the IC; (2) We can intervene whenever and however possible through advocacy efforts and through examining our own practices then making changes that are necessary and; (3) We must make visible any unethical practices we observe; it is the only way to make any change. It is our responsibility to participate in monitoring IC violations in whatever ways we are able, which includes actively participating in IBFAN's global mandate to document any IC violations. Do you know who your local IBFAN organization is? We are an essential part of UNICEF's (2020b) agenda to:

> Ensure safeguards are in place to avoid conflict of interest from companies marketing breastmilk substitutes and foods for infants and young children and women and ensure that donations or free supplies are prohibited. Prevent commercial exploitation of COVID-19 through unnecessary use of specialized foods and supplements, and spillover to those who do not need them (p. 3).

Breastfeeding families should be able to have the care they need, even during a pandemic, which can only happen if the IC is protected and enacted by us all.

During these pandemic consumed months, the *JHL*'s editorial team has been acutely aware of the many currently unanswered questions facing breastfeeding families and the healthcare providers who serve them. In keeping with the practices of the international healthcare publishing community, we have expedited the processing and publishing of COVID-related submissions that might be helpful to our readers and we will continue to do so throughout this global crisis. A number of these articles are published in this issue. We hope that you find them useful. The process of delivering these timely articles to you quickly without compromising quality has taken extra and concerted efforts by our editorial team, our peer reviewers, our ILCA colleagues, and our publisher, all of whom have shown their dedication to getting you, our readers, the best evidence as quickly as possible. I feel very fortunate to be able to work with them all.

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