Infant formula and follow-on formula market study

Competition and Markets Authority

Public Health Wales Consultation Response

Public Health Wales is the national public health agency of Wales. We work to protect and improve health and well-being and reduce health inequalities for the people of Wales.

Public Health Wales welcomes this investigation into the formula market. International and UK evidence demonstrates that formula marketing drives parents' decisions around infant feeding adversely impacting public health messaging about breastfeeding and safe formula feeding (World Health Organization & Unicef, 2022). There is evidence that incorporating the World Health Organization Code of Marketing of Breastmilk Substitutes (the WHO Code) and subsequent resolutions into domestic legislation achieves the intended aim of the WHO Code to protect babies rights, and enables families to make infant feeding choices free from commercial influence (Alive & Thrive, 2021). Public Health Wales would support restrictions on formula marketing in the UK in line with the WHO Code, and consideration of how best to address digital marketing.

General Questions

1. 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. If not, what other areas should we focus on and why?

Public Health Wales welcomes the inclusion of follow on milks, toddler milks and formula marketed for specialist medical purposes. The recent Lancet series highlighted how aspects of normal newborn behaviour, such as fussy behaviour or poor sleep, are used tactically by formula companies in order to market specialist type milks (Rollins et al., 2023).

We suggest that baby foods and snacks can also contribute to cross marketing of brands, particularly with parents with more than one child, and undermining of public health messages (as some baby food is marketed for babies under six months of age and complementary feeding is recommended around six months) (Nutricia, 2023b). Early introduction of solid food is associated with earlier cessation of breastfeeding (Lessa et al., 2020).

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

From a population health perspective Wales has a number of characteristics which have been described in the evidence base as likely contributors to the demand for infant formula.

Formula feeding culture

80% of Welsh babies are consuming infant formula by the age of six months.

In 2022 in Wales 63% of babies were breastfed at birth. By six weeks of age the figure was under 39% and by six months of age, the latest time point currently collected, just over a quarter of babies are breastfeeding and less than 20% are breastfeeding exclusively. (Welsh Government, 2023a).

Deprivation

Neighbourhood deprivation is inversely associated with breastfeeding in the UK (Peregrino et al., 2018). In Wales 22% of the population live in the most deprived fifth of UK-adjusted Index of Multiple Deprivation quintiles (Abel et al., 2016).

Overweight and obesity in the adult population

Mothers with increased BMI are less likely to breastfeed, encountering physical and psychological barriers (Chang et al., 2020). Households where the lead purchaser is living with obesity are observed to be more likely to purchase infant formula and baby foods and drinks (Augsburg et al., 2021).

In Wales 24% of females 16-24 year olds, 27% of females 25-34 year olds and, 30% of females were living with obesity (BMI >30) in 2022 (Welsh Government, 2023b).

The cost of living and formula feeding

Children aged 0-4 are more likely to live in poverty than children in older age groups. In 2019, 45,000 children aged under four in Wales were living in income deprivation (Welsh Government, 2021)

Households with children are around twice as likely to be in debt because of the cost-of-living crisis as households with no children (Action for Children, 2023).

Multiple organisations across the UK have highlighted the increasing number of families experiencing food insecurity who are struggling to afford formula for their babies (Feed, 2022; First Steps Nutrition, 2023).

Mapping work recently undertaken by Public Health Wales to understand the need for sources of formula for families experiencing food insecurity demonstrated that

the need is often met by small charities. These charities are often unaware of the WHO Code and unknown to them are non-compliant whether they are accepting donations or promoting one brand over another. Furthermore, volunteers are not always trained to advise on safe preparation of formula (Public Health Wales, 2024).

Policy landscape in Wales

Commercial determinants of health are recognised as a key issue for improving public health in Wales (Welsh Government, 2023). From a Government perspective the policy landscape is strong for promoting breastfeeding; however action to strengthen regulation of formula marketing must be UK wide in order to be effective. Welsh Government has developed the All Wales Breastfeeding Action Plan (Welsh Government, 2019) with the aim of increasing breastfeeding rates and incorporated it into the Healthy Weight, Healthy Wales delivery plan (Welsh Government, 2022).

