

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 72 / May-June 2016

---

**REPORT ON THE SITUATION OF  
INFANT AND YOUNG CHILD FEEDING  
IN THE UNITED KINGDOM OF BRITAIN  
AND NORTHERN IRELAND**



May 2016

**Data sourced from:**

National Infant Feeding Surveys and other Government sources  
World Breastfeeding Trends Initiative assessment of the UK (draft)  
Baby Feeding Law Group monitoring reports  
National AIDS Trust statistics  
UNICEF UK Baby Friendly statistics  
First Steps Nutrition Trust monitoring report

**Prepared by:**

Baby Milk Action / IBFAN UK

## **SUMMARY**

*Note: The UK is made up of four countries (England, Northern Ireland, Scotland and Wales) with separate administrations for certain policy areas, including health. Some of the following gaps and recommendations apply across the UK, whereas others apply to only one or more of these countries. These gaps and recommendations have been adapted from the draft World Breastfeeding Trends Initiative (WBTi) assessment of implementation of the Global Strategy for Infant and Young Child Feeding in the UK.*

### **The following obstacles/problems have been identified:**

#### **UK:**

1. UK has among the lowest breastfeeding rates in the world (1.5% of exclusive breastfeeding until 6 months, and 0.5% of continued breastfeeding to 12 months of age).
2. No UK-wide strategic Infant and Young Child Feeding group.
3. The National Infant Feeding Survey was discontinued in 2015, having been conducted every five years since the 1950s.
4. The *International Code of Marketing of Breastmilk Substitutes* and subsequent, relevant Resolutions of the World Health Assembly are not fully implemented in the UK and the Regulations that do exist are not enforced.
5. Most pre-registration training for health practitioners who work with mothers, infants and young children has many gaps in the high-level standards and curricula, including HIV.
6. In some areas, there is little or no integration of National Health Service (NHS) community services with voluntary sector breastfeeding support, and no clear access to a skilled lactation specialist.
7. No legally required provision for breastfeeding breaks or breastfeeding facilities in educational institutions and workplaces.
8. No national strategies addressing Infant and Young Child Feeding in emergencies.

#### **England:**

9. No national, multi-media communications strategies on infant feeding.
10. No national paid sustainable leadership as no Infant and Young Child Feeding (IYCF) Committee or Coordinator.
11. No mandate or dedicated funding to implement the Baby Friendly Initiative (BFI) nationally, and no time-bound expectation.

#### **Wales:**

12. No breastfeeding specialist lead.

**Our recommendations include:**

**UK:**

1. The governments of the countries to set up a UK-wide strategic Infant and Young Child Feeding group, including the national infant feeding leads, to enable collaboration and co-operation.
2. Governments of the four countries to fully implement the *International Code of Marketing of Breastmilk Substitutes* and subsequent, relevant Resolutions of the World Health Assembly in legislation, and the responsible authorities to take coordinated action to enforce the Regulations.
3. Government to legislate for reasonable breastfeeding breaks and suitable facilities for expressing and storing milk in educational institutions and workplaces.
4. All the organisations setting pre-registration training standards and curricula for healthcare practitioners who work with mothers, infants and young children to have minimum requirements for core knowledge in line with WHO/BFI standards in relation to breastfeeding and young child feeding, including HIV.
5. In addition to midwifery and all health visiting services, a range of integrated postnatal services to be commissioned to meet local needs, with clear referral pathways.
6. Government to create a national communications strategy, including a public information campaign aimed at the wider society.
7. Each government to develop a national strategy on *Infant and Young Child Feeding in Emergencies*, integrated into existing Emergency preparedness plans.
8. Reinstate the National Infant Feeding Survey, which has been conducted every 5 years since the 1950s, but was cancelled in 2015.

**England:**

9. Government to mandate and fully funded, time-bound implementation and maintenance of the Baby Friendly Initiative (BFI) nationally, in accordance with the guidance from the National Institute for Health and Care Excellence (NICE).
10. Government to set up a national, sustainable strategic Infant and Young Child Feeding Committee, with multi-sectoral representation, coordinated by a high-level, funded specialist lead.

**Wales:**

11. Government to appoint infant feeding specialist lead.

## 1) General points concerning reporting to the CRC

---

In 2016, the CRC Committee will review the United Kingdom's 5<sup>th</sup> periodic report.

