

## Appendix B: The consumer journey

- B.1 This appendix considers trends in consumer behaviour in the market for infant and follow-on formula. It looks first at how decisions are made, the drivers of those decisions and whether parents have access to clear, accurate and impartial information to support their decision-making. It then goes on to consider the extent to which parents in this market are vulnerable.
- B.2 The Annex to this appendix provides further information on the key sources we have used to understand consumer behaviour, including details of our assessment of their robustness. We commissioned our own consumer research, which was awarded to the independent research company, Thinks Insight and Strategy. This is referred to as 'our consumer research' and is published alongside this report. When reporting on the findings of this research, 'consumers' relates to the participants of the research sample and should not be extrapolated to the broader population, though given the robust sample size it may be indicative of wider trends. The consumer behaviour surveys provided by manufacturers are referred to anonymously as Survey A, Survey B, Survey C, Survey D, and Survey E.

### Trends in consumer behaviour

- B.3 It is common in many markets for consumers to buy products intended for others to use. However, the market for infant formula and follow-on formula is unusual in that parents are purchasing a product which is:
- *Always* for the use of someone else (ie infants do not purchase infant or follow-on formula); and
  - Given to someone (ie a baby) who cannot verbalise their feelings about the product they are given and whose non-verbal signals are also difficult, if not impossible, to pin down as clearly linked either to formula milk in general or to a particular brand.<sup>1</sup>

### Key decisions

- B.4 There are two key moments in the consumer journey in this market:
- The choice or need to use formula milk instead of or in addition to breastfeeding; and

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<sup>1</sup> Our consumer research found 'being sick, reflux and bad nappies' as some of the reasons why consumers would feel a particular brand of formula did not agree with their child (Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated) p38). We also heard anecdotally that parents occasionally found their infant would refuse to drink a particular brand of formula but was happy drinking another.

- The decision as to which brand of formula milk to use, noting that parents rarely switch once a brand is chosen (see later in this sub-section).

B.5 Survey A, carried out on behalf of a manufacturer<sup>2</sup> found that these decisions are made 'almost at the same time', particularly where the decision or need to use formula occurred at or after birth. Where the decision to use formula was made in pregnancy, Survey A found that mums<sup>3</sup> (and particularly first-time mums) took slightly longer to make their brand choice, but that the two decisions were still usually made close together.<sup>4</sup>

### **When decisions are taken and are they planned?**

B.6 Most mums have a plan during pregnancy for how they intend to feed at birth (ie whether to breastfeed, formula-feed or use a combination of the two). Survey A found that by the third trimester, only 12% of first-time mums (and 6% of all mums) did not know how they intended to feed. By the third trimester of pregnancy, a majority (63% overall and 66% of first-time mums) were intending to breastfeed exclusively at birth (with some likely intending to introduce formula later on). Similarly, our analysis of World Health Organisation survey data found that 84% of respondents in the UK who were pregnant (at least 3 months) planned only to breastfeed their baby following the first two weeks of birth. 10% planned to combination feed from birth, and 5% planned to formula feed only.<sup>5</sup>

B.7 Our consumer research found that 'the difference between planned and unplanned use of formula is not easy to define for most consumers' and that these 'categories are not clear-cut'.<sup>6</sup> It also found that, 'Those who are able to plan their formula use in advance often have pre-existing knowledge after using formula with their older children or read up about formula online.'<sup>7</sup>

B.8 Despite high levels of intent to breastfeed exclusively at birth, most families do go on to introduce formula milk at some point in their child's first year. Our analysis of World Health Organisation survey data found that formula use was far less likely to have been planned than exclusive breastfeeding, especially for those who were combination feeding or who introduced formula after starting with breastmilk. 58% of respondents in this situation said they were not feeding as they originally planned, as did 35% of those who ended up exclusively formula feeding from birth.

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<sup>2</sup> Please see the Annex to this Appendix for further details on the methodology of Survey A.

<sup>3</sup> Where 'mums' is used in place of 'consumers' this is because the research in evidence of the statements was based only on their experiences and did not also include dads or other carers.

<sup>4</sup> For example, for first-time mums, at the first trimester, 23% had decided to use formula and 13% had made their brand choice, but by the third trimester, 35% had decided to use formula and 31% had made their brand choice.

<sup>5</sup> CMA analysis of UK data: World Health Organization and the United Nations Children's Fund (UNICEF) (2022), [Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report](#). Fieldwork took place between October 2019 and March 2021.

<sup>6</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p14.

<sup>7</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p24.

In contrast, 91% of those who were exclusively breastfeeding from birth said that this was what they had planned. Moreover, of those not feeding as planned, 87% of respondents said they had fed formula more, longer or earlier than planned.<sup>8</sup>

B.9 In response to our interim report, Dr Ellie Lee, Professor of Family and Parenting Research, Director of Centre for Parenting Culture Studies, University of Kent told us:

B.10 'Women who introduce formula milk later (although still earlier than they had intended to) do so for a range of reasons. These include wanting to restore 'normality' which can include going back to work, or simply routine patterns of sleeping, or activities with other family members. Having to feed the baby very frequently, and never being able to 'fill them up' also leads women to give babies formula milk after a few weeks'.<sup>9</sup>

B.11 The Food Foundation told us that, 'Influences and behaviours in the infant formula market need to be taken in the wider context of the public health importance of breastfeeding. Many women want to breastfeed for longer but face multiple systemic barriers'.<sup>10</sup>

### **When are brand choices made?**

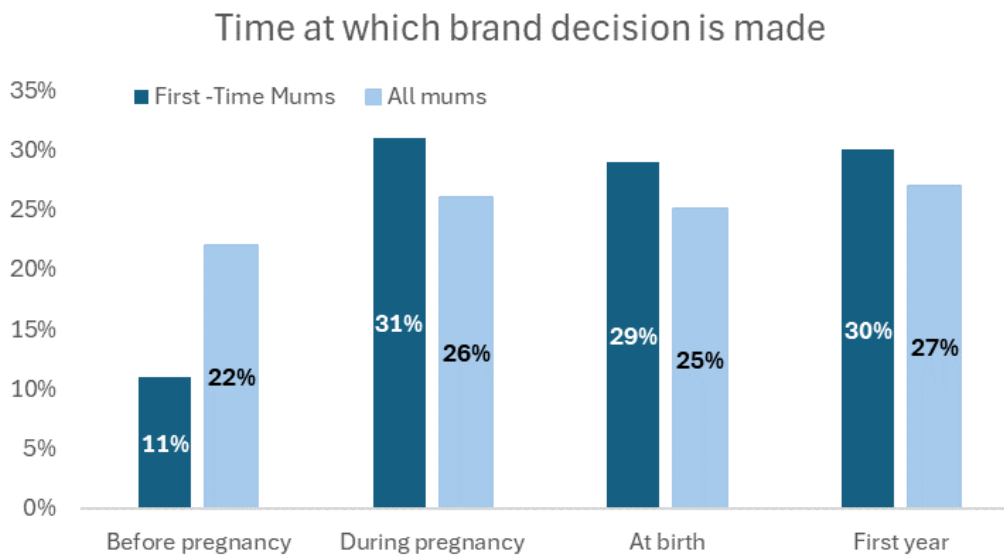
B.12 The chart below shows when brand choices are made by those who have decided which brand to use, according to Survey A.

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<sup>8</sup> CMA analysis of UK data: World Health Organization and the United Nations Children's Fund (UNICEF) (2022), [Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report](#).

<sup>9</sup> Dr Ellie Lee, Professor of Family and Parenting Research, Director of Centre for Parenting Culture Studies, University of Kent's response to the CMA's interim report, pp2-3.

<sup>10</sup> The Food Foundation's response to the CMA's interim report, p2.



Source: Survey A. Base 351 first time mums; 808 all mums

B.13 This chart highlights that:

- Nearly half of mums who had decided which brand of formula to use make their choice at a time which can be more conducive to planning, given that:
  - One in ten first-time mums and one in five of all mums who used formula had already made a brand choice before pregnancy;
  - Almost half of all mums (and 42% of first-time mums) made a brand choice before their baby was born (ie before or during pregnancy). A similar figure was reported by Survey B<sup>11</sup>, who found that 51% of parents using formula made a brand decision in pregnancy;
- First-time mums made their brand choice slightly later (moving more of their choices into timeframes less conducive to good planning) and were less likely to have settled on a brand before pregnancy; and
- Approximately one in four mums made their brand choice at birth. (We know that this would usually be in a healthcare setting.<sup>12</sup>) This is likely to be an unexpected choice given the high proportion of mums who plan during pregnancy to exclusively breastfeed at birth.

### Parents rarely switch brands

B.14 The fact that parents rarely switch brands in this market (unless they experience feeding difficulties) is well-established in consumer research. Survey A found that

<sup>11</sup> Please see the Annex to this Appendix for further details on the methodology of Survey B.

<sup>12</sup> Statista, [Number of live births in England and Wales from 2010 to 2021, by place of delivery](#), accessed 23/10/24

'79% of mums stay loyal to their brand of first choice' and that 'health/feeding issues are the main driver away from all brands'. Which?<sup>13</sup> found that 58% of survey respondents never switched brands and 16% said they did switch brand but only temporarily.

- B.15 Our consumer research found that 'most consumers have internalised the belief that switching is 'bad' for their infant and therefore are very unlikely to switch unless they need to [for health reasons]'.<sup>14</sup> It also tracked brand loyalty through pregnancy and an infant's first year and found that as an infant gets older and feeding is well-established, brand loyalty tends to become more entrenched.<sup>15</sup>
- B.16 These findings were also echoed in responses to our invitation to comment. For example, First Steps Nutrition Trust told us that 'brand loyalty was high'<sup>16</sup> and Danone said that 'parents and caregivers do not often switch'.<sup>17</sup> While not commenting on overall switching rates, Nestle said that their 'research shows that the most commonly stated factor for switching infant formula is baby not getting on well with formula/experiencing stomach issues'.<sup>18</sup>
- B.17 Most parents do not switch brands if they choose to move through the feeding stages from infant to follow-on formula to growing-up milk. Most manufacturer surveys that we reviewed appeared to start from the premise that parents stick with the same brand after the first few months. However, Survey C<sup>19</sup> found that, across three brands (SMA, Aptamil and Cow & Gate), around one in five consumers who went on to use follow-on formula, switched to a different brand from that used for infant formula. Our consumer research found that, 'those who expect to use follow-on say they will continue with the same brand as they used for formula stage 1 as it is known to them and works for their child'.<sup>20</sup>
- B.18 There is also evidence that parents often stick with the same brand for subsequent children. Our consumer research found that 'consumers who have multiple children will often stay loyal to a brand of infant formula if it previously worked for an older child'.<sup>21</sup>

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<sup>13</sup> This was a quantitative survey conducted by Which? between February and March 2024. Please see the Annex to this Appendix for further details.

