



The All-Party
Parliamentary Group
on Infant Feeding
and Inequalities

Inquiry into the cost of infant formula in the United Kingdom

The All-Party Parliamentary Group on Infant Feeding and Inequalities

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Report prepared by **First Steps Nutrition Trust** (www.firststepsnutrition.org) acting as secretariat for the Inquiry.

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Contents

1. Executive Summary and recommendations
2. Background
3. Methods and findings from the Inquiry
 - 3.1 The cost of infant formula significantly impacts on some family budgets.
 - 3.2 Families who cannot afford formula may resort to unsafe practices in order to feed their babies.
 - 3.3 The small number of families where breastfeeding is contraindicated and who have been advised to formula feed, and vulnerable families, are particularly at risk of hardship.
 - 3.4 The Healthy Start scheme is valuable but needs to be reviewed.
 - 3.5 There are some significant influences on the choice of infant formula, particularly the marketing and advertising of products.
 - 3.6 There is a lack of adequate support for families who formula feed.
4. References
5. Appendix 1: Questions for the Inquiry

1 Executive Summary and Recommendations

In June 2018 the All-Party Parliamentary Group on Infant Feeding and Inequalities (APPGIFI) held an inquiry into the costs of infant formula to families in the UK to investigate the potential impact that the choice of infant formula, and the purchase of infant formula may be having on families in the UK.

The inquiry collected lived experience evidence from families, and organisations that care for and support pregnant women and families with infants and children in a wide variety of contexts across health, social care and the community.

In line with the World Health Organisation and UK Government policy The APPGIFI strongly believes that breastfeeding should be protected, promoted and supported in the UK, and that all women who wish to breastfeed (and for whom breastfeeding is not contraindicated) should receive support to do so. Families may decide to breastfeed, formula feed or mixed feed their infants and it is important that they can access impartial advice on infant feeding free of commercial influence. However this inquiry focused on UK families who use and purchase infant formula in the first year of their infant's life, many of whom may exclusively formula feed for the majority of that time.

Six key themes emerged from the inquiry responses suggesting that:

- The cost of infant formula significantly impacts on some family budgets.
- Families who cannot afford formula may resort to unsafe practices in order to feed their babies.
- The small number of families where breastfeeding is contraindicated, and who have been advised to formula feed, may be at particular risk of hardship.
- The Healthy Start scheme is valuable but needs to be reviewed.
- When choosing infant formula families are influenced by the marketing and advertising of products and also implied recommendations from health workers and hospitals.
- There is a lack of adequate support for families who formula feed.

Responses indicated that the cost of infant formula is having a negative impact on a number of families in the UK, and that this may lead to unsafe infant feeding practices or families limiting their own food intake or that of other children. Particular risks were described for low income families who had multiple births, homeless families, those living in temporary accommodation, asylum seeking families and those with no recourse to public funds. Particular difficulties experienced by women with HIV who are advised to formula feed their infants were also described. Healthy Start was seen as a useful scheme but it can be difficult to access, and the scheme needs review as the vouchers no longer pay for the most commonly available infant formula.

A large number of responses were received which highlighted the marketing and advertising of follow-on formula and other products as being persuasive in encouraging families to buy more expensive formula brands. The brand of formula given in NHS hospitals was also suggested as a determinant of the infant formula chosen. The inquiry also provided responses suggesting that there can be inadequate information about the choice of infant formula, that there was some stigma associated with formula feeding and that consistent, independent information was needed to support families who formula feed.

Recommendations

- Government should set up an independent body to regularly review data on infant feeding in the UK and work across departments to ensure that the needs of infants are considered in any changes to welfare, benefits, immigration rules and health and social care services.
- The UK should bring the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions (the Code) into UK law to remove advertising of breastmilk substitutes to the general public, and to ensure that health services are free from conflicts of interests.
- UK Politicians should work across parties and with all stakeholders to look at methods of reducing and capping the cost of infant formula in the UK, and consider other fiscal measures such as taxation with funds used to better support women to both breastfeed and use infant formula as safely as possible.
- Research is urgently needed into possible unsafe infant formula use in low income and vulnerable families and the potential risks this may pose to short and long term child health.
- The Healthy Start scheme should be reviewed with the threshold for eligibility raised to include a greater number of low income families and the value of the voucher uprated so that it acts as a safety net for the feeding of infants in vulnerable families.
- Where breastfeeding is contraindicated because of a serious clinical condition (such as HIV) and exclusive formula feeding is recommended, families should be provided with infant formula for their infant's first year as well as support to ensure that infant formula can be prepared as safely as possible.
- Unambiguous public health messaging is needed which makes clear that there is no significant nutritional difference between brands of first infant formula and that they must all conform to the same compositional regulations.
- All agencies working to support families experiencing food insecurity and financial crisis should ensure they have clear pathways of financial and practical support for families feeding infants with infant formula, and that this is integrated across those providing health, welfare, economic and emotional support.
- NHS maternity and other settings where infant formula is provided should look at ways to minimise the influence of the brand of product when providing this to families.
- All infants in the UK should be born in a Unicef UK Baby Friendly accredited service to ensure that health professionals are adequately trained to support formula feeding families and that practices are in place so that parents receive accurate, timely and considerate support and information, free from commercial interests.
- Breastfeeding remains the normal and optimum way to feed infants and all four health and social care departments in the UK should invest in better support for breastfeeding following internationally agreed methods to 'gear up' and become more breastfeeding friendly nations. This includes full implementation and sustainability of the Unicef UK Baby Friendly Initiative standards across maternity, neonatal, community and children's centre services. All mothers across the UK should have access to breastfeeding support from health professionals and peer support.

2 Background

In the UK it is recommended that all infants are exclusively breastfed for the first 6 months of life, and that breastfeeding continues throughout the first year and after that for as long as the mother wishes to do so. This is a public health recommendation and it is recognised that for some individual women (for example those diagnosed with HIV or receiving some cancer treatments), and for a very small number of infants, breastfeeding may be contraindicated. Where women do not breastfeed in the first year a first infant formula is recommended.

Infant feeding in the UK

In the last robust national data collected in the UK as part of the 2010 Infant Feeding Survey 31% of mothers gave milk other than breastmilk at birth, 54% by the time their baby was 1 week of age and 77% by the time their baby was 6 weeks of age (McAndrew et al, 2012). More recent data on the number of mothers exclusively breastfeeding at 6-8 weeks in England released in July 2018 reported that about 30% of women exclusively breastfed their infants, suggesting around 70% of babies also received some infant formula (Public Health England, 2018). Data from Scotland collected in 2017 as part of the National Maternal and Infant Nutrition Survey suggested that 73% of babies had some formula milk at 6-9 weeks (Scottish Government, 2018) and data from Northern Ireland in 2015 suggest that 61.4% of babies were having milk other than breastmilk at discharge from hospital and that 79.2% of babies at 3 months of age were wholly or partially formula fed (Northern Ireland Assembly, 2017). Welsh data on breastfeeding at birth in 2017 suggests about 61% of babies had any breastmilk (Stats Wales, 2017). Despite consistent calls from all public health bodies nationally and globally in support of breastfeeding, the UK remains a country where the majority of infants are wholly or partially fed with a breastmilk substitute in the first year of life. National data shows that infant formula use is more common in younger women and those in more deprived areas where health inequalities are larger.