In 2002, following its session 31, the CRC Committee stated in its [Concluding Observations](#) that:

***“The Committee recommends that the State party take all appropriate measures to reduce inequalities in health and access to health services, to promote breastfeeding and adopt the International Code for Marketing of Breast-milk Substitutes....”*** (§ 40)

At the last review in 2008 (session 49), the CRC Committee referred specifically to breastfeeding in its [Concluding Observations](#). It stated:

***“The Committee, while appreciating the progress made in recent years in the promotion and support of breastfeeding in the State party, is concerned that implementation of the International Code of Marketing of Breastmilk Substitutes continues to be inadequate and that aggressive promotion of breastmilk substitutes remains common. The Committee recommends that the State party implement fully the International Code of Marketing of Breastmilk Substitutes. The State party should also further promote baby-friendly hospitals and encourage breastfeeding to be included in nursery training.”*** (§ 58-59)

In looking back at these recommendations, it is notable that the Government has taken no action to improve implementation of the *International Code of Marketing of Breastmilk Substitutes* and subsequent, relevant Resolutions of the World Health Assembly and violations remain common.

England and Wales do not yet have targets for all hospital births to take place in baby friendly facilities.

Training on breastfeeding in nurseries and for many health professionals continues to be inadequate.

Accordingly, these recommendations could be restated and expanded to address ongoing concerns.

## 2) General situation concerning breastfeeding in the United Kingdom

The annex to the UK Government report contains comprehensive data on the birth rate (Tables D), mortality, morbidity and low birth weight (Tables F2.1 – F2.7) and breastfeeding initiation (Tables F2.16 – F2.20).

However, the Government report does not give figures for continued or exclusive breastfeeding. These show that breastfeeding rates rapidly decline and **just 1% of mothers exclusive breastfed** to 6 months of age. **Continued breastfeeding to 12 months of age in the UK is the lowest in the world at 0.5%**, according to the Lancet Breastfeeding Series published in January 2016.<sup>1</sup>

It is important to note that the sources for infant feeding data are the National Infant Feeding Surveys. The UK Government report states in its full report (paragraph 152): *“The National Infant Feeding Survey conducted every five years since the late 1950s shows a continuous increase in breastfeeding initiation rates. The latest survey published in November 2012 reported an increase from 76 per cent in 2005 to 81 per cent in 2010 (data annex table F2.16).”*

It is a great concern, therefore, that this valuable data set has been discontinued with the Government’s decisions to cancel the survey due in 2015. This will make it difficult to measure the impact of government policies in this area.

Breastfeeding initiation rates as given in the UK Government report are reproduced below (Table F2.16 in the Government report).

<b><u>Incidence of breastfeeding by country of the United Kingdom, 1990-2010</u></b>					
<b>Source:</b> HSCIC <a href="http://www.hscic.gov.uk/article/2021/Website-Search?productid=9569&amp;q=Infant+breastfeeding+statistics&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top">http://www.hscic.gov.uk/article/2021/Website-Search?productid=9569&amp;q=Infant+breastfeeding+statistics&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top</a>					
<b>Year</b>	<b>1990</b>	<b>1995</b>	<b>2000</b>	<b>2005</b>	<b>2010</b>
<b>% who breastfed initially</b>					
UK	62	66	69	76	81
England	-	-	-	78	83
Wales	-	-	-	67	71
England and Wales	64	68	71	77	82

<sup>1</sup> Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect, Victora, Cesar G et al. The Lancet , Volume 387 , Issue 10017 , 475 – 490.

Scotland	50	55	63	70	74
Northern Ireland	36	45	54	63	64

**Table F2.16 (from UK Government report).**

As the 2015 National Infant Feeding Survey was cancelled, we have to look to the 2010 Survey for data on continued breastfeeding.

### **Continued breastfeeding**

*“Across the UK, the prevalence of breastfeeding fell from 81% at birth to 69% at one week, and to 55% at six weeks. At six months, just over a third of mothers (34%) were still breastfeeding.”* (National Infant Feeding Survey, 2010<sup>2</sup>).

*“In most high-income countries, the prevalence [of breastfeeding at 12 months] is lower than 20% (appendix pp 13–17). We noted important differences—eg, **between the UK (<1%)** and the USA (27%), and between Norway (35%) and Sweden (16%).”* *Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect*, The Lancet<sup>ibid</sup>.