All UK governments and the NHS promote breastfeeding as the healthiest way to feed babies. Babies who are breastfed have a decreased risk of ear, respiratory and gastrointestinal infection and associated hospital admission, decreased risk of death from Sudden Infant Death Syndrome (SIDS), decreased likelihood of overweight and diabetes, and decreased risk of malocclusion. For mothers breastfeeding decreases the risk of breast cancer and possibly ovarian cancer and type 2 diabetes (Victora et al., 2016).

Consumer behaviour

3. How do consumers choose which infant formula to use and what factors drive their decisions? What is the relative importance of these different factors?

Factors driving choice to formula feed

The initial decision for parents to be is whether to use formula at all. This decision is influenced by a range of interconnected factors at an individual, community and societal level.

The association between lower socioeconomic status and bottle feeding was noted above. Evidence also indicates ethnicity, breastfeeding practices of friends and caesarean section can influence whether someone is more likely to formula feed (Goncalves, 2017). A formula feeding culture is a powerful predictor of the choice of individual mothers. This is demonstrated by the different breastfeeding rates observed in different ethnic groups in Wales (Welsh Government, 2023a).

The feeding culture is influenced by marketing; breastfeeding is portrayed in marketing as outmoded and antifeminist (Rollins et al., 2023) and breastfeeding advocacy is explicitly acknowledged as a threat by industry marketing insight reports (Custom Market Insights, 2024).

Improving breastfeeding practices is acknowledged to be a collective responsibility requiring governments to act rather than being dependent on the individual choice of each woman (Unicef UK, 2016) (Pérez-Escamilla et al., 2023). However, the narrative of infant feeding being a matter of individual choice has been observed to be beneficial to formula companies, contributing to one of the most successful advertising campaigns and detracting from the importance of breastfeeding for public health (Hastings et al., 2020).

Factors driving choice of infant formula

Formula companies target pregnant women, with first time pregnant women being "the holy grail" in the knowledge that brand loyalty for subsequent babies is strong (Hastings et al., 2020). In the UK context, the drop off in breastfeeding rates from birth is also well known and therefore there is an advantage in creating a relationship with mothers before a decision is made to introduce or switch to formula. Baby clubs and care lines support this relationship and also allow mothers to opt in to marketing [redacted] (Nutricia, 2023a)(Hastings et al., 2020; World Health Organization & Unicef, 2022). [redacted]

Once formula feeding is commenced it is generally very difficult or impossible to return to exclusive breastfeeding. There is then a "dietary dependency" on infant formula which is furthered by development of a culture where formula feeding is the norm as we see in the UK (Baker et al., 2016).

Mothers in one study report that their choice of brand was influenced by the following factors:

1. Previous experience and experience of family.
2. Price and availability.
3. Belief in the benefits of a specific brand.
4. Influence of health professionals.
5. Perceived characteristics of the company.
6. Visibility of the product (Brown et al., 2020a).

Experience of family and friends was noted to be a powerful predictor of formula brand choice even across generations, emphasising the importance of brand familiarity (Brown et al., 2020).

Formula in the maternity unit

Mothers choosing to formula feed from birth can be influenced by brand availability in their local maternity unit (Brown et al., 2020).

All maternity services in Wales with the exception of Powys provide ready to feed first infant formula free of charge in the maternity settings. In accordance with UNICEFs Baby Friendly Initiative, formula must be procured without discounts and either a choice should be offered, or brands should be rotated regularly.

It is common for Welsh maternity units to offer [choice of two major brands]; bottles are single use and labels are heavily branded.

It was noted in one Welsh unit in 2022 that [one brand of] formula procured through the NHS supply chain was notfirst stage formula but [a more expensive "premium" brand]. Families who had chosen the brand in the hospital may have continued to use this at home, feeling reluctant to change.

One brand relatively new to the market has been noted among infant feeding professionals to have sent unsolicited formula to maternity units in an apparent attempt to circumvent the NHS supply chain and Unicef UK guidance on procurement.

