

29 November 2024

BSNA welcomes the Interim Report from the CMA and the opportunity to respond to some of the themes that emerged from the report. BSNA is the trade association representing infant formula (IF) manufacturers.

In line with the CMA Interim Report, BSNA believes in a market which operates within fit-for-purpose regulation and recognises the need for such regulation to be effectively enforced by DHSC, ASA and TSO, in order to empower parents and carers to make informed choices on feeding their babies.

Please note that BSNA has not commented on every aspect of the CMA's Interim Report. Much of the report of course relates to the pricing and marketing of formula products, and to competition generally between manufacturers, which are matters on which manufacturers are best placed to respond individually from the perspective of their own organisations. BSNA however provides a number of brief comments, which it trusts will assist the CMA, on matters within its own knowledge and expertise as a trade body and a response to Question 1. The absence of BSNA commentary on any part of the CMA's Interim Report does not imply agreement with the content presented.

The CMA's interim findings express concern about *"the unintended consequences of the regulations designed to support important public health goals"*<sup>1</sup> With this in mind, BSNA and its members:

- Support measures that help parents make a choice that is right for them,
- Support measures that drive competition and innovation,
- Urge the CMA to recognise, and give due weight to, the role of innovation as a driver of competition and health benefits for infant formula users, but also
- Are aligned to the CMA's understanding of the importance of breastfeeding as a public health issue and notes their suggestions to relevant authorities to factor this into any final recommendations.

### **Information Provision:**

BSNA and its members share the CMA's view that many parents and carers are not receiving sufficient and timely information and advice, to ensure they are able to make informed choices on how they feed their infants. BSNA and its members are committed to supporting breastfeeding and encouraging breastfeeding rates. We support the principles of the WHO Code and Government advice that breastfeeding provides the best source of nutrition for a baby. However, not everyone can or chooses to breastfeed.

From our report ['Parent and Baby Friendly: Enabling Informed Decision Making and Respecting Parent Choices in Infant Feeding'](#) published in 2021 the following summary highlights the need for parents to be better supported in making an informed choice:

*"From the views and experiences of both Health Care Professionals (HCPs) and mothers in this research, there is a clear gap in the information and support offered to mothers to enable them to*

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<sup>1</sup> [Infant formula: CMA sets out concerns and potential solutions - GOV.UK](#)

*make an informed choice in how to feed their baby. To address these gaps and ensure parents are empowered to make informed choices on how to feed their infants, BSNA calls for:*

- Parental choice on how they feed their babies to be respected and information on formula feeding to be proactively provided both antenatally and postnatally*
- Local Health Boards and Integrated Care Systems to ensure that midwives and health visitors are enabled to provide information and advice on formula feeding proactively*
- Parents to be offered more support on combination feeding as an option in extending the length of breastfeeding if mothers are struggling with breastfeeding or wish to introduce formula into their feeding routine”*

It is important that the voices of both parents and carers, and industry, are part of the conversation concerning the provision of information. HCPs play an essential role in supporting breastfeeding, promoting good early life nutrition, and providing consistent, unbiased advice to families. However, our 2021 research demonstrates that one third of NHS Trusts actively preclude their HCPs from providing formula feeding information. To enable parents and carers to make an informed decision about their baby’s nutrition, HCPs should be enabled to maintain up-to-date knowledge about all forms of infant feeding, including breastfeeding and formula feeding, and be familiar with the suitability of each feeding method. BSNA and its members support the CMA’s view that parents and carers would benefit from greater HCP support in navigating feeding decisions, however there are barriers to overcome in its provision.

Access to information is especially important as not all infant formulas are the same. BSNA members will be better placed to provide the CMA with information regarding their own products. However, research and development continue to drive standards across the industry. Within the formula sector, innovative product formulations and manufacturing processes have been developed using additional, non-mandated nutritional elements, following their proven safety and efficacy. Therefore, in line with current regulations, the transfer of scientific information from industry to HCPs is essential to allow HCPs to be best placed to provide, accurate, unbiased information to support families in choosing the right formula for their individual circumstances.

### **Support for Innovation**

Whilst all products meet the same essential requirements for nutritional content, other beneficial nutritional elements are included in product formulations, following rigorous research and development. For example, industry led research showed the benefits of DHA (a form of Omega 3) in the healthy development of babies’ brains and eyes. DHA was included in some formulas from 2004 and made a mandatory ingredient in 2020. In time, as we saw with DHA, we may see some of these additional ingredients becoming part of the minimum regulatory requirements of formula. As such, innovation leads to continuous nutritional improvement to the benefit of future generations, so it is important that any regulations, or government interventions, do not stifle ongoing or future innovation in the sector.

BSNA members are fully committed to industry standards and regulations, which exist to protect and promote the safety and wellbeing of babies. We welcome greater clarity on the current regulations, following consultations with industry alongside other relevant stakeholders, and we recognise the importance of effective and consistent enforcement. However, we note that an unintended consequence of the current environment could leave parents without sufficient access to clear information about products to make an informed decision.

