

RESEARCH BRIEF



Series 7, July 2017

Awareness of IMS Act among the health professionals, violation and reasons for use of infant formula in Health Facilities

Background

It has been well documented that availability of infant milk substitutes in the market and their aggressive promotion has been pervasive and detrimental to health of children. Advertisements, free samples, gifts to health workers, sponsorships, distribution of printed pamphlets, direct contact with the mothers etc are some of the tactics used by baby food industry to enhance sale of their products and undermine breastfeeding.

World Health Assembly (WHA) adopted the International Code for Marketing of Breastmilk Substitutes in 1981 with the aim to protect infant health by regulating marketing of breastmilk substitutes. In 1992 India followed up with 'Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992, which was later amended in 2003 (IMS Act). IMS Act prohibits all kind of direct or indirect promotion of infant milk substitutes, feeding bottles and infant foods. The Act also prohibits providing sponsorship, gifts, fellowship and any pecuniary benefits to health care providers and their association.

Very little information is available about the level of awareness on IMS Act among the health professionals. BPNI conducted a survey among the health professionals to explore the awareness on IMS Act and to record violations of the Act in the selected hospitals in Delhi.

Methodology

Twenty hospitals were identified who are providing maternity and paediatric services in Delhi. Permission for the survey was provided by three government and one private hospitals. Total 55 interviews were conducted from health professionals (27 doctors and 28 nurses) working in maternity and paediatric services in patient's wards, outpatient wards, maternity ward and antenatal and postnatal care ward over the period of one month from 1st to 30th August, 2014.

Result

Awareness on IMS Act

Survey revealed that the knowledge/ awareness of IMS Act were inadequate among the health professionals. Out of 55 interviewed health professionals, only 12 doctors (paediatrician and resident doctors) were aware about the existence of the IMS Act. They got to know about IMS Act either during IYCF training or they had heard about it from senior doctors. The most disappointing fact was that the staff nurses were absolutely unaware of this Act. According to them they have not heard that such an ACT even exists in India.

Promotion of infant foods in the health facilities

To assess the violation of IMS Act in the selected hospitals, health professionals were asked whether the representatives of commercial baby food manufacturing companies visit their hospitals for promotion of their products.

Awareness on IMS Act

Awareness of IMS Act	Doctors	Nurses
Yes	20 (74.07)	15 (53.5)
No	7 (25.9)	13 (46.4)
Total	27	28

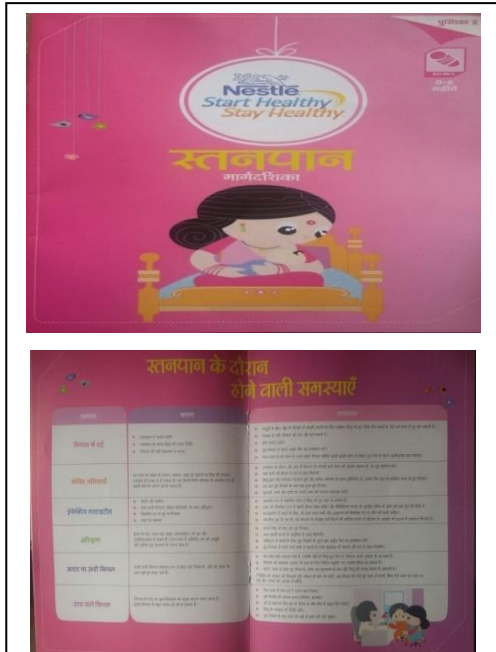
Out of 55 health professionals, 20 doctors and 15 nurses admitted that representatives of the infant food companies do visit their hospital several times for promotion of their products and try to convince doctors about the need to use these products to feed infants. They highlight the advantage of their new product and the preparation methods also. Sometimes they also try to offer free samples of their products but they refused to accept. According to them Nestle is the most noticeable company visiting their hospital. None of the doctors has accepted any free sample of infant foods, gifts, calendars & posters from the baby food representatives. However, during the survey we found that printed materials have been used for

product promotion by Nestle in three Government hospitals. The nursing staff revealed that sales representative from Nestle approached the Nurse-in-charge and gave a bundle of printed materials for distribution among the mothers in maternity ward and to mothers visiting for regular check-ups in the hospitals to make mothers believe that the commercial infant foods