<sup>14</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p40.

<sup>15</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p38.

<sup>16</sup> First Steps Nutrition Trust complied on behalf of the Baby Feeding Law Group UK 's response to the CMA's invitation to comment, p10.

<sup>17</sup> Danone's response to the CMA's invitation to comment, p3.

<sup>18</sup> Nestle's response to the CMA's invitation to comment, p5.

<sup>19</sup> Please see the Annex to this Appendix for further details on the methodology of Survey C.

<sup>20</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p38.

<sup>21</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p38.

- B.19 The strong reliance that parents place on recommendations from family and friends (see sub-section ‘Drivers of decision-making’ later in this appendix) indicates that consumer loyalty may extend beyond the brand they themselves have used to the brand chosen by friends and family. There is also evidence (see sub-section ‘Drivers of decision-making’ later in this appendix) that it extends to the brand they were given in hospital.

### **Levels of formula use**

- B.20 The majority of babies in the UK are given at least some formula milk. Latest official data notes that the proportion of infants exclusively breastfed in England at six to eight weeks is 31.5%,<sup>22</sup> in Scotland it is 32%<sup>23</sup> and in Northern Ireland it is 26%.<sup>24</sup> Therefore, within two months of birth more than two thirds of babies are being given formula milk. In Wales the figures do not highlight combination feeding but 61% of mothers in Wales are not breastfeeding at all at six to eight weeks.<sup>25</sup>
- B.21 The information we received from both Survey A and Which? paints a similar picture. Survey A shows exclusive breastfeeding dropping off from 42% at birth to 36% at 2-3 months to 18% at 6-7 months. This would suggest that at the age of 6 months more than four in five infants are being given at least some formula, with the figures showing that most of these (70%) are exclusively fed on formula. Which? found that 75% of parents used formula milk in their child’s first 12 months.

### **Formula use by age, ethnicity and socio-economic classification of mother**

- B.22 According to the government’s latest infant feeding survey in 2010, greater use of infant formula (as opposed to breastfeeding) was found in the UK amongst younger mothers (below age 30); those living in more deprived areas; and those who finished education earlier.<sup>26</sup> Higher rates of breastfeeding and lower use of infant formula were found amongst minority ethnic groups.<sup>27</sup> However (and perhaps because of higher breastfeeding rates), Survey B identified ethnic minorities as ‘22% more likely to use formula as a supplement to breastmilk’.
- B.23 Our analysis of World Health Organisation survey data for the UK found, similarly, that respondents of a low socio-economic status were more likely to formula feed only – 35% compared to 15% for medium and 5% for high socio-economic status. Those under 30 years old were also more likely to be formula feeding only (26% compared to 14% of those aged over 30). There were similar levels of usage

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<sup>22</sup> Office for Health Improvement and Disparities (2023), experimental data, [Breastfeeding at 6 to 8 weeks after birth, Apr 22 to Mar 23](#).

<sup>23</sup> Public Health Scotland (2023), [Infant feeding statistics Financial year 2022 to 2023](#).

<sup>24</sup> HSC Public Health Agency (2024) [Health Intelligence Briefing](#).

<sup>25</sup> StatsWales (2022), [Breastfeeding by age of baby and health board](#).

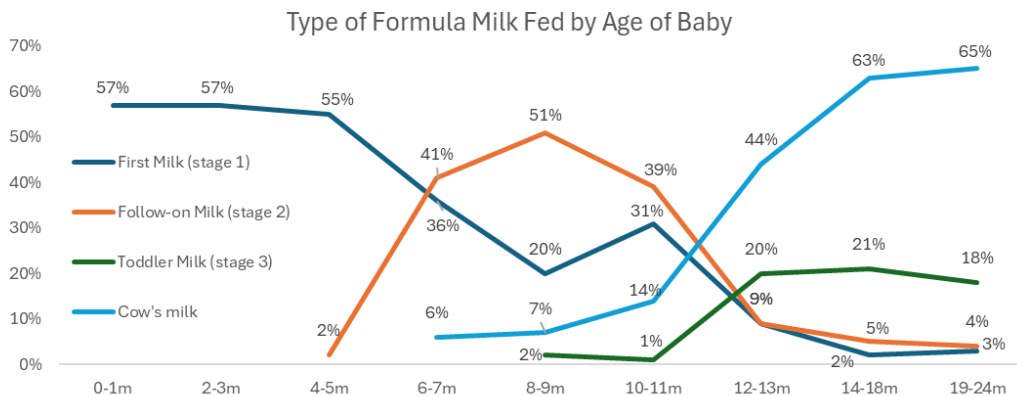
<sup>26</sup> Official Statistics, [Infant Feeding Survey 2010](#).

<sup>27</sup> Official Statistics, [Infant Feeding Survey 2010](#).

amongst different ethnic groups for those using any formula, however, those from a black, Asian and minority ethnic background were less likely to formula feed only (6% compared to 23% for White British).<sup>28</sup>

## Progression through the stages

B.24 The chart below, based on data from Survey A, shows that approximately half of mums are using infant formula milk in the first 6 months. This then drops as follow-on milk begins to be introduced, though approximately one quarter of mums use infant formula milk in the 7-12 months period. This is in line with NHS advice that ‘research shows that switching to follow-on formula at 6 months has no benefits for your baby. Your baby can continue to have first infant formula as their main drink until they are 1 year old.’<sup>29</sup> However, a higher proportion of mums (39%) do use follow-on formula when the baby is aged between 7 and 12 months. Following 12 months, approximately 1 in 5 mums are using toddler/growing-up milk.



Source: Survey A. Base size varies by age of baby, smallest is 8-9 months (82)

B.25 Survey A showed that for mums using follow-on-formula and toddler milk, Aptamil was the most popular brand, accounting for more than half of those who used toddler milk.

B.26 Unicef UK Baby Friendly Initiative told us in response to our interim report that, ‘For parents, there may be a perceived value based solely on marketing and not grounded in evidence that follow-on milk is supporting their baby with transitioning in their diet from exclusive breastfeeding or infant milk.’<sup>30</sup>

<sup>28</sup> CMA analysis of UK data: World Health Organization and the United Nations Children’s Fund (UNICEF) (2022), [Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report](#).

<sup>29</sup> NHS, [Types of formula milk - NHS \(www.nhs.uk\)](#), accessed 02/10/24.

<sup>30</sup> Unicef UK Baby Friendly Initiative’s response to the CMA’s interim report, p4.

## **Drivers of decision-making**

B.27 The evidence we have reviewed shows that personal recommendations are the key factor driving parents' choice of infant formula brand. Other factors that were also found to be significant drivers (but all less important than recommendations) were: availability and visibility in-store; online presence; and visibility in hospitals. Here we discuss each of these factors in turn along with the role of brand awareness and reputation and the role of price in decision-making.

### **Personal recommendations: the key factor driving brand choice**

B.28 The evidence we have reviewed shows recommendations as the key factor driving parents' decisions on the brand of infant and follow-on formula they purchase. Recommendations might be either from family and friends or a healthcare professional. Their importance far exceeds all other factors and was highlighted in all sources of evidence that we reviewed.

B.29 Survey A found that recommendations from family or friends were the most common 'main influence' on choice throughout the path to purchase and were particularly important for those choosing before or during pregnancy and for first-time mums.

B.30 Survey A also found that 21% of all mums using formula cited healthcare professional recommendations as a 'main influence' on brand choice. Healthcare professional recommendations were a particularly important driver of decision-making for those who made their brand choice at birth, cited by 42% of mums. We go on discuss brand visibility in hospitals below but, partly these figures may be high because, as the Royal College of Midwives told us, even seeing a brand in hospital creates a 'perceived recommendation'.

B.31 Survey B found that recommendations were the 'top influential touchpoint' for parents both in the priming stage and when they were actively searching for a product in the market. Survey B also highlighted 'high advocacy' in this product category, with 64% of parents saying they would recommend the brand they had used.

B.32 Which? found that 'mentioned by family and friends' was cited by 43% of survey respondents as a top three reason for choosing a particular brand of formula milk and 'health expert/nurse/midwife recommended' was cited by 33%.

B.33 Our analysis of World Health Organisation survey data for the UK found that 'friends, family members and other mothers' were ranked as the most useful and most commonly used source of information about infant feeding, closely followed by 'health professionals'. 64% of respondents named 'friends, family members and



other mothers' in their top three sources of information and 58% named healthcare professionals.<sup>31</sup>

- B.34 Recommendations are inherently linked to brand awareness and reputation. Our consumer research found that 'personal recommendations and brand reputation are the key driving factors in brand choice. Parents want to hear from others who have used a specific brand and reported positive experiences of this, and a brand that is therefore familiar due to being used by family and friends previously is reassuring.'<sup>32 33</sup>

### **Other factors driving brand choice**

- B.35 The following other factors are also all significant drivers of parents' brand choice but are all less important than recommendations.

#### **Availability and visibility in store**

- B.36 The evidence we have reviewed shows availability and visibility in store as a significant driver of decision-making. It is notable that in-store visibility holds greater weight for those considering their choice in advance rather than at the point of first purchase.
- B.37 Survey B found that 'in-store display' was the second-ranked 'top influential touchpoint' for consumers in the priming stage and the fourth-ranked when they were actively searching for a product in the market.
- B.38 Survey A found that half of both mums and pregnant women were browsing baby formula before buying (39% in store and 12% online). Subsequently, when they went to make their first purchase, 84% had already decided which brand to buy. However, one in ten consumers did still make their first brand choice at the store fixture.
- B.39 Our consumer research found that 'ease of access is important, with consumers wanting to know the brand they choose will be available in their local shop (as well as easily available for purchase by other carers, such as grandparents). For some, availability is the key factor if having to make a snap decision.'<sup>34</sup>

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<sup>31</sup> CMA analysis of UK data: World Health Organization and the United Nations Children's Fund (UNICEF) (2022), [Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report](#).

<sup>32</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p5-6.

<sup>33</sup> These findings are based on qualitative methodology and are therefore based on the strength of feeling of interview participants.

<sup>34</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p28.

