Infant Feeding Alliance

Competition and Markets Authority
The Cabot
25 Cabot Square
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28 November 2024

Dear Competition and Markets Authority,

Re: Interim report on the UK infant formula market

Thank you for the opportunity to provide feedback on your interim report regarding the UK infant formula market. We are Infant Feeding Alliance, a parent-led organisation advocating directly for ourselves and, as such, offering a unique perspective.

Our members fed their babies in various ways, though, like most families in the UK, most of us used formula at some point. We hold no vested interest in promoting any specific feeding method. Our sole concern is to ensure babies are safely fed and families are treated with compassion and respect. We have no financial conflicts of interest related to infant feeding, whether formula or breastfeeding.

We welcome the focus on eliminating unfair practices, enhancing transparency and supporting informed consumer choice. A well-functioning formula market is essential for fostering innovation and ensuring high-quality products for families.

The Infant feeding context from our perspective as parents

We appreciate the CMA's attempt to understand the market from a consumer's perspective and the consideration given to the context in which parents are buying formula.

We were interested in the finding by Thinks Insight & Strategy that parents feel vulnerable and look to healthcare professionals for urgent advice about formula when breastfeeding has not worked as planned. We think it is essential that the CMA fully understands the healthcare context that influences parents' experiences and choices around using formula.

Current infant feeding policy and practice in healthcare is centred around the belief that breastfeeding is significantly superior to formula. Women are strongly encouraged to exclusively breastfeed by healthcare authorities. Healthcare settings actively discourage formula feeding and restrict open discussion about formula, in accordance with UNICEF Baby Friendly Initiative guidelines, which include:

- Formula should not be provided to mothers who are breastfeeding, unless medically necessary
- Information about formula should not be given to mothers who are breastfeeding or discussed in a group where some mothers might be planning to breastfeed
- Information about formula should not be put on public display or left in leaflet racks
- Staff should remain 'steadfast in their messaging about the superiority of breastfeeding' when giving information to parents who are formula feeding

- Information about formula should not contain images that normalise or idealise bottle feeding but should contain technical instructions only

This guidance creates a culture in which formula feeding feels like a shameful secret, something to be avoided in all but the direst of medical circumstances and something that is cold and technical. In contrast, breastfeeding is presented as a warm, bonding, beautiful and health-giving experience for mother and baby alike. This is rather different from reality for many families.

Early breastfeeding difficulties are highly distressing and put babies' health at risk. Insufficient breastmilk intake can cause excessive weight loss and jaundice, as well as serious conditions such as hypoglycaemia and dehydration that can lead to brain damage. Some of our members' babies were readmitted to hospital in the early days of life with complications of insufficient intake, when healthcare professionals encouraged us to keep exclusively breastfeeding and avoid formula. Data show that infant readmissions for complications of insufficient feeding are increasing year on year in the UK (Jones et al., 2018; Keeble and Fisher, 2020; Keeble and Kossorova, 2017), and we hypothesise this trend may be connected to exclusive breastfeeding promotion policies.

All of our members experienced pressure to exclusively breastfeed by healthcare authorities. Many were encouraged to pursue unsustainable practices to avoid formula, including feeding and expressing regimes that left little time for sleep. Excessive sleep deprivation contributed to mental health issues for some of us. Severe pain impacted others. Those who chose to formula feed from the outset faced judgment from healthcare workers.

And it is in this context – where babies may have experienced health complications, mothers may have experienced pain and sleep deprivation attempting to breastfeed and healthcare authorities do not want to discuss formula – that parents must make decisions about which formula to use. This environment can make brand selection feel like a delicate health decision, as though a baby's wellbeing hangs in the balance, even though all formulas meet essential nutritional standards.

Is it not predictable that the choice to formula feed might feel like a serious medical decision rather than a straightforward option, when health professionals treat formula as a tightly controlled substance and downplay the risks of exclusive breastfeeding?

In our experience, the current healthcare context renders us bullied, confused, judged, manipulated and ill-equipped to make a confident decision that formula feeding is in our babies' best interests and that the choice of a brand needs no more consideration than the choice of a brand of toothpaste. This context understandably means that parents do not see choosing a formula as a consumer choice, rather a reluctant, medically scrutinised decision that they need clinical guidance to make.

