

General questions

Do you agree with our proposed scope (both the product and geographic scope) and themes for this market study, as set out in paragraphs 40 to 54.

Yes

What, if any, are the key differences in the infant formula market in each of England, Scotland, Wales and Northern Ireland that should be reflected in our analysis?

Scotland has an infant feeding strategy that has increased breastfeeding uptake and continuation compared to the rest of the UK. So, it would be worth drawing on this as breast is best and free so would always be the preferable choice of infant feeding in the first year of life.

Please explain any such differences and how each may affect the analysis.

If the big supermarkets are engaging in a price war reduction, look at where these supermarkets are (geographical) and access for families who may not have access to these cheaper prices and live in more deprived areas of the UK and the link between this.

How does price influence which infant formula consumers choose?

More expensive products may be perceived as having more benefits to their baby by some. Also, in our experience, some low-income families are resorting to using less formula or diluting the feeds due to costs.

Where do consumers get information about infant formula from, and which of these sources are most influential and trusted?

Since we have had BFI- it has been frowned upon for HCP to advise help and support parents in their decision making around Breastfeeding substitutes, therefore you need to question, midwives, health visitors and dietitians and how they influence or not. Are lower socioeconomical families, diluted formula to make it last, adding other food to bulk out or introducing complementary foods earlier. Worth checking this as this is against advice and has long lasting damaging nutritional impact for the infant.

How do consumers evaluate the quality of different infant formulas? Are they able to accurately observe their quality and make meaningful comparisons?

Brand loyalty, friends, product information and online forums. The information is often inaccurate and misleading. Consumers may not fully understand the various health benefits and claims made by companies.

To what extent are consumers aware of the different infant formulas? What do consumers perceive to be the differences between them to be?

They often think that big brands have additional advantages without fully understanding claims made.

Are consumers aware that all infant formulas provide all of the nutrients a healthy baby needs?

Not always.

Are there any ways in which consumers could be provided with more or better information on infant formula and follow-on formula?

HCP's such as midwives, health visitors, Drs and paediatric dietitians would be better placed to offer independent information to support parents who choose to use Breast milk substitutes (BMS); however, they may not always feel confident as they are discouraged from having and sharing BMS information directly as they must not be seen to not promote Breastfeeding. Parents must seek others for information, on-line, friends and families- so make sure to ask this key workforce as above who are not being allowed to be educated.

In addition, pressure on community health services makes it difficult for families to access this advice.

Do manufacturers indirectly promote infant formula, and/or cross-market it via other products? If yes, how do they achieve this and what is the impact on consumers?

Do not have any advertising on TV for follow toddler milks- always unnecessary for health.

Are there any ways in which the entry and expansion of brands or own-label products could be encouraged and supported? If so, what do you consider could be done and why?

Don't forget we have lots of European families who use their usual country infant formula, and this is also available in specialist small shops and ordered in. Own label may not be available with manufacturing and cost of raw ingredients and high spec and regulations (although essential) has probably reduced the marketable products. Only Kendamil made in the UK. Other manufacturers have dropped out of the UK market.

Why is there a lack of price differentiation for infant formula at a retail level?

Due to numbers of non-breastfeeding families; 6 weeks in England 24%,17% Wales and 13% NI and this reduces to 12% with 4 months and 1% at 6 months-so manufacturers know they have the market. We need to be investing and supporting much more in breastfeeding. Education in schools, wider culture being supported and return to work support, amongst other strategies.