

Response to Infant Formula and Follow-On Formula Market Study (CMA Report)

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This response is from an individual (Professor Ellie Lee) and can be attributed.

Background

This response is primarily to the findings reported in the document titled 'Experiences using infant formula and follow-on formula' produced for the CMA, and which accompanies the main document.

This qualitative research is both important and unusual, in its specific focus on this aspect of parental experience of infant feeding. The comments in what follows highlight ways in which its findings resonate strongly with those reported in extant research. Specifically, comments below refer to research I led (with both survey and qualitative components), findings of which were published mainly through the first decade of this century. I have provided a response to your questions where this research can be considered relevant to the work you have done. I have provided a full list of peer-reviewed items published from the study at the end of this document. The most widely cited of these is: Lee, E. 2007. 'Health, morality, and infant feeding: British mother's experiences of formula milk use in the early weeks'. ***Sociology of Health and Illness*** 29(7): 1075-1090.

<https://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.2007.01020.x>

The central conclusion of this research was that much discussion of the task of infant feeding has become estranged from the realities of that experience. In general, mothers' experience is often characterised by a need to respond to the practical task of feeding a baby in ways that do not match with the 'script' informing parents in advance. The struggle to align what is then needed with feelings about 'what I should be doing' generates emotions that can be highly burdensome (to the extent that, in our research, some mothers reported experiencing what we described as 'moral collapse', while others developed an outlook of distrust and even hostility to those they considered interested only in breastfeeding and increasing rates of breastfeeding). Messaging about formula milk, however well intended, was experienced as hostile and undermining.

When our research was published, and since, parents have continued to discuss and describe these problems on forums like Mumsnet and other public media. It is more than high time for a way to be found to address this situation based on pragmatism and which can find path that navigates a way to constructing a genuinely supporting context for infant feeding. It has been heartening to read the CMA report and associated documentation.

- 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.**

It remains difficult to provide a clear answer to these questions, because commentary and research tend to remain less than objective and overly influenced by the wider politicised context that dominates assessments of infant feeding methods. In case of interest, I was involved in this look at the issues by the then Food Standards Agency, which set out to consider the relationship between advertising and behaviour, given the centrality of this question to discussion of Follow-On milks.

Lee, E. and Furedi, F. 2009. ‘Review of the effectiveness of the controls on infant formula and follow-on formula, Literature Review’ published by the Food Standards Agency (89 pages)

https://www.researchgate.net/publication/264815584_Follow-on_Formula_milk_literature_review?channel=doi&linkId=53f2302f0cf2f2c3e7fcd0ae&showFulltext=true

- 2. Do you agree with our provisional analysis of market outcomes, as set out in section 4 of this interim report? Please explain why you do or do not agree, providing evidence to support your response where possible.**

This is a careful analysis. As is the case with all aspects of this area of parental experience and behaviour, it is very difficult to tease out the relation between wider cultural influences and consumer behaviour.

- 3. Do you agree with our provisional conclusions on the potential drivers of these market outcomes as set out in sections 5, 6, and 7 of this interim report? Please explain why you do or do not agree with regards to the following in particular: a. consumer behaviour (section 5) b. the regulatory framework (section 6) c. competition in the market (section 7) i. competition between manufacturers/brands ii. competition between retailers iii. barriers to entry and expansion.**

The points are well made. Regarding **consumer behaviour**, the problem of ‘information’ is very important.

Our research found that pathways to formula feeding are very varied, but more women ‘end up’ formula feeding that do so having ‘planned in advance’. Most women who feed their babies formula from an early point plan to breast feed, and so do not use formula milk because of intention. The experience of some of these women is that breastfeeding is very painful and difficult. Others who intend to breastfeed also use formula in the first few days because of premature birth or difficulties in childbirth. Women who introduce formula milk later (although still earlier than they had intended to) do so for a range of reasons. These include wanting to restore ‘normality’ which can include going back to work, or simply routine patterns of sleeping, or activities with other family members. Having to feed the baby very frequently, and never being able to ‘fill them up’ also leads women to give babies formula milk after a few weeks.

These experiences were not reported generally to be connected to a deficit of breastfeeding support or absence of recognition that breastfeeding is ‘good’; rather, respondents communicated an emphasis on personal choice and experience – they were ‘just doing what is right for me’. Women who feed their babies formula milk in general made the case for their decision in a defensive away, however, and were not able to do so with a reference point of ‘information’ from authoritative sources. This is particularly the case of those who planned to breast feed and assumed they would be able to, but then struggled to do so.