Where formulations contain additional ingredients intended to support infant development, the regulatory framework may restrict the degree to which these can be communicated to parents, which can result in confusion regarding the difference between products.

Aligning with the CMA's recommendation to increase communication to parents regarding nutritional sufficiency, parents and carers should have access to information so that they can understand that all infant formula will provide their baby with appropriate nutrition for the first six months. This can be provided alongside clear information on the differences between products. This way parents and carers can be empowered to make the right decisions for their families.

### **Conclusion:**

To ensure parents and carers are empowered to make informed choices on how to feed their infants, we want to reiterate that the BSNA and its members call for:

- Parental choice on how they feed their babies to be respected and information on formula feeding (as a suitable alternative where breastfeeding is not viable or desired) to be proactively provided both antenatally and postnatally.
- Integrated Care Systems and devolved Health Boards/Trusts to ensure that midwives and health visitors are enabled to provide information and advice on formula feeding proactively.
- Parents and carers to be offered more support on combination feeding as an option in extending the length of breastfeeding if mothers are struggling with breastfeeding or wish to introduce formula into their feeding routine.

We urge the CMA to consider the system as a whole and how it can better support parents and carers in their choices, as well as focusing on industry itself.

### **Consultation Questions**

1. *What is the value derived from follow-on formula for a) parents and babies and b) manufacturers and retailers given that the NHS states 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.' CMA analysis has found that follow-on formula is generally priced the same as (or sometimes slightly cheaper than) infant formula.*

BSNA members are best placed to respond to this question in relation to their own follow-on formula products. However, BSNA provides the following comments of a general nature to assist the CMA.

We know that the NHS recommends that infant formula can be used for babies up to the age of 12 months. However, follow-on formula offers families an alternative option that is specifically tailored to the nutritional needs of babies moving to a mixed diet with the introduction of complementary foods. In particular, follow-on formula and young child formula are fortified with increased levels of iron compared to infant formula.

Healthy babies have enough iron stored in their bodies to meet their needs for the first six months of life. However, after six months, their iron stores start to run low, and it can be difficult for them to consume sufficient iron-rich foods during the weaning process to provide what their bodies need.

In addition, the Diet and Nutrition Survey of Infants and Young Children (DNSIYC) found that children between 6 months and two years of age are particularly at risk of being deficient in vital micronutrients, including iron and vitamin D<sup>1</sup>.

Contrary to the perception that follow-on formula was created to provide opportunities for formula manufacturers to grow brand awareness, follow-on formula was first developed in the 1960s<sup>2</sup>, predating the development of the 1981 WHO Code on marketing breastmilk substitutes. The development was in response to research highlighting that a significant number of infants aged 6 months plus were consuming unsuitable drinks. For example, in 1973 C. Elaine Field and Flora M. Baker published *Growing up in Hong Kong*, which noted that although infants were well fed during their first few months of life, their diets were inadequate from around 4 months, with low intake of iron, calcium and vitamin D<sup>3</sup>. In other regions, including Western Europe, older infants were being given whole cows' milk in contravention of the growing body of clinical evidence confirming that it was a poor feeding choice, which is still a nutritional concern today<sup>4</sup>. Indeed, the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN)<sup>5</sup> and the Federation of International Societies of Paediatric Gastroenterology, Hepatology and Nutrition (FISPGHAN),<sup>6</sup> do not recommend using cow's milk as a main drink for infants before the age of twelve months. They highlighted the value of follow-on formula in providing iron, vitamin D and zinc to a population group who face an elevated risk of deficiency<sup>4</sup>. Several global paediatric societies have also raised concerns regarding the WHO's recommendation that follow-on formulas are not recommended<sup>7</sup>.

Accordingly, we would urge the CMA to treat cautiously any suggestion that follow-on formula is of limited value to parents and carers/infants or that it might simply be substituted for (cheaper) cow's milk (Interim Report, paragraphs 6.27 and 6.28). Follow-on formula has been developed as a good nutritional option, certainly for some, if not necessarily all infants and should be seen as such.

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4. Ehrlich JM, Catania J, Zaman M, et al. The effect of consumption of animal milk compared to infant formula for non-breastfed/mixed-fed infants 6–11 months of age: a systematic review and meta-analysis. *Nutrients*. 2022; 14(3): 488.
5. Fewtrell, M., et al., Complementary Feeding: A Position Paper by the European Society for Paediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN) Committee on Nutrition. *J Pediatr Gastroenterol Nutr*, 2017. 64(1): p. 119-132.DOI: 10.1097/MPG.0000000000001454.
6. Koletzko, B., et al., Prevention of Childhood Obesity: A Position Paper of the Global Federation of International Societies of Paediatric Gastroenterology, Hepatology and Nutrition (FISPGHAN). *J Pediatr Gastroenterol Nutr*, 2020. 70(5): p. 702-710.DOI: 10.1097/MPG.0000000000002708.
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