

A response from the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative to the Competition and Markets Authority (CMA) INFANT FORMULA AND FOLLOW-ON FORMULA MARKET STUDY Interim report 8 November 2024

Our response takes the form of a general submission. We have targeted our responses on areas / questions reflecting our expertise and experience in infant feeding and responsive parenting through delivery of the Baby Friendly Initiative programme across the UK in maternity, neonatal, community and hospital-based children's services settings since 1994.

We have commented specifically on the following areas:-

Provisional views on remedies

- Follow-on formula
- Price promotions

Provisional views on possible remedies

- Information and supply in healthcare settings + Summary
- Information and price promotions in retail settings
- Publicised price reductions

Clarifying, monitoring and enforcing the existing regulations

- Strengthening the competent authority role
- Labelling rules
- Advertising rules
- Price control
- Public provision

Remedies with the biggest impact

- Pre-market approval
- Advertising ban extension
- Price controls
- Labelling
- Standardised infant formula labelling/plain labelling
- Ban on unsubstantiated claims

Information provision

- Public health campaign
- UNICEF UK Baby Friendly Initiative
- Other considerations – review by SACN of WHO guidance

Next steps and contact

About the UNICEF UK Baby Friendly Initiative¹

The Baby Friendly Initiative is a programme of UNICEF and the World Health Organization. The programme is guided by the UNCRC and the Sustainable Development Goals which recognise the universality of child rights. Introduced to the UK in 1994, the UNICEF UK Baby Friendly Initiative enables public services to support families with infant feeding and developing close and loving relationships so that all babies get the best possible start in life. The programme is recognised and recommended in numerous government and policy documents across all four UK nations including the NHS Long Term Plan² and the National Institute for Health and Care Excellence guidance. In the UK, the programme supports maternity, neonatal, community and hospital-based children's services to transform healthcare for babies, their mothers, parents/primary caregivers and families and works with universities to ensure that newly qualified midwives and health visitors have the strong foundation of knowledge needed to care for families. The programme is also the secretariat for the National Infant Feeding Network (NIFN)³, a network of infant feeding specialists in UK public services. All settings seeking Baby Friendly accreditation are required to demonstrate evidence that they are compliant with the WHO International Code of Marketing of Breastmilk Substitutes (henceforth the Code).

Context and limitations

We welcome the analysis and review of the infant formula and follow-on formula market by the Competition and Markets Authority. However, we believe that any examination of this market in the UK should be understood as part of a larger conversation about infant feeding; maternal and child health; parents' experiences of breastfeeding challenges which lead to reliance on infant formula; the harmful influence of inappropriate marketing by formula companies and subsequent impacts on child health, including how this is a result of inadequate implementation of the Code; and the need for better support for parents in light of the public health impact of low rates of breastfeeding in the UK.⁴

While we see the market study as an important opportunity to independently examine and make recommendations to correct the unfairness of unjustifiably high infant formula prices in the UK,⁵ we are concerned that a focus on market competition overlooks the fact that many mothers who want to breastfeed face difficulties. Many of these difficulties arise because of a competitive market that incentivises harmful marketing practices which undermine breastfeeding and the safe and responsive feeding of babies who are formula-fed.⁶

¹ The UNICEF UK Baby Friendly Initiative: unicef.org.uk/babyfriendly/about/

² NHS Long Term Plan: longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

³ National Infant Feeding Network: unicef.org.uk/babyfriendly/about/infant-feeding-networks/

⁴ Breastfeeding in the UK: unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/

⁵ UNICEF UK recommendations to the Government around unaffordable infant formula price rises: unicef.org.uk/babyfriendly/infant-formula-price-rises/

⁶ Formula milk industry "misuses and distorts" information to manipulate parents, says report: bmj.com/content/376/bmj.o433

The Preamble to the Code explicitly states that the marketing practices of infant formula requires special treatment:

“...in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breastmilk substitutes, the marketing of breastmilk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products”.

The challenges and barriers we refer to deeply affect UK parents’ experiences of infant feeding. Pervasive marketing practices undermine breastfeeding and create a perception that formula is as good or better than breastmilk, confusing and influencing parental decisions at a time when they may also be lacking any breastfeeding support.⁷

We recognise that addressing these challenges cannot be solved by market forces and that dismantling the barriers requires national leadership on infant feeding, regulatory intervention, commitments to long-term improvements for family support, and, importantly, strengthening of social welfare schemes such as Healthy Start.