80 per cent of women in our research said they received information about breastfeeding and 47 per cent about formula feeding. A significant minority of women – around one quarter – said they did get enough information in general, and a larger group, comprising women who end up finding trying to breast feed a struggle, strongly reported they needed information about formula milk they did not get.

It emerged as unusual for women to be given information about how to use formula milk by health professionals. They largely obtained information about formula feeding from 'unofficial' sources, namely formula manufacturers, magazines, friends, and reported having to find this information themselves, sometimes when in a state of anxiety because they had not planned to formula feed. The most perceived unmet need was for information about brands and how formula milks differ from breast milk. Women were also very concerned that formula milk is 'second best' and will harm their babies' health and were seeking reassurance. Demand for 'information' in a more general sense was related to a need for reassurance that by feeding babies this way women are not 'bad mothers'. The absence of information about formula milk of this kind emerged as experienced as aspect of marginalisation, and of damaging to women's sense of themselves as 'good mothers'.

4. Are there any other factors which we have not addressed in the report which you consider could be contributing to the outcomes we observe?

You do comment on the experience of formula feeding, against a background of the range of pathways to it. The ambivalence associated with this for many should be a key feature of discussion. The figures below come from the survey component of our research and demonstrate this problem. Feeling uncertain about whether what one is doing as parent to some degree 'goes with the territory'. However, the gap between the reality of formula milk reported as 'a solution to a problem' that made things better, and feelings of worry, anxiety and guilt, is not inherent to infant feeding, and can and should be taken seriously and addressed.

Feelings when women first fed their baby with formula milk (N = 405) [Prompted Responses]	
Sense of failure about not breastfeeding	32%
Relieved that baby was being fed	88%
Pleased to find a solution that made things easier	76%
Uncertain were doing the right thing	48%
Guilt about using formula	33%
Worried about what health visitor/ midwife might say	23%
Worried about the effects on baby's health	20%

5. 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 and information from HCPs is of great importance. In our study some discussed their experience in a very positive way, emphasising how they felt supported and given sound practical help. It was very clear, however, that women who feed their babies formula milk often assume they will be judged as having done the 'wrong' thing and will be considered 'bad mothers'. Where health professionals interact with women a genuine need to communicate health issues and offer sound advice sometimes co-exists with a moralising ethos, and sometimes it emerged that the latter prevails.

Reports of interactions with health professionals in hospitals and in the community sometimes emphasised that midwives and health visitors make women who formula feed feel like they are doing what is second best. Some emphasised how it seems fulfilling targets for numbers of women breastfeeding was the professionals' main concern, rather than their particular needs and experience. Others unfortunately drew attention to how it seemed the time and effort they had spent thinking about and deciding what was the best way to feed their baby counted for nothing. This outcome was indicated in a troubling way in accounts of women lying about their feeding practices, and of interactions with professionals where there was a sense of 'us and them'.

While our research did not focus on it specifically, there were comments littered through the interviews about how, in the supermarket context, everything seemed stacked against women trying to their best with formula feeding. Feeling sometimes bewildered about choosing which brand of milk to start with, was made worse by feeling the messaging on tins and tubs was negative ('being told again breast is best') and some commented on the way formula milk was 'being treated like cigarettes' because of it being excluded from points schemes accentuated their negative feelings.

List of reports / papers/ book chapters

Lee, E. 2011. 'Infant feeding and the problems of policy'. In P. Liamputtong (ed.) *Infant Feeding Practices: A Cross-Cultural Perspective*. Springer, New York. Pp. 77-94.

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Lee, E. 2008. 'Living with risk in the age of 'intensive motherhood': Maternal identity and infant feeding'. *Health, Risk and Society* 10(5): 467-477.

<https://www.tandfonline.com/doi/full/10.1080/13698570802383432>

Ingham, R., Lee, E., Clements, S.J. and Stone, N. 2008. 'Reasons for second trimester abortion in England and Wales'. *Reproductive Health Matters* 16(31 Supplement): 18-29

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Lee, E. and Furedi, F. 2005. '**Mothers' experience of, and attitudes to, the use of infant formula for feeding babies**' published by SSPSSR (93 pages). https://kar.kent.ac.uk/25249/1/Infant_Formula-Full%5Bfinal%5D.pdf