Where breastfeeding is contraindicated

A small number of women, where breastfeeding is contraindicated, may be advised not to breastfeed, either because of medical treatments they are undergoing or because they have HIV. Current UK guidelines recommend that women living with HIV formula feed their babies to minimise the risk of transmission of HIV, and avoid exposure of the infant to the mother's antiretroviral medication. Many women living with HIV encounter significant socioeconomic adversity. Approximately 1200 pregnancies are reported in women living with HIV annually in the UK and Ireland (NSHPC, 2017).

A recent national survey of women living with HIV in the UK has revealed that 45% were living below the poverty line; one-in-six rarely or never had enough money to meet their basic needs (Sophia Forum and Terence Higgins Trust, 2018). Furthermore, nearly a third reported immigration issues, with those seeking asylum or with refugee status experiencing particular financial hardship. It is therefore unsurprising that the literature reveals cost of formula to be a significant barrier to formula-feeding among women living with HIV. A recent study by the London-based HIV charity Body & Soul found that a quarter of respondents had not received any provision for formula milk, with some having to access formula through food banks, and just under three-quarters of women in this survey (71%) spent over £10 a week on formula (Karpf et al, 2017). This survey provided evidence of women living with HIV and their families going hungry in order to afford infant formula.

Infant formula

The composition and labelling of infant formula is regulated in the UK¹, and therefore the essential composition of all first infant formula is similar regardless of cost. A product called follow-on formula is also marketed in the UK for babies from 6 months of age, but there are no benefits to switching to follow-on formula and a first infant formula is recommended throughout the first year (NHS, 2018). The World Health Organisation (WHO) discourage the use of follow-on formula and state that it is both 'unnecessary and unsuitable' (WHO, 2013). The protein content of follow-on formula marketed in the UK is higher than the protein content in infant formula and there is evidence that higher protein content infant milk is related to overweight in childhood (Koletzko et al, 2009). Infant formula (and follow-on formula) are marketed predominantly both as powders sold in tins of 800g-900g that is reconstituted with water, or as ready to feed (RTF) products that do not need to be reconstituted.

As well as infant formula and follow-on formula a number of products are also marketed for infants in the first year of life under a different set of regulations for Foods for Special Medical Purposes (Commission Directive 1999/21/EC of 25 March 1999 on Dietary Foods for Special Medical Purposes). These products should only be used under medical supervision but some products are freely available on supermarket and pharmacy shelves in the UK. These products are usually more expensive than infant formula and statements made on some products about their usefulness may not be supported by agreed health guidance (First Steps Nutrition Trust, 2018a).

Information available for parents who formula feed their infants in the UK

Research has identified that parents needed to know how to minimise the risks of giving formula, how to make up feeds, how to bottle feed, what formulas to use and to know the costs involved (Renfrew et al, 2003, Labiner-Wolfe et al, 2008, Renfrew et al, 2008). In response to this, in 2012, Unicef UK reviewed the Baby Friendly standards to include standards for infants who are formula fed and for parents who bottle feed. All parents, irrespective of feeding type, require the best possible information to formula feed and to build a close and loving relationship with their child, which extends beyond feeding (Unicef UK, 2012, 2017). In the UK, all four governments provide some information for parents (NHS, 2013. NHS Health Scotland, 2017, NHS Direct Wales, 2018, Public Health Agency Northern Ireland, 2018). In addition, Unicef UK Baby Friendly Initiative and First Steps Nutrition Trust, provide evidence based information for health professionals on how best to support parents to responsively bottle feed and what infant formula to choose (Unicef UK, 2018). The revised Unicef UK Baby Friendly standards require that services demonstrate how they support parents who formula feed. Currently in Scotland and Northern Ireland, 100% of babies are born in a Baby Friendly accredited service, 90% in Wales, but only 59% in England.

Family food budgets

Data on household spending on food and non-alcoholic beverages in 2016-17 (ONS Family Spending to March 2017) reported that the average spend on food overall was £58 per week (Office for National Statistics, 2018). In 2016 (when data were reported differently), the average spend was £56.80 per week, but for hard-pressed families or families in rented accommodation, the spend was £53 a week, and for better-off families £68.40 a week (Office for National Statistics, 2017).

¹ <http://www.legislation.gov.uk/ukxi/2007/3521/contents/made>. Similar legislation is in place in Scotland, Wales and Northern Ireland.

Costs of infant formula in the UK

The information on costs reported here are based on the *Cost of Infant Milks in the UK* report compiled in July 2018 (First Steps Nutrition Trust, 2018b). Infant formula can be purchased in a variety of formats. The costs are particularly high when families use starter packs of infant formula that come in ready to use 70ml/90ml bottles with a teat attachment, which are seen as convenient to take into maternity settings or to use in the first weeks of life. Using these bottles in the first week of life would cost a family between £60.69 and £102.55 per week depending on which brand was chosen.

The relative costs for feeding an infant of 2-3 months on first stage infant formula by different brands of powdered, and ready to feed infant formula, are shown in Table 1. There are also other brands of infant formula available that have a small market share, which may be more expensive or which are not always nationally available.

Table 1. Costs of some commonly available brands and types of first Infant formula in the UK

Brand of Infant formula	Type	Cost/week for a 2-3 month old baby (920ml milk/day)
Aptamil Profutura 1 First Infant Milk	RTF ¹ in 200ml bottles	£32.20
Aptamil 1 First Infant Milk	RTF in 200ml bottles	£27.69
SMA Pro First Infant Milk	RTF in 200ml bottles	£25.76
Cow & Gate 1 First Milk	RTF in 200ml bottles	£24.47
Hipp Organic Combiotic First Infant Milk	RTF in 200ml bottles	£24.47
NANNYCare First Infant Milk (goats' milk based)	Powder, 900g	£20.61
Aptamil Profutura 1 First Infant Milk	Powder, 800g	£13.52
Aptamil 1 First Milk	Powder, 800g	£11.59
SMA Pro First Infant Milk	Powder, 800g	£10.30
Hipp Organic Combiotic First Infant Milk	Powder, 800g	£9.66
Kendamil 1 First Milk	Powder, 900g	£9.02
Cow & Gate 1 First Infant Milk	Powder, 900g	£8.37
Sainsbury's Little Ones First Infant Milk	Powder, 900g	£6.44

¹ RTF = Ready to feed

It should be noted that in some cases families living in difficult circumstances may have limited equipment, or facilities, to sterilise bottles and teats and prepare powdered milks safely. They may want to, or be encouraged to, use the more expensive RTF products.

The cost of buying commonly available infant formula for an infant at 2-3 months of age can therefore vary from £27.90 to £139.50 per calendar month, depending on which brand, and formula type, is purchased. If commonly available powdered formulations of cows' milk based first infant formula are used the price can vary from £27.90 to £58.60 per month.

Costs of specialised infant formula that can be purchased over the counter

A number of products (comfort milks, anti-reflux milks and lactose free formula) are marketed alongside infant formula in supermarkets and pharmacies but are marketed under regulations for 'Foods for Special Medical Purposes' (FSMP). These products should by definition be used under medical supervision, but are freely available on supermarket and pharmacy shelves, and heavily promoted to health workers.