- B.40 Our consumer research also found that in-store factors played a role in both planned and unplanned decision-making. One of the actions those who had time to plan might take was to ‘spend time looking at products in their local supermarkets’; one of the instructions those who did not have time to plan in advance might give was to ‘choose the most appealing packaging if sending out a partner/co-carer to buy it’.<sup>35</sup>
- B.41 Our analysis of World Health Organisation survey data for the UK found that respondents did not rank ‘retail/ stores’ as a useful source of information on infant feeding, which is perhaps unsurprising as store placement may impact decisions more subconsciously. However, our analysis found that store displays were the most commonly reported first time or place a respondent said they first heard about their ‘best brand’, cited by 26%.<sup>36</sup>

### **Online presence**

- B.42 As with in-store visibility, the evidence we have reviewed shows brand presence online (both through sales and marketing) to be a significant driver of decision-making.
- B.43 Survey B found that ‘online search’ and ‘brand website’ were respectively the third and fourth-ranked ‘top influential touchpoint’ for parents in the priming stage and the second and third-ranked when they were actively searching for a product in the market.
- B.44 Survey A found that ‘Google search’ was frequently cited by both mums and first-time mums as a ‘main influence’ on brand choice throughout the pathway to purchase, as were ‘mums blogs’ and ‘product reviews.’ For example, for those making a brand choice in their child’s first year, 17% of both mums and first-time mums cited ‘Google search’ as a main influence. 16% of all mums cited ‘product reviews’ and 24% of first-time mums cited ‘mums blogs’.
- B.45 Which? found that ‘online reviews’ were cited by 22% of survey respondents as a top three reason for choosing a particular brand of formula milk.
- B.46 Our analysis of World Health Organisation survey data for the UK found that 22% of respondents placed ‘social media’ in the top three most useful sources of information about feeding their baby or infant that they have used/use. 18% placed ‘Google’ in their top three sources of information. In contrast to Survey B’s

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<sup>35</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p24.

<sup>36</sup> CMA analysis of UK data: World Health Organization and the United Nations Children’s Fund (UNICEF) (2022), [Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report.](#)

findings, a small minority of respondents included 'manufacturer websites' in their top three sources of information.<sup>37</sup>

- B.47 There is evidence that online presence has been a particularly important driver of Kendamil's growth, overriding pre-existing brand awareness, with Survey A finding that far fewer mums (only 6%) have Kendamil 'top of mind' during pregnancy, compared with 40% for Aptamil and 29% for Cow & Gate. However, Survey A then described Kendamil as 'seeing very strong online, social and website presence' and that mums choosing Kendamil are more likely to do so at or post birth, with information found online being a key driver of their brand choice. Similarly, Survey B found that Kendamil's social media strategy drove more engagement post-purchase and stronger momentum through the 'customer journey' (especially strong 'conversion') compared to the average formula brand. Kendal has told us that its social media presence has been mainly generated organically (ie by parents posting content and reviews themselves, without official endorsement of the firm), and that this had supported its growth".

### **Visibility in hospitals**

- B.48 For some parents, the evidence shows that brand visibility in hospitals is a significant driver of decision-making. These parents often need to begin formula use in hospital at birth because of unexpected difficulties with breastfeeding and there is some evidence that the brand they are given in hospital is usually the brand that they continue to use.
- B.49 Survey A found that:
- 'Hospital is key as influence is relatively high considering how little time mums spend in hospital. A number of mums ... decide on a brand in hospital. Mum enters hospital planning on breastfeeding but finds she cannot - leading to a sudden switch to formula. Often no real conversation comes with this; some are just given a brand to use. And she continues to use this brand after leaving hospital.'
- B.50 Survey A reported that amongst first-time mums, 14% of SMA users and 11% of Aptamil users spontaneously cited 'give/used in hospital' as the reason why they were choosing those brands.
- B.51 Which? also found that 'what was available in hospital' was cited by 14% of survey respondents as a top three reason for choosing a particular brand of formula milk.

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<sup>37</sup> CMA analysis of UK data: World Health Organization and the United Nations Children's Fund (UNICEF) (2022), [Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report.](#)

- B.52 Our analysis of World Health Organisation survey data for the UK found that 22% of respondents said that a reason for their infant formula brand choice was that they were ‘given this brand in hospital/ health clinic’.<sup>38</sup>
- B.53 Our consumer research found that when parents start formula use in hospital at birth, they rely on ‘the available choice - and the reality that in hospital they have no other option than what is on offer’.<sup>39</sup>
- B.54 It is noteworthy that brands are not equally available in hospitals so brand choice in this situation is very limited. Based on the evidence we have reviewed, in almost all cases, the only brands available are Aptamil, SMA, and Cow & Gate. Our consumer research found that parents may only be offered one or two options from amongst these three.<sup>40</sup>
- B.55 Survey A found that 36% of mums who used a brand of formula given in hospital reported using Aptamil; 36% reported using Cow & Gate; 15% reported using SMA and 2% reported using Kendamil. Survey A found that Kendamil’s presence in hospitals was very low in the Midlands and non-existent in the North and Scotland. Aptamil featured more highly in the South and Cow & Gate more highly in the Midlands.
- B.56 The Royal College of Midwives told us that the availability of brands on wards may confer some sense of recommendation that these are superior milks, which parents would typically want to continue with.

**Brand reputation is a consistent theme in all these drivers of choice**

- B.57 Brand awareness, and reputation in particular, also play an important role in decision-making given parents’ understandably strong focus on doing what is best for their baby.
- B.58 It is notable that it is brand reputation that is, of itself, cited by parents as a driver of their decision-making, rather than attributes of the product. The evidence we have reviewed shows parents choosing based on positive, but subjective feelings about reputation that go beyond simply being aware of a brand’s existence. Moreover, these feelings tend to be general impressions rather than based on concrete attributes of a product as they might be in other markets (where, for example, consumers might report, ‘I buy this chocolate because it tastes the best’ or ‘I buy this rice because it is easier to cook.’) Survey D<sup>41</sup> found the top three

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<sup>38</sup> CMA analysis of UK data: World Health Organization and the United Nations Children’s Fund (UNICEF) (2022), [Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report.](#)

<sup>39</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p19.

<sup>40</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p18.

<sup>41</sup> Please see the Annex to this Appendix for further details on the methodology of Survey D.

drivers of brand desire to be emotive rather than concrete: they were (in order): 'closeness', 'trust' and 'reflects my values and supports my role as parent'. Aptamil and Cow & Gate scored highest in relation to these three associations.

- B.59 Other sources also corroborated the importance of brand reputation. One of our consumer research's conclusions was that brand reputation was one of two 'key factors in brand choice'<sup>42</sup> (alongside personal recommendations, which as noted above, feeds into brand reputation). Similarly, Which? found that 'trusted brand name' was the highest ranked top three reason cited by survey respondents for choosing a particular brand of formula milk, cited by 61% of respondents.
- B.60 Likewise, both Survey D and Survey B found 'not knowing the brand well enough' to be the key reason why parents would not buy a brand. In relation to three brands (SMA, Cow & Gate and Kendamil), Survey D found that 'I don't know much about this brand' was the top barrier of consideration for each of these brands. This was also a significant reason cited by one in five respondents in relation to another brand (Aptamil), trumped only by 'this brand is too expensive'.
- B.61 Further, in response to our interim report, the Behavioural Science Workstream of the Healthy Weight Policy Research Unit, University College London told us that the findings from its research supports our conclusion that brand awareness strongly influences brand choice. It indicated that its research had found that 'in interviews mothers expressed confidence in formula brands they were familiar with'. It shared a quote from a mothers engaged in its research:
- 'To be honest, I think most of it just came up from actually what I'd seen over just my lifetime of adverts actually and TV things, and what became like a familiar sort of brand that you'd heard of. So, I'd seen a lot of [brand X] adverts, I'd seen a lot of I think it's the [Brand Y] one as well, I've seen quite a few adverts...It's actually literally just been from advertising, sort of, I guess a trusted brand name that you've kind of heard, especially being a new mum, you want something you know.'<sup>43</sup>
- B.62 Recommendations, visibility in-store, online presence and visibility in hospitals are all points at which brand awareness and reputation can be built. Specifically, personal recommendations are, in and of themselves, building or maintaining awareness of a brand directly with parents and have a clear bearing on reputation. In-store, online and in hospitals are also all points at which marketing activities can seek to play a role in brand building.

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<sup>42</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p5.

<sup>43</sup> Behavioural Science Workstream of the Healthy Weight Policy Research Unit, University College London's response to the CMA's interim report, p2, 4.

B.63 There is also evidence of a strong 'priming' stage in this market, when consumers are not actively in the market, but are going about their daily lives and are forming biases towards a particular product. Survey B found that only 7% of parents buy infant milk with no priming bias. 65% of parents were found to have a strong priming bias. The contribution of other factors to the building of this priming bias is highlighted through the 'top influential touchpoints for forming a preference towards a brand', which were (in order): recommendations; in-store display; online search; brand website; and TV ads.

### **The role of price in decision-making**

B.64 When parents are choosing how to feed their baby (ie between breastfeeding and formula) their overriding motivator is doing what is best for their infant. For example, Survey A found that mums planning to breastfeed exclusively at birth (ie the majority and including those who intended to breastfeed but didn't go on to do so) were very strongly motivated by their infant's health. 80% cited 'breastmilk is more nutritious' and 73% cited 'breastmilk is better for immunity' as reasons why they were planning to breastfeed. Despite breastfeeding being a very low-cost option compared to formula milk, only 23% gave 'formula milk too expensive' as a reason for breastfeeding.

B.65 In relation to brand choice, once a parent has chosen to use formula milk, the evidence we reviewed also showed doing what is best for an infant to be the overriding motivator. Our consumer research found that,

'Price considerations when purchasing formula are tied into consumers' sentiment of 'wanting the best' for their infant as opposed to the best 'value'. This cuts across SEG [socioeconomic grades], ethnicity and other demographic characteristics... Some go as far to say that when it comes to the health of their babies, making choices from a place of financial consideration feels wrong.'<sup>44</sup>

B.66 Often parents use price as a proxy for quality and so would actively choose higher-priced products. Survey A found that three quarters of mums agreed with the statement, 'My child must have the best I can afford.' Our consumer research found that, 'for those who experienced feelings of guilt when deciding/having to use formula, purchasing a more expensive brand can help to assuage these feelings and provide a sense of psychological reassurance that they are providing the 'best' for their infant by investing more in the product.'<sup>45</sup>

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<sup>44</sup>Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p32.

<sup>45</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p27.

B.67 Our consumer research also found evidence of parents linking higher prices with higher quality and, conversely, lower prices with lower quality:

‘Consumers assume there must be a difference between more expensive and cheaper brands of formula. Many link more expensive formula brands with better quality (e.g. no added preservatives, greater calories per scoop). These consumers are willing to pay more to ensure the formula agrees with their infant and they are happy, healthy and well fed.’<sup>46</sup>

‘Some consumers question why and how a brand is cheaper and have concerns that corners have been cut in order to provide the formula at a cheaper price point. This speaks to consumers association of price and quality.’<sup>47</sup>

B.68 Our consumer research noted that first-time parents were particularly drawn to higher prices, noting that, ‘first-time parents and carers are eager to purchase ‘the best’ infant formula available. As such, some actively avoid cheaper brands and associate more expensive brands with higher quality product.’<sup>48</sup>

B.69 There is evidence, however, that its lower price is a significant reason why users of Danone’s value brand, Cow & Gate, choose it over its premium brand, Aptamil. Survey B found that 80% of Cow & Gate users thought it ‘good value for money’ whereas only 20% of the same group thought Aptamil was ‘good value for money’. Both Survey D and Survey B found amongst all consumers surveyed that higher price was the top reason why consumers did not buy Aptamil. However, it is notable that according to Survey A, most Cow & Gate users (77%) still agree with the statement, ‘My child must have the best I can afford.’