Changing from breastfeeding to formula

Mothers who are switching to formula after being unable or unsupported to breastfeed are more likely to feel guilt and grief, and mothers choosing to formula feed from birth may experience stigma (Brown, 2018) (Fallon et al., 2017). Decisions on infant formula choice are made in a context of high emotion. There is evidence that unnecessary follow on formula for older babies may be chosen by some parents as it is perceived that there is less stigma associated with the product (Brown et al., 2020a)

These decisions may also be made under time pressure, with a baby at home needing to feed, and parents reported being influenced by packaging and labels, in particular interpreting some as meaning the product was more similar to breastmilk (Conway, Ritchie, et al., 2023). These products may be more attractive to women making an unplanned change from breast to formula feeding.

Cultural norms also contribute, with mothers who are breastfeeding experiencing pressure to introduce formula (Fox et al., 2015).

4. How does price influence which infant formula consumers choose?

More expensive brands may be chosen as they are perceived as a better product and "more advanced"(Brown et al., 2020). Brown's research found that price affected the decision in two opposing ways; some mothers chose a more affordable brand (and some expressed guilt about this), and others chose an expensive brand, perceiving it as higher quality.

The market leader in the UK is Aptamil, which is one of the most expensive brands. Investigations into the market in the UK and Hong Kong have suggested that the price of certain products is deliberately set higher to give the impression of superior quality (Changing Markets Foundation, 2019).

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

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

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

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

Questions 5-8 are collectively addressed in the below response.

Public Health Wales considers that marketing makes it difficult for consumers to evaluate the quality of different infant formula. Multiple brands and price points undermine the message that formulas are nutritionally equivalent and follow on and toddler milks can give the impression that it is necessary to move on to a product for your child's age.

Consumers are influenced by labelling of products, with messaging and images contributing to the belief that some products are superior or closer to breastmilk (Conway, Ritchie, et al., 2023) (World Health Organization & Unicef, 2022). This happens despite the fact that such claims are not permitted under the Regulations. Companies are also known to make health claims contrary to the WHO Code and to UK regulations without robust evidence (Cheung et al., 2023). Consumers cannot be expected to interrogate these claims.

The simple public health message that infant milks are nutritionally equivalent was undermined by the variety of brands with some parents feeling that health professionals sharing this message were holding something back (Brown et al., 2020a) and others going to the companies' websites to seek more information (Conway, Ritchie, et al., 2023).

A Google search using the question "what formula should I use?" elicits sponsored links to baby club sites of Aptamil and Cow & Gate at the top of the list before the NHS website. News articles also feature on the first page including this Daily Mail article quoting "expert advice"(Gardiner, 2023).

The information that all first stage infant formula contains similar ingredients should be communicated to all families by midwives and health visitors. Research found that a large majority of mothers surveyed agreed with the statement that all formula milks contain similar ingredients, although this was not necessarily reflected in their purchase choices (Brown et al., 2020).

9. Do consumers try more than one infant formula at the outset or consider switching later on? What factors drive their decisions and influence their choices?

(Brown et al., 2020) found that brand loyalty was common and could last through multiple generations; only 3.1% of mothers in the study bought a variety of brands.

Swapping brands was perceived by some as risky (Conway, Ritchie, et al., 2023) and this may be reinforced by messages from health professionals advising continuation on the same brand. Conversely, switching brands may be tried as a solution to perceived problems, in particular aspects of normal newborn behaviour which are used for marketing purposes (Rollins et al., 2023).

10. To what extent is it possible to influence consumer decision-making either when the initial decision about which infant formula to use is made or later on? Does this vary for different consumers?

It is suggested that families choosing a brand of formula in the hospital setting post birth may be influenced by brand availability at the time (see no. 20 below). However, many mothers report that they have seen advertising before this stage. Despite the availability of free formula in most Welsh maternity settings it is not uncommon for families to bring their own preferred brand with them to the birth setting.

Brown et al (Brown et al., 2020) found that most families had decided which brand to use even if they had not yet used formula and that most decisions were not made in consultation with a health professional.