A family buying a specialist infant milk (FSMP) over the counter instead of a first infant formula could spend an additional £17 to £83 in the first six months if they choose a specialist formula in the same brand as the first formula they might choose. If they choose a specialist formula instead of using one of the current cheapest first infant milks on the UK market (Sainsbury's Little Ones or Aldi Mamia First Infant Milk) this can increase to an additional £117 to £200 in six months. The rationale for using this milk would therefore have to be clear to support this substantial increase in cost.

Table 2: Comparison of the costs of branded infant formula, some specialised products in the same brand, and the cheapest available first infant formula¹

Brand and name of milk	Type and package size	Spend per week for a 2-3 month old baby consuming 920ml milk/day	Difference in spend per week for a 2-3 month old baby consuming 920ml milk/day between same brand infant formula and FSMP product	Difference in spend per week for a 2-3 month old baby consuming 920ml milk/day between FSMP and current cheapest infant formula on UK market
Cheapest first infant formula on UK market*		£6.44		
Aptamil				
Aptamil 1 First Milk	Powder, 800g	£11.59		
Aptamil Comfort	Powder, 800g	£14.17	+ £2.58	+ £7.73
Aptamil Lactose Free	Powder, 400g	£12.24	+ 65p	+ £5.80
Aptamil Anti-reflux	Powder, 800g	£13.52	+ £1.93	+ £7.08
Cow & Gate				
Cow & Gate 1 First Infant Milk	Powder, 800g	£8.37		
Cow & Gate Comfort	Powder, 800g	£10.95	+ £2.58	+ £4.51
Cow & Gate Anti-reflux	Powder, 800g	£10.95	+ £2.58	+ £4.51
Hipp Organic				
Hipp Organic Combiotic First Infant Milk	Powder, 800g	£9.66		
Hipp Combiotic Comfort Milk	Powder, 800g	£11.59	+ £1.93	+ £5.15
Hipp Organic Combiotic Anti-reflux milk	Powder, 800g	£11.59	+ £1.93	+ £5.15
SMA				
SMA Pro First Infant Milk	Powder, 800g	£10.30		
SMA Comfort	Powder, 800g	£12.24	+ £1.94	+ £5.80
SMA LF (lactose-free)	Powder, 430g	£10.95	+ 65p	+ £4.51
SMA Pro Anti-Reflux	Powder, 800g	£12.24	+ £1.94	+ £5.80

¹ Costs taken from *Costs of infant formula in the UK*. **First Steps Nutrition Trust**, 2018

* Based on the weekly cost of Sainsbury's Little Ones First Infant Milk or Aldi Mamia First Infant Milk

Child poverty and food insecurity in the UK

Data from the Child Poverty Action Group suggests that there were 4.1 million children (30%) living in poverty in the UK in 2016-17 (Child Poverty Action Group, 2018). Data on projections for child poverty in the UK, based on incomes after housing costs, suggest that the proportion of children living in relative poverty is expected to increase sharply from 30% in 2015/2016 to 37% in 2021/2022 based on incomes after housing costs (House of Commons Briefing Paper, 2018). A report from the Royal College of Paediatrics and Child Health on The State of Child Health in 2017 reported that poverty was having a significant impact on child health and that this was a major cause for concern, with the UK ranked 15 out of 19 western European countries on infant mortality (Royal College of Paediatrics and Child Health, 2017).

Family incomes and food budgets have been squeezed in recent years and there is now considerable concern about food insecurity in the UK. 'Food insecurity' is a social and economic problem that involves difficulties in accessing sufficient, safe and nutritious foods necessary to meet an individual's dietary requirements and preferences for a healthy life (Food and Agriculture Organization, 2001). The measurement and definitions of food insecurity vary, but often includes measures such as skipping meals, reducing the amount eaten, and going without food. Subsequent to rising food prices, a freezing of benefit levels the roll out of Universal Credit, increasing sanctions, and high levels of debt among low-income families, food insecurity is a growing problem in the UK (End Hunger UK, 2017). There remains no consistent measurement of food insecurity in the UK for adults or children and little is known about how families with infants are managing the financial cost of feeding a baby if the mother is not breastfeeding.

A global survey by UNICEF reported that, in the UK, 19.5% of children under the age of 15 live with an adult who is moderately or severely food insecure, and 10.4% live with an adult who is severely food insecure (Pereira et al, 2017). The UK has the highest proportion of moderately food insecure children among European countries and has only marginally less than in the US. The proportion of children who are severely food insecure in the UK is notably higher than for all other developed countries reviewed by UNICEF. The proportion of children under the age of 15 living in a food-insecure household in the UK is twice as high as the official rate of poverty for children under 18 years (Food Foundation, 2016; Pereira et al, 2017). Data is urgently needed on how food insecurity is impacting on children's health and well-being from the start of life. It is well recognised that mothers experiencing food insecurity often go without meals themselves in order to feed their children (End Hunger UK, 2017). In a small survey conducted for the End Hunger campaign, 23% of parents reported skipping or seeing someone in their household skipping meals, and 8% of adults had gone a whole day without eating in the previous 12 months because of lack of money (End Hunger UK, 2017).

Families with dependent children, particularly single parents, are more likely than other family types to use food banks, and this is particularly the case where there are three or more children in a family (Loopstra et al, 2018). Latest figures from the Trussell Trust (which does not represent all food banks in the UK) reported that 1,332,952 three-day emergency food parcels were distributed between April 2017 and March 2018, and of these 484,026 went to children (Trussell Trust, 2018). There is concern that families will face increasing hardship as they will not be entitled to claim for the child element of Tax Credit and Universal Credit for a third and subsequent child following rule changes in April 2017. Families with children particularly suffer when the costs of living rise, and this is worrying considering food inflation and ongoing caps on benefits (Loopstra et al, 2018).

*“Women are often in a dilemma about whether they should or shouldn’t eat healthy foods because something else is needed more. Their own health and maybe the health of their younger children are on the back burner because something else is more pressing.”
(Midwife, quoted in Lucas et al, 2013)*

Whilst there is no information available on the impact of food insecurity on the health and well-being of young children in the UK, information from the US Early Childhood Longitudinal Study of children aged 5 and 6 years found that children who were food insecure had significantly lower academic achievement scores in reading, maths and science and poorer scores for interpersonal skills and self-control (Kimbrow and Denney, 2015). Johnson and Markowitz (2017), using data from the same study, reported that food insecure children were more likely to be hyperactive and have behaviour problems, and associations have been made between household food insecurity and developmental delay in children aged 4-36 months (Rose-Jacobs et al, 2008). Protecting the health of our youngest children should therefore remain a priority for Government policy.

The Healthy Start scheme

The UK Healthy Start scheme is the main welfare food scheme in the UK which provides food vouchers and free vitamins to young (under 18 years) and low income pregnant women, and to low income families with children under the age of 4 years. The eligibility for and uptake of Healthy Start, and Government spending on the scheme, rapidly declined in the five years from 2013 to 2018, denying many vulnerable families additional support to improve their diet, and removing the safety net for ensuring vulnerable infants receive appropriate alternatives to breastmilk when this is not provided. Currently (in 2018) fewer than 500,000 individuals receive Healthy Start benefits – a 30% reduction since 2011. Uptake by those eligible for the scheme has also reduced from around 80% in 2011 to 65% in 2018 (Crawley and Dodds, 2018).

