

## Infant Formula: A Personal Journey and an Evolution in Thinking

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**H**APPY NEW YEAR! For this month's column, as we leave behind 2021 and begin 2022, I thought I would focus on my own story of "out with the old, and in with the new" thinking as it pertains to infant formula, or what is more aptly called artificial breast milk substitute. As a young child growing up, I was the oldest of three, and my first memories of infant feeding involved watching my mother breastfeed my siblings, a relatively rare occurrence in the United States in the early 1970s. I remember asking my mother whether I could feed my newborn baby brother, and knowing what I know now about how it feels to be postpartum and also be caring for two other children under 4 years of age, I understand her very firm "No" accompanied by no other explanation.

I loved to babysit in my teenage years, enjoying many hours with children of all ages, but especially the babies. It did not seem strange to me at the time, that none of their infants were consuming breast milk. I was always mixing or warming formula and thought nothing of it. I loved giving babies their bottles, but also if you had asked me, I would have told you that I planned to breastfeed. There was never a question in my mind; I imagined doing what my mother had done, the way we have kept babies alive for millennia.

Fast forward to medical school in California, arguably one of the most progressive states in the United States in the early 1990s. It seemed normal and logical that we had 2 hours in our basic science curriculum on breastfeeding. Little did I know that very few medical schools included this education at that time—and in fact, many still contain hardly any dedicated time to the science and physiology of breastfeeding and lactation.

I was mesmerized! I remember the woman's name who gave the lectures, I remember where I was sitting in the room, and I remember how much it reinforced my desire to some day care for babies. This was the first time that I had heard anything about the importance of breastfeeding, the recommended duration, or the management of breastfeeding problems. Little was taught on my clinical rotations other than typical volumes of formula for a newborn and how to tell whether a baby had dehydration.

During pediatric residency training, it was commonplace to bump into the formula company representatives in and around the hospital. When we began as interns, they gave us gifts in the form of special calculators, overnight call bags, and each year, a brand new copy of the coveted (and expensive) Harriet Lane Handbook,<sup>1</sup> and we were all excited

and appreciative to receive them. We knew them on a first name basis, high-fived them in the halls; these folks were our friends. We had an endless supply of pens, notepads, and sticky notes all branded with their company names.

Beyond "friendship," they were also our teachers, presenting noon conferences to all of the pediatric residents and medical students—with delicious food. Of course in retrospect, their only credentials were their status as an industry representative with no PhD or MD after their name that I am aware of. I never thought about the fact that their only credentials for teaching us were that they were trained salespeople rather than degrees. "Thank goodness for formula," I remember thinking, because hardly any of the mothers wanted to breastfeed, and even if they did, they were definitely not exclusive.

The same collegiality and gift-giving continued into my private practice. There they were (the local formula representatives) bringing food and office supplies (including an endless supply of paper growth charts) to my office and staff, slipping in some updates on new formulations, and talking to our hospital pediatric department about which formulas we should stock, which by the way, they provided to the hospital at no cost.

I was in charge of organizing community prenatal education events for expectant parents, and thought I was being super conscientious by insisting that the only giveaways were "breastfeeding" bags from the formula companies, not those for formula feeding mothers. I also thought I was being responsible by letting the formula representatives help pay for the refreshments, but not allowing them to display any of their "educational" materials.

In 2006, I accepted a pediatric position in academia that involved switching to exclusive newborn hospital practice and becoming medical director of a newborn teaching service. Coincidentally, because it was not a big geographic move, I encountered the same formula representatives as in my former pediatric practice. This time, though, I was a "decision maker" in a large academic center.

As I studied the latest in newborn medicine to help the medical center advance and to ensure that we were teaching the most up-to-date information, I read about the Baby Friendly Hospital Initiative. Amazing! Data showed that changing what we do and say with regard to infant feeding in the hospital can have long-lasting impacts on how the infant is feeding out to 6 months and 1 year! Why wasn't every hospital making these changes and seeking this designation?

It turns out, one very important component of Baby Friendly status is that the hospital must show that infant formula is purchased at fair market price—no more freebies. I started asking around at my institution, and what I heard was “We cannot afford to pay for the formula.” Having a hard time believing this, I asked my friend the formula representative to give me a ballpark for what it would cost, and was told upward of a quarter of a million dollars! At the time, we were not even keeping track of how much formula was used, as the representatives would frequent the hospital storeroom and replenish our stock. We would have to settle for implementing all of the other best practices.

My exposure to these companies and their products only increased over time, and I became more and more disenchanted and aware of the “systems” that we have in place as a profession and a society that works against a family’s individual breastfeeding success. I began to notice how pervasive their influence was. Their booths were massive castles compared with the others. They earned prominent spots with their sponsorship of various events at the conference. I applauded my colleagues as they joined our core group of breastfeeding supporters as they declined to wear the lanyards with the names of these companies, a small but meaningful gesture.

As I attended more educational and advocacy sessions related to breastfeeding, it became clear to me that our financial and contractual obligations with these companies were not transparent, or necessarily accurate as they had been conveyed to me. I was appointed to a national committee that advises a program to supplement the nutrition of low-income mothers and infants. This session was open to the public, but I realized that most of the “public” in attendance were lawyers for the formula companies.

Maybe it was a coincidence that they were sitting right behind me—the only medical doctor in the room? At a local fundraising gala, I bumped into one of the formula representatives just as the photographer for the event was coming through. A photo was snapped with all of us smiling, and a couple weeks later, a 5×7 of this photo was mailed to my work address with a cheery note.

Despite all that was working against us, I am happy to say that our hospital did finally achieve Baby Friendly designation, but not until ~10 years later in 2015. It was an uphill battle, and at every step of the way, we had to read the fine

print of purchasing contracts very carefully to catch the multiple clauses that would have held up our approval. As we took steps to eliminate corporate-sponsored samples and materials in our clinical spaces, we discovered that families were receiving samples in the mail to their homes, and getting them in private obstetrical offices.

My point in sharing this journey is to say that over the course of my lifetime, I have gone from an initial place of complete trust and acceptance of infant formula and those who make it and sell it to a more nuanced and somewhat critical stance. There is no denying that the makers of formula profit when breastfeeding goes wrong, and it is clear to me that, at least in my own personal experience, they have employed many strategies to ingratiate themselves with myself and my colleagues, and perhaps even put up some road blocks on the path to providing evidence-based best breastfeeding care.

Am I glad we have a substance to feed to babies when there is a medical need? Absolutely! Do I completely trust them? Short answer: No. I wish I could go back and do things differently, and I wonder how many families’ lives could have been impacted; how many could have been more successful with breastfeeding. Moving forward, I encourage everyone to become familiar with and to adhere to the World Health Organization Code of Marketing of Breast Milk Substitutes.<sup>2</sup> I have learned that we all need to take a closer look at our experiences and exposures that may impact our unconscious biases, and approach corporate products and relationships with a healthy skepticism in the interest of the babies and families we care for.

## References

1. Johns Hopkins Hospital, Kleinman K, McDaniel L, Molloy M. *The Harriet Lane Handbook*, 22nd Edition. Philadelphia, PA: Elsevier; 2020.
2. World Health Organization. The international code of marketing of breast-milk substitutes: Frequently asked questions. 2017. Available at: <https://apps.who.int/iris/bitstream/handle/10665/254911/WHO-NMH-NHD-17.1-eng.pdf> (accessed November 23, 2021).

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