Working within these limitations, we have prioritised supporting remedies which look to effectively uphold the health of all babies and to protect families in the long term through supporting infant formula price solutions that align with the Code. This includes solutions which:

- offer price reductions on infant formula on a long-term, sustainable and guaranteed basis (i.e. government-led/regulatory)
- enforce existing regulations for infant formula and follow on formula
- strengthen controls on eliminating misleading advertising and inappropriate claims.

Provisional views on remedies

Follow-on formula (Q1)

Switching to follow-on formula at six months does not provide nutritional advantage to babies. Babies’ dietary needs can be met with breastmilk, or where a baby is not breastfed, first stage infant formula.⁸

This means that follow-on formula is an entirely unnecessary product developed for economic reasons to allow manufacturers to circumvent current regulations which restrict advertising of infant formula for babies under six months and to extend their market by offering a product for use from six months.⁹

⁷ Breaking down the barriers to breastfeeding to support healthy weight in childhood (p26): [foodfoundation.org.uk/sites/default/files/2024-02/TFF_Nourishing%20children%20early%20years_DIGITAL.pdf](https://www.foodfoundation.org.uk/sites/default/files/2024-02/TFF_Nourishing%20children%20early%20years_DIGITAL.pdf)

⁸ WHO Guideline for complementary feeding of infants and young children 6-23 months of age: [who.int/publications/i/item/9789240081864](https://www.who.int/publications/i/item/9789240081864)

⁹ A weak formula for legislation: how loopholes in the law are putting babies at risk: [savethechildren.org.uk/content/dam/global/reports/babymilk_legislation_1.pdf](https://www.savethechildren.org.uk/content/dam/global/reports/babymilk_legislation_1.pdf)

NHS advice states that ‘Follow-on formula should never be fed to babies under 6 months old.’¹⁰

With there being very little price difference or sometimes a cheaper price offered for follow-on formula (CMA Interim Report, p22), there is an economic incentive offered to parents to purchase follow-on formula. Given that parents often state they are confused by the messaging around infant feeding¹¹, there is further risk that follow-on formula may accidentally and inappropriately be given to infants under six months against the advice from the NHS.

For parents, there may be a perceived value based solely on marketing and not grounded in evidence that follow-on milk is supporting their baby with transitioning in their diet from exclusive breastfeeding or infant milk.¹² Follow-on formula is an entirely unnecessary product and its use is deterred by the NHS. Following the WHO guidelines, it does not offer any benefits over animal milk for infants over 6 months of age.¹³

For manufacturers and retailers, the marketing and take up of follow-on formula is purely financial, as it represents a way to extend their market, differentiate their products and capitalise on parental concerns around transitioning their baby from breastmilk or infant formula.¹⁴

The UNICEF UK Baby Friendly is mandated to prioritise the nutritional needs of infants over the marketing and use of unnecessary follow-on formula products. Information and guidance provided by the UNICEF UK Baby Friendly Initiative in the training of healthcare professionals and within the accreditation process of services follow NHS guidelines.¹⁵

Price promotions (6.35)

We do not agree that retail price promotions should apply to infant formula. This is prohibited by the Code¹⁶ for reasons primarily centered on the health of all babies as well as ethical considerations regarding marketing.

The preamble to the Code states that usual marketing practices such as price promotions are unsuitable for breastmilk substitute products:

‘Believing that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products’

¹⁰ NHS – Types of formula: nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/types-of-formula

¹¹ UNICEF and WHO (2022). Examining the impact of formula milk marketing on infant feeding decisions and practices: [unicef.org/documents/impact-bms-marketing](https://www.unicef.org/documents/impact-bms-marketing)

¹² *ibid*

¹³ World Health Organization (2023): WHO Guideline for complementary feeding of infants and young children 6-23 months of age: [who.int/publications/i/item/9789240081864](https://www.who.int/publications/i/item/9789240081864)

¹⁴ *ibid*

¹⁵ NHS – Types of formula: nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/types-of-formula

¹⁶ World Health Organization, International Code of Marketing of Breast-Milk Substitutes: [who.int/publications/i/item/9241541601](https://www.who.int/publications/i/item/9241541601)

The Code does not aim to restrict access to formula or make it unaffordable, but to facilitate access in a sustainable way, e.g. through long-term pricing measures.