The current Healthy Start food voucher value of £3.10 per week for pregnant women and children aged 1-4 years, and £6.20 for an infant in the first year, aims to improve the intake of fruit, vegetables and cows’ milk and allow the purchase of infant formula, in order to provide important additional energy and micronutrients to the diet. Whilst the original scheme suggested it would support breastfeeding there are currently no incentives in the scheme to do this.

In 2018, it was estimated that it costs between £8.37 and £13.52 a week to feed a 2-3 month old baby on one of the five most easily accessible brands of formula (which have more than 95% of the infant formula market). The cost of an 800g/900g tin of infant formula for these brands is between £9 and £12.99, so three to five Healthy Start vouchers would be needed to buy one week’s supply. Table 3 illustrates why the weekly voucher value is insufficient to pay for commonly available infant formula for infants who are not being breastfed at about 2-3 months of age.

Table 3: Number of Healthy Start food vouchers needed to buy one week's supply of infant formula for a 2-3 month old

One week's supply of infant formula for a 2-3 month old (equivalent to 6,440mls)*	Cow & Gate First Milk	Hipp Organic Combiotic First Milk	SMA Pro First Milk	Aptamil First Milk	Aptamil Profutura First Milk
Cost per week	£8.37	£9.66	£10.30	£11.60	£13.52
Cost for tin or packet as purchased	£9.00/900g	£8.50/800g	£10.00/800g	£11.00/800g	£12.99/800g
Number of Healthy Start vouchers needed to buy one week's supply for a 2-3 month old	3	4	4	4	5

* Prices correct as of July 2018. All data are from Costs of Infant Milks in the UK, available at: www.firststepsnutrition.org. Amounts of milk needed are based on scoop weights of powder used to reconstitute formula, so products cannot be compared directly by cost/100g purchased powder.

Two cheaper brands of infant formula are available which are marketed at £7.00 for 900g (Mamia in some Aldi Stores and Sainsbury's Little Ones in some Sainsbury's stores) and using these milks would cost families about £6.44 per week to feed a 2-3 month old baby. However, these milks may not be accessible to all families in the UK.

The UK infant formula market

The infant milk market in the UK has four major brands: Aptamil (Nutricia, owned by Danone), Cow & Gate (Nutricia, owned by Danone), SMA Nutrition (owned by Nestlé), Hipp Organic (owned by Hipp). Danone have about 82% of the market by sales and Aptamil is the brand leader accounting for about 51% of all sales, earning Danone £229million in 2015/16,. Cow & Gate (also owned by Danone) has about 31% of market share and SMA (Nestlé) 14%. The market share for other milks remains around 4%, with Hipp having 2% of the market.

The 2016 Mintel marketing report on baby foods and drinks also reported that the main factor determining parental choice of infant milk amongst their panel was 'brand'. This is important as it is the support given to brands through advertising to families and through the promotion of infants milks to health professionals (for example through promotion in the health professional literature and at conferences) that promotes the brand integrity. The report highlights the importance of 'brand loyalty' in the market and parents being loath to swap brands that they think suit their child.

Some brands spend significant sums on marketing and advertising to promote their brand. The reported advertising expenditure on baby food and drink in 2015 was £17.5million. Follow-on formula has had the biggest boost in terms of marketing spend in recent years, increasing 39.5% between 2012-2015, with £16.4million spent on follow-on formula marketing in 2015. Danone spent £5.7million advertising Aptamil follow-on milk and £3.7million on Cow & Gate follow on milk in 2015; SMA spent £3.4million advertising their follow-on milk. Companies spent about £21 for every baby born in the UK on marketing follow-on formula in 2015.

Breastmilk substitute (BMS) companies are able to market infant milks in the UK to health workers and to families. Whilst infant formula cannot be marketed directly to families by law, follow-on formulas which share the same branding are marketed on television, in magazines and on social media. Infant formula, follow-on formula and FSMP can be marketed to health workers, with the proviso that the information should be 'scientific and factual'. It has been demonstrated that many of the adverts for products however are misleading in their claims, and there is no mechanism for complaint when adverts do not support public health guidance or the conclusions of expert committees (Crawley and Westland, 2016).

The marketing spend on adverts is to promote brand awareness, with the ultimate aim of encouraging families to buy a particular brand of formula, or to have a brand supported by a health worker. All infant formula must adhere to the same compositional regulations. Advertising also undermines breastfeeding since claims are often made for a product as being able to solve common infant feeding problems or that a product is 'closer to breastmilk'. Families want to do the best for their baby – and this can be observed globally with devastating consequences where families can't afford enough formula and may compromise the health of their infant and/or other family members (Save the Children, 2018). As family incomes become increasingly squeezed it is likely that some families are spending more money than they need to for a particular brand of infant formula, and this may be because they believe this is 'better' for their baby, or have had support in that idea from a health worker.

Is there a brand of formula that is better for babies or closer to breastmilk?

All infant formula must have a composition that conforms to the UK regulations on the composition of infant formula. Differences between formula brands are often related to ingredients that manufacturers have added, but which expert committees have decided are not beneficial to infant health. The European Food Safety Authority (EFSA) in their comprehensive evidence review of the essential composition of infant formula in 2014 compiled a list of unnecessary ingredients and made the point that adding these to infant formula '*may put a burden on the infant's metabolism or on other physiological functions*', as substances which are not used or stored have to be excreted (EFSA, 2014). Ingredients that they consider unnecessary include prebiotics (also called GOS and FOS), probiotics, nucleotides, phospholipids and some structured fat components and a number of other components that may be used by companies to make claims about the superiority of their product. If a component was found to be beneficial to infant health then it would be required in all products by law.

Whilst the regulations around the labelling and marketing of infant formula were strengthened in 2007, historical advertising of a particular product as being 'closer to breastmilk', a claim still used in advertising of specialist products to health workers by the same company, has meant considerable confusion among the population. Whilst little evidence has been collected in the UK, evidence from elsewhere in Europe, and Australia have shown that advertising of infant formula or follow on formula is confusing for families and that whilst follow-on formula may be legally advertised, many families think this is for infant formula due to similar branding on the tin (Parry et al, 2013, Cattaneo et al, 2014).

3 Methods and findings from the Inquiry

Aim of the inquiry:

To gather lived experience evidence on how the cost of infant milks is impacting on family budgets in the UK, consider those who may be most impacted by this cost, and consider the reasons why families may choose particular infant formula brands or make feeding choices for their infants.

Method for the inquiry:

First Steps Nutrition Trust acted as the secretariat for the report, working with a steering group of members representing a range of infant feeding support organisations, HIV experts, health visiting and academia.

Members of the APPGIFI were asked to encourage their constituents to respond to the inquiry and social media was used to raise awareness of the inquiry among a wide range of stakeholders. The inquiry was open for 4 weeks in June and respondents could reply by either filling in the online questionnaire or emailing a response. The specific questions asked in the inquiry can be found in Appendix 1.

The inquiry responses were collated and key themes emerging from the responses were identified. Quotes from the submissions are used to illustrate the key themes but the responses have not been attributed to specific individuals or organisations.

Responses

In total 108 responses were received from both individuals (n=81) and organisations (n=27). Some of the individual responders self-identified as health care professionals, health visitors or breastfeeding counsellors and others self-identified as parents. Overall 64% of individual responses were from parents providing narrative about their own personal experiences.

Responses were received from across the United Kingdom, including responses from Scotland, Wales and Northern Ireland.