B.70 Which? also found that there may be a group of consumers who would rather choose a lower priced brand – 22% of survey respondents cited ‘lower price’ as a top three reason for choosing a particular brand of formula milk. Our analysis of World Health Organisation survey data for the UK showed a similar finding: 17% of respondents said that ‘it was the one I could afford’ was a reason for their brand choice.<sup>49</sup>

B.71 However, it is notable that, despite some parents preferring a cheaper product, this would usually be a product that is still from a brand they perceive as trusted.

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<sup>46</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p27.

<sup>47</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p33.

<sup>48</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p28.

<sup>49</sup> CMA analysis of UK data: World Health Organization and the United Nations Children’s Fund (UNICEF) (2022), [Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report.](#)

Our consumer research found widespread scepticism of own-brand products in this market:

‘Some consumers believe there are genuine differences between branded and own-brand products more generally (e.g. taste). If consumers don't usually purchase own-brand, they're unlikely to do so for infant formula and wider infant-related products... Whilst some consumers use own-brand products for themselves, it does not feel natural to use own-brand formula. Consumers feel their infant's first few months are vital and do not want to risk what they feel may be 'budget' formula at this point in their feeding journey.’<sup>50</sup>

B.72 Under consideration of price, there is nonetheless a group of very low-income parents who cannot afford formula as it is currently priced but have an urgent and essential need of it. This is either because they could not breastfeed in the first place or because they started their infant on formula and would now face insurmountable obstacles in attempting to return to breastfeeding. The sub-section ‘Consumer vulnerability’ later in this appendix discusses this group in more detail and the specific challenges they face.

## **The availability of information to support an informed brand choice**

B.73 Parents may receive or proactively access information to support their brand choice from one or more of the following sources:

- The NHS, other health services and the UK governments;
- Formula milk manufacturers and retailers; and
- Other information sources such as online forums, parenting websites and word of mouth.

B.74 We consider below how information is provided through these channels and the extent to which these information sources are (a) reaching parents; and (b) supporting them to make well-informed choices.

## **Information provision through the NHS and UK governments**

### **NHS guidance and policy on infant feeding**

B.75 The UK governments consider supporting breastfeeding to be a public health priority. In England, guidance on this has been set out by Public Health England. This primarily targets the role of health visitors but also notes the role of other

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<sup>50</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p39.



healthcare professionals ‘including midwives, GPs, general practice nurses and early years services’.<sup>51</sup> This guidance is to support breastfeeding but does also mention that health visitors ‘can support those mothers who are unable or do not wish to continue to breastfeed’.<sup>52</sup>

- B.76 The Public Health England breastfeeding guidance also describes the strong role the Unicef UK Baby Friendly Initiative<sup>53</sup> now plays in infant feeding:

‘The UNICEF UK Baby Friendly Initiative is a nationally recognised mark of quality care for babies and mothers. The programme helps to ensure that professionals can provide sensitive and effective care and support for mothers, enabling them to make an informed choice about feeding, get breastfeeding off to a good start and overcome any challenges they may face.’

‘The staged accreditation programme trains health professionals to support mothers to breastfeed and help all parents to build a close and loving relationship with their baby irrespective of feeding method.’

‘UK Baby Friendly accreditation is based on a set of interlinking evidence-based standards for maternity, health visiting, neonatal and children’s centres services. Facilities implement the standards in stages over a number of years. At each stage they are externally assessed by UNICEF UK.’<sup>54</sup>

- B.77 While we have found that breastfeeding is the focus of the majority of NHS information provision and guidance on infant feeding, some material has also been produced on formula feeding.
- B.78 Public Health England has set out further guidance on ‘supporting healthy weight and nutrition’ in the early years. This focuses on the role of health visitors and provides guidance on two points: providing support for safe feeding; and ensuring women know that they can continue to use first infant milk until their baby is one year old:

‘Where women decide not to breastfeed, they should be supported in that decision. Mothers who are formula feeding should receive adequate information on how to safely make up a feed, preferably on a one-to-one basis, in the early postnatal period. They also require information on the types of formula milk available, with the

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<sup>51</sup> Public Health England (2021), [Early years high impact area 3: Supporting breastfeeding.](#)

<sup>52</sup> Public Health England (2021), [Early years high impact area 3: Supporting breastfeeding.](#)

<sup>53</sup> Unicef UK Baby Friendly Initiative told us that there is a recommendation in the NHS long-term plan for all maternity services that do not deliver an accredited, evidence-based infant feeding programme (such as the Unicef UK Baby Friendly Initiative) to begin the accreditation process. Scotland has achieved 100% accreditation in maternity.

<sup>54</sup> Public Health England (2021), [Early years high impact area 3: Supporting breastfeeding.](#)

objective of encouraging them to use a first milk until the baby is one year old.’<sup>55</sup>

- B.79 The National Institute for Health and Care Excellence (NICE) provides ‘evidence-based recommendations for health and care in England and Wales’.<sup>56 57</sup> The NICE guideline on antenatal care states that ‘after 28 weeks [of pregnancy]... [the NHS should] discuss and give information on... the baby’s feeding’ and that the NHS should offer women and their partners antenatal classes which cover ‘planning and managing their baby’s feeding’, with reference to the NICE guideline on postnatal care, which covers this in more detail.<sup>58</sup> The extent to which antenatal information on infant feeding is provided to parents likely varies across the country: the Royal College of Nursing told us that funding for this is not ringfenced and that there is a ‘postcode lottery’ in local provision. We also note that NICE has said that the provision of information on formula feeding should be limited to ‘parents who are considering formula feeding’ and ‘those who need to formula feed’. The evidence review for the guideline on postnatal care states: ‘Considering the amount of information that is provided to pregnant women during antenatal care, it would not be feasible or practical to provide information about formula feeding to women who are not considering it and who express they want to exclusively breastfeed’.<sup>59 60</sup>
- B.80 Like the Public Health England Guidance, the NICE guideline on postnatal care is focused on safe feeding and ensuring women know that they can continue to use first infant milk until their baby is one year old. It does not cover nutritional sufficiency (see below) nor how parents might choose which brand or type of formula to use. This approach is reflected in the NHS Start for Life booklets<sup>61</sup> which the Royal College Midwives told us are an agreed NHS resource, developed together with Unicef UK Baby Friendly Initiative and given out in healthcare settings across all four nations.
- B.81 The NHS also provides information on nutritional sufficiency.<sup>62</sup> The NHS Start for Life website provides similar information to the published booklets but also

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<sup>55</sup> Public Health England (2021), [Early years high impact area 4: Supporting healthy weight and nutrition](#)

<sup>56</sup> Nice, [NICE Guidance](#).

<sup>57</sup> The NICE guidelines on antenatal and postnatal care have also been [endorsed by the Northern Ireland Department of Health](#). NHS Boards in Scotland are expected to follow [SIGN guidelines](#) (Scottish Intercollegiate Guidelines Network), where they exist. However, there are no general SIGN guidelines on antenatal or postnatal care (although there are specific ones covering, for example, diabetes and mental health in the perinatal period). DHSC told us that, in this situation, ‘other guidelines, such as NICE can be used, but are not mandatory’ but that ‘UNICEF Baby Friendly Initiative standards are in place across the whole of NHS Scotland’.

<sup>58</sup> NICE (2021), [Antenatal care](#), paragraphs 1.3.15 and 1.3.20.

<sup>59</sup> National Institute for Health and Care Excellence (2021), [Postnatal care \[T\] Formula feeding information and support, NICE guideline NG194, Evidence review underpinning recommendations 1.5.1 and 1.5.16 to 1.5.20](#), p17.

<sup>60</sup> This point on formula feeding information being limited to those who are planning to formula feed was also brought to our attention by the charity, Feed, in their response to our interim report.

<sup>61</sup> DHSC, Infant feeding campaign resources, [infant feeding resources, accessed 17/10/24](#).

<sup>62</sup> NHS, Types of formula milk, [Types of formula milk - NHS](#), accessed 04/08/24.

includes the following further message on nutritional sufficiency, a key policy goal of the regulatory regime for formula milk:

‘All infant formulas will meet your baby’s nutritional needs, regardless of brand or price. By law, all infant formula sold in the UK must meet the same standards, which means they are all suitable for your baby’s growth and development.’<sup>63</sup> The Scottish government’s Parent Club website<sup>64</sup> and the NHS Wales website<sup>65</sup> contain similar information, as do materials published by the Public Health Agency in Northern Ireland.<sup>66</sup>

- B.82 Unicef UK Baby Friendly Initiative told us that the Baby Friendly Initiative disseminates information that upholds NHS policy and guidelines relating to infant and maternal health and nutrition:

‘We support parents to understand that where a baby is not being breastfed, that first infant milk is all they need for the first twelve months. All brands of infant formula must meet minimal UK compositional requirements and therefore all brands are nutritionally adequate and have a similar composition. All first infant milk brands on the market provide safe and sufficient nutrition for babies.’

### **Consumer views on the provision of NHS information**

- B.83 The NHS is clearly seen as a trusted source of information on this market. Our consumer research found that parents ‘almost universally agree [that its website] is a trustworthy source’. Our consumer research also found that ‘spontaneously, consumers recall having turned to the NHS website if they had questions before birth... and after their infant returned home... Many also expected to continue referring to the NHS website throughout the course of their child’s life.’<sup>67</sup>
- B.84 As noted in the sub-section ‘Drivers of decision-making’ earlier in this appendix, many parents also find recommendations from healthcare professionals to be an important driver of their decisions. Our consumer research found that, ‘Healthcare providers are seen as a trusted source of information’ when the decision or need to use infant formula occurs in a healthcare setting.<sup>68</sup> Our analysis of World Health Organisation survey data for the UK found that 3 in 4 respondents (76%) would go to a health professional for advice about infant formula and formula

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<sup>63</sup> NHS, Bottle Feeding, [Bottle Feeding - NHS](#). Accessed 17/10/24.

<sup>64</sup> Scottish Government, Formula feeding, [Formula feeding | Parent Club](#), accessed 15/08/24.

