



Equality Analysis

*Chief Medical Officer and Director of Public
Health Nursing – Communication about ‘Best
Practice preparation of formula milk’*

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help Department of Health staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact the Equality and Inclusion Team on 020 7972 5936 or aie@dh.gsi.gov.uk

Equality analysis

Title: Best Practice preparation of formula milk

Relevant line in [DH Business Plan 2011-2015](#): not applicable

What are the intended outcomes of this work? *Include outline of objectives and function aims*

The letter issued by the Chief Medical Officer and Director for Public Health Nursing to all health professionals in January 2013 aims to remind health professionals of longstanding Department of Health and Food Standards Agency advice about the best practice preparation of formula milks. The Department and Food Standards Agency are aware of recent debate over preparing formula milks using water at a temperature lower than 70 °C. This is a concern as the precautionary approach¹ sets out that people should make up infant formula using water at a temperature of 70 °C or above. Powdered infant formula is not sterile and using water at this temperature will kill harmful pathogens if they are present – this also helps to reduce the risk of contamination which may occur in the home (e.g. due to poor hygiene practices or feeding equipment which has not been sterilised adequately).

The Department of Health relevant advice about the use of breastmilk and milk other than breastmilk is as follows²:

- Breastmilk is the best form of nutrition for infants
- Exclusive breastfeeding is recommended for around the first six months (26 weeks) of an infants life
- Infant formula is the only recommended alternative to breastfeeding for babies who are under 12 months old

The 2010 Infant Feeding Survey³ (IFS) indicates that the proportion of mothers using milk other than breastmilk was nearly nine in ten (88%) by six months. Whilst it is not possible to be sure of the exact type of milk other than breastmilk that mothers used in the majority of cases it can be assumed that it was infant formula.

The IFS reported that almost half (49%) of all mothers who had prepared powdered infant formula in the last seven days had followed all three recommendations for making up feeds (only making one feed at a time, making feeds within 30 minutes of the water boiling and adding the water to the bottle before the powder). This is a substantial increase since 2005 when 13% did so.

Of those UK mothers surveyed 71% met the requirement to make up feeds within 30 minutes of the water boiling and adding the water to the bottle before the powder. This is an increase of 12% from the previous survey and we would not want to loose the impetus that we have seen been built up.

¹ http://www.nhs.uk/start4life/Documents/PDFs/Start4Life_Guide_to_bottle_feeding.pdf

² <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/why-breastfeed.aspx#close>

³ <https://catalogue.ic.nhs.uk/publications/public-health/surveys/infant-feed-surv-2010/ifs-uk-2010-chap5-milk-other-than-brmilk.pdf>

The objective is to reiterate the longstanding guidance^{4,5} and remind health professionals of the risks to infants. The advice is relevant to all those mothers, fathers, carers and families that choose to use milk other than breastmilk i.e. formula milks. The advice is relevant across population groups.

Who will be affected? *e.g. staff, patients, service users etc*

A. Healthcare Professionals

The letter from the CMO and Director for Public Health Nursing will remind GPs, nurses, midwives, health visitors and other health professionals of the existing guidance on the preparation of formula milks. This is important information for health professionals for two reasons. (1) Certain health professionals caring for mothers/infants in health care settings may assist in the preparation of formula milk feeds. As such, they need to have access to evidence based best practice information on the preparation of formula milks. (2) Health professionals are one of the main sources of advice on breastfeeding and the use of milk other than breastmilk to prospective and new mothers, partners and their families. It is essential that they are providing best practice information on the preparation of formula milks so that those who wish to use these products can do so in a way that minimises the risk to their infant(s).

B. People who choose to use milk other than breastmilk i.e. formula milks

The Department's advice is that breastmilk is the best form of nutrition for infants. However, based on data from the 2010 Infant feeding survey we know that 76% of mothers who initially breastfed had used formula milks either in combination with breastmilk or alone by the time their infant was aged 4-6 months. This potentially means that a large proportion of mothers and families across the country will require access to guidance on the preparation of formula milks.

It is important that the Department ensure people are aware of the risks to their infants in not following the best practice guidance for the preparation of formula milks.