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

The WHO Code lays out requirements for information about formula feeding. Information on formula feeding should include the importance of breastfeeding, the health hazards and costs associated with formula use. Midwifery and health visiting teams should provide this information to families, but there is evidence that they are not the most widely used source of information (Brown et al., 2020). Parents express a desire for more practical support and information from health professionals around formula feeding (Brown et al., 2020) . Branded baby clubs and care lines developed by the formula companies may be filling this gap, and a correlation has been noted between calling a company's advice line and ultimately buying their product (Hastings et al., 2020).

First Steps Nutrition Trust has developed evidence based information for health professionals and families and the Unicef UK Baby Friendly Initiative (BFI) encourages signposting to it (First Steps Nutrition Trust, n.d.-b, n.d.-a). First Steps Nutrition has suggested that a public health campaign is needed to reinforce key messages around formula milk. It has also been suggested that information about the nutritional equivalence of first stage infant formula milks should be displayed prominently at point of sale (BPAS, 2024).

There may be opportunities to provide further training for staff groups outside of health visiting and midwifery who have a lot of contact with mothers and babies and who may themselves be targeted by advertising e.g. GPs, paediatricians, dietitians.

Another important aspect of public health messaging is around method of feeding and amounts of formula. The NHS and Unicef UK recommend paced, responsive bottle feeding rather than feeding specific amounts on a schedule. Most newborns will feed at least eight times in 24 hours (NHS, n.d.). This is in stark contrast to the advice on formula websites (Nutricia, 2023c).

12. What other changes, if any, could help consumers to make more effective choices in respect of infant formula and follow-on formula?

Restriction on advertising for any infant formula, infant and young child milk and branded products in alignment with the WHO Code. The WHO has highlighted that the marketing of infant formula "disrupts informed decision making and undermines… child health"(World Health Organization & Unicef, 2022).

The role of the regulatory framework

18. Are the regulations around labelling and marketing of infant formula enforced effectively? If not, how could enforcement be improved?

The Baby Feeding Law Group suggest that monitoring is ineffective; complaints may be pursued by the relevant authority but companies are not prosecuted (Baby Feeding Law Group, n.d.). [redacted] and advertisements in professional publications have also been noted to flout the Regulations (Hickman et al., 2021).

Particular attention has been drawn the difficulty of monitoring and enforcement around digital marketing (Rollins et al., 2023) Digital marketing is widely used in the industry and is cheap and effective for companies, with influencer content on infant feeding noted to be shared particularly widely (World Health Organization, 2022). The digital environment also gives companies the ability to address mothers' particular concerns about their babies and present their product as a solution (World Health Organization, 2022).

19. 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?

Hastings et al have illustrated the methods of global infant formula companies marketing their products including the development of follow on and specialist products which "promote formula by proxy" (Hastings et al., 2020). They highlight tactics companies use to position their products as an alternative while acknowledging the superiority of breastfeeding, as they are required to do in many countries. They also discuss how the companies use soft marketing and seek to build relationships with consumers via baby clubs and advice lines. The article also draws attention to the contribution that some advertising has had to changing the narrative around infant feeding decisions, portraying it as a neutral individual choice.

Despite the ban on advertising of first stage infant formula in the UK, parents report being widely exposed to it, potentially as a result of cross marketing (Brown et al., 2020). Mothers in this study also reported confusion about the different types of milk available.

There is no nutritional advantage to follow on milk or different stages of formula. This message is widely communicated by health professionals in the UK (World Health Organization & Unicef, 2022). Parents choosing to use them report being influenced by overt marketing and also the effect of more subtle messages (Brown et al., 2020a)

20. Does manufacturer engagement with the healthcare sector affect consumer outcomes? If yes, how does this occur and what is the impact on consumers?

Public Health Wales considers that formula manufacturers do engage with healthcare workers with the aim of affecting consumer outcomes. The Unicef Baby Friendly Initiative (BFI) mitigates this in some settings.

The law in the UK does not prohibit marketing to healthcare workers and they have been "systematically targeted" by industry (World Health Organization & Unicef, 2022).

Maternity and community health services in Wales are or have been accredited by the Unicef UK Baby Friendly Initiative (BFI), which requires the setting to abide by the WHO Code(Unicef UK, 2017). Marketing continues to staff who work in these areas, demonstrated by the British Journal of Midwifery Conference 2024 programme featuring industry sponsored sessions (MA Healthcare 2024, 2024).