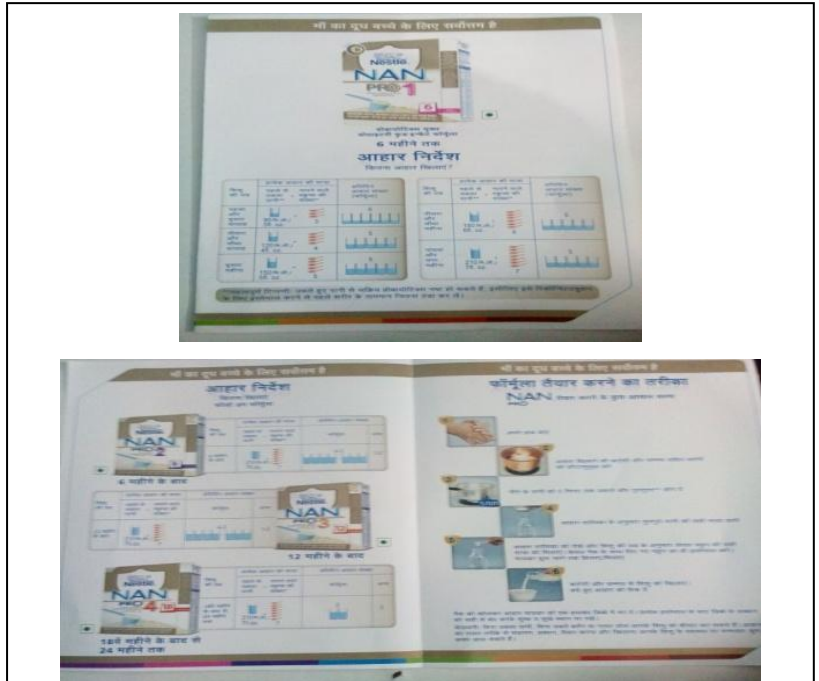
are safe and easy to feed infants. Nursing staff accepted that they had distributed the printed material to mothers in their hospital. Nestle calendars and posters carrying company logo were also observed in government hospitals, which clearly indicates that the companies are visiting in hospitals with promotional materials and are accepted by health professionals / hospitals.

Violations of the IMS Act

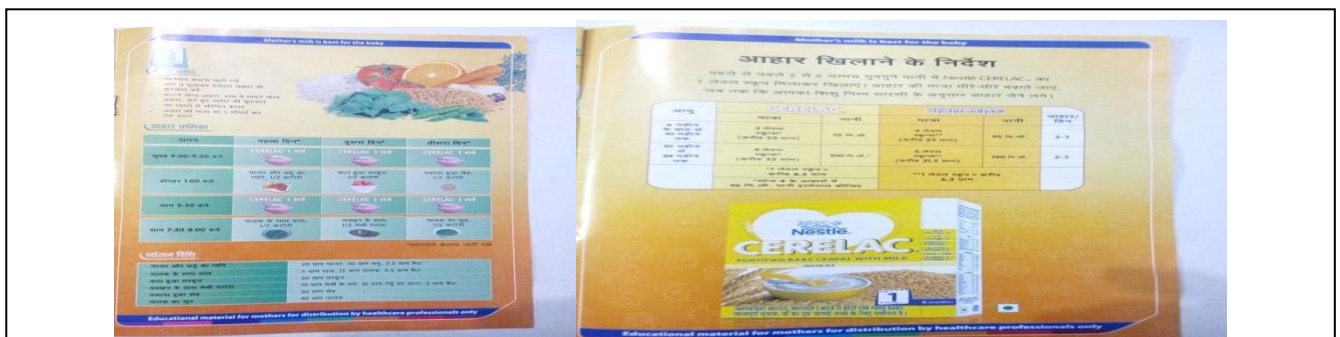
Distribution of printed material in the health facility



Pic:-1: Nestle distributed leaflet started a campaign titled “Nestle Start Healthy Stay Healthy”, Government Hospital in Delhi.



Pic:-2: Nestle distributed printed material of NAN pro-1 in Government hospital in Delhi.



Pic: 3: Nestle distributed printed information of Cerelac in Government hospital in Delhi.