The following organisations sent in a response to the inquiry;

- Baby Milk Action
- Better Start Blackpool
- Body and Soul
- Breastfeeding Network
- British HIV Association
- British Pregnancy Advisory Service
- British Specialist Nutrition Association
- Cambridge Community Health Service
- Cardiff Flying Start
- Children and Family Health (Surrey)
- Children's Centre (Nottinghamshire)
- Children's Centre (Surrey)
- Epsom and St Helier NHS Trust
- Horsall Village Children's Centre
- Infant Feeding Support UK
- La Leche League UK
- Leicester Mammias CIC
- Leicestershire Partnership Trust
- London North West University Healthcare
- National Aids Trust
- NCT
- NHS (Edinburgh)
- Positively UK
- Royal College of Midwives
- The Orchard Children's Centre
- Waverley Care
- Worcester Health and Care Trust

Findings

The key themes from the inquiry have been summarised into the following sections:

- 3.1 The cost of infant formula significantly impacts on some family budgets.
- 3.2 Families who cannot afford formula may resort to unsafe practices in order to feed their babies.
- 3.3 The small number of families where breastfeeding is contraindicated and who have been advised to formula feed, and vulnerable families, are particularly at risk of hardship.
- 3.4 The Healthy Start scheme is valuable but needs to be reviewed.
- 3.5 There are some significant influences on the choice of infant formula, particularly the marketing and advertising of products.
- 3.6 There is a lack of adequate support for families who formula feed.

3.1 The cost of infant formula significantly impacts on some family budgets.

The cost of infant formula means some families go without essential items for themselves or other children.

Both parents and health care professionals reported that they or families they know often go without essential items in order to be able to afford infant formula. Parents reported going without food for themselves, and not being able to spend money on household cleaning items and feminine hygiene items. This was also reported to add to stress and anxiety among families in difficulty.

It has increased our personal household food budget by approximately £100 a month - a significant increase from £400 for 2 adults to £500 for 2 adults and a baby

I often go without basic toiletry essentials (particularly feminine care items) due to having to choose between those and formula

Yes I have cared for families who will have the money for formula but won't have the money to buy essentials such as soap, fruit and veg, won't wash clothes

Women in refuges, in particular, struggle to buy formula milk whilst their finances are sorted out and this adds a great deal of strain at a time when life is already extremely difficult

Cost of formula was a big stressor & had a big impact on our food budget

I live in an area where 1/3 children live in poverty, and have supported women in the area who are unable to feed themselves due to the cost of formula

Both individuals and health workers commented on the lack of money left available for food for other children or themselves in the family:

The cost of formula often means the mothers themselves will go without food or proper meals, to ensure their infants have enough. This is very common in young parent families

Formula is incredibly expensive, we struggled at times when we reached the end of my maternity pay. We are both professionals in public sector jobs, I imagine it's almost impossible for low income families to cope with the costs. Families will be buying formula with the food shop and it will inevitably be affecting how much they can pay for food

It does impact the food purchasing of other foods for the family. Families tend to prioritise formula milk more than other foods. Including 'healthy' foods for toddlers – i.e. fruit and veg – fruit and veg cost more than a packet of crisps and sweets

Yes. As a family we really had to scrimp and save. My partner and I had to eat a lot less fresh food items and go for cheaper, unhealthier options

Massively I was paying over £50 a month on formula and I only had £80 budget for the family food

... the cost of formula is up to £30 a week.

That's our food budget doubled, I am on statutory maternity pay and due to the cost of formula I'm now going back to work much earlier than planned as we simply can't afford the extra financial strain

I was using almost 2 tubs per week at a cost of approx £80 per month. We were always removing items from our online basket to reduce the cost and this was usually the fresh foods which were perishable

Some families struggling to buy formula borrow money, ask family members to buy formula for them or use food banks to feed themselves.

A number of methods of paying for formula when funds were limited were reported, with health professionals also reporting buying it themselves at times.

Some parents were borrowing money to afford formula milk, and some were cutting back on other items that they need to sustain their families

In an attempt to keep costs down we limited our formula buying to one tub a week (£11.50 per week) but some weeks we struggled to find that extra money and family would have to buy it for us or loan us money

I've upped my overdraft to afford formula and I have borrowed money from my family

A lot of our families have to use foodbanks on a regular basis and ask for infant formula to be part of the packs.

I am aware of families having to access food parcels in order to meet their own nutritional needs and/or adults going without food

I have had to support families on my caseload (as a Health Visitor) to access food banks/supermarkets (community engagement schemes) to enable them to get formula. These are not isolated incidents, they happen frequently

My friend accessed a food bank so that she had enough money for formula

Yes, I've had to borrow from family and payday loan companies

I have purchased formula for two mothers in my community as they have been unable to afford to feed themselves and buy formula

We can see first-hand that the cost of infant formula milk is severely affecting family food budgets. The majority of HIV+ women we see are in lower income families and of the women we support, 82% do not always have enough money to provide enough food for themselves and their families

Some families with multiple births and infants requiring specialist formula expressed particular hardship.

With twins formula fed since 4 months old I need a couple of tins per week which is a considerable expense. I never planned to formula feed but had to start my babies on formula in hospital, then after a few months of breastfeeding I had to start using formula again, sadly

We have taken 6 months to financially recover from buying formula for twins for a year as we have borrowed money, used credit cards and sacrificed paying bills to buy formula

Families who require specialist formulas that cost substantially more than standard formula have had to borrow money to pay for formula

As a family we do struggle, and with a 1 year old on Dairy free diet, we still have to buy specialised formula which is even higher in price. We have another child on the way and I have asked for early intervention this time as I couldn't breast feed my current 1 year old

3.2 Families who cannot afford formula may resort to unsafe practices in order to feed their babies.

It is recommended that babies receive only breastmilk or first infant formula in the first 6 months of life and have solids introduced alongside breastfeeding or infant formula from about 6 months of age. Cows' milk is not recommended as the main milk drink until 12 months of age as cows' milk is a poor source of iron and does not have the right balance of nutrients for a developing infant. To reduce the risk of infection in infants current advice is that any milk left in a bottle after a feed should be discarded. Families are advised never to add anything to milk given in a bottle as this could be a choking hazard and may lead to over feeding a baby. If families cannot afford or struggle to afford infant formula then they may resort to unsafe practices and here we report evidence that points to a number of areas of concern.

Formula is just so expensive no matter which brand that I have to think twice about when I need to buy it next and do I have the money, what will the baby be fed with if I can't afford the next box of formula?

Watering down feeds to make them last longer or not following safe practices.

Families can be forced to budget on other things to enable them to pay for formula milk. I have been told by some families that they have not made up the concentration of milk correctly to try and save formula milk and also don't throw it away after use

Midwife members have reported to us that women in their care have been found watering down formula feeds to make supplies last longer

I am aware of a few cases when families added extra water to the powder to "Stretch" the amount

I have also known mothers stretch out feed times (i.e the gap between feeds) so effectively under-feeding their babies because of concerns about the cost of formula

Our practitioners told us that the prohibitive cost of formula milk has led to unsafe feeding practices among some of the parents they have supported, sometimes leading to the babies nutritional needs not being met. For example one practitioner told us; 'I just spoke to a mum who was giving her baby water to make the formula powder last for a longer period of time'

Families on low incomes struggle to access the formula and this can lead to having to go without other necessities, or making the formula incorrectly to try to make the formula last longer

I have had families that make up feeds more dilute to use less formula less quickly

I was really concerned about an infant that just never gained weight. We tried everything including referral for this infant. Nothing was found to be wrong but 2 years later the mother admitted to me that she just couldn't afford the cost of infant formula and so made the one pot go a long way...