At Article 5.3 the Code states that “..there should be no point-of-sale advertising, of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.”¹⁷

Infant formula is a necessary alternative for babies who cannot be breastfed or who need supplementation, but it should not be marketed in a way that undermines breastfeeding.

Price promotions are known to encourage sales across many different product types. Infant formula should have distinct treatment given it is the only nutritional food source for infants who are not breastfed and its use has profound health impacts for a vulnerable section of the population.¹⁸

Infant formula is a highly regulated product with use based on advice from healthcare professionals. Price promotions can lead to over-consumption, encouraging families to buy more than needed.¹⁹ Rather than making a decision based on advice from a healthcare professional, parents may feel pressure to purchase formula because it is discounted or on sale. Invariably the prices will go back up when the promotional period ends and as parents are unwilling to switch brands, or unable to restart breastfeeding, they may end up continuing with a less affordable product or feel pressure to dilute formula.²⁰

As such, we are concerned that price promotions do not provide a lasting solution to the affordability of infant formula but instead create volatility for vulnerable parents experiencing financial pressures. Promotions are a short-term and unsustainable measure which can widen inequalities in infant feeding practices as families more likely to rely on infant formula will be disproportionately affected by price promotions.

Provisional views on possible remedies

Information and supply in healthcare settings

All services seeking accreditation by the UNICEF UK Baby Friendly Initiative must demonstrate that they can offer a supportive environment for families where infant feeding choices are respected and where every mother and caregiver receives the guidance and support needed to feed and care for their baby. This includes providing personalised care for parents to support with infant feeding, including for families who bottle feed. As part of our assessment criteria we therefore require all staff to be trained to enable them to support parents effectively and to have

¹⁷ <https://iris.who.int/bitstream/handle/10665/40382/9241541601.pdf?sequence=1>

¹⁸ UNICEF UK recommendations to the Government around unaffordable infant formula price rises: [unicef.org.uk/babyfriendly/infant-formula-price-rises/](https://www.unicef.org.uk/babyfriendly/infant-formula-price-rises/)

¹⁹ Watt et al (2023). The impact of price promotions on sales of unhealthy food and drink products in British retail stores. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10092217/>

²⁰ CMA (2023) Price inflation and competition in food and grocery manufacturing and supply: [gov.uk/government/publications/price-inflation-and-competition-in-food-and-grocery-manufacturing-and-supply](https://www.gov.uk/government/publications/price-inflation-and-competition-in-food-and-grocery-manufacturing-and-supply)

resources available for staff – such as those provided by First Steps Nutrition Trust (charity)²¹ – which are assessed by internal audit and staff interview at assessment.

Implementing the Baby Friendly standards also requires services to set out their procurement processes for infant formula and to evidence this as part of accreditation. This includes practices such as rotating infant formula brands and avoiding purchase of infant formula at less than market price to avoid risk of being seen to offer, and therefore endorse, any singular brand or promotional activity that contravenes the Code. Improved coverage and implementation of the Baby Friendly standards would help with some of the recommendations proposed by the interim report (8.17, 8.25/ 8.27, 8:36).

(8.18 / 8.19) We agree that the information on the Better Health Start for Life and NHS websites should be the primary source of information for parents on formula feeding. We also recommend reference to information from First Step Nutrition Trust – currently the only source of independent information on infant formula milks free from commercial influence and based on the best available evidence.²² Given healthcare teams' reliance on information from First Steps Nutrition Trust, it should be widely promoted as a trusted source.

(8.21) We do not agree that it should be the responsibility of healthcare professionals to provide information on specific brands and formula pricing or to debunk manufacturer claims. If this were to come into practice all maternity, neonatal, community and hospital-based children's services that are Baby Friendly accredited would contravene standards relating to the Code that are implemented as part of accreditation to guard against the promotion of infant formula in healthcare settings which is permitted under UK Law.²³ This places an unfair burden on healthcare professionals and does nothing to challenge the pervasive problem of marketing of products towards parents.

We disagree that healthcare professionals have a role in supporting parents' purchasing decisions beyond informing them that all infant formula are nutritionally equivalent, and providing information aligned with that on the NHS and First Steps Nutrition Trust, as stated above.

