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Both Tutt and DiFranza are missing the larger point of our editorial. Unlike public health forces, the tobacco industry has unlimited resources to push their agenda. We made the point that in a real world of limited public health resources, those resources are better concentrated where they have been shown to be most effective. Youth access is clearly not that area. Tobacco industry documents show that the industry has run rings around public health forces when it comes to youth access, successfully co-opting it to the point that it now serves the industry's purposes.

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Health messages on smoking and breastfeeding in maternity hospitals of Eastern Europe

Smoking, particularly antenatal smoking by the mother, has been consistently shown in many studies to be associated with increased risk for sudden infant death syndrome (SIDS).[1] After the prone sleep position, smoking is the next most important modifiable risk factor for SIDS. Smoking not only undermines the health, development, and survival of the child, but of the mother and other family members, too. A survey of maternity hospitals in Eastern European countries was undertaken in 1999 to collect information on practices associated with increased risk of SIDS. We report here a comparison of smoking and breastfeeding practices of these hospitals.

The collaborative network of the World Health Organization in Eastern Europe (CCEE/NIS) identified country coordinators in 22 Eastern European countries and data were received from 489 hospitals in 20 countries. The study instrument, in either English or Russian, sought information on whether hospitals gave written information to parents and/or had a written policy on various practices including smoking and breastfeeding. Data entry and statistical analysis was undertaken with Epi-info software (Version 6.04c, Centers for Disease Control and Prevention, Atlanta. Georgia, USA). There were more hospitals providing written information to parents about breastfeeding (72%) than about smoking effects (20%). Likewise, there were more hospitals with a written policy on breastfeeding (61%) than on smoking (12%). This difference was consistent across countries.

In contrast to the success of SIDS prevention campaigns advising that babies should not sleep prone, it has been much more difficult to motivate parents not to smoke. UNICEF and WHO have launched the "The Baby Friendly Hospital Initiative" where hospitals are encouraged to adopt 10 evidenced based steps to promote breastfeeding. One of these steps is to have a written hospital breastfeeding policy. Our data may reflect the success of this initiative, in that 72% of maternity units had written information on breastfeeding available for parents and 61% had a written policy. In contrast, our data suggest that only 20% of units had written information available on smoking and only 12% of hospitals had a written policy (table 1). Given that maternal smoking undermines breastfeeding through increased risk of early weaning, reduced milk supply, reduced prolactin concentrations, and low fat concentrations in milk from smoking mothers,[2] a tobacco strategy is likely to enhance breastfeeding outcomes as well as many other health benefits to babies. The "Tobacco Free Initiative" is one of WHO's current priority programmes. Pregnancy and the birth of a child are important intervention points to encourage parents to stop or reduce smoking. The well established and strong association between smoking and SIDS and the evidence of a dose effect of reduced risk with reduced smoking provide encouraging messages to help motivate parents to address their smoking before and after the birth of their infant.

Within maternity hospitals in Eastern Europe breastfeeding promotion messages appear to be more widely available than anti-smoking messages. Smoking prevention strategies should ensure that parents receive written information on the health risks of smoking and hospitals should have written policies. Consideration should be given to including evidenced based strategies to prevent and reduce smoking into an expanded Baby Friendly Hospital Initiative.

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Table 1 Written information given to parents and written hospital policy on smoking and breastfeeding for 489 hospitals in 20 countries in Eastern Europe

		Smoking		Breastfeeding	
Country	n	Info	Policy	Info	Policy
Albania	11	0	0	1	2
Armenia	14	1	0	10	11
Belarus	17	3	3	12	15
BH Sarajevo	7	2	0	7	1
BH Republic Srpska	3	1	1	3	1
Estonia	3	0	0	3	3
Georgia	12	1	0	11	6
Hungary	66	14	12	40	30
Kazakhstan	62	19	14	62	60
Latvia	3	0	0	1	0
Lithuania	11	1	0	9	5
Macedonia, FYR	21	21	3	21	20
Moldova	11	1	1	5	8
Romania	69	22	5	55	23
Russian Fed (Barens)	7	2	1	7	7
Slovak Republic	41	2	1	8	8
Slovenia	14	2	0	13	11
Turkmenistan	57	1	2	50	48
Ukraine	45	7	14	32	35
Uzbekistan	15	0	0	1	6
Total	489	20%	12%	72%	61%

BH, Bosnia Herzegovina; FYR, Former Yugoslav Republic.