This printed information gives incomplete and often biased information. They actually serve as a direct method of advertisement of the products. *It is a violation of section 3(a) of IMS Act which says, No person shall “advertise, or take part in publication of any advertisement, for the distribution, sale or supply of infant milk substitutes, feeding bottles or infant foods.” It also violates section 5(b) ie - subject to the provisions of sub-section (4) of section 8, no person shall donate or distribute “any informational material or educational equipments or material relating to infant milk substitutes or feeding bottles or infant foods”.*

Poster and calendar displayed



Pic. 4: These two Nestle posters “Nestle Start Healthy, Stay Healthy” observed outside the NICU in the Government hospital which was given by the Nestle representative to the Staff nurse in-charge.



Pic. 5: Monthly calendar kept on the paediatrician table



Pic. 6: In the hospital reception there were boxes of Lactogen 1 in the display

It is clearly a violation of **section 8 (1) of IMS Act** which says that- *“use any health care system for the display of placards or posters relating to, or for the distribution of, materials for the purpose of promoting the use or sale of infant milk substitutes, feeding bottles or infant foods”.*

Participation of health professional in conferences/ seminars sponsored by the Infant food company

All the health professionals stated that recently they have not participated or attended any conferences seminar sponsored by any of the infant food companies. However, 8 senior doctors mentioned that they had participated in one of the seminars sponsored by Nestle in New Delhi last year. None of them are involved with research or any other activity sponsored by infant food companies.

Circumstance when health professionals recommended Infant Milk Substitutes

Almost all the health professionals stated that they do advice infant milk substitutes in unavoidable circumstances like baby born to mothers having HIV positive, low birth weight, malnourished child, pre-mature infant, mother & child illness, mother being lethargic, adopted child, inadequate milk secretion, C- section delivery, breast condition etc.

According to the nursing staffs and gynaecologist under the above mentioned circumstances the child cannot be kept hungry for such a long period and other than infant milk substitutes they don't have other choice to feed the infant. Most of the staff nurses felt that mothers who have delivered the baby via c- section need time to recover from anaesthesia. At that point mothers can't feed their infants so they use to prepare the infant milk substitutes and feed the infants in their hospitals. According to one in-charge nurse infant milk substitutes has all the essential amino acids and vitamin that strengthen the baby's immune system.

According to one hospital nurse in-charge sometimes mothers they neither co-operate nor try to understand importance of breastfeeding and blindly follow elders & neighbours advise and bring infant milk substitute to feed the baby during night time and feed the infant, when the nurses are busy attending other patients. According to the resident doctor despite the counselling and support mothers are not keen for breastfeeding and they find infant milk substitute as an easiest alternate. Ideally in this case health professionals should advice the mothers to express her breastmilk every three hours to make feed for the infant. But due to lack of knowledge and skill among health professionals, they are unable to provide proper support to mothers in expressing milk and hence mothers get diverted to use infant foods under the above circumstances.

Discussion and conclusion

The IMS Act aims to protect promote and support breastfeeding in India through education, adequate information of appropriate infant feeding and regulate the marketing practice of infant formula companies. From the available data collected from present survey, it is observed that other than few doctors and nurses none of them were aware about the IMS Act and Cable Television Network.

Evidence available from present survey shows that Nestle representatives approached the health professionals in the government hospitals and given bundle of information material to them for mothers who are admitted in hospitals and visit there for regular check-ups. This is a serious violation of section 3 (a), 5 (b) and 8 (1) of IMS Act. IMS Act The study conducted by BPNI in 600 BFHI and non BFHI hospitals also shows that IMS Act has been blatantly violated very often in all states of India. ¹Another study conducted in Pondicherry Hospitals and Clinics indicated that only 32% Prescribers agreed that IMS act says absolute no to powdered milk upto two years. ²It is observed that infant formula companies keep their influence on the health professionals as 8 senior doctors mentioned that they had participated in one of the seminars sponsored by Nestle in New Delhi last year.

The code does not prohibit the sale of infant milk substitute's, feeding bottles and infant food but regulates their marketing. Apart from urging the government to take action, health workers should alert manufacturers and distributors of violations. The present study suggested apart from urging the government to take action, all the health personnel and health facilities need to aware and comply with provisions of IMS Act.