### **Exclusive breastfeeding**

*“Across the UK, 69% of mothers were exclusively breastfeeding at birth in 2010. At one week, less than half of all mothers (46%) were exclusively breastfeeding, while this had fallen to around a quarter (23%) by six weeks. By six months, levels of exclusive breastfeeding had decreased to one per cent, indicating that very few mothers were following the UK health departments’ recommendation that babies should be exclusively breastfed until around the age of six months.”* (National Infant Feeding Survey, 2010).

### **Most mothers stop breastfeeding earlier than they wished**

*“Of the mothers who had stopped breastfeeding by Stage 3 [8 to 10 months old], over three in five (63%) said that they would have liked to have breastfed for longer.”* (National Infant Feeding Survey, 2010).

---

<sup>2</sup> Infant Feeding Survey 2010: Summary, Health and Social Care Information Centre, IFF Research, 2012 - <http://www.hscic.gov.uk/catalogue/PUB08694/ifs-uk-2010-sum.pdf>

*“Around nine in ten mothers who breastfed for less than six weeks said that they would have liked to continue longer.” (National Infant Feeding Survey, 2005<sup>3</sup>).*

The range of measures required to enable mothers to breastfeed as long as they wish and to reduce the risks from artificial feeding are well known and set out in the *Global Strategy for Infant and Young Child Feeding*.

In February 2016, leading UK health worker and mother support groups renewed the call for the government at UK level and the four nations to implement the *Global Strategy* in full.<sup>4</sup>

### **3) Government efforts to encourage breastfeeding**

---

#### **National policies**

The draft assessment conducted by the WBTi working group to IBFAN’s protocol identifies the following gaps:

- There is no UK-wide strategic infant feeding group.
- There is no National Infant and Young Child Feeding (IYCF) Coordinator or Committee (or Breastfeeding Coordinator or Committee) in England or Wales.

Northern Ireland has a funded National Policy and Committee coordination based on the Global Strategy for IYCF. Northern Ireland’s National Infant Feeding Network receives funding from the Public Health Agency.

The Scottish Government introduced the *Improving Maternal and Infant Nutrition: a Framework for Action* (MINF) in 2011, which is nationally funded. There is a National MINF Leads Group plus the Scottish Infant Feeding Advisor’s Network and a Scottish UNICEF UK Baby Friendly Group.

#### **Promotion campaigns**

The draft assessment conducted by the WBTi working group identifies the following gaps:

- There is no national, multi-media communications strategy on infant feeding.

---

<sup>3</sup> Infant Feeding Survey 2005, Health and Social Care Information Centre, IFF Research, 2007 - <http://www.hscic.gov.uk/catalogue/PUB00619/infa-feed-serv-2005-rep.pdf>

<sup>4</sup> Open letter on the current crisis in breastfeeding in the UK – UK mothers are being let down, multiple signatories, 2016. <https://ukbreastfeedingtrends.files.wordpress.com/2016/02/open-letter-uk-response-to-lancet-updated7.pdf>

- Support programmes (for example, peer support in the community) are not universally available and many have been closed, or are under threat of closure.
- In some areas, there is little or no integration of National Health Service community services with voluntary sector breastfeeding support, or no clear access to a skilled lactation specialist.
- It will no longer be mandatory in England from 2017 to commission all health visiting services and local funding for public health is not protected.

In addition, there has been no support for National Breastfeeding Week from the Department of Health for England and Wales in recent years, or this has been conducted as a joint initiative with a distributor of breastmilk substitutes, feeding bottles and teats (even recommending the public visit the retailer for information on infant feeding).

Breastfeeding and bottle feeding information is provided by Start4Life, a joint initiative by the National Health Service, Department of Health and Department for Education and is run by Public Health England. According to the Start4Life website: *“Start4Life aims to improve the health of babies and children under five in England by encouraging a healthy lifestyle – helping parents-to-be and mums and dads to give their children the best possible start.”* Parents who sign up receive emails and texts with information and links to websites, including third-party websites.