We would support a recommendation for there to be a government-led public health messaging campaign (backed with regulatory protection to ensure no industry influence) around the nutritional equivalence of all first infant formula to raise awareness amongst parents that it is okay to switch to a cheaper product.

(8.20) Parents should be informed that follow-on formula is unnecessary rather than optional, as suggested, so that it is consistent with NHS guidelines.

(8.25/8.26) We agree that the introduction of a plain label for all infant formula provided in maternity and health visiting settings would be an effective measure to protect parents from decisions based on misleading labelling practices.

²¹ First Steps Nutrition Trust: firststepsnutrition.org/

²² *ibid*

²³ Hickman et al (2021). Advertising of Human Milk Substitutes in United Kingdom Healthcare Professional Publications: An Observational Study. [pmc.ncbi.nlm.nih.gov/articles/PMC8641028/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC8641028/)

(8.27) See introduction. We advocate rotating brands. A plain label would make this less complicated for facilities.

(8.30/8.31) We see extending the offer and range of infant formula products in hospitals as problematic.

There needs to be better enforcement of this regulation and we do not believe that a wider range of infant formula will be enough to counter this in hospitals. Selling below market cost to the NHS is prohibited for services implementing the Baby Friendly Standards as these services are required to comply with the Code²⁴ and not just with UK law which offers weaker regulations.²⁵

Summary

In summary we are advocating for a balanced, evidence-based approach to infant feeding support in healthcare settings which is free from commercial influence, respects parental choice, and adheres to the Code. Healthcare staff should provide unbiased information and guidance, follow strict procurement guidelines to avoid endorsing specific brands, and comply with the Code. We fully support a public awareness campaign that underscores the nutritional equivalence of infant milks, rejects the need for follow-on formula and supports options to switch to affordable brands. We also stress the importance of robust enforcement of regulations to prevent the marketing of infant formula in healthcare settings.

Information and price promotions in retail settings

(8.34-8.36 & 8.38) We agree that parents make decisions on what brand of infant formula to purchase in retail settings and are subsequently unlikely to switch to a different brand. We support a recommendation to provide clear, accurate and impartial information on the nutritional equivalence and sufficiency of infant formula in retail settings. We agree that this information should be the standardised NHS wording, with NHS and DHSC logos to indicate the authorities stating this and to emphasise the impartiality of this message. NHS-provided information at shelf level which indicates that use of follow-on formula is unnecessary would be very welcome.

(8.37) We do not agree. Manufacturers already have a history of making misleading product claims and this is contributing to unreliable marketing of products. Manufacturer claims should not be permitted as they are often misleading and not evidence based.²⁶ If this were to be proposed it would require a significant functional, independent monitoring enforcement system.

(8.39) We agree that infant formula could be organised on shelves separately from other formula milks, though not prominently. The implementation of this would need careful monitoring

²⁴ World Health Organization, International Code of Marketing of Breast-Milk Substitutes: who.int/publications/i/item/9241541601

²⁵ Marketing of breast-milk substitutes: national implementation of the international code, status report 2022: iris.who.int/handle/10665/354221

²⁶ The Lancet (2023). Unveiling the predatory tactics of the formula milk industry: [thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00118-6](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00118-6)

and enforcement to ensure application (given the variability of settings) and could be reviewed to see how effective it is.

Publicised price reductions

(8.45-8.46/ 8.47) We do not agree that it is appropriate to incentivise more competition on price on infant formula by allowing manufacturers and retailers to publicise prices and price reductions. This would be contrary to current regulations which are consistent with the Code which protects the interests of all infants, regardless of how they are fed. We state again that infant formula should have distinct treatment from other commercial goods given it is the only nutritional food source for infants who are not breastfed, and its marketing practices play a major role in critical infant feeding decisions.

In addition, we believe that allowing manufacturer/retailer-led price reductions and promotions are more likely to benefit manufacturers and retailers over parents. Evidence suggests that in the short term, price promotions increase sales of promoted products thereby benefiting manufacturers primarily by attracting parents to switch from competing brands²⁷. Manufacturers and retailers also stand to benefit as price promotions increase consumption rates, thus increasing demand for products and causing the potential for parents to accelerate their purchases and 'stockpile' – buying before or in advance of need.²⁸

Overall, a more effective, reliable and sustainable form of price reduction should be government-led and in the form of a price cap or another measure to ensure long-term, sustainable reduction in prices. This would offer the most security to parents against price rises. Emerging supermarket-own budget brands could provide a useful benchmark that could be reviewed in line with Healthy Start allowance on a regular basis.