To conclude, the study underlines the need of a massive campaign to inform each health care workers, and in fact all citizens, about the IMS Act and its provisions. There is need to inform all concerned about e IMS Act and systematic monitoring the compliance with the IMS Act should become a priority.

Suggested Action

- Health administration should make sure to prevent violations of the IMS Act.
- Health facilities should have strict guidelines that no infant food companies can approach the health professionals or health facilities for promotion of their products in the hospital premises.
- Health professionals need to be sensitised with the spirit and provisions of the code so as not to commit inadvertently violation.
- If you find any violation of IMS Act report to Breastfeeding Promotion Network of India, BP-33, Pitampura, New Delhi which is notified in the official Gazette of India.

The above survey is just an indication of the prevailing situation which requires immediate attention considering infant health. An in-depth research work must be taken up to analyse the exact status so that appropriate action plan can be formulated towards this noble cause.

¹Newborn Care, Infant Feeding Practices and Implementation of the "Infant Milk Substitutes, Infant Foods and Feeding Bottles (Regulation of Production, Distribution and Supply) Act, 1992." in the Hospital Settings, and Infant Feeding Practices in the Catchment Area of These Hospitals. BPNI, 2000

²ShallyMagon , Pushpendra Magon, Sara Raman , Arun Sharma. An Evaluation of Knowledge, Attitude and Practice of Breast Feeding Among Prescribers at Various Hospitals and Clinics in Pondicherry. Scholars Journal of Applied Medical Sciences (SJAMS).Sch. J. App. Med. Sci., 2014; 2(5C):1653-1656

CASE STUDY

Why Do Mothers Choose to Formula Feed in Delhi Hospital? Perceptions of Mothers

During the ongoing research, in order to find out the actual feeding practices that were undergoing in these hospitals, the mothers of the new born babies were also interviewed, with the prior permission from the hospital administration and with the assistance of a staff nurse. During these rounds, we could make that there were several mothers who were breastfeeding their

newborns, while there were some who were either bottle feeding their newborn or were feeding some milk with the cup and spoon. Record of several mothers was maintained as per their feeding practices and three mothers were then randomly selected and interviewed. The idea was to find out mother perception for the reasons underlying the decision of formula feed over breastfeeding during stay in the hospital.

During the interview there were set of questions that were asked to the mothers. Based on the same the case studies of the three mothers interviewed has been mentioned below:

Case Study 1:

We conducted an interview of a mother, who was feeding Lactogen 1 to her two days old infant in the maternity ward in one government hospital of Delhi. (Pic 1 & 2) When we asked the reason for feeding Lactogen, she panicked and started behaving as though she has been caught for some mistake. She explained that that the nurses of the hospital did advised to only breastfeed to the child, but due to low milk secretion and dissatisfaction of the infant with breastmilk alone, she herself decided to feed lactogen. She also justified her action by saying that she is very much tired due to sleepless night as her child was very much cranky the previous night, which made her to decide on giving the top feed.

Her mother –in-law has bought the Lactogen from the medial store. In reply to our question that why did she only opt for Lactogen-1 only, she indicated towards her neighbour who fed Lactogen 1 to her infant and the baby was very well.

We asked the mother that as the nurse told her to feed only mothers milk and when her milk secretion was not sufficient then did she try to take help from hospital staff. The mother responded that on day one a nurse had demonstrated her once about holding and positioning of the infant at the time of breastfeeding but thereafter she didn't get any support or motivation from hospital staffs hence she was unable to breastfeed her child. At the same time her mother-in-law too had told her that in the absence of proper meal for the last two days the milk secretion is insufficient. Once proper food will be ensured after getting discharged from hospital, the milk secretion will be fine. She told us that she went by suggestion of her mother in law. She also told us that after lactogen feed , her child is satisfied and is responding well.



Case study -2

In another hospital we did in-depth interview with mother of 1 day old new born baby in the maternity ward. During our visit we could find the box of Lactogen-1, on the table next to her bed. (Pic-3 & Pic 4)

She too had same perception that her milk couldn't satisfy the infant hunger as they found the baby got hungry very quickly, was unsettled and crying a lot. Hence, she went for Lactogen 1. During the discussion, the sister -in -law mentioned that at the time when the new mother was facing issues regarding breastfeeding, they did consult the nurse on duty, who referred them to meet the senior doctor, who finally advised them to go for Lactogen 1. The box of Lactogen was then bought by the baby's father from the nearby medical store.