The National Institute for Health and Care Excellence (NICE) produced guidelines for health service commissioners on *Maternal and Child Nutrition* in 2008, which were updated in 2014, and includes advice to implement structured programmes to encourage breastfeeding within their organisations. Since 2010, commissioning has been reorganised, with responsibilities passing to commissioning groups of General Practitioners. This has led to fragmentation of the services provided as each commissioning group sets its own priorities.

The Scottish government does provide Health Boards with funding. The Boards decide how to allocate the funds, including to peer support. Government also funds organisations directly.

### **The International Code of Marketing of Breastmilk Substitutes**

**Regulations in the four countries of the UK fail to implement the *International Code* and subsequent, relevant Resolutions of the World Health Assembly**, despite repeated calls from the Committee on the Rights of the Child for this action to be taken.

In its 2002 review, the Committee on the Rights of the Child recommended the State Party, *“adopt the International Code for Marketing of Breast-milk Substitutes.”* Although the *Infant*



*Formula and Follow-on Formula Regulations* were introduced in 2007, replacing regulations from 1995, they were not brought into line with the Code and Resolutions. Accordingly, in its 2008 review, the Committee on the Rights of the Child said it was, “concerned that implementation of the International Code of Marketing of Breastmilk Substitutes continues to be inadequate and that aggressive promotion of breastmilk substitutes remains common. **The Committee recommends that the State party implement fully the International Code of Marketing of Breastmilk Substitutes.**” [emphasis as in original]

**The Government has failed to take this action and violations continue to be commonplace.** Those provisions of the Code and Resolutions that are included in the Regulations restrict the promotion of infant formula only, not promotion of all breastmilk substitutes. However, even these Regulations are not enforced and illegal practices go unpunished.

The draft WBTi assessment records the following gaps:

- *The International Code and Resolutions are not fully implemented in the UK, as most provisions apply only to infant formula.*
- *Health worker organisations and government programmes permit conflicts of interest.*
- *Labelling of baby foods not covered by legislation*
- *Enforcement is lacking.*
- *European Union delegated Acts introduced in 2016 and to be implemented in the UK are also not in line with the Code and Resolutions.*

In addition, World Health Assembly Resolution 58.32 states: “ensure that financial support and other incentives for programmes and health professionals working in infant and young-child health do not create conflicts of interest.”

Yet, the Department of Health for England and Wales (DH) partners with manufacturers and distributors of breastmilk substitutes (e.g. Nestlé, Danone, Tesco and ASDA) in its *Change4Life* health promotion campaign, conducted with the National Health Service and Public Health England. While DH stresses the partnership does not include the *Start4Life* promotion campaign from birth to four years of age, these partnerships create a conflict of interest, particularly as DH is responsible for policy on implementing the *International Code* and Resolutions. According to the Start4Life website: “*Start4Life is the sister brand of Change4Life*”.

The civil society group Baby Milk Action/IBFAN-UK monitors baby feeding company practices on behalf of the Baby Feeding Law Group (BFLG), a coalition of leading health professional and

mother support groups. This monitoring shows that violations of the Code and Resolutions continue to be commonplace and the narrower national regulations are largely ineffective and not enforced. See the reports *Look What They're Doing in the UK 2013* and the 2016 summary report in the annex.

Baby Milk Action and others have filed cases with the advertising industry's self-regulatory Advertising Standards Authority (ASA), which has upheld various complaints proving the public has been misled by advertising of breastmilk substitutes. However, there are no fines and no requirement to publish or issue corrections (even when information was sent by email) and so the system is ineffective.

The charity First Steps Nutrition has assessed the accuracy of advertising and information provided to health workers and found this to be highly misleading. While companies are allowed to provide "scientific and factual" information to health workers, in practice they make promotional claims that are not substantiated by credible scientific studies. See the report, *Scientific and Factual? A review of breastmilk of breastmilk substitute advertising to healthcare professionals*<sup>5</sup>.

### **Monitoring of national policies and legislation**

The draft WBTi assessment on the UK records the following gaps in this area:

- *The 5 yearly national Infant Feeding Survey has been discontinued.*
- *(England only) The Public Health Outcomes Framework is a new mandatory reduced data system from HSCIC (Health and Social Care Information Centre), but will lack the in-depth qualitative information of the survey and may take two years to mature.*

As mentioned above, the importance of the *National Infant Feeding Surveys* is demonstrated by their use in the UK Government report. This Government uses the Surveys to identify trends, stating (paragraph 152): *"The National Infant Feeding Survey conducted every five years since the late 1950s shows a continuous increase in breastfeeding initiation rates. The latest survey published in November 2012 reported an increase from 76 per cent in 2005 to 81 per cent in 2010 (data annex table F2.16)."*

It is a great concern, therefore, that this valuable data set has been discontinued with the Government's decisions to cancel the survey due in 2015. This will make it difficult to measure the impact of government cuts to important services in this area.