<sup>65</sup> NHS Wales, Bottle feeding, [Bottle feeding - Betsi Cadwaladr University Health Board \(nhs.wales\)](#), accessed 15/08/24

<sup>66</sup> Public Health Agency, Bottlefeeding, [Bottlefeeding Final 0124.pdf \(hscni.net\)](#), accessed 19/08/24.

<sup>67</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p24.

<sup>68</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p46.

feeding. They were seen as by far the most trusted source of advice, ranked far above 'my close friends' (40%) and 'my mother/ mother-in-law' (22%).<sup>69</sup>

### **Views on the provision of NHS information on formula feeding**

B.85 Our consumer research found that some parents felt supported by the NHS, praising 'a supportive and informative approach being taken by HCPs [healthcare providers] when they began to use formula'.<sup>70</sup> However, it also found many examples of parents who did not feel they had received enough information from the NHS on formula-feeding, particularly ahead of the birth of their child, as NICE guidelines recommend:

'While all received information about breastfeeding, very few, if any, received information about infant formula ahead of birth. Looking back, parents who now use formula feel this is a significant oversight and wish they had been better prepared for a variety of feeding circumstances, which includes using formula.'<sup>71</sup>

'Consumers indicate they trust the opinions and recommendations of those in the medical community (doctors, health visitors, midwives) and would feel more reassured in their decisions around infant formula use and brand selection if accompanied by advice from medical professionals, even if this is to confirm that brand choice won't matter, as opposed to recommending a specific brand.'<sup>72</sup>

B.86 We found that other stakeholders substantiated the view that NHS information provision on formula milk may not be sufficient. Unicef UK Baby Friendly Initiative told us:

'The challenge is the information put across by us or the NHS can never compete with the marketing from an industry that spends millions on advertising and marketing its products.

B.87 The Royal College of Midwives also told us that brand marketing, particularly online and through baby clubs was a barrier to parents having readily understandable information to make objective decisions.

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<sup>69</sup> CMA analysis of UK data: World Health Organization and the United Nations Children's Fund (UNICEF) (2022), [Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report](#).

<sup>70</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p19.

<sup>71</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p15.

<sup>72</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p46.

- B.88 The Royal College of Nursing told us that parents need to be better informed, as do health professionals who are giving out information on infant formula. They cited advice given out as often being ‘anecdotal rather than evidence-based’. They also pointed out that information is present on the NHS website, but parents need to access the website to find the information and that does not always happen. They also noted that there is a lot of inaccurate information online about infant formula, particularly on sites like TikTok.
- B.89 Survey E on the views and experiences of healthcare professionals, provided in response to our interim report, found that healthcare professionals often do not feel they have the information they need to advise on formula feeding. In particular, survey E found that:
- Just over two thirds (69%) of healthcare professionals reported having ‘all of the information I need’ or ‘most of the information I need’ to advise parents on formula feeding, compared to 82% in relation to advice on breastfeeding;
  - The top three reasons healthcare professionals gave for feeling unable to provide enough information on formula feeding were not having ‘enough information from sources I trust’ (cited by 34%), ‘current policies are too restrictive towards what I can say to parents’ (cited by 32%) and not having enough time to provide enough information (cited by 30%)<sup>73</sup>;
  - 72% of healthcare professionals said they were not always able to give enough information to parents on ‘where to go for formula feeding support’;
  - 78% of healthcare professionals said they were not always able to give enough information to parents on ‘the difference between the types of formula milks and brands’;
  - 82% of healthcare professionals said they were not always able to give enough information to parents on ‘when to use a specialist formula milk’
- B.90 When asked ‘when is it most important to receive information on formula feeding?’, healthcare professionals most commonly cited the third trimester of pregnancy (73%). We heard from several stakeholders that there are inconsistencies in information provision on formula feeding in different parts of the country. Unicef UK Baby Friendly Initiative told us that, in relation to antenatal feeding conversations relating to infant formula, ‘provision is incredibly patchy so the quality across the country will be variable’. Nestle told us in their response to our interim report that: ‘Nestle is aware of inconsistency between healthcare trusts and

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<sup>73</sup> Note the base size for this question was under 100 (base 90).

among HCPs, some of whom will provide information and make recommendations on formula feeding to parents whereas others will not engage on this at all.<sup>74</sup>

### **Consumer beliefs about the similarity of products**

B.91 As noted above, the regulatory regime for infant formula aims to ensure that its composition is regulated to ensure that all infant formula and follow-on formula contain essential nutrients to meet the nutritional requirements of infants and are safe. In practice this means that all products are very similar in composition. The information that the NHS gives to parents on this is that all products ‘will meet your baby's nutritional needs, regardless of brand or price’.

B.92 While this is mentioned on the NHS and UK government websites and through the Baby Friendly Initiative, it is not covered in the other guidance discussed above. It is, however, a key piece of information in helping parents make an informed brand choice. We have therefore investigated to what extent parents know about nutritional sufficiency and to what extent they believe there is similarity or difference between products.

B.93 In its interviews with parents, our consumer research probed in some detail the extent to which parents understand this guidance from the NHS and the extent to which they believe there is difference between products.

B.94 Our consumer research found that parents generally understand that all infant formulas must meet a certain standard:

‘There is general understanding among a majority of consumers that all formulas on the market are likely ‘largely the same’ at a fundamental level. They have heard this from midwives or health visitors, anecdotally from friends or family, or (for a few) via guidance from their own online research. It is broadly assumed that in order to be sold in the UK, formulas must meet a certain base of nutrition and quality standards.’<sup>75</sup>

B.95 However, despite a general understanding of the NHS guidance that all infant formulas must meet certain standards, our consumer research found parents still seeing ‘fundamental’<sup>76</sup> differences between brands:

‘This general understanding tends not to influence consumers’ perceptions of their chosen brand—which they still believe does more. Many point to the fact that merely meeting a base level of

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<sup>74</sup> Nestle's response to the CMA's interim report, p7.

<sup>75</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p23.

<sup>76</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p23.

nutritional need says nothing of the quality of ingredients, the presence or absence of additives, or the inclusion of certain beneficial vitamins or minerals that they feel go above and beyond what are considered basic essentials. These are the criteria which consumers believe sets their preferred brand apart from others and this is often backed up by their personal experience of their baby being perceived as doing 'better' with a specific brand – though no one brand seems to actually work 'better' for all.<sup>77</sup>

- B.96 Our consumer research found that parents using more expensive brands (which, as we will see in the sub-section 'Consumer vulnerability' later in this appendix, is often linked to guilt around formula use) were most likely to consider that there are differences between infant formula brands, as were those who switched brands due to a feeding issue:

'Those who spend more on formula typically hold firmer beliefs about the existence of differences in quality among brands and are less likely to be swayed by claims otherwise. Additionally, the majority of consumers who had first-hand experience of their infant responding poorly to one brand of formula and be settled later on by another brand believe this is concrete evidence that all brands cannot be the same.'<sup>78</sup>

- B.97 The feeling that parents have of differences between products is substantiated in other evidence that we reviewed. Which? found that 78% of survey respondents thought there was a difference between products, with 36% reporting 'a little difference', 28% reporting 'a moderate difference' and 13% reporting 'a big difference.' Only 14% said there was 'no difference'.
- B.98 Survey A found that only 31% of mums believe all formula milk brands are the same – and this figure is lower for users of Aptamil (25%) and Kendamil (21%).

### **Healthcare professionals' views on information on nutritional sufficiency**

- B.99 We asked the Royal College of Midwives whether they thought parents were informed about the nutritional sufficiency of all products. They told us that they do not believe there is enough information about that in the public domain and that while the NHS may tell parents that products must meet a certain standard, healthcare professionals have to be very careful not to compare one brand with another. The implication was that avoiding comparisons could get in the way of delivering a clear message that all products are nutritionally sufficient.

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<sup>77</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p23.

<sup>78</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p25.

## Information from manufacturers and retailers

- B.100 In addition to word of mouth and information from healthcare professionals, parents may also receive or proactively access information from manufacturers or retailers which can inform their choice of infant formula brand as well as their perceptions of the brand as a whole. This information may be about specific formula milk products (noting that the advertising of infant formula, and dissemination of information on the feeding of infants and young children, are restricted) or more broadly about the brand and its identity.
- B.101 We note that parents are likely to be attracted to different aspects of a formula milk product or wider brand offering and different sources of information sources may inform their decision-making. For example:
- Survey A found that pregnant women who planned to breastfeed were ‘drawn to health benefits and naturality’. Our consumer research highlighted a similar finding, noting that ‘product claims, particularly of being the ‘closest formula to breast milk’, are impactful, particularly among consumers who feel guilty for using infant formula.’<sup>79</sup>
  - Our consumer research found that parents who had time to plan which brand of infant formula to use engaged with brands’ websites, spent time with the products in their local supermarkets and looked at reviews on social media and apps. Those whose use of infant formula was unplanned said that they searched for reviews on the spot and/or considered the appeal of or information contained on packaging.<sup>80</sup>
- B.102 This sub-section outlines the main ways parents can receive or proactively access information from manufacturers and retailers to support their choice of formula brand.

### Product labels

- B.103 Product labels are one information source for parents when choosing an infant formula brand and are viewed either in a bricks and mortar retail store or online. They communicate information that is required by legislation as well as broader messaging about product features and differences and the brand as a whole.
- B.104 Specifically, the regulations require that manufacturers include a set of ‘mandatory particulars’ such as information about the age of the baby for whom the formula

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<sup>79</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p28.

<sup>80</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p29.



milk is suitable, and instructions for preparation, storage and disposal of the infant formula.<sup>81</sup>

B.105 In addition, labels often contain messages. Our review of a selected number of product labels found that these messages tended to relate to the ingredients (for example, what is included, what is excluded, organic and provenance), the experience and credibility of the brand and/or manufacturer, sustainability as well as broader messages focused on nature, love and kindness for baby.

B.106 For example, we found that the label for Aptamil First Infant Milk 800g contained the following on-pack messages:

- Palm oil free oil blend.
- Inspired by 50 years research in early life science.
- Our passionate team of more than 500 scientists and experts have developed our Aptamil First Infant Formula.

B.107 As a further example, we found that Kendamil Classic First Infant Milk 800g contained the following on-pack messages:

- Made with love in the Lake District.
- With over 60 years' expertise in infant nutrition we combine the finest local and natural ingredients to develop a unique infant milk as gentle as your baby.
- Image of the Lake District – 'with love from the Lake District'.
- No Palm Oil – kinder to your baby and our planet.
- Locally crafted in Britain.
- Proudly the only British-made baby milk.
- Award winning – Queen's award – proud winners of the Queen's Award.
- Award winning' – Board of Trade logo – 'Trusted Globally – 60+ years' heritage, millions of happy babies.