While our organisation's main concern is with the potential threat to patient safety of these policies, we also believe they have created stigma and confusion around buying and using formula. It should be entirely predictable that treating formula like tobacco – restricting marketing and discounts and requiring warning notices that 'breastfeeding is superior' and consumers should 'consult a healthcare professional before use' – has a negative impact on the experience of choosing and using it as a new parent.

We have been unable to find any good evidence that marketing restrictions on formula increase breastfeeding rates or improve any health outcomes in the UK. We believe they only serve to stigmatise families in an already judgmental and stressful context.

As noted in recent critiques, including the multi-society response to a WHO guideline on complementary feeding, there is growing recognition that some WHO policies lack sufficient evidence to support their recommendations (European Society for Paediatric Gastroenterology, Hepatology & Nutrition et al., 2024). These policies often rely on ideological positions rather than robust scientific data, and, in attempting to

create universal guidelines, fail to address the varied needs of families in vastly different communities and circumstances. This can lead to unintended negative consequences for families and healthcare systems.

When such policies are adopted into national frameworks, they risk shaping healthcare practices and market regulations in ways that do not necessarily serve the best interests of consumers. We urge the CMA to critically assess the influence of WHO-aligned restrictions on formula marketing and to prioritise approaches grounded in evidence and consumer welfare.

To sum up, the vulnerability, confusion and emotional strain parents experience when choosing formula, in our view, stem largely from the healthcare and public health context. Some might prefer to place blame on the formula industry, but it is clear that this unfortunate state of affairs is shaped significantly by the way formula feeding is presented and regulated within healthcare settings. Further demonisation of the industry is not in the interest of parents and only serves to imply that we are purchasing from an immoral entity, set on undermining breastfeeding. Expecting formula companies or market regulation to address cultural issues in maternity services seems to us ineffective and counter-productive.

The formula industry and anti-industry advocacy

We believe that much of the push for breastfeeding promotion stems from an ideological stance against the formula industry, based on historic poor practices. Formula companies are viewed by some as akin to 'big tobacco', a perceived threat to public health requiring close regulation and restrictions. Advocates of this approach believe that individual feeding decisions are heavily influenced by the limited amount of marketing that is currently allowed. Our experiences as parents and the evidence do not bear this out. The last Infant Feeding Survey from 2010 found that the top three reasons women gave for stopping breastfeeding were difficulties latching the baby on, low milk supply and pain (McAndrew et al., 2012).

We believe that anti-industry sentiment is shaping many of the responses to this inquiry. As CMA has found, there are now two formulas on the market that are priced within the Healthy Start allowance, meaning that parents on low incomes should be able to access them (Mamia and Lupilu). If parents are not being made aware of the benefits to which they are entitled, this is not an issue for the formula industry. And if parents do not know about the existence of these low-cost formulas, it seems to us that this is most likely because of restrictions on their marketing.

As parents, we appreciate the value formula offers to families. We do not resent these companies making a profit. Formula companies provide a valuable, high-quality product at scale, accessible across the country, benefiting families every single day. Yet, we feel the formula industry is often unfairly demonised and criticised when it should be recognised for the immense value it brings.

Before infant formula, babies lacked a reliable alternative to breastmilk, and preventable malnutrition or even infant death was a tragic reality – a reality that persists in low-income regions today.

We also wish to highlight an important concern raised by Dr Stewart Forsyth: that the pervasive anti-industry sentiment surrounding infant formula is deterring paediatricians and researchers from engaging in this field (Forsyth, 2019a, b). Many professionals view this as a 'no-go area' because they fear being perceived as compromised or unethical if they collaborate with or receive funding from formula companies. This prejudice stifles the research and innovation needed to improve formula products and meet diverse consumer needs.

Historically, industry-led research has driven important advancements in formula quality, such as the inclusion of long-chain polyunsaturated fatty acids (PUFAs) and specialised formulas for preterm infants or those with allergies. These improvements directly benefit consumers by ensuring higher quality and greater choice. While perhaps a controversial position, we consider it self-evident that the formula industry, despite past events, should be recognised as an important ally in improving infant nutrition and health, in much the same way as the pharmaceutical industry is vital for preventing and treating diseases.

