

Comments from [REDACTED] recently retired Infant Feeding Midwife in a Baby Friendly Initiative accredited maternity unit.

General comments

I am surprised by the term 'to not discourage breastfeeding' which occurs throughout the report and is not something that I have ever heard in current discussions of the WHO Code. Why not just use the term 'to promote, support and protect breastfeeding'? Or, for shorthand, 'protect breastfeeding'. I wouldn't say that infant formula marketing might 'discourage breastfeeding' – but rather it 'encourages' or 'promotes' formula feeding (that is its purpose) and 'undermines' breastfeeding'. I feel the phrase indicates a lack of understanding of how much breastfeeding is under threat by formula advertising world-wide, together with inadequate breastfeeding support in health services, and needs 'protecting'.

It would be better to add that marketing restrictions on infant formula are not only to 'protect breastfeeding' – they are also **to ensure that parents purchasing formula receive information about different products which is accurate, unbiased and not misleading, enabling parents to make informed decisions.**

Formula marketing restrictions are informed by the WHO Code which is intended to protect breastfeeding AND ensure safe and appropriate formula feeding by protecting against marketing of unnecessary and potentially harmful formula milks.

Could the CMA also be more specific that the marketing restrictions under discussion do not limit long-term price reductions which can be indicated to consumers by the price label on the shelf – they restrict the **advertising of short-term price reductions** or special offers.

It could be helpful for the CMA to have an awareness of how the interim report has been very selectively reported in the mainstream media (promoting the interests of manufacturers and retailers, in their campaign to reduce marketing restrictions) – for example in this BBC article [Baby milk price promotion ban should end, watchdog suggests](#) where ending marketing restrictions is the headline suggestion.

The CMA are hopefully sensitive to the fact that there can be an inherent hostility in the mainstream media to any breastfeeding advocacy (including WHO Code restrictions) – which is often reported as an unfair pressure on bottlefeeding parents, sometimes expressed as 'punitive' towards bottlefeeding parents, for example in this [BBC report](#) with the headline **The high price of baby formula makes parents feel "punished" for not breastfeeding, mums and dads have told the BBC**. This implies that the high price of formula is caused by breastfeeding promotion, not by pricing decisions by the manufacturers/retailers to maximise profits, and heightens the hostility towards breastfeeding advocacy. I would request that all of this should be taken into consideration in the wording of your final report to try to avoid the media seizing on such headlines.

Section 4.90

I disagree with the wording that parents have *difficulties assessing **the benefits** of a given product* – in the same paragraph you acknowledge that *manufacturers aim to signal certain products as superior, through the connotation of intangible and/or non-verifiable benefits, rather than specific and verifiable points of difference about particular products*. So I think this means that it is mostly unclear if there are indeed any benefits, or what they are what the benefits are – so it is not so much parents have difficulties making an assessment, of **the benefits**, rather: Parents have difficulties in identifying any specific and verifiable points of difference between products.

It is hard to understand this paragraph. It seems that you would prefer parents to make more informed decisions, *based on clear, accurate and impartial objective information*, and ‘engage’ more in this market and you reflect on the factors that make this difficult – vulnerable parents, making shortcut decisions, brand awareness and reputation playing an ‘outsized’ role in brand choice, complex science difficult to evaluate.

I am not sure what your goal is, but the report seems to indicate it is undesirable that parents *use price as a proxy for quality* and you would prefer them to make more rational and informed decisions about purchasing formula (especially those who are financially insecure) and not be influenced by *signals of intangible, nonverifiable product superiority*. I can only guess that you are trying to word this diplomatically, especially as the CMA has no remit to advise on people’s purchasing choices, but the meaning is not clear.

6.64

I welcome your request for clarification on whether promoting a long-term/base price reduction would be considered a breach of marketing restrictions.

I do not understand why a price reduction needs to be ‘promoted’ (publicised/advertised) beyond a change on the price label on the shelf? Given that most people choose formula brands based on personal recommendations, surely hearsay is an effective way of information-sharing? If it is a regular essential purchase, parents are going to notice if the price goes down. If retailers want to entice customers to a different retailer, they can indicate eg ‘Aldi price match’ which doesn’t involve any promotion of the formula brand or product. Some people never ‘shop around’ (less likely if you are financially insecure & have no transport) and others do it routinely, without needing to see adverts for price reductions. I don’t work in the world of marketing and sales, but I do not understand why there is an assumption that nobody can/will make a price reduction without actively ‘promoting’ it.

6.65 *Manufacturers place a particularly strong emphasis on brand building to support sales of infant formula*. And you have concluded that a key reason for this is restrictions on marketing. Where is the evidence for this? You have repeatedly acknowledged that parents rarely change brands, and (falsely) equate higher price with better quality. So brand building is always going to be extremely important, and your conclusion that this is linked to restrictions on marketing makes no sense to me and I would request that you explain what observations, in this unique market, have led to that conclusion.