---

<sup>5</sup> Scientific and Factual? A review of breastmilk of breastmilk substitute advertising to healthcare professionals, First Steps Nutrition, London, 2016.

[http://www.firststepsnutrition.org/newpages/Infant\\_Milks/WHO\\_Code\\_breastmilk\\_substitutes.html](http://www.firststepsnutrition.org/newpages/Infant_Milks/WHO_Code_breastmilk_substitutes.html)

A recommendation by the Committee on the Rights of the Child to reinstate the *National Infant Feeding Survey* would be very welcome.

### **Courses / Training of Health Professionals**

The draft WBTi assessment of the UK records the following gaps:

- *Most pre-registration training for health practitioners who work with mothers, infants and young children has many gaps in relation to the WHO Education Checklist<sup>6</sup> in the high level standards and curricula. Where there are many gaps, the breastfeeding knowledge included tends to be theoretical rather than practical aspects of enabling mothers to initiate and continue breastfeeding.*
- *There is limited provision and take-up of in-service training in IYCF; such training is optional, unless midwives and Health Visitors are employed by Trusts and Boards already BFI-accredited or working towards it, and there is low take-up of the short Baby Friendly online training for paediatricians and General Practitioners.*
- *The International Code and WHA resolutions are not explicitly mentioned in any Code of conduct by the regulatory bodies, and organisations' policies are not in line with it. Some sponsorship of study events violates the International Code conflict of interest resolutions.*
- *There are no national policies for infants or toddlers to stay in hospital with their hospitalised mothers, and support for breastfeeding is variable on adult and children's wards. Also keeping parent with hospitalised babies (when medically possible) is inconsistent, especially in Neonatal Intensive Care Unit settings.*

In addition, health workers are targeted by the manufacturers and distributors of breastmilk substitutes, feeding bottles and teats with training services. These are offered both online and at events. As the Baby Friendly Initiative guidance is clear that such events should not take place at hospital facilities, companies organise events at nearby hotels and try to entice health workers to those venues. The Scottish health authority is introducing a code of conduct to

---

<sup>6</sup> The Education Checklist used in the WBTi Assessment Tool is the Education Checklist in the WHO Assessment Tool for Infant and Young Child Feeding:

<http://www.who.int/nutrition/publications/infantfeeding/9241562544/en/> (pp131-2)

prohibit employees using their professional titles or materials gathered through their employment at such events.

#### **4) Baby-Friendly Hospital Initiative (BFHI)**

---

UNICEF UK continues to be the lead agency for the Baby Friendly Initiative. The March 2016 figures for Births taking place in fully accredited hospitals are<sup>7</sup>:

- England 52%
- Northern Ireland 92%
- Scotland 95%
- Wales 61%

The health authorities in Northern Ireland and Scotland have committed to 100% of births taking place in fully accredited hospitals.

The following figures are also given by UNICEF UK:

##### **Overall engagement**

There are currently 91% of maternity services and 82% of health visiting services working towards Baby Friendly accreditation. In Universities there are 72% of Midwifery programmes and 24% of Health Visiting programmes working towards the award.

##### **Overall full accreditations**

In the UK the percentage of services with full Baby Friendly accreditation are:

57% of maternity services

60% of health visiting services

Universities: 36% of Midwifery courses; 13% Health visiting courses

#### **5) Maternity protection for working women**

---

According to the Office for National Statistics<sup>8</sup>:

---

<sup>7</sup> Baby Friendly Statistics 2016, UNICEF UK Baby Friendly, 2016. <http://www.unicef.org.uk/BabyFriendly/About-Baby-Friendly/Awards/Baby-Friendly-statistics/>

<sup>8</sup> Participation rates in the UK - 2014 - 2. Women, Office for National Statistics. Accessed 27 April 2016. <http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/compendium/participationratesintheuklabourmarket/2015-03-19/participationratesintheuk20142women>