On knowing that the doctor advised them to feed the baby with the formula milk, eagerly we asked if anybody in the hospital has ever demonstrated how to prepare this feed for the baby. The mother replied that nobody cared, all we could understand was by reading the label of the pack.

Her sister-in-law reported that they prepared Lactogen feed by mixing 1 scoop of the mixture in 30 ml of warm water and fed the infant twice last night but the infant vomited out. We observed that the mother was worried about her infant as he didn't feed anything since birth and not satisfied with the kind of supports she was getting from the hospital.

We specifically asked her if any of the hospital staff ever helped her in breastfeeding. She responded that the hospital health staffs are ambivalent about breastfeeding and unfortunately there is no one in the hospital to look into these difficulties. According to her they are neither aware of breastfeeding practices nor they encourage breastfeeding. Her sister- in- law expressed that the hospital staff should take care of the infant and explain the lactating mothers the correct way of breastfeeding.

The mother and her family members were also in anxiety that as the same day they were going to be discharged from the hospital and her infant was neither taking breast feeding nor infant formula. Hence they were worried that how the infant will survive once they will be discharged from the hospital.



Case Study 3:

The third interview was carried out with a mother who shared a very different experience. We could see that an uncovered box of Lactogen was kept next to her, without having lid, which can cause moisture absorption, spoiling the milk substitute such that it is not safe for baby. (Pic 5) Mother was feeding Lactogen to her infant. The mother was pretty confident about infant milk substitute, with an impression that this is the best feed for the child during illness, mother's illness or any such problems like insufficient milk secretion.

When we asked her why she didn't breastfeed her child, she instantly responded with anger that if she is having insufficient milk secretion, should she wait for her child to die starving for food. She was confident that Lactogen is the best infant milk substitute as she gave same to her elder child and the child is growing healthy. She also stated that that her neighbours specifically asked her about baby food saying that her child looks very chubby and strong. This further enhanced her misconception on Lactogen.

As mother was confident, so we asked her if we could see her preparing the milk feed. The mother started preparing the feed using tap water brought by her husband. She was preparing the feed without any



measurements and didn't use warm water which shows that she didn't follow any feeding instruction as per the given table.

In reply to our question that her infant is not in normal weight (as we have seen in his report baby was less than 2.5 kg) and looking weak, she immediately replied that initially all my children look like that but once they start consuming infant formula they will put on weight.

Regarding the support from hospital staff for breastfeeding she stated that in addition to supporting the mothers they have many other responsibilities to perform. There are too many mothers delivering babies per day in this hospital, it is difficult for them to give proper support or instruction on breastfeeding to every mother.

Some more observation from Hospital



Pic 6:- Mother was unconscious and is getting IVF. The container of Lactogen1 is clearly visible beside her which has been brought in advance by her mother in law.



Pic 7 :- One Government hospital at mid night child was admitted in the hospital his mother was holding a box of Lactogen 1 for his child. According to mothers Lactogen 1 was advised by a private doctor. The mother was crying and disturbed. After examination by the senior doctor, it was found that child was severe acute malnourished (SAM). Mothers wanted to feed lactogen to her infant as she was very afraid her child would have died.

Suggested Action

- It is necessary to invest in improving knowledge and skills, through in-service training and pre-service education. The capacity of health professionals to help the mothers during these situations needs to be strengthened. Mothers require counselling and extra support by the skilled personnel/ counsellor for initiation of breastfeeding immediately after birth.

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BPNI is a registered, independent, non-profit, national organisation that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI works through advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act. BPNI is the Regional Coordinating Office for International Baby Food Action Network (IBFAN) Asia.

As, a policy, BPNI does not accept funds of any kind from the companies producing infant milk substitute, feeding bottles, related equipments, or infant foods (cereal foods) or from those who have been ever found to violate the IMS Act or the International Code of Marketing of Breast-milk-Substitute or from organization/ industry having conflict of interest.