6.68 Clearly I am not an expert to clarify the regulations, but as an ordinary person I know the difference between ‘information’ about prices and ‘publicising’ ‘advertising’ and

‘promoting’ – if information is standard simple text (as used for all items in the store) with the product name and price, that is information. As soon as there is a brand logo on any information, it is ‘marketing’.

Section 8

I cannot really say if any of your recommendations in section 8 will have any impact either way – as in most people just want to buy the most expensive product they can afford & will probably continue to do that. Whether prices drop is dependent on decisions by manufacturers and retailers about what profit margins they want to maintain. Their customers are a completely captive market, so they have a lot of power. Perhaps they could be encouraged to achieve brand loyalty by appearing altruistic and philanthropic by reducing their prices to benefit all babies who are formula fed and their families.

8.2

An early decision is not necessarily desirable. Since the majority of mothers hope to breastfeed, it is not ideal that, before they even start breastfeeding, they consider that it may not go well for them and they need to research information on infant formula ‘just in case’ they may need it later. Breastfeeding ‘success’ depends to a huge extent on maternal confidence and ‘self-efficacy’ which may be undermined by HCPs encouraging parents to think about formula during pregnancy, indicating that they expect problems are likely to arise, when hopefully they will be able to breastfeed. This is a tricky issue, because some families will feel it is important to be realistic about potential problems, so we need to get a balance, hopefully responding to individual parents’ needs, rather than routinely discussing with all parents.

8.3 Parents easily able to compare retail prices for their preferred product to get the best deal Infant formulas are included in supermarket price comparison sites like <https://www.trolley.co.uk/> – I don’t know if these are considered ‘adverts’ as they simply provide an image of the product and price comparisons at major retailers.

Manufacturers do already appear to be responsive to the prices of their competitors – following reduction in price by Aptamil, Iceland lowered its prices and other retailers followed this year. With marketing restrictions in place!

8.4 This lack of incentive to compete on price is likely to be driven by the restriction on advertising or promoting infant formula prices No evidence has been presented for this view.

8.5 Again, no evidence is given for the view that the regulatory system strongly disincentivises price competition

You have discussed that follow-on-formula is not subject to marketing restrictions – but although it sometimes has short-term price reductions, its cost remains close to infant formula – because there are other factors that influence the market, like, nobody wants to buy a cheaper product for their baby, and manufacturers fear parents may not want to buy FoF if it is cheaper.

Is there evidence that FoF price reductions which have been promoted has led to parents switching brands either short-term or long-term?

I would question what is the perceived benefit to promoting price reduction that makes it essential for manufacturers and retailers if they are to implement price reductions. Is it that parents are more likely to switch brands permanently if the price reduction is widely advertised? Is there any evidence for this belief from the experience of promotions of FoF price reductions? Did parents switch brands as a consequence? Compared to experiences when price reductions have been implemented without lots of advertising?

Excessive price rises in recent years are not a result of new marketing restrictions – prices have been considered reasonable for the many years when marketing restrictions have been in place.

There is nothing to stop manufacturers and retailers from reducing prices for their products without promoting the price reduction – their competitors will find out, customers will find out. This is just an assumption which is unproven.

Price competition is usually short-term special offers, which is not what struggling families need. They need long-term base price reductions. Price reductions of expensive products are more likely to be attractive, rather than cheaper products being even cheaper – but how will parents manage when the short-term price reduction ends?

This is a truly unique product, the most absolutely essential and regular grocery item ever purchased, when parents wish to spend the most money they can afford, and prefer to stick to one product – for which there is no evidence to suggest that parents will not notice price reductions, and tell their friends and family, without the need for price ‘promotions’. And price promotions are unlikely to change their purchasing behaviours in any way, other than to stock up. If they do change their behaviours, it may encourage parents to buy a product they cannot afford in the long term.

8.18 This could be accompanied by specified information on the range and unit prices of infant formula. It might also include a clear and factual assessment of some of the claims made by manufacturers on their packaging. I strongly disagree that the NHS should have any responsibility for providing this information – it would require considerable investment of resources, when there is currently almost no investment in breastfeeding promotion/support/protection. The content of the current information is sufficient, although its message could be strengthened and presented in simpler language to make the message clearer. The purpose of this suggestion would be to counter non-verifiable claims, but if all marketing was restricted there would be no need for the NHS to spend resources essentially ‘debunking’ those claims.

8.19

HCPs already have a role in supporting parents to formula feed as safely as possible, which is not always consistently implemented. Many parents have already purchased formula before they come to hospital, so HCPs are not going to start telling them they have brought the wrong product unless it is not first infant formula! In the hospital where I worked, if parents don’t have any formula, and want to give some, they are asked to go and buy some in the hospital/nearby shop – we already promote the message that all the formulas are equivalent, discourage them from thinking that more expensive = better quality and inform them they can use Infant Formula for 1st 12 months, using the [UNICEF First Steps Nutrition leaflet](#) – but as NHS services are under such severe strain, this basic message is not always consistently conveyed. Please do not expect HCPs do take on any further discussions when

they are already struggling to have those basic discussions which are considered best practice.

