



Wales Infant Feeding Network (WIFN)

Response to interim CMA report on Infant Formula Market November 2024

WIFN was established in 2016 and is the national professional network representing Infant Feeding in Wales. WIFN is made up of over 50 members - clinical Lactation/Infant Feeding leads and associated professionals in infant feeding across Wales. It has members and representation from all seven health boards in Wales including maternity, health visiting, neonatal, dietetic services, and professional education colleagues.

WIFN has not responded to all questions in the consultation.

Please see selected questions and responses below.

The market

- 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.**
 - A. There is no nutritional value for babies of follow on formula. Parents may perceive value differently as marketing preys on parental anxiety and they may feel they need to choose a follow-on product. There may also be a perception that Follow on formula is cheaper although the interim report demonstrates this is not the case.
 - B. The value for manufacturers and retailers is as a "trojan horse" for marketing of infant formula, which is prohibited, through cross promotion and brand awareness.

Our provisional views on possible remedies

6. Please provide your views on whether the possible remedies we have set out in section 8 would be effective and proportionate in addressing the issues we have identified (on their own or in combination). We also invite views on the specific questions below, noting that stakeholders can refer to

the same remedy in response to Question 7 and 8 if they consider the remedy could have both positive and negative impacts.

Healthcare settings

WIFN considers that the Unicef Baby Friendly Initiative (BFI) standards, specifically standard 4, sets out the information that can reasonably be expected to be provided in healthcare settings. WIFN also considers that if other measures are enacted to prevent claims being made on labels, measures requiring professionals to interpret and debunk claims will not be needed.

Healthcare professionals can be informed by and signpost to information from First Steps Nutrition (FSN), the Scientific advisory Committee on Nutrition (SACN) and the NHS.

WIFN supports the use of plain label infant formula in the NHS. This would prevent exploitation of parents with brand claims in a vulnerable setting. WIFN does not support provision of an increased range of brands in healthcare settings.

WIFN would also draw attention to the increasing and expensive use of prescription formula in the NHS, suggesting potential misdiagnosis to which formula marketing contributes (Van Tulleken, 2018). WIFN suggests that this should be investigated.

Information at point of sale

WIFN supports the recommendation for information about nutritional equivalence and follow on formula being unnecessary at point of sale. WIFN considers that information about safety of switching brands should be included. Messages should be included on shelf edge and packaging.

WIFN is not clear about who would be responsible for maintaining a resource with independent factual information about formula claims. WIFN recommends that this must be an independent source if this recommendation proceeds.

WIFN supports a requirement for follow on formula to be displayed separately, and suggests that this should also extend to any “non-standard” first infant milk e.g. comfort, anti-reflux, lactose free, hungry baby milks. WIFN suggests that these should be kept behind a pharmacy counter or, if displayed openly, accompanied by shelf notes advising parents to discuss with their midwife or health visitor before purchase.

WIFN supports standardised packaging for infant formula products in order to prevent exploitation of parents at point of sale with marketing claims. We also support complete differentiation of follow on products.

Advertising

WIFN strongly supports measures to extend regulation of advertising and would support enactment of the World Health Organization Code of Marketing of Breastmilk Substitutes (the Code) and its subsequent resolutions in full, prohibiting advertising of all breastmilk substitutes. WIFN considers that it is particularly

important to include product placement, digital marketing, use of influencers and social media activity in any definition of advertising.

WIFN would support a requirement for prior approval of labelling before marketing. WIFN notes a trend for “premium” formula marketed as particularly suitable for babies born by caesarean section. This is a prime example of manipulation of parents who may already be processing difficult feeling about a birth which did not go as planned and the claims are not evidence based.

Price promotion

WIFN does not support allowing price promotion to be publicised, which would breach current UK regulations and the WHO Code. WIFN notes that there is a large body of evidence demonstrating ruthless exploitation of parents by formula companies (Hastings et al., 2020; Save the Children, 2018).

Other measures

WIFN would support a price/profit cap which would have the effect of reducing profit margins and providing families with predictably lower prices. Stringent regulation of the product would ensure that quality is sustained. Alongside improvements to the Healthy Start scheme this would have the best outcome for babies and families reliant on infant formula.

WIFN would not support public provision based on the experience of the WIC programme in the United States.

7. Which of the possible remedies (on their own or in combination) set out in section 8 are likely to have the biggest impact on improving outcomes for parents who need or choose to use infant formula? Please explain why, including which of the following outcomes you think would be affected:

a. price

b. product differentiation and/or

c. choice

d. other (please specify)

WIFN considers that a package of measures would be more impactful than any standalone measure.

WIFN would reiterate that the infant formula market is different to any other and should be treated as such. WIFN notes that higher pricing for so called premium brands gives the impression of a difference in quality that is not borne out. WIFN notes that there is evidence of ruthless manipulation through marketing by formula companies (Hastings et al., 2020; Save the Children, 2018).

Families engage in the market with their emotions, not hard headed thinking. WIFN notes that mothers have been observed to go without other family essentials in order to pay for premium priced formula, believing it to be better for their babies.

11. Are there any other possible remedy options which are not outlined in section 8 which we should consider? If so, please outline how the option would work and its likely impact on market outcomes (such as price, product differentiation and/or choice).

WIFN notes the high spend of companies on marketing and would propose that companies be compelled to direct a proportion to public health in the form of a tax, to be utilised for publicly funded infant feeding work. Care would have to be taken to ensure no halo effect of this measure and no company involvement with the work.

WIFN notes the environmental impact of the industry and proposes the following measures for consideration:

1. Appropriate contribution to public funds via tax system in recognition of environmental harms caused.
2. Reduction in size of ready to feed (RTF) bottles to NHS to reduce waste.
3. Information about carbon dioxide impact of manufacture process to be printed on packaging.

Finally, WIFN would advocate an independent review of the evidence & expenditure on all formula brands marketed as foods for special medical purposes (FSMPs).

Hastings, G., Angus, K., Eadie, D., & Hunt, K. (2020). Selling second best: How infant formula marketing works. *Globalization and Health*, 16(1). <https://doi.org/10.1186/s12992-020-00597-w>

Save the Children. (2018). *Why the formula milk industry must clean up its act*. <https://resourcecentre.savethechildren.net/pdf/dont-push-it.pdf/>

Van Tulleken, C. (2018). Overdiagnosis and industry influence: How cow's milk protein allergy is extending the reach of infant formula manufacturers. *BMJ (Online)*, 363. <https://doi.org/10.1136/bmj.k5056>