Clarifying, monitoring and enforcing the existing regulations

Strengthening the competent authority role

(8.57 / 8.58 / 8.59) We agree that pre-authorisation of all new products by a competent authority with a particular focus on ensuring compliance with the existing rules before products are placed on the market could help to bring in appropriate controls affecting branding, labelling and cross-marketing. We would go further to say that no new products should be available on the shelf until their labelling has been approved and this should cover labelling for infant formula, follow on formula and formula for special and medical purposes.

Specifically, ensuring infant formula and follow-on formula labelling is clear and distinct will reduce the extent to which brand-building activities in the supply of follow-on formula have a halo effect on parents' choice of infant formula brand. In turn, this could reduce the influence of brands on parents' decision-making and help to strengthen price competition. It is well

²⁷ Anderson and Fox (2019). Chapter 9 - How price promotions work: A review of practice and theory: [sciencedirect.com/science/article/abs/pii/S2452261919300061](https://www.sciencedirect.com/science/article/abs/pii/S2452261919300061)

²⁸ *ibid*

documented that companies have large marketing budgets. If these were to be reduced, reductions could be made to the cost of the product.²⁹

As well as stronger regulations, there needs to be independent monitoring and enforcement for the legislation to achieve its public health aims.

(8.60-8.63) We agree that compliance and enforcement are absent and there is no action taken to address breaches in current regulations.

Labelling rules

(8.68-8.72) (entirely different infant formula labelling) We agree, in line with the Code that this could serve to differentiate and distinguish infant formula and follow on formula branding and labelling, assuming these marketing costs would not be passed on to parents.

(8.74) Standardised infant formula labelling is a great idea and to include essential written information. This should be rolled out across maternity and community settings.

(8.788.79) We agree. [According to Codex](#), all health and nutrition claims for formula should be prohibited. Special caution should be applied to avoiding reference to non-mandatory ingredients for which there is no evidence base; these claims may well be harmful to infants and contribute to price increases.³⁰

Advertising rules

(8.85) We agree. Advertising prohibitions should extend to cover follow on formula and also foods for special medical purposes.

Price control

(8.88 - 8.98) Introduction of a government-led price cap would represent an important step change for babies reliant on infant formula and for their parents.

This intervention would serve to manage the prices of infant formula reliably, equitably and sustainably on a long-term basis. There is an example of a government-led intervention in Greece of 7% profit cap applied on infant formula has been in place from March 2024.³¹

Public Provision

(8.102-8.110) This sounds like a good idea to explore and is in line with what other countries do. Even though there may be issues to consider, it's great to explore how they may be overcome. In pursuing any plans for public provision we would advise against NHS branding as this could imply endorsement.

²⁹ [Marketing of commercial milk formula: a system to capture parents, communities, science, and policy: thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01931-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01931-6/fulltext)

³⁰ Formula milk companies push allergy products despite flawed evidence: [pmc.ncbi.nlm.nih.gov/articles/PMC9879268/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC9879268/)

³¹ AP (2024). Greece accuses multinationals of 'greedflation,' expands price controls to baby formula apnews.com/article/greece-inflation-prices-controls-baby-formula-2502e32d352b401cf03477c4205ecc1e

Remedies with the biggest impact

We acknowledge that economic feasibility will be an important consideration in any pending recommendations. Here we have set out the remedies, (on their own or in combination) that we believe are likely to have the biggest impact on improving outcomes for parents who require infant formula.

1. *Pre-market approval*

The set up of an independent pre-authorisation body to oversee and review all new infant formula products would be a robust legal and regulatory remedy. It would ensure compliance with existing rules before products are placed on the market. This independent body would enforce compliance with regulations on branding, labelling, and cross-marketing, and so ensure that only safe, evidence-based products are made available to parents and caregivers.

2. *Advertising ban extension*

In line with the Code, extending the advertising ban to include unnecessary follow-on formulas and foods for special medical purposes would significantly reduce the influence of marketing on parents' feeding choices. This regulatory intervention would prevent misleading advertising that promotes unnecessary and potentially harmful products, and so support more informed and evidence-based decision-making by parents.