However, when researchers and medical professionals avoid this field, the industry's capacity to innovate and respond to consumer demands and patient needs is diminished. This not only undermines competition but also restricts progress, ultimately leaving families with fewer options and less confidence in the products they rely on.

To ensure a competitive and dynamic market, it is essential to create an environment that supports open collaboration between researchers, medical professionals and the formula industry. By addressing the stigma and ensuring balanced regulatory frameworks, the CMA can play a vital role in fostering innovation, enhancing competition and delivering greater consumer benefit.

Health decisions and consumer decisions

We believe that it is essential to draw a distinction between health decisions and consumer choices. It is the role of healthcare to ensure patients have the information they need to make decisions about their or their child's health. It is not the role of healthcare to influence consumer choices or provide money-saving advice.

Similarly, formula companies have an essential role in supporting consumer choice. This support is best achieved through open information and transparent marketing, rather than through purported health claims. Therefore, we were disappointed to see formula companies' responses to the first CMA consultation, reiterating their commitment to promoting breastfeeding. We believe it is not the role of formula companies to advise us to breastfeed or to provide healthcare advice.

A clear distinction between clinical health decisions and consumer choices would bring clarity to healthcare policy and marketplace regulation alike.

Understanding parent awareness and consumer autonomy in formula choice

We find it unlikely that parents are unaware of the nutritional equivalence of formulas, given that this is current NHS guidance and readily accessible. Furthermore, the Thinks Insight & Strategy report indicates a general understanding among consumers that all formulas on the market are 'largely the same' at a fundamental level.

However, this knowledge does not necessarily change perceptions of individual brands. If consumers understand that there is no fundamental difference between brands but still feel that their chosen brand is best for their baby, what, precisely, is the issue? If parents choose to pay more for a brand they prefer, fully aware of its nutritional equivalence to others, why should this be a concern for public health systems or the government?

Follow-on formulas

We would like to respond to CMA's request for perspectives about follow-on formula. This issue is not one that overly concerns us as consumers, despite the strong views expressed by breastfeeding advocates and anti-industry campaigners. Our experience as parents is that healthcare professionals themselves are often misinformed on this topic. We've been told that follow-on formulas are 'full of sugar' or simply a 'marketing ploy' by formula companies. In fact, nutritionally, they are comparable to stage 1 formulas, with the primary difference being a higher iron content.

While we are only a small group and cannot speak for everyone, those of us who did not switch to follow-on milk generally chose to continue with the original stage 1 formula because it was working well and there was no need to change when our babies were content. On the other hand, those who did switch were pleased to gain supermarket loyalty points on their purchases (which are not permitted with first stage formulas) or did so on medical advice. Some of our members were specifically advised by paediatric specialists to switch to a follow-on formula because their babies, born prematurely, were at increased risk of iron deficiency.

Our suggestion would be that healthcare workers avoid undue alarm about every development in the formula industry.

Our response to CMA proposals:

Branded formula in healthcare settings

We believe that concerns about influencing brand decisions in healthcare settings are misplaced and overwrought. Healthcare professionals' focus should remain squarely on ensuring that babies receive adequate nutrition and that parents are provided with the basic, practical support needed to formula feed safely and confidently. Concerns about impacting patient's spending decisions should not detract from this priority. Plain-packaged formula carries with it a connotation of a restricted product and in our view would contribute to stigma around using it.

For simplicity and consistency, we suggest that formula be procured for healthcare settings in the same manner as any other essential product and that healthcare professionals concentrate on the wellbeing of their patients rather than whether or not they might be inadvertently influencing brand preferences.

Advertising and market transparency

We agree with CMA's findings that restrictions on marketing formula in order to promote breastfeeding are having unintended consequences on the market. We think it is likely these are the leading cause of an anti-competitive market that hinders new entrants and reduces incentives to compete on pricing.

There is no evidence that these restrictions improve health outcomes. Yet, it should be obvious that treating formula like a restricted product, such as tobacco, causes stigma and shame for parents that use it. Therefore, we support CMA's proposal of lifting marketing restrictions.

