

New technologies reuse old marketing tactics to undermine breastfeeding

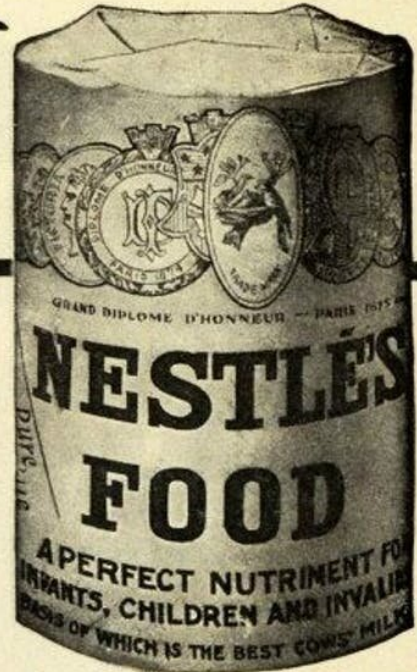
June 15 2021, by Cecília Tomori



Baby Pieper
Hartford, Conn.



“RAISED ON IT”



Don't Wait Too Long Before You Wean the Baby

IF YOU do the little one is likely to be weak and anemic. Mother's milk is, of course, the best food for young babies, but the time comes when it isn't sufficient for the fast-growing body. Doctors say that this is when the baby is about six months old. That's the time to begin using NESTLÉ'S FOOD, because NESTLÉ'S is so like mother's milk that the tiny stomach won't notice the difference.

At about the sixth month, then begin to give the baby NESTLÉ'S once a day in place of a nursing; then gradually increase the NESTLÉ'S until by the seventh or eighth month the baby is entirely weaned. Thus your baby will pass the most critical period of its babyhood, and not even notice it.

Don't tax the little stomach by changing abruptly to cow's milk. Milk as it comes from the cow, so often full of germs and heavy with indigestible curds, is not the food for a little baby; but cow's milk contains something life-giving that nothing else will supply and is the ideal food for the baby after it has been purified and made digestible. That requires a long, patient, scientific process which is all done for you in NESTLÉ'S FOOD.

NESTLÉ'S FOOD is the nearest thing in the world to mother's milk. It is the richest cow's milk from our own sanitary dairies, with the proteids made digestible and the sugar and fats rightly proportioned—all under scientific direction. And this splendid triumph of care and science comes to you as a powder. All you do is to add water and boil two minutes to make it ready for the baby—a bone-building, muscle-building, delicate and satisfying Food.

The coupon brings you a trade-size package of NESTLÉ'S FOOD free, so that you can see for yourself what other mothers have learned for forty years that NESTLÉ'S is the best substitute for mother's milk.

HENRI NESTLÉ, 70 Chambers St., New York. Please send me, free, your book and trial package.

Name _____

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Nestlé advertisement, 1911. Credit: [Nestlé](#)

New products that [claim to replicate mother's milk](#) have entered the lucrative market for infant formula.

To an [anthropologist and public health scholar](#) who studies [breastfeeding](#), these claims appear to be built on old patterns of misleading scientific statements—and reveal the power of marketing to exploit gaps created by inadequate societal support for breastfeeding.

The costs of undermining breastfeeding are enormous. [Globally, over 823,000 child deaths](#) could be prevented annually with appropriate breastfeeding. Additionally, [20,000 maternal deaths](#) could be averted each year worldwide from breast cancer. Poor communities of color around the world disproportionately shoulder this harm.

The rise of commercial formula

[Throughout most of history and across cultures](#), communities understood that breastfeeding ensured the best chance for [infants](#) to survive and thrive. Breastfeeding continued, on average, [from two to four years](#), with caregivers introducing new foods while continuing to breastfeed.

Attempts to fully replace [human milk, usually with animal milk and gruels](#), were relatively rare. Such attempts were most common when mothers were ill or dead, and caregivers couldn't locate a lactating woman. [Compared with breastfeeding, replacement feeding reduced babies' chances of survival.](#)

Efforts to mimic [breast milk escalated with the rise of scientific thinking and industrial capitalism](#) in Europe and the U.S. in the late 18th and early 19th centuries. Mass migration to urban centers eroded community support—and poor labor conditions made breastfeeding challenging.

