
**AMERICAN MEDICAL STUDENT ASSOCIATION
HOUSE OF DELEGATES 2016
RESOLUTION: B6**

INTRODUCED BY:	Jim Curry, Member Health Care for All Campaign; Stefanie Smith, Premedical Trustee
SCHOOL:	UIC College of Medicine, Chicago; University of Missouri
SUBJECT:	Amendment to Principles Regarding Food and Nutrition
TYPE:	Resolution of Principles

1 WHEREAS the benefits to health of breastfeeding are overwhelming, well documented and encompass the health of the
2 baby, mother, family, acquaintances and health system [2, 4, 9, 10, 11, 19, 20, 22, 24-27]; and,

3
4 WHEREAS breastfeeding is the optimum standard of nutrition for the newborn and infants, while supplementation or
5 substitution of any kind or duration is inferior and carries health risks [2, 4, 9, 11, 19, 20, 22, 24]; and,

6
7 WHEREAS support for the promotion and practice of breastfeeding has been articulated by the World Health
8 Organization (WHO) [24-27], the United States Department of Health and Human Services (DHHS) and U.S. Surgeon
9 General [18-20], the American Academy of Pediatrics [2, 3], the American Academy of Family Physicians, the American
10 College of Obstetricians and Gynecologists [21], the Centers for Disease Control and Prevention (CDC) including the
11 Healthy People initiatives [10], and Baby-Friendly USA [4], et cetera; and,

12
13 WHEREAS the U.S. Preventive Services Task Force recommends interventions for promotion and support of
14 breastfeeding during pregnancy and after birth, with a grade of B [21], however breastfeeding benefits are not uniform
15 under all U.S. health insurance providers and plans [18]; and,

16
17 WHEREAS awareness and rates of initiation and maintenance of breastfeeding have been increasing across the United
18 States, yet, the increases in rates have not been experienced evenly across all racial, socioeconomic and geographical
19 groups [4, 7-10, 15], nor have they reached the successive targets of the American Academy of Pediatrics, Healthy People
20 or the World Health Organization [2, 10, 26, 27]; and,

21
22 WHEREAS the care and development of all babies is fundamental to their later health and capabilities, and the most
23 sensitive time for initiation and maintenance of breastfeeding is peripartum [2, 9, 17]; and,

24
25 WHEREAS 98.5% of all births in the United States occurred in a hospital in 2014 [8]; and,

26
27 WHEREAS the highest quality, evidence based practices for promoting and supporting breastfeeding are articulated in the
28 WHO Baby Friendly Hospital Initiative [4]. Hospitals utilizing these practices experience decreased disparities in
29 breastfeeding rates [15], and achieve up to thirteen [13] times the adherence rates at six [6] weeks postpartum compared to
30 those utilizing none [7]; and,

31
32 WHEREAS it is the mission of every health care provider- individual or entity- to provide the utmost standard of care to
33 every patient, yet only 16% of U.S. births in 2012 occurred in Baby-Friendly designated facilities [4]; and,

34
35 WHEREAS improvements for participating providers in the BFH Initiative include greater patient satisfaction, better long
36 term patient outcomes, as well as improved community brand recognition [12]. Breastfeeding may contribute to lower
37 rates of hospital readmission and therefore hospital penalties [5], as well and fewer employee sick days [9]; and,

38
39 WHEREAS the most frequently cited barrier for entry to achieving Baby Friendly Hospital status is the extra cost of
40 purchasing breast-milk substitutes, due to the free marketing donation practices of formula manufacturers [12, 15, 22, 27];
41 and,
42

43 WHEREAS these marketing practices are opposed by the American Academy of Pediatrics (AAP), the American College
44 of Obstetricians and Gynecologists (ACOG), the US Government Accountability Office (GAO), the Centers for Disease
45 Control and Prevention (CDC), and the World Health Organization as expressed in the International Code of Marketing
46 Breast-milk Substitutes [16, 27]; and,
47

48 WHEREAS the cost of implementing and maintaining Baby-Friendly Hospital practices has been found to be small, to
49 decrease over time and is not statistically significant [1, 4, 6, 12, 14, 23]; and,
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51 WHEREAS utilizing best practices is best enabled in supportive, reinforcing environments and systems [21]; and,
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53 WHEREAS alternatives exist for diminishing or eliminating barriers to Baby-Friendly breastfeeding, including financial
54 incentives and cultures of care.
55

56 **THEREFORE BE IT RESOLVED** that the Principles Regarding Food and Nutrition (p.56-58) be AMENDED by
57 ADDITION AND SUBTRACTION to state:
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59 5. In regard to infant nutrition:

- 60 a. STRONGLY SUPPORTS patient education about breast feeding; DISCOURAGES substituting infant formula
61 for human breast milk unless indicated by medical or personal reasons not influenced by promotional methods;
62 (1995)
63 ~~b. SUPPORTS the establishment of mandatory nutrient standards and pre-market testing requirements for all infant~~
64 ~~formulas;~~
65 ~~e. SUPPORTS federal legislation to ensure achievement of such standards by all infant formulas produced and~~
66 ~~marketed in the United States;~~
67 ~~d.-b.~~ SUPPORTS the International Code of Marketing of Breast Milk Substitutes adopted by the 34th World Health
68 Assembly of the World Health Organization (WHO);
69 ~~e.-c.~~ OPPOSES the vote cast by the United States against the International Code of Marketing of Breast Milk
70 Substitutes at the 34th World Health Assembly of the WHO;
71 ~~f. URGES all companies manufacturing, distributing, and promoting breast milk substitutes to comply voluntarily~~
72 ~~with all articles of the International Code of Marketing of Breast Milk Substitutes;~~
73 ~~d.~~ SUPPORTS and advocates for the adoption of the WHO International Code of Marketing Breast-milk Substitutes
74 by all necessary regulatory bodies so as to be implemented by all companies manufacturing, distributing, and
75 promoting breast milk substitutes;
76 ~~g.-e.~~ URGES professional medical associations, especially the American Medical Association and the American
77 Academy of Pediatrics, to support the International Code of Marketing of Breast Milk Substitutes, to oppose the
78 U.S. vote against the Code, and to urge industry to voluntarily comply with all articles of the Code.
79 ~~h.-f.~~ SUPPORTS a renewed boycott of products manufactured or marketed by Nestle and American Home Products,
80 which will be terminated when the companies' marketing practices conform to WHO policy. (1990)
81 ~~i.-g.~~ URGES the U.S. government to support UNICEF and WHO in their call for health professionals worldwide to
82 implement the measures required to protect, promote and support breast feeding, and to refrain from promoting
83 individual brands of infant formula. ~~AMSA further advocates for the adoption of the WHO Baby-friendly~~
84 ~~Hospital Initiative by all necessary regulatory bodies so as to be implemented in all sites of health care delivery,~~
85 ~~especially hospitals and licensed birth facilities; and further~~
86 ~~h.~~ Promotes the guaranteed inclusion of cost-free breastfeeding supportive services and devices, as well as infant
87 formula or breast-milk substitutes where necessary, under essential, preventive coverage benefits of all patients
88 and health plans;
89 ~~i.~~ URGES the United States Preventive Services Task Force (USPSTF) to evaluate and grade the practice of
90 breastfeeding as an intervention; and
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