However, we accept that advertising based on health claims is not in consumers' interest, given the lack of evidence that any formula brand provides superior health benefits (except for specialist formulas for medical needs). Therefore, we would encourage the formula industry to focus on promoting other benefits, such as convenience, affordability or environmental sustainability, rather than on making health claims. This aligns with our goal of distinguishing medical decisions from consumer choices, allowing families to make practical choices, based on lifestyle needs or personal values, rather than perceived health implications.

A government-procured formula and potential market impact

We have significant concerns about the proposal for a government-procured, low-cost formula. We believe this would not foster price competition as intended and could disrupt the market in unintended ways, including:

- leading formula companies to reposition as premium brands, focusing on higher-cost options like ready-to-feed or single-portion formulas. This shift could reduce affordable options.

- deterring new companies from entering the market, stifling innovation and reducing consumer choice.

- causing lower profitability in formula manufacturing that could then slow or halt research and development, diminishing future advances in formula composition.

- affecting consistency and reliability of this provision because a government procured formula is susceptible to changes in governmental priorities, where companies are incentivised to maintain consistent production and availability to meet consumer demand.

- disrupting milk demand and pricing stability for dairy suppliers, potentially affecting broader agricultural markets.

We think such implications for the market warrant close consideration from both government and the CMA.

Key logistical questions also remain, such as whether this formula would be sold in retail settings or restricted to certain outlets. If distribution were to involve healthcare workers, this would not only divert essential healthcare resources, but blur lines between clinical care and consumer choice. In our view it would place healthcare professionals in an inappropriate gatekeeping role, potentially hindering parents' autonomy in feeding choices.

We are also concerned about a two-tiered landscape, where government-subsidised formula is viewed as a welfare product for low-income families and commercial brands serve those who can afford them.

Finally, we question whether there is real demand among parents for a government-procured, low-cost formula. Aldi's Mamia, priced below the weekly Healthy Start voucher amount, has not displaced demand for higher-priced brands, and previous attempts by major retailers to introduce lower-cost formulas were ultimately withdrawn due to low demand. This raises questions about whether the demand for low-cost formula is primarily parent-driven or reflects advocacy pressures with anti-industry agendas. Allowing clear, open marketing for affordable existing options may better meet parents' needs, without the risks associated with government intervention.

A more effective use of funds:

A government-procured, low-cost formula is a high-risk strategy, requiring significant taxpayer investment. Establishing, producing and distributing a branded product would likely involve substantial costs. Redirecting these funds to increase the value and extend the reach of benefits like Healthy Start may offer a more immediate, effective and flexible form of support for low-income families.

Other backstop measures

We strongly oppose other backstop measures, such as price capping, due to their inherently anti-competitive nature and the potential harm they could cause by destabilising the formula market. Price capping risks creating a less dynamic market, where reduced profit margins may lead to a decline in product quality and fewer choices for consumers. Such measures are likely to stifle innovation, discourage new market entrants and erode incentives for continuous improvement in formula nutrition and safety.

Additionally, price caps could create an unintended dependency on fewer producers, increasing the risk of supply shortages and reducing market resilience. In our view, these market interventions carry high risks without a clear likelihood of delivering meaningful, long-term support to families.

Conclusion

In conclusion, we encourage the CMA to take a critical and independent stance when evaluating feedback on the infant formula market, particularly from organisations with vested interests or specific agendas. Consideration should be given to whether ideological arguments genuinely align with the needs and interests of consumers.

We strongly encourage the CMA to hear directly from parents, rather than from organisations who may claim to represent us, while furthering their own agendas. Engaging with parent-led groups and consulting families from a range of backgrounds would provide an unfiltered, practical view of infant feeding needs.

We urge the CMA to advocate for a competitive, transparent market that prioritises consumer choice and accessibility. While we recognise that health policy is outside the CMA's remit, we believe that if public health policies are found to adversely affect market dynamics or consumer welfare, the CMA should not hesitate to raise these concerns. We encourage the CMA to do this unapologetically and without concession to potential objections from advocacy groups.

Ultimately, the CMA's responsibility is to the consumer. It should ensure that UK families have access to high-quality, affordable options in a marketplace that respects their autonomy and choices. We appreciate your commitment to these values and look forward to further collaboration in support of families across the UK.

Yours sincerely,

Dr Ruth Ann Harpur and Ms Sue Haddon

On behalf of Infant Feeding Alliance

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