



Subject:
Date:



Consultation on Infant formula and follow-on formula market study
02 December 2024 15:20:26

Dear Sir / Madam,

Please see below a response to this consultation from the Neonatal Dietitians Group of the British Dietetic Association:

Section 'Features of a well function market'

- Point 16 - refers to clarity for parents on nutritional need of babies. Nutritional need would need to be further defined, particularly given that the regulatory framework governing compositional standards is from 2016, this may now be out of date. Our understanding of the many constituents of breast milk is improving as more constituents are identified e.g. HMOs. Would these constituents now be regarded as part of the wider nutritional needs of a baby?

Section 'Compliance with regulations on advertising and marketing'

- Point 45 asks for views from stakeholders about the value from follow on milks. We would agree that there is no benefit for the majority of babies, however, it was noted that there is very occasionally some clinical benefit in using them.

Section 'Possible measures to improve outcomes in this market – Information and supply in healthcare settings'

- It was thought that if a hospital is BFI accredited then there are limitations to the advice one can give on formula as it needs to be impartial. The first steps nutrition website is where parents can go to seek impartial advice on formula and help them to make a decision on what they feel is the most appropriate one for their infant.

Section 'Information and supply in healthcare settings'

- Point 109 suggests NHS statement about all formulas meeting nutritional needs regardless of price could be provided prominently and consistently at key decision points in hospitals and healthcare settings. There was uncertainty regarding how this could be done and still meet BFI guidelines.
- Point 109 also suggests that specified information on the range of cost of infant formulas could also be provided. There was uncertainty as to how this would work in practice. Who would be responsible for keeping the information up to date? Particularly when access to manufacturers is not allowed under BFI.
- Point 111 - "*A further option is to require infant formula to be presented in standardised packaging in healthcare settings.*" There was strong support for this, having all formula for hospital use only in **plain standardised packaging** (if manufactures would be willing to do this) so that it doesn't start the brand awareness journey. The plain labelling/packaging is also strongly supported to reduce misleading words the manufacturers use to promote their brand.
- Within the same point 111 – the suggestion of balanced procurement of formulas by hospitals to give parents a wider choice of brands does not fit with BFI where many hospitals are reducing what is available. A wider procurement does however, offer hospitals the chance to source the cheapest available infant formula to help costs.

Section 'Information and price promotion in retail settings'

- This was supported – and noted that any price promotion should be away from infant formula so as not to advertise standard infant formula alongside it as a marketing ploy.

Section 'Clarifying, monitoring and enforcing the existing regulations'

- This was supported

Section 'Strengthening labelling and advertising rules'

- Points 118 and 119 – It is desirable for these measures to be implemented and placing greater weight on clear, accurate and impartial information to support parents. There was strong support re: infant formula being in standardised packaging and preventing all brand advertising, however, there was a concern noted regarding any changes that may disincentivise formula companies from investing in research as this drives continual improvement of the composition of formula to be better for infants. For example, if one type of infant formula contained an ingredient that was in breastmilk and/or shown to be beneficial to the infant, and this ingredient was not in other types of formula, it was thought that they should be allowed to promote that point of difference.

Section 'Price control and public provision – price ceilings'

- Point 121 – It was thought that a price ceiling is risky, for the reasons noted in the document.
- Point 122 – Supported.

Section 'Price control and public provision – public provision'

- Point 123 – It was noted by some that they don't think public provision would work. It could create a stigma around the NHS product, and it wouldn't be a fair use of public money.

Additional points noted

- No mention in the report of BFI accreditation that most hospitals have – and how discussing formula would effect this accreditation/commitments.



Kind regards,

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