3. *Price Controls*

The introduction of a price cap is presented as a back-stop intervention within the interim report.

However, we support the introduction of a government price cap on infant formula as this would offer the most immediate, effective and sustainable remedy that could quickly alleviate financial pressures on families. Since infant formula is a necessary source of nutrition for babies who are not breastfed, regulating its price ensures accessibility and affordability.

4. *Labelling*

Standardised infant formula labelling and packaging

This should be rolled out in all maternity and healthcare settings where infant formula may be provided to ensure that parents can easily understand the nutritional composition, important nutritional equivalence messaging and safety information. The introduction of plain labelling reduces the chance for companies to mislead parents with complex and confusing labels. In other countries like Mexico parents, health professionals and civil society were supportive of clear labelling aligned with the Code including plain packaging³².

³² Digital marketing of commercial breastmilk substitutes and baby foods: strategies, and recommendations for its regulation in Mexico, <https://link.springer.com/article/10.1186/s12992-023-00908-x>

Ban on all health and nutrition claims ³³

In line with Codex all infant formula is a (first) food that is universally (industrially / commercially) manufactured in accordance with international standards for quality set by the Codex Alimentarius Commission, "...to satisfy the normal nutritional requirements of infants up to... six months of age and adapted to their physiological characteristics." (WHO, 1981). This implies a globally guaranteed promise of quality and nutritional equivalence across all infant formula products that all manufacturers are obliged to comply with, including in the UK where the law sets specific compositional requirements for products sold in the UK.

All other product features which have no demonstrable health, environmental or other benefits should be disallowed as they only serve to obscure the point that all infant formula is nutritionally equivalent.

Product differentiation based on non-mandatory ingredients also confuses parents. To uphold infant health and avoid manipulation of parents all nutritional and health claims that are not supported by evidence should be disallowed. Special caution should be applied to avoid reference to non-mandatory ingredients for which there is no evidence base; these claims may well be harmful to infants and contribute to price increases.³⁴

There is also UK regulation that is in place to ensure there is a clear distinction between infant formula and follow on formula products, however this is weakly enforced. There is significant room for improving regulation of unsubstantiated claims in the infant formula market and this should be actively prohibited through a function of the pre-authorisation body.

Information provision

Public Health Campaign

There should be a nationally driven public health campaign using multiple online channels to promote information on the Better Health Start for Life and NHS websites as the primary source of information for parents on formula feeding. This should be fully evaluated to ensure impact and repeated.

UNICEF UK Baby Friendly Initiative

In addition, improving coverage of the UNICEF UK Baby Friendly Initiative across hospital settings requires healthcare professionals to provide a supportive environment for parents and families to guide and inform on infant feeding. Again, this is unbiased independent, evidence-based, commercial-free information in line with the Code. In Baby Friendly accredited services there is information for parents which includes important messaging on the nutritional

³³ https://www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FStandards%252FCXS%2B72-1981%252FCXS_072e.pdf

³⁴ Hydrolysed formula and risk of allergic or autoimmune disease: systematic review and meta-analysis: bmj.com/content/352/bmj.i974

equivalence of all infant milks, including that follow-on formula is unnecessary; safe preparation of powdered infant formula; and responsive, paced bottle-feeding.

Other consideration – Review by SACN of WHO Guidance

In 2023 the World Health Organisation updated their recommendation on the timing of introduction of cow's milk to say that cow's milk or another animal milk can be given as a main drink to infants after 6 months (previously 12 months as is currently in line with NHS guidance).³⁵

We suggest that the Scientific Advisory Committee for Nutrition be requested to review the rationale for follow-on formula and whether it has a role in infant and young child feeding in the UK in light of the WHO revised recommendation and the current cost of living crisis. Should the WHO guidance be reviewed by SACN to be acceptable this could present a considerable saving for families as follow on formula is significantly more expensive than cow's milk.

Next steps and contact

We thank CMA for the opportunity to provide this feedback and we would be happy to be contacted to support any other information needed.

³⁵ World Health Organization (2023): WHO Guideline for complementary feeding of infants and young children 6-23 months of age: [who.int/publications/i/item/9789240081864](https://www.who.int/publications/i/item/9789240081864)