B.108 In addition to literal messaging, the brand name and logo, colour palette and images used on infant formula labels can signal something about the features and differences of a product to parents. For instance, formula milks in the HiPP Organic range use a white and green colour palette and nature focussed pictures.

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<sup>81</sup> [Commission Delegated Regulation \(EU\) 2016/127](#), Article 6.

We have observed that these align with the on-pack messaging around the product's organic credentials and a focus on sustainability and nature.<sup>82</sup>

- B.109 Turning to another brand, internal documents indicate that in 2024 it is seeking to convince parents that this should be their brand of first choice by showcasing its superiority and differences compared to other formulas. [REDACTED]. New pack design is highlighted as a way to support this superiority messaging. Brand guidelines from [REDACTED] explain that the pack was designed to communicate either literally or semiotically: [REDACTED].
- B.110 When asking for views on packaging and product labels, our consumer research found that, while parents said they were not making decisions based on packaging, 'easily accessible nutritional information' was found to be helpful and 'pleasing colour schemes' were likely to make a brand stand out. It found that product claims can be impactful, particularly amongst parents who feel guilty for using formula, and that packaging and claims of formula brands are likely to implicitly influence parents.<sup>83</sup>
- B.111 Our consumer research also found that packaging and messaging was a driver of choice towards particular brands: in the case of Aptamil, this was because of a perception that it was 'closest to breastmilk' and, in the case of HiPP Organic, because it was perceived as 'clean and natural'. It found that where parents associate brands with a higher price point as being 'premium products', three factors underpinned this perception: (i) reputation; (ii) packaging (the 'look and feel' and information on the packaging); and (iii) brand messaging (eg about manufacturing, nutrition, or awards).<sup>84</sup>

### **Baby clubs and websites**

- B.112 Parents can also access manufacturers' baby clubs and websites to find information both about a brand and the specific products available within the brand range. Most manufacturers operate a baby club via a website which utilises the brand name its formula milk is sold under. For example, Danone's Aptaclub website seeks to support parents to make nutritional choices from pre-conception to toddlerhood, as well as including information on Aptamil and Aptamil Advanced formula milks.<sup>85</sup> Similarly, the SMA baby website looks to provide support and information through the parenting journey. It also provides information on SMA Advanced, SMA and Little Steps formula milks.<sup>86</sup> Internal documents from some

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<sup>82</sup> HiPP Organic, Shop HiPP Formula Milks [Shop HiPP Formula Milks - Formula Milks | HiPP Organic Shop](#), 18/07/24.

<sup>83</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), pp28, 44-45.

<sup>84</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), pp28, 44-45.

<sup>85</sup> Aptamil, Our nutrition expertise, [About Aptaclub](#), accessed 30/07/24.

<sup>86</sup> SMA, SMA Nutrition: Who we are as a brand, [About Us | Who We Are As a Brand | SMA Baby](#), accessed 30/07/24.

manufacturers indicate that they are seeking to engage parents who are looking for information in their baby clubs both pre- and post-birth.

- B.113 Baby clubs provide advice and support on a wide range of topics, from pre-birth matters such as conception, through to pregnancy and birth, as well as baby care and parenthood, health, wellbeing and fitness, nutrition and relationships. They also provide information about the products manufacturers sell such as formula milks, baby cereal and toddler snacks. For example, an internal document from one manufacturer indicates that its baby club delivers advice and support from a team of experts including a midwife, nutritionist, dermatologist, pelvic floor physiotherapist, relationship therapist and a pre- and post-natal personal trainer. The baby club champions breastfeeding but also provides information on formula milk for those who are proactively seeking it.
- B.114 In addition to their websites, baby clubs provide this support, advice and information to parents through a range of channels including via emails and social media. Some baby clubs also utilise consumer reviews. For example, the SMA baby club has a website, is active on Facebook and Instagram, and offers a careline team of expert parents who are available via telephone, live chat, email and WhatsApp. The baby club also has a programme of regular emails which parents who sign up to the baby club will receive.<sup>87</sup>
- B.115 Kendal takes a slightly different approach. It does not operate a baby club but instead, has the Kendamil website containing, for example, information on its formula milks and a parent support hub which includes posts on topics such as pregnancy, feeding, nutrition and parenting advice. Parents can also purchase formula milks directly from the Kendamil website.<sup>88</sup> As Kendal explained to us, it does not put content or incentives behind a sign-up requirement. Aldi also does not have a baby club but information about its Mamia infant formula is available on its website, including via the Mamia range page.<sup>89</sup>
- B.116 Survey D found that 55% agree that ‘the availability of expert support and advice through careline or other means provided by brands is really important to me’. 53% agree that a ‘brand’s baby club help[s] to build... trust in the brand’s expertise and support for parents.’

### **Digital search and display advertising**

- B.117 Parents may also access information from manufacturers which informs their brand choice when they use search engines, and in particular when the results returned include sponsored adverts. This is known as search advertising. More

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<sup>87</sup> SMA, SMA nutrition, [Home - Pregnancy and Baby Advice | SMA Baby](#), accessed 30/07/24.

<sup>88</sup> Kendamil, [Best Organic Baby Milk | Vegetarian Baby Formula Milk | Kendamil](#), accessed 30/07/24.

<sup>89</sup> Aldi, Bundles of low prices for little ones, [Mamia | ALDI](#), accessed 31/07/24.

specifically, search advertising is where an advertiser pays for its advert (typically in the form of a text link) to appear next to the results from a consumer's search on an internet search engine, although adverts may also appear in other forms of search, for example on maps. The selection and targeting of these adverts is based primarily on keywords entered by the user.<sup>90</sup>

- B.118 Digital search advertising is a well-established marketing method, and it is unsurprising therefore that most formula milk manufacturers told us that they engage in strategies like search engine optimisation and pay per click online advertising. That said, these manufacturers also indicated that they do not promote or advertise their infant formula products to the general public as part of their digital marketing activities. Two manufacturers proactively stated that this is in line with regulatory requirements.
- B.119 Display advertising is another way in which parents may access information from manufacturers when online. Display advertising enables advertisers to place ads on websites or apps in a variety of formats, including banner-style adverts, 'native' advertising, sponsored content, and video advertising. As this has not been a core focus of our market study, we did not ask manufacturers if they engaged in display advertising.

### **Retailers**

- B.120 Another way in which parents may receive information which may then inform their brand choice is when they visit bricks and mortar retail stores or when they make online purchases. Ways in which information may be received includes:
- Viewing formula milks (and their product labels) on retailer shelves;
  - Shelf edge labelling, aisle fins, floor stickers, digital displays, digital banners, shopping cart recommendations;
  - Featuring of products in retailer-led baby events; and
  - Featuring of products in retailers' baby clubs. For example, one manufacturer has featured its formula milks in Boots' Parenting Club emails.
- B.121 Most retailers told us they do not pay for paid for sponsored search results that link to pages where infant formula can be purchased. Of those, several proactively noted that they didn't engage in this activity because of regulations.

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<sup>90</sup> CMA (2020), [Online platforms and digital advertising, market study final report](#), p59.

## Consumer vulnerability

B.122 The CMA's 2019 work on consumer vulnerability has defined it as referring, in a broad sense, to 'any situation in which an individual may be unable to engage effectively in a market and as a result, is at a particularly high risk of getting a poor deal'.<sup>91</sup> This work distinguished between two broad categories of consumer vulnerability:

- 'market-specific vulnerability', which derives from the specific context of particular markets, and can affect a broad range of consumers within those markets; and
- 'vulnerability associated with personal characteristics' such as physical disability, poor mental health or low incomes, which may result in individuals with those characteristics facing particularly severe, persistent problems across markets.<sup>92</sup>

B.123 This sub-section considers how parents in the infant and follow-on formula market may experience both market-specific vulnerability and vulnerability associated with personal characteristics.

### Market specific vulnerability

#### **Most parents in this market experience a degree of vulnerability**

B.124 Parents in this market are almost always somewhat vulnerable because the vast majority of feeding decisions come with high pressure on a parent to do the best they can for their baby. Our consumer research found that 'when it comes to choosing a brand for their infant, consumers want to purchase 'the best' - whatever that means to them.'<sup>93</sup>

B.125 Feeling the need to do the best possible for a baby applies both to planned and unplanned decisions and to those made before and after birth. It applies even to those who are comfortable with their choice to use formula milk, but more acutely to those who experience greater feelings of guilt about using it.

B.126 Our consumer research found that mindsets make a difference to levels of vulnerability and that there is a group of consumers who tend towards the view that 'a fed baby is a happy baby'. Our consumer research found that this group are less likely to be first-time parents and that they are 'able to feel more at ease with their decision to use formula milk and are less emotionally driven in the brand

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<sup>91</sup> CMA (2019), [Consumer Vulnerability: Challenges and Potential Solutions](#), p4.

<sup>92</sup> Ibid.

<sup>93</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p27.

choice'. However, even amongst this group, our consumer research identified feelings indicating a degree of guilt or reservation that 'their choice may be viewed as 'second best' and that they 'may have initially struggled with it'.<sup>94</sup>

B.127 Widespread vulnerability created through parents feeling a need to do the best possible for their baby is exacerbated by the following characteristics of this market:

- Parents are using a product critical to the healthy development of a vulnerable baby;
- Parents cannot personally assess the quality of formula milk themselves through taste and experience and their baby cannot verbalise views on it;
- Parents are often making infant feeding decisions at a pivotal time in their lives when many different health and lifestyle challenges can arise (both during pregnancy and after birth); and
- Parents (particularly first-time parents) are making infant feeding decisions at a time when they are also needing to make decisions on a large number of different products for their new baby. This can lead to general feelings of information overload and choice anxiety. For example, a survey of 400 mums by the charity, Tommy's found that '86% reported that they felt "overwhelmed" by the amount of pregnancy information available'.<sup>95</sup>

### **Vulnerability exacerbated by guilt**

B.128 There is evidence that parents who experience feelings of guilt around formula milk use are particularly vulnerable. Our consumer research identified a second mindset, where parents held the view that 'infant formula is second best [to breastfeeding]'.<sup>96</sup> This reflects NHS messaging, so it is understandable that parents have internalised the belief that 'breast is best'. Nonetheless, it can place parents in a more vulnerable position, when they find themselves needing to make decisions on formula milk, because it very easily leads to choices made from a starting point of guilt. Often this holds true even in cases where breastfeeding is not possible and formula milk use is necessary and therefore the 'best' option.

B.129 Our consumer research highlighted feelings of guilt across different types of parents in different situations:

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<sup>94</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p16.

<sup>95</sup> Tommy's blog (2020), [Managing information overload during pregnancy](#).

<sup>96</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated).