If formula is medically indicated, or parents/baby are stressed so it is inappropriate to send them off to the shops (ie *when parents are in particularly vulnerable and/or time-pressured situations*) we offer hospital supply infant formula. This is decanted in small quantities from branded bottles, into plain bottles. Parents may ask what the product is, and we tell them and explain it will have been chosen because it is the cheapest product – and they are all equivalent etc.

8.20 This point is covered in the [UNICEF First Steps Nutrition leaflet](#) which is used routinely especially in Baby Friendly accredited hospitals.

8.21 I strongly object to the idea that the NHS should provide information on price – or take responsibility for discussing/'debunking' the claimed benefits of different products. First Steps Nutrition Trust provides unbiased information, and can be signposted by HCPs and NHS website.

8.22 Yes I completely agree with this and this is what is already regarded as 'best practice' but not necessarily routinely discussed.

8.27 The first formula given to babies in hospital are very liked to be continued with, so it is important that maternity units do all they can to avoid biasing parents' choices. However, if they are being given hospital supplied formula (many parents have their own already) Some parents will want to know which product they are using – even in unlabelled bottles. If we all understand that all the products are basically equivalent, I do not understand why you consider a need to offer parents the option of all the EIGHT different ready to feed products across all the brands – when we are at the same time saying that they are all equivalent and it is OK to switch. If I said you can choose between 8 products, I think most parents are going to ask me – which one do you recommend? And I will say, they are all the same – so they might well ask, so why do we stock 8 different products if they are all equivalent? I think it is unacceptable that HCPs should ever be expected to have these conversations. My instructions have been to procurement, to purchase the cheapest products, at full price (although your report indicates we are probably not paying full price!). I do not agree that busy HCPs should be expected to police competition between formula brands and products, when they don't even have the time to give parents advice on how to bottlefeed safely. I think it is essential to tell parents which product we have given them, and explain that it is because it is the cheapest, and that doesn't mean it is lower quality, which encourages parents to question the idea that high price reflects superior quality.

8.35

I think it would be good to provide information on ingredients, country of origin, whether suitable for vegans (none are), vegetarians, halal, kosher etc products on packaging and on retail shelves – so long as that is in simple text without any branding or 'non-verifiable claims', together with a reminder about the nutritional equivalence of all products, and the lack of any evidence for superior qualities of any product compared to others, and the suitability of first infant formula for 12 months. If this is on every retailer shelf, that is less responsibility for HCPs because the message can be reinforced at every purchase.

8.35-6-7-8 All good recommendations, and they should all have no branding on their information resources.

Infant formula product information from the manufacturer should include the information in 8.8 'You can use this for 12 months and then move on to cows' milk.'

8.39-4 I agree with this proposal and think it might help increase price competition as parents will see price differences between brands/products more clearly. Potentially means a more informed decision is possible – you only need to look at one section of the shelf to choose.

8.42 – What do you mean by 'good decisions'? Do you mean buying the cheapest own-brand formula, if you are struggling financially?

Surely the CMA isn't supposed to have an opinion on good or bad purchasing decisions?

8.45

I do not agree that any branded messaging around price reductions should be allowed. This is just more promotion of formula feeding in general, and a particular brand/product. As I have commented earlier, just 'inform' customers of the price in normal text without branding, have all the infant formulas together on the shelf (as in 8.39-40) so they can see the difference, if they are minded to check.

8.69-8.73 Agree with all these recommendations – just reduces the opportunity for cross-promotion, makes the decision to move to follow-on milks a more significant decision, and together with 8.39 allows more comparison of prices for infant formula.

8.35 Yes I wholeheartedly agree with this, and this would also work to protect breastfeeding. Marketing adds about 10% to the cost of formulas, I think you reported – so reducing their marketing costs would reduce the price.

8.101 onwards

I do not agree with national provision of infant formula. I think it would still be regarded as a lower quality product (like NHS glasses or dental treatment) and puts considerable resources into supporting formula feeding, when there is no equivalent investment in breastfeeding promotion/support/protection.

Question 9

Do you consider that revising the regulations to ensure that manufacturers and retailers are permitted to publicise (i) prices and (ii) price reductions (section 8) is likely to induce the use of infant formula? If yes, please explain to what extent you consider this is likely to occur and any possible mitigations.

I understand this question to mean - would allowing promotion of formula (in the form of promotions of price reductions) induce the use of formula?

Each advert does not have a direct effect on people's behaviour. It is the body of adverts in many different forms, over a lifetime, which have a subliminal effect and essentially normalise and idealise formula feeding, and consequently undermine breastfeeding. (Even a statement that says Breastfeeding is best for your baby – but **lots of mothers choose not to do it /can't do it** – so here's a formula you can give – is undermining of breastfeeding.) So any advert for infant formula will indirectly have an impact on breastfeeding and no

particular form of advertising will have a specific effect. All advertising of infant feeding products should to be restricted, including for follow-on formulas and other products. (<https://www.who.int/publications/i/item/9789240044609>)

If information about prices and price reductions of infant formulas is conveyed to parents without any brand logos or attention-grabbing resources – it would not undermine breastfeeding, because there is no idealising and promotion of formula feeding.