Adding cereal to infant formula to bulk up the feed.

I am a health visitor working in one of the most deprived areas in the country. We have parents who cannot afford formula, who are changing brands and giving their child whatever formula they can get their hands on, they are not using enough scoops per feed to make it last longer, putting porridge in the bottles to keep the baby fuller for longer, because it is cheaper than formula

Using rusks and cereal to bulk out feed and fill Baby for longer, and use much before 6 months of age

Many unhealthy alternatives are used such as cereals and rice, families are forced to use cheaper "fillers" to try and keep their baby contented

Early introduction of solids.

As a health visitor I am finding more families are weaning at 4 months, due to their babies being 'hungry' if they introduce food earlier they feel they will use less formula as they progress through to 1 year

Early introduction of cows' milk as the main milk drink or using alternative drinks.

I know a number of families used cows milk for bottles from 6 months

Parents may be aware of how to effectively feed their babies but the lack of funds may force some to underfeed baby by adding more water than required, using juices/ squash as alternatives to milk

I have spoken to one family that were giving cows milk from 10 months - because it was 'almost the same' 'filled them up better' and 'was cheaper'

Using a formula type that is not needed.

I have an increasing number of families who now seek prescription of specialist milks after seeking GP assessment for a series of digestive upset. As a health visitor I often feel that this route is chosen by families for reasons of cost and difficulty in coping with the burden of formula feed cost.

The experience of our practitioners is that parents frequently end up buying specialised products, for example to help colic (defined as excessive and regular crying) with added ingredients that have no proven effectiveness. As well as being an unnecessary additional cost, our practitioners have observed that the availability of these products can lead to parents diagnosing their babies with 'medical' problems in response to everyday feeding experiences, such as possetting or colic, increasing parental anxiety

Breastfeeding when this is contraindicated.

For some women living with HIV, not being able to afford infant formula will lead to breastfeeding (against current national guidelines) which will increase the risk of transmission of HIV to the infant

3.3 The small number of families where breastfeeding is contraindicated and who have been advised to formula feed, and vulnerable families, are particularly at risk of hardship.

The responses to the Inquiry reported that those who are vulnerable or living in difficult circumstances often struggle to afford infant formula. Several of the groups at risk highlighted include women with HIV, asylum seekers or those with no recourse to public funds.

Women who are asylum seekers, failed asylum seekers and those with nil recourse to public funds because of their immigration status are extremely vulnerable. It is likely they will have challenging and un-met health needs. These women who have no entitlement to Healthy Start. [We] believe there could be a direct impact on the long-term wellbeing of children of migrants

Many of the service users we work with experience significant financial hardship and access a range of welfare benefits. Women in the group have cited examples, prior to accessing support through [us], where they have gone without food, or fallen behind on other household bills in order to afford formula

Many women with HIV still face stigma and prejudices because of their status and can live many years without telling family and friends because of anxieties around negative reactions, judgements and even violence. Lack of access to free formula milk and feeding equipment can burden women even further and have a detrimental effect to their mental health and physical health. [We] believe that access to free formula milk and feeding equipment for all mothers living with HIV is a right that must be upheld by the UK government

What support should be offered to women where breastfeeding is contraindicated and who are advised to formula feed for medical reasons?

A number of responses suggested that where there is medical advice not to breastfeed that infant formula should be provided on prescription. Other suggestions were subsidy, better access to donor milk and the provision of equipment to make up formula safely as well as the milk itself.

If mother cannot feed due to health reasons then help should be available. Milk on prescription

GP should prescribe formula if donor breast milk not available, government should provide funding for this to ensure the baby comes to no harm

Formula could be subsidised. Particularly in the case of twins or premature births where women are often given little choice. I was threatened that my babies would be brain damaged if I did not allow them to be given formula in the hospital

Provision of sterilising equipment, bottles and access to milk. And education on how to do so safely

They should be given access to milk banks where screened donor milk could be provided

Mothers who are medically advised to formula feed should have this explained to them clearly with plenty of opportunity for discussion so by the time their baby is born they are clear on how they are going to feed their baby, both practically and financially

3.4 The Healthy Start scheme is valuable but needs to be reviewed.

Many families rely on Healthy Start vouchers to help them with the costs of formula milk or other foods for the family. Many of the individual responders reported having never heard of the scheme despite many reporting difficulties with family finances. It was widely agreed that eligibility to the Healthy Start scheme should be increased and the voucher value up-rated, and some health professionals said it was important the scheme was more accessible and the form filling can be complicated for some families. Some respondents thought the scheme should do more to support breastfeeding and a number of responders felt uncomfortable that the scheme allowed infant formula purchase at all. Stigma associated with their use was also reported.

Never heard of it but we are a very low income family who really struggled to supply formula for twins for a year.

The Healthy Start scheme only provides for those who have recourse to public funds so this doesn't take into account women who are asylum seekers for example

Families I have worked with have depended on healthy start vouchers to help pay the cost of the formula. However, a mother recently told me that she has to decide whether to use her vouchers for formula or fresh fruit/vegetables for her older children as she doesn't have enough for everything

I think it is so important as it helps me as well but the amount is so low that it's not enough to a pack of formula to last a week dependant on brand

Healthy start is brilliant but a lot of families still feel there is a stigma attached to the vouchers and are reluctant to use them, even if this can help

Very helpful if families are having to get food from the food banks regularly. This is a life line for some families - so that other food budget money can be spent on other older siblings

Despite increasing food and infant formula costs over the last 10 years, the value of Healthy Start vouchers has remained the same at £3.10 per voucher. A review of this would very much be welcomed. When families use their vouchers to purchase infant formula, this means they can't use them to purchase fruits or vegetables which is a disadvantage of the scheme

Healthy start vouchers are intended to cover some of the cost of formula milk, however a significant shortfall remains because of the high price of formula milk

I don't think that the Healthy Start scheme should be used to support the buying of formula milk at inflated prices

Raise the income threshold to support more families. Provide good quality breastfeeding support to all mothers ante- and post-natal as part of the scheme

How could the Healthy Start scheme offer better support for low income families?

A number of respondents commented that the Healthy Start scheme could do more to provide information to parents about the scheme and make the scheme more accessible, that eligibility should be expanded, that vouchers should not be value based but for specific items and that retailers should raise awareness of the scheme.