*“In the final quarter of 2014, 74.5% of women in the UK aged between 16 and State Pension Age were participating in the labour market.”*

### **Maternity leave**

The following details are taken from the Government’s information website<sup>9</sup>:

Statutory Maternity Leave is 52 weeks. It’s made up of:

*Ordinary Maternity Leave - first 26 weeks*

*Additional Maternity Leave - last 26 weeks*

*You don’t have to take 52 weeks but you must take 2 weeks’ leave after your baby is born (or 4 weeks if you work in a factory).*

Statutory Maternity Pay (SMP) is paid for up to 39 weeks. You get:

*90% of your average weekly earnings (before tax) for the first 6 weeks*

*£139.58 or 90% of your average weekly earnings (whichever is lower) for the next 33 weeks*

*SMP is paid in the same way as your wages (eg monthly or weekly). Tax and National Insurance will be deducted.*

*If you take Shared Parental Leave you’ll get Statutory Shared Parental Pay (ShPP). ShPP is £139.58 a week or 90% of your average weekly earnings, whichever is lower.*

### **Paternity leave**

The following details are taken from the Government’s information website<sup>10</sup>:

*When you take time off because your partner’s having a baby, adopting a child or having a baby through a surrogacy arrangement you might be eligible for: 1 or 2 weeks paid Paternity Leave*

*Shared Parental Leave, if your child was due or placed for adoption on or after 5 April 2015: The statutory weekly rate of Paternity Pay is £139.58, or 90% of your average weekly earnings (whichever is lower).*

---

<sup>9</sup> Maternity pay and leave, GOV.UK. Accessed 27 April 2016. <https://www.gov.uk/maternity-pay-leave/overview>

<sup>10</sup> Paternity pay and leave, GOV.UK. Accessed 27 April 2016. <https://www.gov.uk/paternity-pay-leave/overview>

You must: be an [employee](#), have worked for your employer [continuously](#) for at least 26 weeks by the end of the 15th week before the expected week of childbirth (known as the ‘qualifying week’), give the [correct notice](#). The ‘qualifying week’ is different if you [adopt](#).

### **Breastfeeding breaks**

There are no provisions for breastfeeding breaks.

## **6) HIV and infant feeding**

---

According to the National AIDS Trust<sup>11</sup>:

*In 2014, an estimated 103,700 people were living with HIV in the UK.*

The draft WBTi assessment on the UK records that all the countries of the UK have health policies on infant feeding and HIV, but notes:

- *Misinformation on HIV and infant feeding is widespread and healthcare practitioners and community workers do not receive up-to-date training on HIV and infant feeding.*
- *Despite ongoing monitoring and recording of outcomes for all HIV-exposed babies in a central registry, feeding method may not be recorded.*

## **7) Infant feeding in emergencies (IFE)**

---

Certain areas of the UK are prone to flooding, leading to interruptions to electricity and water supplies and people having to leave their homes. In these circumstances breastfed babies are at an advantage. The principal public health concern has been to ensure that babies who are not breastfed receive safely reconstituted breastmilk substitutes.

The draft WBTi assessment on the UK notes:

- *England and the devolved nations do not have national strategies addressing infant and young child feeding in emergencies.*
- *Guidance for agencies tackling emergencies does not mention the specific needs of mothers and infants.*

---

<sup>11</sup> People living with HIV in the UK, National AIDS Trust. Accessed 27 April 2016. <http://www.nat.org.uk/HIV-in-the-UK/HIV-Statistics/Latest-UK-statistics/People-with-HIV-in-UK.aspx>

## 8) Implementation of the Extraterritorial Obligations

---

Breastmilk substitutes sold in the UK are either manufactured nationally or in Ireland. Ireland is aiming to become a major global exporter of breastmilk substitutes. Products from the UK are not being exported as far as Baby Milk Action is aware.

\*\*\*\*\*

## ANNEXES

For evidence of violations of the *International Code of Marketing of Breastmilk Substitutes* and subsequent, relevant Resolutions of the World Health Assembly, see:

- *Monitoring update 2016*, Baby Milk Action/IBFAN-UK, Cambridge, UK, 2016.
- *Look What They're Doing in the UK 2013*, Baby Feeding Law Group, Cambridge, UK, 2013.