Many professional publications decline advertising for formula products but some do carry it and the advertising has been observed to be contrary to current Regulations (Hickman et al., 2021).

Furthermore, mothers do report receiving recommendations from healthcare workers, sometimes alongside an acknowledgement that they should not be making such recommendations (Brown et al., 2020).

The formula industry also targets dietitians and GPs with advertising for specialist formula, and has been actively involved in developing guidance for diagnosis of cow's milk protein allergy (Rollins et al., 2023).

It has been suggested that allergy is a "Trojan horse" for industry advertising to health professionals (Van Tulleken, 2018). Since 2006 there has been an exponential increase in prescriptions for milk for infants diagnosed with cow's milk protein allergy (CMPA). An "industry driven overdiagnosis" could be responsible (Van Tulleken, 2018). Mothers finding it difficult to exclude dairy from their diets may stop breastfeeding earlier than planned, leading to an increased risk of mental health problems (Van Tulleken, 2018). There is also the additional cost of buying dairy free alternatives for mother and for older infants.

21. Could the regulatory framework be improved to deliver better outcomes for consumers? If so, what do you consider should be changed and why?

Public Health Wales considers that whether the regulatory framework can deliver better outcomes for babies and young children is the relevant question. Infant health and nutrition has lifelong impacts.

Public Health Wales considers that strengthening the existing regulations to align with the World Health Organization (WHO) Code of Marketing of Breastmilk Substitutes (the WHO Code) and its subsequent resolutions could deliver better outcomes by ensuring as far as possible that families make important decisions about the nutrition of their babies in an environment free of commercial influence.

The WHO has for many years recognised the importance of breastfeeding to population health and the potential for marketing of formula milk to undermine breastfeeding. The WHO Code, an internationally agreed voluntary code of practice, was adopted by the World Health Assembly (WHA) in 1981 and has been strengthened since by subsequent resolutions. The provisions of the WHO Code prevent marketing of any breastmilk substitutes (which covers all infant milks marketed for children up to the age of three), bottles and teats, and set standards for quality and labelling of products.

136 countries have adopted some or all provisions of the Code into domestic law, including the UK. However, the UK regulations are significantly weaker than the provisions of the Code, as they do not cover any breastmilk substitutes marketed for babies over 12 months of age, or foods marketed to babies of any age. (World Health Organisation, 2022). Euromonitor data demonstrates correlation between the regulatory environment and sales of formula with countries who have legislated the provisions of the Code seeing stagnating or reducing sales (Alive & Thrive, 2021)(Baker et al., 2016)

The current Regulations are ineffective and have allowed well funded formula companies to circumvent them. The Code does not prevent sales of infant formula which remains an essential product and it does not prevent lowering of formula prices outside of short term promotion strategies.

In addition to the measures included in the Code, Unicef UK has urged the introduction of a price cap on infant formula (Unicef UK, n.d.). This could have the effect of disincentivising the development of premium brands which offer no benefit to the health of babies and infants.

Many organisations, recognising the effect of the cost of living crisis on formula feeding families, have called for an increase in the value of Healthy Start Scheme (Get help to buy food and milk (Healthy Start), 2024). Capping the price of formula would help to reduce the likelihood of governments having to consider further increases in value of this scheme to keep up with prices.

Supply-side features of the market

Public Health Wales has limited insight into specifics of the market and has only answered question 25 in this section.

22. How strongly do infant formula manufacturers compete on price, and what could be done to strengthen price competition?

23. 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?

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

25. How far does manufacturer innovation lead to better infant formula products? Does the regulatory framework provide the right incentives and support for such innovation?

A report by the Changing Markets Foundation focusing on the practices of global market leader Nestle in the infant formula market identified that innovation had not led to a better product for infants, that ingredients were added to formula in some markets that would not be permitted in others and that diversification of products is simply a sales strategy (Changing Markets Foundation, 2019).

26. Is there scope for further innovation in this market? If yes, where are the opportunities; what are there barriers to achieving this; and how might these be overcome?

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