Many Health Visitors have said to me they work with families who are not eligible for Healthy Start but would very much benefit from the scheme - their income fluctuates or they are just outside of the eligibility criteria. I feel it would be helpful to lower the threshold of eligibility to allow more families to benefit from the scheme and ultimately help improve the quality of their diet

Offer it to all families and not just low income earners

[make the] scheme more accessible - the form filling can be complicated for some families. Allowing any one working in health to be able to sign off the form

Including all families with a child under 1 years old

All to be given or sent a healthy start leaflet at the booking in visit when first pregnant. TV advert or use social media on pregnancy websites

Not having an amount on the voucher but instead having a token for items. Such as 1 tin of milk or 3 bags of fruit

More promotion of the scheme by local and national retailers may also help increase awareness of the scheme and encourage families to make the most of the vouchers they receive. It could be beneficial to work with national retailers to offer promotions associated with Health Start vouchers that maximise fruit and vegetable intake

3.5 There are some significant influences on the choice of infant formula.

Interestingly this was the subject area on which most comments were received. Many respondents cited marketing and advertising influences on brand chosen as well as the choice of brand used in the hospital where the baby was born and advice from health professionals being particularly influential. It was also noted that more limited support for families from health professionals meant that choices could not be discussed with families who could be reassured that all infant formula brands will meet their infant's nutritional needs. The idea of 'reassuringly expensive' came up several times to explain family choice of brand and a large number of comments were received highlighting one specific brand as the one most likely to be recommended.

Advertising and marketing.

The use of advertising is shaping parents to believe that formula milk is just the same as breast milk

I think that the strongest influence is marketing, especially on the television and in social media used by parents. While this purports to be advertising 'follow on milk' the cross branding means that parents identify the brand, not the product

Advertising is the biggest thing that affects choice. Parents are brainwashed into thinking they are giving something almost the same as breast milk with no risks, and then feel or are told to feel that anyone who challenges this is attacking them as a parent

As a Health Visitor I see many families struggling to pay for infant formula when they have been lured into formula feeding by the incessant marketing of the product and the subtle undermining of breastfeeding by the industry. Families often buy the brand which has been most aggressively marketed in television 'follow on milk' advertisements, usually [Brand A] which is the most expensive brand

Families are hoodwinked by clever advertising to think that the more expensive the formula, the "better" it is. The aiming of the advertising of the self-styled "premium" brands at the Guardian/Telegraph reading demographic has a double whammy effect of reaching those "posh" mums and also appealing to mothers in more socially deprived circumstances who aspire to be the "best" mum possible

Families often buy the brand which is the most expensive brand. Opportunities to explain that all brands are essentially the same are becoming more and more limited due to cuts in Midwifery and Health Visiting services, leaving families vulnerable to the increasing marketing efforts of the formula milk industry

Some of the poorest families tend to buy the most expensive formula milk brands because they want to give their baby "the best". They equate the most expensive formula that has gold on the packaging & seeing the brand advertised on TV saying its closer to breastmilk with being better than the rest

One health professional reported that a mum had told her, "Of course when she is six months I have to stop breastfeeding and go to the bottle." When asked why she thought this, "well the advert on the TV says so"

One family I spoke to referred to the milk they were using as 'breast milk formula' - they had no idea the formula they were using was made from cows milk - the power of TV advertising

A local Community Nursery Nurse (CNN) gave me an example that she visited a home recently and the mother was under the impression that [Brand A] first milk was very similar to breast milk - because of the wording on the packaging

Several NGO working to support infant feeding and pregnant women reported particular concerns about advertising.

Inappropriate marketing of products for which there is no clinical need or public health recommendation is a major concern. Follow on formula and toddler milks were invented by the baby food industry to avoid the marketing restrictions that apply to infant formula and are very often misleadingly cross-branded with standard infant formula. The marketing of these products is uncontrolled and encourages families to spend money unnecessarily that may damage family budgets

We are concerned that messages implying that some infant formulas vary in range, quality or safety adds to the pressure on families to buy the most expensive milks

Inappropriate labelling, brand names and promotional claims that imply health, development, increased sleep and other convenience advantages and sponsorship are just some of the strategies that idealise the products, build trust in the manufacturer and mislead UK parents into choosing a particular brand

Health professional recommendations are influential.

Advertising and branding influences parents as well as recommendations made by others including health care professionals or friends. If a product is associated with satisfying hunger and encouraging sleep this can influence a parent, even when this claim has no substance and is non-evidence based

I have heard "it's closer to breast milk" about a certain brand come out of a health visitor's mouth!

I hear many stories of health visitors and midwives recommending a particular formula 'as that is what I gave my baby and they're fine' and most mums don't know why there are different types of infant formula

Personally we wanted the best. He already had terrible colic and reflux so we weren't going to go for a cheaper brand. [Brand A] was recommended by health visitors when we asked them

The promotion of infant formula to health professionals where there is no restriction on advertising allowed and the claims that can be made encourages health workers to promote brands of formula either consciously or unconsciously. Better regulation is needed to protect all health workers from inappropriate promotion. Recommendations from health workers remain one of the key reasons parents give for deciding to use a particular formula brand.

Influence of the infant formula used in hospital settings.

My choice was dictated by the kind of formula used previously in hospital

Parents sometimes assume that formula used by the hospital is sanctioned by the medical staff

Families are also influenced by the brands used on hospital wards and do tend to continue to use the brand they have been started on in the maternity unit.

Some families report being scared to change infant formula brands as they had not received adequate information on infant formula and had found information online that changing brands would cause distress to their infant. In those cases they chose to use the formula that the hospital has provided

I have encountered many families who were started on expensive formula options in hospital

[the formula used in hospital] implies endorsement and is often stated by families as influencing their choice. Also, from a personal point of view, with my first child I was quite unwell, he was started on a brand of formula and I continue to use that, looking back I think I must have subconsciously deemed it the best as they'd provided it but it was product 'placement.

There is only limited choice in hospital and parents feel they should stick to one brand once they have started therefore the brands offered in hospital are often the brand parents will continue to use

We didn't know anything before having to use formula milk so we went with the one the midwife recommended in the hospital

The local hospital does not provide formula but the shop within the hospital sells it and it is only well known brands that are sold

High cost being 'reassuring of quality'.

As a Health Visitor and Infant Feeding Lead, I have had families report to me that they opt for more expensive brands as they believe they are better quality. They do not tend to choose cheaper brands, they feel they making inferior choices if they do so

It's particularly important that misleading advertising from formula companies does not unduly influence parents in their decisions, and furthermore persuade them to purchase expensive formulas because they erroneously believe they are best for their babies; often putting great financial stress on the family

I took a call on the helpline about 9 months ago. The mum wanted to know if Aldi formula was safe. After unpicking it, she mentioned another parent told her she wouldn't buy it was its 'too cheap and you get what you pay for' the mother was very anxious as had already started a feed with it and was scared she had harmed her baby

[They use] what their friends and family recommend and to some degree the cost as they feel the most expensive must be the best.'

One family said they felt some stigma from other parents due to not having [Brand A] milk. This brand is more expensive and as they had chosen the cheapest they felt judged amongst their peers

I have had families report to me that they opt for more expensive brands as they believe they are better quality. They do not tend to choose cheaper brands, they feel they making inferior choices if they do so

In my experience every mother wishes to do the best for her baby. Where she does not achieve her goal to breastfeed, or where she finds herself using formula milk for any reason, she feels an overwhelming need to seek what she feels will be the 'closest to breastfeeding'. In the absence of access to impartial, informed, independent and accessible information about formula milk, price is the first and most obvious way that a family can assess quality. Feedback from families and frontline staff indicates that even the very poorest families will prioritise purchasing the more expensive infant formulas, over and above almost all other considerations

Other factors influencing purchases.

