

CMA interim report response

[I am a health professional working for the Lancashire and South Cumbria ICB. I am a registered nurse, health visitor and lactation consultant. I am also a charity trustee for First Steps Nutrition Trust]

As a professional who has worked as a health visitor and then infant feeding practitioner for years and now leads the infant feeding network for the [Lancashire and South Cumbria LMNS], I wanted to feedback on the CMA interim report.

I have regularly seen in practice the effect of formula marketing on the parents I work with. Particularly in undermining their confidence in breastfeeding. I have also witnessed the fact that people from marginalised groups or perhaps on low income are more susceptible and targeted by this marketing. I will often find that families are relieved when I explain to them that there are no health benefits to buying the more expensive products. Often families will feel that they should be moving onto follow on formula and I have also seen preschool children who are dependant on milks marketed at older children exacerbating fussy eating issues and causing great expense for parents who do not feel confident enough to remove these products. It definitely feels that for some despite the advice of the health professionals they move through the stages advised by the formula companies spending much more money than they need to over time.

As health professionals we have limited time with families and while we attempt to get across the message that all formula are nutritionally adequate, it is clear that the unsubstantiated claims made on formula packaging greatly influence parental choice. This is often at a time when they are feeling vulnerable as they are keen to provide the best possible nutrition for their infant. This can compound the trauma experienced when breastfeeding has not worked out as they have wanted.

We are working hard in our area to support mothers and babies better with breastfeeding, and where they have to or choose to formula feed, to do this as safely and as economically as possible. However, this is very difficult with poorly regulated formula marketing not only in commercial settings but online using “pain point marketing” to target parents when they are tired and doubting their own parental instincts. Misleading information affects not only parents but the health professionals who support them and we hear all the time of misinformation being given by health professionals which we are working constantly to address. Restrictions on the misinformation used in marketing particularly online and with focus on new areas of concern for example “influencers” is I feel the most valuable remedy highlighted in the report.

However, I feel it is imperative that the WHO milk marketing code is followed and that these products are viewed differently than other commercial products meaning that they are not competing on price. That their marketing is strictly controlled and should not be misleading. The CMA has highlighted these points in the report, but I feel that if misleading information can be eliminated alongside a price cap, a review of the healthy start scheme and increased breastfeeding support this would support the health and well-being of those living in poverty dramatically alongside all other sectors of society.

In my professional opinion I believe that allowing manufacturers and retailers the opportunity to publicise price reductions, would increase the sales of formula products being sold. This would subsequently negatively effect the health of infants, children, and the wider population. Infant

formula is an essential product and should be affordable to those who need it. The wider determinants of health are broad and we work tirelessly against the fact that in the UK while breastfeeding is the biological norm (that babies are born to expect) formula feeding is the accepted societal norm. Promoting price will be promoting the product and making it more visible which is exactly what we work against. Price competition and therefore promotion of formula products would add to the pervasive nature that formula companies have used in the UK for infant formula to become the normal in society with catastrophic health consequences. Infant formula needs to be available at an affordable price but not promoted.

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I struggled with breastfeeding and both my children had formula at some point as the support to get me through was not available. This is something which we are striving to address but which is constantly undermined by the drip drip of suggestion in community, that infant formula is equal to breastmilk. When we talk of stakeholders, the main stakeholder I believe has to be the newborn infant and their health must take priority over commercial interests.