



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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Centers for Disease Control  
and Prevention (CDC)  
Atlanta, GA 30333

April 26, 2006

Phyllis V. Cudmore  
Consumer Advocate  
Massachusetts Public Health Council  
61 Morton Street  
Canton, MA 02021

Dear Ms. Cudmore:

On March 15, 2006, you contacted the Centers for Disease Control and Prevention regarding the proposed regulation of infant formula sample distribution in Massachusetts' hospitals. You asked that we comment on the Massachusetts Public Health Council's recommendation to ban commercial formula company discharge bags from being distributed by all hospitals in the state of Massachusetts.

The health benefits of breastfeeding for both the mother and baby are well-established. The U.S. Surgeon General has declared that the relatively low rates of breastfeeding in the U.S. are a major public health issue<sup>1</sup>. Further, ongoing significant disparities in breastfeeding rates between both whites and blacks and different economic groups<sup>2</sup> represent a complex public health challenge. The Department of Health and Human Services has included objectives for increasing breastfeeding initiation, duration and exclusivity and decreasing disparities in these rates across all populations in the United States as part of *Healthy People 2010 Objectives*<sup>3</sup>. Health institutions, particularly hospitals, have a responsibility to ensure that that choice is well-informed and is not impeded by commercial interests.

There is clear evidence that the distribution of free samples of infant formula and promotional materials to new mothers encourages use of infant formula by significantly reducing breastfeeding continuation and exclusivity. A systematic Cochrane library review published in 2004 included nine randomized controlled trials involving a total of 3,730 women in North America<sup>4</sup>. These studies evaluated the impact of both distributing free samples of infant formula and giving out promotional materials on infant formula to new mothers who were already breastfeeding. The review found that when compared with not giving a discharge pack or providing a non-commercial discharge pack, distributing samples of infant formula reduced rates of exclusive breastfeeding at both 3 and 6 months postpartum. Further, this negative impact of distributing formula samples is disproportionately stronger on mothers who are

particularly vulnerable, which includes those who are primiparous (first-time mothers), have less formal education, are nonwhite, or are ill postpartum.

The DHHS Blueprint for Action has identified the hospital experience as a critical period in the establishment of lactation<sup>1</sup>. The Blueprint lists distribution of infant formula kits to mothers as strongly discouraging of breastfeeding. This statement is in line with international guidelines on the appropriate role of maternity services<sup>5</sup>. Free distribution of formula samples or coupons is interpreted by mothers as tacit endorsement of formula. Furthermore, mothers who have formula samples on hand are more likely to supplement their infants earlier, thus shorten the duration of both exclusive and any breastfeeding

It has been suggested by some that the Massachusetts regulation would deny a mother her right to choose how to feed her infant. However, the evidence points out that distribution of free samples of infant formula in fact inhibits a new mother's ability to carry out her infant feeding choice. While it is of course each mother's right and responsibility to make a choice about how she feeds her infant, the maternity care hospital stay is a time when new mothers seek expert information on infant feeding. Items new mothers receive in this environment should clearly model and support established healthy choices and behaviors. As such, it is inappropriate for hospitals to assist in the marketing of the less healthy choice.

While a clear negative impact of distribution of infant formula samples to new mothers exists, particularly for high-risk women, no detrimental health impact has been found with discontinuation of distribution of sample packs. Instead, discontinuing this practice improves health outcomes for both mothers and infants.

CDC applauds the Massachusetts Public Health Council for proposing this regulation in the interest of infant and maternal health. The regulation appears to be quite appropriate and in line with national and international recommendations. Thank you for your attention.

Sincerely,

*Laurence M. Grummer-Strawn*

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p.s. References cited:

<sup>1</sup> HHS Office on Women's Health. *Blueprint for Action on Breastfeeding*.

<sup>2</sup> Grummer-Strawn L, Scanlon KS, Darling N, Conrey E. Racial and socioeconomic disparities in breastfeeding – United States, 2004. *MMWR* March 31, 2006;55(12);335-339.

<sup>3</sup> U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000. (<http://www.healthypeople.gov/Publications>).

<sup>4</sup> Donnelly A, Snowden HM, Renfew MJ, Woolridge MW. Commercial hospital discharge packs for breastfeeding women (Cochrane review). In: *The Cochrane Library*, Issue 2, 2004. Chichester, UK: John Wiley & Sons, Ltd.

<sup>5</sup> World Health Organization/UNICEF. *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. A joint WHO/UNICEF statement. Geneva: World Health Organization, 1989.