It seems that convenience is the key factor in choice. Most families told us they chose their infant formula brand based on the convenience of having a scoop leveller and a scoop clip in the lid! The ability to buy the same formula as ready to feed was also a deciding factor. Other reasons given for choice of brand included recommendation by a friend or family member, used that brand with a previous child, available as a follow on milk and cost

Availability. I found that I needed to be assured that multiple local stores stock the brand I buy so that no changes have to be made to formula if it was found to be out of stock in one store

Social expectations is a huge factor. Because it was advertised so heavily in previous generations this is what new mums are used to seeing, so normal. I think if Nan used a particular brand then she will tell her daughter to use the same as it was good for her

A small number of respondents reported using cheaper brands of infant formula.

We selected the cheapest. As it worked, we had no reason to try anything else

3.6 There is a lack of adequate support for families who formula feed.

Overall there was a clear theme that some formula feeding mothers do not feel they receive enough support around choice of infant formula and that some health professionals do not feel able to talk about infant formula products.

When infant formula was given to my infant we were given no information about different formulas and were told the hospital staff couldn't give any information about them just presented with various pre-made bottles

Health visitors are now required to check that mothers are using first stage milks but there is no requirement to discuss brand or cost. As healthcare staff are not allowed to discuss brand, this can often be something that is completely avoided. There is a complete lack of information about formula

Parents have reported to us that following the focus of breastfeeding during infant feeding education, they are hesitant to ask HCP's about infant formula

[a number of respondents] told us that they were not provided with information on the different types of infant formula: "There was no information on the benefits and cons of different types of milk. [They] just advised to go and buy formula milk." Another participant reported being told to "feed baby the formula milk which I prefer." Having no way to access information about the different types of formula lead to most of the participants feeling overwhelmed and unsupported

Many mothers [are] told to make their own choice, without adequate information on said choices, or [are] provided with no choice at all. For example, a participant stated that she was given "no advice, just told to feed baby formula milk." In fact, many of the women reported feeling unsupported by their health care professional, including in hospital settings

...families do not receive the support to make appropriate choices about infant formula. More than 60% of the HIV+ women we asked felt that the provision was not adequate and 50% felt unsupported in relation to formula feeding their infants

...it is improving with the introduction of Unicef Baby Friendly standards around supporting formula feeding families but many professionals are still ignorant about cheaper formulas available and that they are the same as other more well known brands

Some formula feeding parents feel unsupported by healthcare workers to make choices about formula.

Bottle feeders are shamed and discriminated against

formula feeding families [are] unsupported and often left feeling judged by medical professionals and other parents

Almost every formula feeding family of the thousands we have spoken to state that they have received inadequate, misleading, judgemental or no information on infant formula from HCP's

Infant feeding classes are labelled 'breastfeeding classes' and parents have been discouraged from talking about formula

Some respondents did feel they were supported with formula feeding.

We were given leaflets and when we did say we were bottle feeding everyone seemed fine with that

I think I received the support I needed [to bottle feed]

Some health professionals may give incorrect advice.

Health professionals are also likely to discuss the well-known brands only - again lack of knowledge and accessibility of cheaper brands and perception that they are of inferior quality. Sadly some professionals still recommend changing to 2nd stage formula for 'hungrier babies' and dieticians still recommend specialist formulas where other options have not been offered. GPs are recommending 'reflux' formulas - parents will follow these recommendations as they are from a medical person

[I do suggest they] try different brands if baby has colic or constipation and ready made milk formulas instead of powder

I do recommend comfort formula for babies who are colicky or constipated

Challenges in giving information.

Some health professional respondents reported that they felt unable to provide information, it was often reported that there was a reticence to discuss formula, that the market is confusing and it was also noted that health professionals are as vulnerable to advertising as anyone else.

Our hands are tied, we are prevented from giving any advice, so a lot of myths are flying around. I wish I could be allowed to discuss bottle feeding and formula choice before there is a problem with feeding

Parents also tell us that HCP's appear reticent to discuss infant formula. One NHS midwife told us she is prevented by hospital policy from discussing the use of formula with parents until they bring the subject up

It's a very confusing market there are so many different brands and types of formula

HCPs are just as vulnerable to the effects of clever tricks marketing as families. The formula adverts in HCP journals are often misleading & disingenuous but HCPs often don't have the knowledge/time to deconstruct them adequately & just get taken in by the headline promotion

The information and support needed by formula feeding families.

There needs to be a dedicated national website where families can find all the information they need about infant feeding; breastfeeding support, national search function of support groups, the helpline, support organisations, lactation consultants, information on differences between breastmilk and formula, location of milk banks, information on safely preparing infant formula, types of infant formula, weaning and healthy eating, help for obesity

A large number of respondents commented on the information that is needed by formula feeding families, highlighting specifically issues relating to safety and preparation. Some respondents felt stigma associated with discussion of infant formula, other wanted to know a lot more about the products they were buying.

Safe formula preparation and full explanation as to WHY they should make up formula this way and the risks of not doing so

*Sterilising of equipment, making up bottles.
Feeding at night*

Enough support and information to make up bottles safely and feed baby responsively to engage the close loving relationship and minimise overfeeding

More advice regarding preparation and feeding, including choice of brand, choice of bottles, how to bottle feed, how to deal with on-demand feeding of feeding by formula

How to safely prepare infant formula, many ring the manufacturer's helpline and are given information which is not the same standard as the NHS recommendations. Storing the formula and using formula when out and about need to be included in this information clearly, step by step. The current leaflets do not address parents' real questions. Unsafe practices need mentioning too as well as best practice

Discussion about different formula types; what they are for or if there are any differences. Not to be made to feel like formula is "poison" and that formula companies are "evil"

Families reported they just needed to feel like that they could ask the questions without being judged

I want to know much more about what's in formula, information should be available on what ingredients are used and where they are sourced from, what's in formula is still a massive mystery to families who use it. I would like to know how it has been checked and regulated to ensure my child gets a safe and 'fit for purpose' product as it worries me that every brand states they have new ingredients which claim x, y or z benefit but how do I know who to trust?

A bottle feeding assessment should be a routine part of early postnatal care practices by midwives & health visitors

Just allow health professionals to discuss it! It is insulting to mums to assume that because they are given advice about formula, they would think that formula is better than breastfeeding

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5 Appendix 1

The Inquiry questions.

Written submissions were invited to provide information on any or all of the following issues

- 1. How is the cost of infant formula impacting on family finances in the UK?**
For example, does it impact on spending in other areas (such as fuel, clothing or travel)?; does it impact on the foods purchased for a parent or other family members?; has the family had to borrow funds to cover the cost of feeding a baby?; do families rely on others to provide infant formula for them?
- 2. How do families choose the brand of infant formula that they give their infant?** For example: are some brands considered better for a baby?; was the formula used in hospital where the baby was born an influence?; are some brands associated with being a 'better parent'?; are products chosen because they are associated with preventing common health conditions, or allergies?; are products recommended by health workers?
- 3. Where families have restricted food budgets are milks other than infant formula used before a baby is one year of age?** What other options are used by families who cannot afford infant formula?; do families alter the amount of infant formula a baby might be given?; do families get the support they need to make appropriate choices about infant formula use in the first year of life?
- 4. How do you think we can better support families with restricted food budgets to buy or obtain infant formula, and use it safely, in the first year of life?** How important is the Healthy Start scheme in supporting lower income families to buy appropriate infant formula?; how might this scheme be expanded to offer better support?; how to we support the small number of women who are medically advised to formula feed (for example because they live with HIV) but do not have the resources to do so?

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