Evidence *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment. For more information, see the current [DH Transparency Plan](#).*

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

Powdered infant formula is not a sterile product and can be contaminated with micro-organisms such as *enterobacter sakazakii* and *salmonella*, which can cause serious illness. Younger babies and infants are likely to be more susceptible to these life threatening organisms than older infants, and it is recommended that premature and low birth weight babies should be given liquid ready-to-feed formula instead, as this is sterile.^{6,7}

⁴ <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/making-up-infant-formula.aspx>

⁵ <http://www.nhs.uk/start4life/Pages/breastfeeding-benefits.aspx>

⁶ <http://www.food.gov.uk/news-updates/news/2007/jul/nonsterile>

⁷ <http://www.who.int/foodsafety/publications/micro/mra10.pdf>

However, ready-to-feed formula is more expensive than powdered formula and is likely to be beyond the reach of most families as a main feed. It is also open to manufacturing or quality control problems as with any formula. It only avoids the problems of making up powdered formula. Because of this concern, the correct preparation and handling of powdered formula is important and the Food Standards Agency and all the UK health departments have issued guidance about the safe preparation, storage and handling of powdered infant formula.

Disability Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.

The guidance does not specifically address those with disabilities. The guidance is available in hard copy form and with accessible versions online. Although some mothers with disabilities may find certain tasks challenging they are perhaps more likely to have modified aids to assist. They will also have access to health visitor (and potentially a carer/family member) as appropriate who should be in a position to provide best practice guidance.

Sex Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).

The guidance reiterated through the CMO/Director for Public Health Nursing letter applies primarily to mothers of infants who choose to use milks other than breastmilk i.e. formula milk as they are usually the main carer. However, the guidance is equally valid and accessible to carers including males and other female family members and particularly so when the father is the main carer. Start4life provides supportive guidance on the father's role in looking after and supporting babies/mothers⁸. Start4life also provides advice for family and friends⁹.

Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.

The risks of not preparing formula milks using the best practice guidance are the same for all infants and therefore the guidance is relevant and just as beneficial for all mothers irrespective of their ethnicity, social background or country of origin. The IFS indicates that the majority of mothers surveyed were likely to have used formula milks by the time their baby was 6 months old. As such, it is acceptable to assume that mothers from different ethnic groups and social backgrounds used formula milks and therefore the guidance is relevant.

We know that across all groups of ethnicity, as described by the IFS, there is a proportion of mothers who are not following all three of the previously stated recommendations – please see table, below which is an extract from the IFS dataset¹⁰

Table 1 – Proportion of mothers, by ethnicity, who follow all 3 preparation recommendations when preparing formula milks

	%	%	%	%	%
Followed all 3 recommendations	46	60	64	72	53

⁸ <http://www.nhs.uk/start4life/Pages/health-advice-dads.aspx>

⁹ <http://www.nhs.uk/start4life/Pages/pregnancy-advice-family-friends.aspx>

¹⁰ <http://www.ic.nhs.uk/catalogue/PUB08694/ifs-uk-2010-chap5-tab.xls>

This CMO/Director for Public Health Nursing communication will reiterate existing guidance that has been available through pharmacies, primary care settings, hospitals and through community care for a number of years. The issue of how accessible this information is to all mothers is an issue that is intertwined with the access and take up of primary and secondary health services and this is an issue that is multi-faceted and not the subject of this assessment. With respect to this communication, relating to guidance on the preparation of formula milks it will be cascaded, via local NHS institutions, to all relevant health professionals – this serves to maximise the coverage of the guidance and ensure that those mothers and families who need the guidance have appropriate access.

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

The subject of this reiteration of guidance is the preparation of formula milk for babies and infants. The guidance specifically exists to protect babies and infants, especially those that are immune-compromised, against the risk of infection caused by pathogenic bacteria that may be present in made up formula milks.

Babies and infants are dependents and therefore the guidance specifically applies to mothers, families, carers, and health professionals of any age.

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

There are no specific issues regarding gender reassignment in relation to this reiteration of guidance.

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

There are no specific issues regarding sexual orientation in relation to this reiteration of guidance.

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

This reiteration of guidance should not have any undue effect on people with different religions, beliefs or no belief. We are aware as previously evidenced that the majority of a diverse nature of mothers will choose, at some time, to feed their babies milk other than breast milk.

The DH policy is that breastmilk is best and the guidance on the preparation of formula milks exists as evidence suggests that formula milks are used. We are aware that there is some evidence¹¹ to suggest that the culture and religion of some South Asian women is around encouraging them to breastfeed for at least 2 years. However, the guidance on preparation does not in any way undermine the breastfeeding message and so there is minimal conflict with the

¹¹ Ingram, J., Cann, K., Peacock, J. and Potter, B. (2008), Exploring the barriers to exclusive breastfeeding in black and minority ethnic groups and young mothers in the UK. *Maternal & Child Nutrition*, 4: 171–180. doi: 10.1111/j.1740-8709.2007.00129.x

advice to breastfeed that is evident in some cultures or people with shared religious beliefs.

Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

The guidance reiterated in the CMO/Director for Public Health Nursing letter applies specifically to mothers and pregnant and lactating women. The evidence discussed previously in this document addresses the issue of the use of the formula milks by women who initially breastfed their infants.

Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*

Carers and people who look after babies and infants are one of the audiences for this guidance – if they are looking after babies and responsible for feeding using formula milks then they need to be aware of and be able to access this best practice guidance.

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*

Low income groups

A greater proportion of mothers from routine and manual occupations use and introduce formula milks earlier when compared to mothers from more managerial and professional occupations¹². However, we are also aware that a higher proportion of mothers (52%) in routine and manual occupations when compared to other groups (44-46%) follow the three recommendations for the preparation of formula milks. As indicated earlier in this assessment the system of cascade for communicating the reiteration of guidance should maximise opportunity for all income groups to have access to this information via their local health professionals – there is no evidence to suggest that mothers in low income groups will be at any disadvantage.

Engagement and involvement

Was this work subject to the requirements of the cross-government [Code of Practice on Consultation](#)? (N)

How have you engaged stakeholders in gathering evidence or testing the evidence available?

This is a reiteration of Department of Health and Food Standards Agency advice and no stakeholders were specifically involved in the gathering or testing of the evidence available. To note that information relating to the use and preparation of formula milks was sourced from the Infant Feeding Survey 2010.

How have you engaged stakeholders in testing the policy or programme proposals?

This is a reiteration of Department of Health and Food Standards Agency advice (rather than a new policy) and no stakeholders were specifically involved in the decision to issue the reminder. To note that information relating to the use and preparation of formula milks was

¹² <http://www.ic.nhs.uk/catalogue/PUB08694/ifs-uk-2010-chap5-tab.xls>

sourced from the Infant Feeding Survey 2010.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

N/A

Summary of Analysis *Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

The reiteration of the Department of Health recommendations will remind health professionals of the advice and action they should be undertaking to raise awareness of best practice guidance on the preparation of formula milks.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

N/A

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

The letter from CMO/Director for Public Health Nursing aims to protect the health and wellbeing of babies and infants across the diverse range of the population of England. All of which, involve many of the protected characteristics listed above and include age, sex, race, religion, pregnancy, and maternity and socioeconomic status.

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

N/A

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

We anticipate that the overall impact of the CMO/Director for Public Health Nursing letter to health professionals would be an increase in the awareness of health professionals of the best practice guidance and to be vigilant when listening and talking to mothers and families who want more information on using milks other than breastmilk.

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

The letter from the CMO and Director for Public Health Nursing reminds healthcare professionals of their role, where appropriate, in providing best practice preparation advice to mothers and families who want more information on using milks other than breastmilk

Action planning for improvement Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

- Plans already under way or in development to address the **challenges** and **priorities** identified.
- Arrangements for continued engagement of stakeholders.
- Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)
- Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies
- Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
- Arrangements for making information accessible to staff, patients, service users and the public
- Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.

The Department of Health and Food Standards Agency's guidance on the preparation of formula milks remains relevant and accessible to health professionals and mothers alike. There are currently no plans to make significant changes to the guidance in the short term as it provides precautionary guidance to minimise the risk of infection to babies and infants.

The Infant Feeding Survey continues to provide the Department and government organisations with information on the proportion of mothers using formula milks and it provides some information on how they prepare such milks. This evidence substantiates the continued requirement for the guidance on preparation of formula milks.

The Department continues to consider and adapt the information it publishes for use by the public and in recent years has invested in the Start4life programme, which provides an engaging interface for health professionals and the public.

For the record

Name of person who carried out this assessment: Jamie Blackshaw

Date assessment completed: 7 January 2013

Name of responsible Director/Director General: Liz Woodeson

Date assessment was signed: 14/1/2013

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	Letter is a reiteration of existing advice. Colleagues in Food Standards Agency and DH Legal team were consulted.	31/12/2012	Jamie Blackshaw PHD
Data collection and evidencing	Data to inform the guidance and current practices amongst mothers is already in the public domain.	31/12/2012	Jamie Blackshaw PHD
Analysis of evidence and assessment	Evidence to support the reiteration of advice on preparation of formula milks has been analysed.	31/12/2012	Jamie Blackshaw PHD
Monitoring, evaluating and reviewing	Future data from the Infant Feeding Surveys will be monitored as appropriate.	Ongoing	PHD
	Response from health professionals with respect to the communication will be examined and any relevant action taken.	31/03/2013	
Transparency (including publication)	CMO/Director for Public Health Nursing letter will be published as appropriate on DH and FSA (tbc) website.	31/01/2013	PHD