From the first commercial [milk formula patented in 1865 by Justus von Liebig](#), formula-makers drew on science to gain the trust of medical providers and [argue their products were as good as](#)—or even superior to—human milk. A study prepared for and published by Nestlé in 1878 [asserted that mother's milk was deficient in key nutrients](#) and infants aged 6 to 8 weeks already required supplementation—with Nestlé's food.

Physicians often claimed to support breastfeeding while undermining it in practice with poor advice and an increasing focus on formula feeding. Pioneering American pediatrician Emmett Holt advocated [his own method of making formula](#). [In his bestselling book, first published in 1894](#), Holt claimed infants could be harmed by mother's milk that was corrupted by emotion. Holt also advised mothers to schedule brief breastfeeding sessions and limit physical contact. Such advice [impeded the physiology of breastfeeding](#), which relies on frequent, responsive feedings and close contact—and contributed to growing reliance on supplementation with formula.

Physicians ultimately [incorporated formula into their routine medical practices](#) and institutionalized them in [hospital childbirth protocols](#).

Global spread

In the first half of the 20th century, colonial administrations spread these new "scientific" infant care norms and products around the globe. They saw bottle-feeding as a [solution to infant mortality, disease and malnutrition](#)—and ultimately as an answer to labor shortages in the colonies.

In the 1950s, Nestlé used marketing techniques perfected in Europe to [dramatically expand its market in Africa, Asia and other parts of the world](#). The growing number of infant deaths associated with the use of these products drew international attention and ultimately led to the [Nestlé boycott in 1977](#).

Nestlé's practices were not unique among formula-makers. Growing concerns about the [role of inappropriate marketing practices](#) in declining breastfeeding rates and infant illness and death led to the development of the [International Code of Marketing of Breast-milk Substitutes](#), which was adopted by the World Health Assembly 40 years ago, in 1981. The U.S. was the [only nation that voted against it](#), driven by formula lobbying efforts.

Milking profits

In the 1950s through the 1970s, multiple social movements fueled [increased interest in breastfeeding in the U.S.](#). Medical experts supported these movements with a growing body of [scientific research demonstrating the importance of breastfeeding for infant, child and maternal health](#). But despite [significant gains in breastfeeding](#) in some settings, like the U.S., the formula industry [continues to expand](#).

Between 2005 and 2019, global [formula sales increased 121%](#), led by middle-income countries. The global industry is [currently valued at US\\$50.6 billion](#) and [projected to double by 2026](#).

Formula-makers devote [billions of dollars each year to marketing](#) that co-opts scientific and medical authority and [undermines breastfeeding globally](#). These marketing practices have [continued to defy the International Code of Marketing of Breast-milk Substitutes](#).

As in the 19th century, [formula marketing](#) still [presents breastfeeding as](#)

[an inherently problematic](#), unreliable process to which formula provides the solution.

Yet most breastfeeding challenges, like the perception of insufficient milk and the difficulties faced by lactating workers, are the product of [structural and social conditions](#) that can be addressed by [investing in policies](#) that provide quality perinatal care, skilled breastfeeding support, parental leave and workplace accommodations for lactating parents.

More than a food

Formula companies focus on human milk as the only important element of breastfeeding—and claim near equivalence between their product and human milk. Yet human milk is a living, life-sustaining substance with a [long evolutionary history and cultural meaning](#).

Human milk is [specific to our species](#). It is [dynamic and adaptive](#)—ever-changing in response to local environments. Human milk contains [bioactive compounds](#) and has [a unique microbiome that varies by setting and over time](#). New technology, including [the culturing of human cells](#), cannot replicate any of this.

Through complex interactions among mothers, infants and their communities, breastfeeding provides infants with [optimal nutrition and protection from infectious disease](#). Across cultures, lactation and human milk create [relationships that bind families](#) and communities together.

Families need accurate information free of commercial influence to make informed decisions about breastfeeding. I believe when lactation is not possible or desired, [families could benefit](#) from [donor human milk](#). [Government investment in policies](#) that protect, promote and support breastfeeding remains key to creating an environment in which breastfeeding can thrive.

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