'Across both planned and unplanned use, there are feelings of guilt when deciding/ having to use formula, and about doing what is 'best' for their infant. This increases pressure to choose what seems the 'best' infant formula available'<sup>97</sup>.

'Breastfeeding is an aspiration for many and therefore some described experiencing strong feelings of guilt and that they had not being able to provide the 'best' for their child. This leads some to persevere with breastfeeding even when they feel it is potentially detrimental to their physical and mental health.'<sup>98</sup>

'On balance, consumers who combi-feed express feeling guilty at the point of introducing formula into their feeding routine, but relieved once their infant starts to thrive'... If combi-feeding is medically advised (usually if the infant is not thriving on breast milk only), this can carry additional guilt for the mother as she feels she is not able to give her infant everything that they need.'<sup>99</sup>

B.130 Guilt is detrimental to consumer outcomes in this market because it puts them at risk of spending more than they need to.<sup>100</sup> Our consumer research found that:

'For consumers who feel guilty for using formula, there is a sense that purchasing a 'premium brand' helps to assuage these feelings of guilt. In the absence of breast milk, they want to ensure they are giving their infant the 'best', with this being equated to higher price alongside other claims /packaging.'<sup>101</sup>

Our consumer research report noted that:

'This group feel that purchasing a more expensive brand is the "least they could do" and struggle the most with feelings of guilt around their need to use formula and desire to 'make it up' by having the "best" for their baby.'<sup>102</sup>

B.131 Our consumer research found that the desire to purchase a premium brand is 'felt particularly strongly amongst mothers who had hoped to exclusively breastfeed.

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<sup>97</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p6.

<sup>98</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p15

<sup>99</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p22.

<sup>100</sup> See the sub-section 'Drivers of decision-making' earlier in this appendix for a fuller discussion of the role of price in formula milk decisions.

<sup>101</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p27.

<sup>102</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p16.

They have heard ‘breast is best’ and therefore feel even more guilt if they make a rational budgeting decision in their choice of formula brand.’<sup>103</sup>

- B.132 Similarly, Professor Amy Brown, a research specialist in early experiences of parenthood at Swansea University, told us that, ‘[Some] parents desperately want to believe they can buy a better product’ and that it ‘was very worrying that many parents couldn’t afford the more expensive infant formula but chose it anyway,’ often due to feelings of guilt.

### **Vulnerability and the extent to which a decision is planned**

- B.133 The CMA’s work on vulnerability highlighted ‘time poverty’ as a factor ‘likely to affect consumers’ ability to engage in certain markets’.<sup>104</sup> In the market for infant and follow-on formula, some parents do have time to plan but many others find themselves needing to make decisions under time pressure.
- B.134 Survey A found that, when asked to choose an option to describe best how they first made their brand choice, 45% of mums said they had ‘thought a lot about brands’, indicating that they viewed their decision as well-planned. 53% did not make such a well-planned decision, with 35% saying they had ‘thought a little about brands’ and 18% indicating that they did not make the decision themselves, either because it was an ‘emergency choice’, was ‘given by hospital’ or ‘someone else chose it’.
- B.135 Our consumer research has found that decisions in this market that are unplanned tend to be made in circumstances where parents are far more vulnerable. It noted that, ‘often, consumers feel they began to use formula as a necessity, rather than actively choosing to, as a result of circumstance such as health issues after birth, poor milk supply, or the baby failing to thrive on breast milk alone.’ For these parents, our consumer research found that the timescale for their decision-making could be ‘almost immediate’ and their formula use did not ‘feel like a choice.’ It concluded that parents in this situation are ‘likely to be vulnerable’ because they often ‘planned to be breastfeeding only and this has not worked out’. Often, they also ‘have had no information on using formula to draw on’ and ‘have strong feelings of guilt’.<sup>105</sup>

### **High vulnerability linked to unplanned use in hospital at birth**

- B.136 As mentioned in the sub-section ‘Trends in consumer behaviour’ earlier in this appendix, around a quarter of parents make a brand choice at birth. Those who

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<sup>103</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p32.

<sup>104</sup> CMA (2019), [Consumer Vulnerability: Challenges and Potential Solutions](#), p7.

<sup>105</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p46.



wanted and expected to breastfeed and who find out in hospital that they will have to formula feed, either partially or exclusively, are usually extremely vulnerable, particularly if they have thought very little about formula choices. They are often under situational stress and experience guilt or failure around formula milk use (even where they are using it out of necessity rather than choice). They are unlikely to have either the time or circumstances conducive to well-informed decision-making.

B.137 Whereas Survey A described decisions made before and during pregnancy as 'very considered, it found that:

'For mums who decide in hospital there one key driver - that they couldn't breastfeed. This is not a very considered stage and the decision to formula feed is one more of desperation... it's likely mums just feed the milk they're given.'

B.138 Our consumer research found the initiation of formula feeding in a healthcare setting at birth is 'pressurised', often 'not part of the planned feeding journey' and 'driven by a range of unexpected health reasons' including 'challenges breastfeeding or with milk supply, babies not putting on weight or latching on, or the mental or physical health of the mother'. Our consumer research found that, 'These are highly emotional and vulnerable experiences, and parents can feel they have 'failed' if they turn to formula'.<sup>106</sup>

B.139 Quantitative evidence confirms that infant feeding does not always go as planned and that this can lead to feelings of guilt. Our analysis of World Health Organisation survey data for the UK found that 45% of all mums did not end up feeding their baby as planned, with the majority of these (87%) saying they had fed formula more, or for longer, than expected.<sup>107</sup> Survey A also found that 26% of mums who were formula feeding reported feeling or having felt 'a strong sense of guilt for not breastfeeding my baby'. It is notable that this rose to 30% for those feeding Aptamil and 46% for those using Kendamil, substantiating the point that guilt can lead to consumers turning to premium brands.

B.140 Our consumer research investigated how these parents make a brand decision when they need to do so under pressure at birth in a healthcare setting. They found that (noting the finding identified previously that parents are likely to have received little information pre-birth from trusted sources), these parents rely on:

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<sup>106</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), pp13-14.

<sup>107</sup> CMA analysis of UK data: World Health Organisation and the United Nations Children's Fund (Unicef) (2022), [Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report.](#)

- ‘The available choice - and the reality that in hospital they have no other option than what is on offer’;
- ‘Pre-made formula bottles they were told to bring - with a minority of consumers receiving advice to bring some to hospital as a backup. This minority bring whichever brand they have most knowledge about, but don't actually plan to use the bottles, as they still expect to breastfeed’;
- ‘Snap decision making - making choices in collaboration with partners and based on advice from hospital staff, leaning heavily into quick research they may have done or any pre-conceptions they may have about a specific brand’; and
- ‘Any existing... brand awareness - developed via word of mouth, previous use of a brand with older children, or experiences of friends/family’.<sup>108</sup>

### **Ongoing potential high vulnerability after birth for similar reasons**

- B.141 Parents who start using formula at some point in their child's first year may also be more vulnerable than those who made decisions during or before pregnancy, particularly if their decision to start using formula milk was unplanned and particularly if they need to start using it in the weeks immediately following birth. In addition to the general pressure to do what is best for their baby, they may be turning to formula milk at short notice and/or when dealing with a stressful situation (such as feeding difficulties or sleep problems) or when juggling a return to work. Like many of those who started formula use in hospital, they may not have planned to use formula and may experience feelings of guilt.
- B.142 Our consumer research found that, ‘In the weeks following birth, the choice to introduce infant formula is reactive in response to the infant not putting on weight or not reacting well to breastfeeding; the mother’s health and wellbeing; or getting more involvement from the co-parent/partner’. Our consumer research also noted that parents at this stage ‘describe the process of introducing formula or switching to combi-feeding as emotionally challenging, feeling as if they have in some way ‘failed’ at breastfeeding.’<sup>109</sup>
- B.143 Survey A reported the following motivators in mums’ formula choices when back home from hospital following birth:

‘The main motivators for mums deciding to feed formula after leaving hospital are enabling others to feed and being easy to

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<sup>108</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p19.

<sup>109</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p13.

prepare. All statements [regarding why they feed or have fed formula] are a lot lower than other stages, showing that this is more a decision of convenience.'

B.144 Our consumer research investigated how parents make a brand decision when they start using formula at home in the weeks following birth and found that 'consumers describe decision fatigue, and any decision shortcuts (like personal recommendations or word of mouth guidance) are welcomed and significantly impact the decision to use a specific formula'. Our consumer research noted that decisions at this stage tend to be based on:

- 'Lactation challenges once out of hospital';
- 'Post-partum issues recovering after birth (e.g. complications recovering after emergency c-section, mental health challenges)';
- 'Infant not reacting well to breast milk, or not putting on weight';
- 'The partner/ co-carer 'suggesting to formula-feed for a break or to support with mental health for the mother'; and
- The partner/ co-carer 'wanting to split the feeding load and bond with the baby (in these cases, closely tied with how the mother is experiencing breastfeeding).'<sup>110</sup>

### **Vulnerability amongst first-time parents**

B.145 In each of the three situations described above (general vulnerability across the market, specific vulnerability at birth and vulnerability post-birth), first-time parents are more likely to experience difficulties in engaging with this market in ways that make them vulnerable to decisions that may not be conducive to making well-informed choices.

B.146 It should be noted that the difference between intent to formula feed and the reality is wider for first-time mums: Survey A found that, at any given point in time during pregnancy, 12-18% of first-time mums intend exclusive formula use versus 34% in reality (just after birth). Those who did not plan or expect to exclusively formula feed are potentially more likely to experience feelings of guilt.

B.147 Our consumer research found that first-time parents are less likely to have planned formula use and are less likely to share the mindset described above that 'a fed baby is a happy baby'. Whereas 'those who already have children with whom they have previously used formula feel more confident making the decision

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<sup>110</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p20.

to use formula again and are more likely to plan ahead to use formula with their next child. They feel it has worked for their family previously so are comfortable doing so again.’<sup>111</sup>

## **Vulnerability associated with personal characteristics**

B.148 The CMA’s recent work identified ‘four characteristics associated with consumer vulnerability: mental health problems; physical disabilities; age; and low income’.<sup>112</sup> We have found that low incomes and mental health are particularly relevant when considering consumer vulnerability in the market for infant and follow-on formula.

