

12 March 2024

Dear Competition & Markets Authority

Thank you for the invitation to comment on your plans to study the supply of infant formula and follow-on formula in the UK. This reply is on behalf of the Scottish Infant Advisers Network (SIFAN), a professional network with representatives from all territorial NHS Scotland health boards working in the field of infant feeding.

In general, we welcome this study as our experience would indicate formula feeding families are indeed being placed at risk by the working practices of the formula industry in terms of pricing, marketing and misinformation. Our comments on your specific questions are as follows:

Do you agree with our proposed scope?

We agree with the geographical scope, whilst recognising that the key formula manufacturers are multinational companies that can bring their international influence on the UK market, but also the boundaries of the Authority's jurisdiction. We are heartened to see the expansion of the product scope to include follow on, toddler and so-called medical purposes milks. We believe that companies use branding and packaging to circumnavigate advertising regulations as observed in your November report, and as such to fully understand the market all forms of breastmilk substitutes must be looked at. We also have concerns about the requirement for, and efficacy of, non-prescription "medical purposes" milks and how marketing may equate normal baby behaviour to clinical issues in consumers' minds, requiring these products as a solution.

What are the key differences in the infant formula market in the devolved areas that should be reflected in our analysis?

Whilst we do not have in depth knowledge around any marketing differences across different regions, we are aware that all Scottish NHS health boards have adopted the World Health Organisation's code on the marketing of breastmilk substitutes and would be interested to hear if this altered consumer behaviour or marketing approaches.

Within Scotland, SIFAN have historically worked hard to ensure that formula companies do not make contact with anyone other than the designated link within each Health Board in Scotland. This includes preventing direct access to pregnant women/new parents on hospital wards and it would be good to know if this has made a difference in the way that health professionals are targeted by the companies.

The advent of digital marketing and other routes to consumers is much harder to act on, through devolved nations alone. A four country approach to responding to this would be required, ensuring that all levers necessary, such as those being applied in Ireland [Senators move to restrict advertising of infant formula - Free \(farmersjournal.ie\)](#)

Consumer behaviour questions

We would concur that most families are exceptionally brand loyal, having made a choice of formula brand pre-birth and rarely trialling different brands or switching after making an initial decision. This makes health professionals and organisations a valuable source of product advertising through actual or perceived endorsement.

We would suggest therefore that the study reviews marketing to professionals both through direct contact but also through infomercials in professional publications and event and training sponsorship, even of subject adjacent purposes, which can create the “halo” effect. [Midwifery conference is criticised over formula milk sponsors | The BMJ](#)

Culture, friends and family are also influential over new parents’ infant feeding decisions, with some advertising that has subsequently been found to be non-compliant entering the zeitgeist and unsubstantiated claims (e.g closest to breastmilk) proving particularly intractable. We have also observed the targeting of pregnant mothers through social media, parenting websites and baby clubs seeking to create a positive brand association and influence infant feeding choices.

Our experience suggests that price influences inversely, with consumers more likely to choose a more expensive product making assumptions about quality and seeking to do their best for their child. Own brand formula seems to suffer in particular from these assumptions despite it’s’ nutritional equivalency.

Regulatory framework questions

Our observations would suggest the regulations around labelling and marketing of infant formula is not effective as they stand. There is no clear distinction between milk stages in terms of labelling with consumers often believing that advertising for follow on milk was in fact for first stage milk, likely by design.

[REDACTED]

[REDACTED]

Follow on and toddler milks are not explicitly included within the WHO code restrictions and we know families use these milks for younger babies due to cost pressures and taking advantage of “special offers” and reduced pricing during promotional periods. There is no regulation associated with these products, and

[REDACTED]

The similar packaging and labelling causes additional confusion for new parents, and the numbering system used is clearly leading in terms of advocating for use as a ‘next stage’.

Health professionals and health organisations are also targeted by advertising,

[REDACTED]

used to create a halo effect.

[REDACTED]

It must also be recognised that despite it not being a saleable product, breastmilk and breastfeeding are the primary competitor of the formula brands and in our experience, they treat it as such. [REDACTED]

[REDACTED]

Public Health messaging cannot hope to compete with the marketing budgets of multinational companies,.

We therefore would argue for increased regulation to the full extent of the WHO code, with greater enforcement powers to counter this [REDACTED] eroding of Public Health messaging that limits informed choice.

Supply questions

We have little involvement in the supply side of the market. We have however observed that hospital supplies sometimes seem to be priced to influence first feed choice. Hospitals provide branded milk to parents which enables brand recognition and loyalty- we would like to see plain packaging in all products supplied to NHS to prevent this. [REDACTED]

[REDACTED] where formula improvements are substantiated it is likely this would then be incorporated into the regulatory requirements.

We feel that considering the impact of breastfeeding on the infant feeding market, as well as formula marketing on the public health benefits of breastfeeding, normal competition remedies might not be sufficient to regulate this particular market and would urge the Competition & Markets Authority not to reduce regulation in an attempt to deliver consumer benefits.

Whilst we have no doubt you will receive comment from a wide range of third sector and academic partners, evidence we would endorse and ask the study to consider includes:

- [Infant food insecurity: summary report](#) (Scottish Government, 2023)
- [The Lancet Breastfeeding series 2023](#)
- Infant milks marketed as foods for special medical purposes (FSMP) - The case for regulatory reform to protect infant health (2022) as well as other reports from First Steps Nutrition [Infant milks for health workers — First Steps Nutrition Trust](#)
- [Marketing of infant milk in the UK: what do parents see and believe?](#) (Brown, Jones & Evans, 2020)
- [Don't Push It: Why the formula milk industry must clean up its act](#) (Save the children, 2018)
- [Scottish maternal and infant nutrition survey](#), 2017

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and further relevant research collated by Unicef UK here:

<https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/research-on-marketing-and-the-code/>.

We very much look forward to the study's findings and would like to be kept apprised of outcomes and any next steps.

Yours faithfully

SIFAN