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Supporting optimal nutrition while ensuring ethical interactions with healthcare professionals

Healthcare professionals (HCPs) ensure that caregivers, parents and people with special dietary needs have access to science-based information in order to make informed nutrition choices for themselves and their families. The International Special Dietary Foods Industries (ISDI) and its members share this goal and are committed to interactions with HCPs that are appropriate, transparent, ethical and in full compliance with local laws and regulations. While breastmilk is the best source of nutrition in early life, there are certain situations when breastfeeding might not be possible or might not be chosen by the parent. Suitable interaction enables HCPs to be updated and obtain accurate, science-based information on ingredients, formulations and products. This enables HCPs to support parents and caregivers in making appropriate nutritional choices for this vulnerable population, including those who may be diagnosed with diseases, metabolic disorders or medical conditions, whereby specialized nutritional information is critical for their health and wellbeing.

The International Special Dietary Foods Industries (ISDI) strongly supports efforts to ensure that every infant and young child has access to optimal nutrition. Furthermore, ISDI supports the aims and principles of the WHO Code to protect and support breastfeeding. ISDI fully supports that breastmilk is the best source of nutrition in early life, however, there are certain situations when breastfeeding might not be possible or might not be chosen by the mother for multi-factorial reasons such as maternity leave policies, multiple births, adoption, mastectomies and other circumstances.

Through a continual process of research and development, ISDI members work to develop safe, nutritious and scientifically-advanced foods to meet the special dietary needs of infants and young children. ISDI members also develop specially formulated products to address specific nutritional requirements which help improve treatments, survival rates and long-term outcomes of premature babies and Infants with special dietary needs or who suffer from medical disorders.

Numerous infants have formula needs and clinicians need to have access to factual and science-based information to inform parents and caregivers of the options

available to them. The ability for specialised nutrition experts from the infant formula sector to interact with HCPs in an ethical and transparent way ensures that nutrition products are relevant and adapted to the caregivers and the needs of the patients concerned.

Infant formula manufacturers and HCPs mutually benefit from this knowledge-sharing and collaboration, which, when carried out with integrity and transparency, benefits infants, patients with special dietary needs and their caregivers. It is of the utmost importance that HCPs regularly update their knowledge on nutritional science and research, and the same applies to industry experts. Multistakeholder collaborations involving HCPs, universities, research institutes and industry experts are crucial for developing science-based and clinically-proven products.

For example, decades of research (SanGiovanni, et al. 2000) and interaction with HCPs proved that long chain polyunsaturated fatty acids improve visual acuity and that docosahexaenoic acid (DHA) helps support brain and visual development. By law, the EU now requires all infant formulas to contain DHA, based on the scientific opinion of EFSA (the European Food Safety Authority) which considers DHA as an essential ingredient in infant formula. In addition, studies of iron supplementation in newborn children have revealed that iron deficiency in infancy can result in irreversible deficits in brain development. There is also evidence from numerous studies that long chain polyunsaturated fatty acid (LCP) supplementation improves cognitive performance in early life (Birch et al, 2000, Willatts et al 1998) and that small feeding volumes reduces the incidence of necrotizing enterocolitis (Berseth et al, 2003)

Adherence to Robust Ethical Standards

ISDI holds its members to the highest ethical standards, and we take pride in our members operating, communicating and acting in an ethical and appropriate manner, and in full compliance with local laws and regulations. Below are some examples of best practices and self-regulation that our members have adopted to date:

- In January 2021, ISDI and its members adopted “Responsible Practices for Interactions with Healthcare Professionals” ([link](#));
- The [British Specialised Nutrition Association Code of Practice](#) stipulates that “any information provided specifically for healthcare professionals ... is scientific, factual and appropriately referenced. None of the information we supply will imply or create

a belief that formula foods are equivalent or superior to breastmilk.”

- The Infant Nutrition Council of Australia & New Zealand Guidance states that “The primary purpose of an educational meeting must be the enhancement of medical or scientific knowledge or product information” and that “the benefits of breastfeeding should always be clearly communicated.”

- The French Union of Specialised Nutrition Guidance outlines that “Specialised nutrition products are designed on the basis of scientific data which should be communicated to health professionals so that they can advise, prescribe the product(s) best suited to individuals ... Communication to health professionals must therefore be based on scientific evidence and be available to provide evidence-based information.”

- The [Dairy Industries Ireland Guidance](#) and the [Italian Food Union Code](#) both outline that communication to healthcare professionals must include a reminder of the “superiority of breastfeeding” and must never claim that “bottle feeding is equal or equivalent to breastfeeding”.

ISDI's position is as follows:

- ISDI and its members support public health goals that protect and support breastfeeding, including exclusive breastfeeding for the first six months of life continued up to two years and beyond, and respect the aims and principles of the International Code of Marketing of Breastmilk Substitutes (WHO Code).
- No single factor is determinative of breastfeeding rates. A focus on marketing alone could result in a lack of consideration of other, more important but difficult to address socio-cultural aspects and lack of timely practical breastfeeding support for new mothers.
- For example, in Europe, despite a single regulatory approach to infant formula marketing, significant differences in breastfeeding rates are observed¹.
- Medical communities and industry mutually benefit from knowledge sharing and collaboration, which, when implemented to the highest ethical standards, ultimately benefit the health and well-being of infants, young children, people with special dietary needs, and their caregivers.
- All interactions between ISDI members and HCPs should be – and are – governed by robust and transparent procedures to mitigate the risk of perceived or actual undue influence on HCP behaviour.

- Our industry is committed to working constructively with all relevant stakeholders to support the best possible outcomes for all those that we serve.

ⁱ [Theurich, Melissa A and al., *Breastfeeding Rates and Programs in Europe: A Survey of 11 National Breastfeeding Committees and Representatives*, JGPN, March 2019 - Volume 68 - Issue 3 - p 400-407](#)