### **Low incomes**

B.149 As noted in the sub-section ‘Trends in consumer behaviour’ earlier in this appendix, according to most recent official statistics, greater use of infant formula (as opposed to breastfeeding) was found in the UK amongst younger mothers (below age 30); those living in more deprived areas; and those who finished education earlier.<sup>113</sup>

B.150 Several studies have identified how the inability to afford formula milk can lead to unsafe feeding practices such as infants being underfed, fed inappropriately or formula being watered down. This was highlighted by the All Party Parliamentary Group on Infant Feeding and Inequalities in 2018 and subsequently in a report by the charity, Feed, in 2022.<sup>114</sup>

B.151 The British Pregnancy Advisory Service (BPAS) recently reported that the current value of Healthy Start vouchers at £8.50 per week is insufficient to cover the cost of infant formula and that Mumsnet figures show many families with young children are struggling financially.<sup>115</sup>

B.152 Survey E on the views and experiences of healthcare professionals, provided in response to our interim report, found that 43% of healthcare professionals thought that parents on lower incomes ‘are not receiving enough information about infant feeding’. The same survey also found that:

- 60% of healthcare professionals had seen or heard of parents ‘concerned about affording enough formula milk to feed their child’;

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<sup>111</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated), p5.

<sup>112</sup> CMA (2019), [Consumer Vulnerability: Challenges and Potential Solutions](#), p7.

<sup>113</sup> Official Statistics, [Infant Feeding Survey 2010](#).

<sup>114</sup> Feed (2022), [Access to infant formula for babies living in food poverty in the UK](#).

<sup>115</sup> BPAS Press Release (2022), [Soaring costs of infant formula will “force families to resort to unsafe feeding practices”](#).

- 44% of healthcare professionals had seen or heard of parents ‘using the incorrect formula type for their baby’; and
- 30% of healthcare professionals had seen or heard of parents ‘diluting formula milk due to cost’.

B.153 The Royal College of Nursing backed up these findings, telling us that there is a group of parents on very low incomes who desperately struggle with the cost of formula, to the point where they might skip meals themselves, be reliant on baby banks or try to get specialist formula on prescription so they don’t have to pay for it. They reported that this group are: less likely to be breastfeeding; harder to reach with NHS information and midwife visits as they often do not engage with healthcare services in general; and are often more susceptible to receiving disinformation about formula milk from online sources and social media.

B.154 While this applies to a minority of parents, it is important to note that there are some in this situation who face extreme difficulty in engaging with the infant formula market and in affording formula milk as it is currently priced. In these circumstances there is a risk of severe health impacts on vulnerable infants at a critical stage in their development.

### **Mental health issues and tiredness**

B.155 NHS England has reported that: ‘Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions.’<sup>116</sup> Use of NHS perinatal mental health services is increasing, with more than 57,000 new and expectant mums in England receiving specialist support for mental health problems in 2023, up a third on 2022.<sup>117</sup>

B.156 As mentioned above, the CMA’s previous work has identified mental health as particularly likely to be associated with consumer vulnerability. It identified specific reasons why consumers experiencing mental health problems might have difficulty engaging with markets, including: ‘a lack of “mental bandwidth” required to be able to think about engaging with suppliers’; avoiding ‘avoid switching suppliers or services because they require stability and routine’; and ‘impaired cognitive skills’. The CMA found that:

‘These types of challenges can mean that consumers with poor mental health are at an increased risk of experiencing poor outcomes in markets. They are less likely to get a good deal from a

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<sup>116</sup> NHS England, [Perinatal mental health](#).

<sup>117</sup> NHS England Press Release (2024), [Record numbers of women accessing perinatal mental health support](#).

supplier, for example through switching or shopping around, because of the challenges they experience in these forms of engagement. This can mean they may be paying more than they need to for services.<sup>118</sup>

- B.157 In addition to diagnosed perinatal mental health problems, parents often experience extreme tiredness and sleep deprivation in the perinatal period, which can lead to similar vulnerabilities.

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<sup>118</sup> CMA (2019), [Consumer Vulnerability: Challenges and Potential Solutions](#), p10-12.

# Annex: Consumer survey evidence

## Overview

- B.158 This annex includes a summary of the methodology of the qualitative research commissioned by the CMA to inform its market study into infant formula and follow-on formula in the UK. For details on the findings and the full methodological information, including the full discussion guide, see the published report.<sup>119</sup>
- B.159 Also outlined in this annex are additional sources of consumer research that have been considered and included in our reporting, including the accompanying appendices. Survey findings were provided by manufacturers and stakeholders, or are publicly available findings sourced by the CMA.
- B.160 Table 1 below summarises key technical details about these surveys (to the extent that we were able to determine the details from the information supplied, and responses to our follow-up questions about how they were conducted).
- B.161 Further research findings were submitted that were reviewed but are not included in this annex or the report. Decisions on inclusion of research findings were based on their relevance, recency and the levels of robustness, as indicated by methodological details, or lack thereof.
- B.162 Finally, the majority of the consumer surveys were conducted using an online panel. This appendix outlines the limitations and biases that are inherent in this methodology. With these issues in mind, the findings from these surveys have been considered together as a whole, where findings appear to be indicatively informative on topics pertinent to this market study. In particular, we have considered the prevalence of attitudes and experiences which are not possible to infer from the commissioned qualitative research.

## Market Study consumer research

- B.163 The CMA commissioned the independent research agency Thinks Insight & Strategy to conduct qualitative research with parents, exploring the decision-making processes of those who use infant formula and / or follow-on formula to feed their child(ren).
- B.164 All participants were a parent or primary carer of an infant. The fieldwork consisted of 54 x 1-hour individual in-depth interviews and 11 x 1.5-hour paired in-depth interviews and was conducted between April and June 2024 with participants from across the UK. The interviews were held face to face, through video conferencing

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<sup>119</sup> Thinks Insight and Strategy (2024), Experiences using infant formula and follow-on formula: Qualitative research report (updated).

software, although in-person interviews were also available if preferred by the participant(s). Of these interviews, 8 were carried out as a pilot to test the research materials.

- B.165 Those who took part in the research were recruited to represent a cross-section of parents who use formula, including planned and unplanned formula use, first child and multiple children, different brand use, and general demographics of age, sex, ethnicity, socio-economic group<sup>120</sup> and region.
- B.166 Participants were given a pre-task ahead of the interview, to help refresh their memory of key decisions made. A semi-structured discussion guide was used to carry out the interviews, to ensure key topics were explored in enough detail but also allowing the flexibility to explore issues raised spontaneously by participants. The interview included a guided consumer journey mapping exercise. The discussion guide was developed and finalised by Thinks Insight & Strategy, in consultation with the CMA.
- B.167 Thinks Insight & Strategy's full report on the findings from the qualitative research was published on the CMA website alongside this report.
- B.168 One stakeholder, Danone, raised concerns about the methodology and reporting of this qualitative research.<sup>121</sup> In summary, it felt that the research was erroneously presented as representative of the wider consumer population, that the sample was insufficient, that there lacked information on the recruitment of participants and that participant knowledge of the CMA's review would bias the findings. To address these concerns, information on generalisability has been added where relevant and details on the recruitment of participants has been added to the methodology section of the research report. We maintain that the design of the qualitative research, including the sample, is robust and that the CMA review would have had a minimal impact, if any, especially as the interviews were largely rooted in the participants' recent experiences.

## **Additional consumer research evidence**

- B.169 Table B.1 below summarises the key consumer evidence (other than that commissioned by the CMA) that has been included in the market study report and appendices.
- B.170 Manufacturers submitted a range of consumer (or customer) research evidence, that is, research conducted in the course of normal business activity for a purpose other than informing this market study.

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<sup>120</sup> Socio-economic group (SEG) is a classification system based on occupation. It enables a household and all its members to be classified according to the occupation of the Chief Income Earner.

<sup>121</sup> Danone's response to the interim report, p36-38.



**Table B.1 Summary of consumer evidence included in this report**

<i>Commissioning company / organisation</i>	<i>Research agency</i>	<i>Name in this report</i>	<i>Fieldwork date</i>	<i>Achieved sample size/research audience profile</i>	<i>Survey methodology</i>
[REDACTED]	[REDACTED]	Survey A	December 2023 to January 2024	n=1,613 pregnant women and mothers with babies aged 0-24 months	Majority face-to-face (non-probability sampling), with a proportion online from a panel
[REDACTED]	[REDACTED]	Survey B	August 2021	n=808 parents, with babies aged 0-36 months, who had bought baby formula in the past four weeks	Online Panel
[REDACTED]	[REDACTED]	Survey C	Multiple – 2020 up to November 2022	Multiple – each n=200 Mums of babies 0-18 months who currently use formula milk to some extent	Online Panel
[REDACTED]	[REDACTED]	Survey D	April – May 2023	n=600 mums of children aged 0-24 months	Online Panel
[REDACTED]	[REDACTED]	Survey E	February 2023	n=100 healthcare professionals working in maternity facing roles	Healthcare professional online panel
<b>Which?</b>	[REDACTED]	n/a	February – March 2024	n=2,285 parents of children aged 0-5 years old who used formula milk in the first 12 months	Online Panel
<b>The World Health Organisation<sup>122</sup></b>	M&C Saatchi World Services	n/a	October 2019 - March 2021	UK data n=1,052 mothers, of which 300 were pregnant and 600 were using formula milk to some extent	Face to face interviews online (non-probability sampling)

B.171 We note that, with one exception, the manufacturers’ consumer research was conducted online, with samples drawn from pre-recruited respondent panels. All research used non-probability sampling methods to source participants. As a general principle, sample bias is a concern when this methodology is used for consumer research because recruitment to the panel or research does not rely on randomisation methods.

B.172 While a panel can be made to look like a random, representative cross-section of consumers in terms of its demographic profile, the characteristics of people who join a panel may not be typical of all consumers. For example, panellists tend to be disproportionately younger and in higher socio-economic groups, with the groups at the lower end of the scale being under-represented. This can be a flaw when comparing behaviours of different consumers. In particular, evidence in the academic research literature suggests that those who join an online panel spend

<sup>122</sup> Part of a wider piece of multinational research - [Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report](#) WHO provided the CMA with the quantitative UK data from their research, from which additional analyses were carried out.

more time on the internet and engage more actively than other consumers in searching for better deals online.

- B.173 More generally, response rates to online surveys are often low (with the consequent risk of non-response bias), and the quality of responses is often not as high compared to when a respondent interacts with an interviewer (for those not conducted face-to-face).
- B.174 Therefore, the CMA tends to place less evidential weight on surveys involving respondents recruited from online panels, as is discussed in more detail in previously issued guidance.<sup>123</sup>
- B.175 The quantitative surveys included were assessed to be the most relevant and robust available to us and have been informative in indicating the prevalence of factors that are relevant to this market study. They mostly have large sample sizes, which tend to reduce sampling error. Therefore, while the methodological issues are noted, we have included findings to inform our emerging conclusions, considering them collectively, in the round with other evidence, and where there are no obvious contradictions within them.

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<sup>123</sup> CMA (2018), [Good practice in the design and presentation of customer survey evidence in merger cases \(CMA78 revised\)](#).