

THE COMMITTEE ON  
ECONOMIC, SOCIAL AND CULTURAL RIGHTS

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**REPORT ON THE SITUATION OF  
INFANT AND YOUNG CHILD FEEDING  
IN 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

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### **Breastfeeding: key to child and maternal health**

The 1'000 days between a woman's pregnancy and her child's 2<sup>nd</sup> birthday offer a unique window of opportunity to shape the health and wellbeing of the child. The scientific evidence is unambiguous: ***exclusive breastfeeding for 6 months followed by timely, adequate, safe and appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond***, provides the key building block for child survival, growth and healthy development. This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)<sup>1</sup>.

Breastfeeding is key during this critical period and it is the single most effective intervention for saving lives. It has been estimated that optimal breastfeeding of children under two years of age has the potential to prevent 800,000 deaths in children under five in the developing world annually<sup>2</sup>. Mother's breastmilk protects the baby against illness by either providing direct protection against specific diseases or by stimulating and strengthening the development of the baby's immature immune system. This protection results in better health, even years after breastfeeding has ended.

Breastfeeding is an ***essential part of women's reproductive cycle***: it is the third link after pregnancy and childbirth. It protects mothers' health, both in the short and long term, by, among others, aiding the mother's recovery after birth, offering the mother protection from iron deficiency anaemia and is a natural method of child spacing (the Lactational Amenorrhea Method, LAM) for millions of women that do not have access to modern form of contraception.

### **Infant and young child feeding and human rights**

Several international instruments make a strong case for protecting, promoting and supporting breastfeeding, and stipulate the right of every human being, man, woman and child, to optimal health, to the elimination of hunger and malnutrition, and to proper nutrition. These include the **International Covenant on Economic, Social and Cultural Rights (CESCR)**, especially ***article 12 on the right to health***, including sexual and reproductive health, ***article 11 on the right to food*** and ***articles 6, 7 and 10 on the right to work***, the **Convention on the Rights of the Child (CRC)**, especially ***article 24 on the child's right to health***, the **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**, in particular ***articles 1 and 5 on gender discrimination on the basis of the reproduction status*** (pregnancy and lactation), ***article 12 on women's right to health*** and ***article 16 on marriage and family life***. Adequately interpreted, these treaties support the claim that 'breastfeeding is the right of every mother, and it is essential to fulfil every child's right to adequate food and the highest attainable standard of health.'

As duty-bearers, States have the obligation to create a protective and enabling environment for women to breastfeed, through protecting, promoting and supporting breastfeeding.

<sup>1</sup> WHO, Global Strategy on Infant and Young Child Feeding, 2002, available at: [www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html](http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html)

<sup>2</sup> WHO. 10 facts about breastfeeding, available at: <http://www.who.int/features/factfiles/breastfeeding/en/>

## **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 fund 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 situation concerning breastfeeding in the United Kingdom

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WHO recommends: 1) **early initiation of breastfeeding** (within an hour from birth); 2) **exclusive breastfeeding** for the first 6 months; 3) **continued breastfeeding** for 2 years or beyond, together with adequate and safe complementary foods.<sup>3</sup>

Despite these recommendations, globally more than half of the newborns are not breastfed within one hour from birth, less than 40% of infants under 6 months are exclusively breastfed and only a minority of women continue breastfeeding their children until the age of two.

### **Rates on infant and young child feeding:**

- **Early initiation:** Proportion of children born in the last 24 months who were put to the breast within one hour of birth
- **Exclusive breastfeeding:** Proportion of infants 0–5 months of age who are fed exclusively with breast milk
- **Continued breastfeeding at 2 years:** Proportion of children 20–23 months of age who are fed breast milk

**Complementary feeding:** Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

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>4</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).

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<sup>3</sup> [www.who.int/topics/breastfeeding/en/](http://www.who.int/topics/breastfeeding/en/)

<sup>4</sup> Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect, Victora, Cesar G et al. The Lancet, Volume 387, Issue 10017, 475 – 490.

<b>% of women who breastfed initially in the United Kingdom, 1990-2010</b>					
<p><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></p>					
<b>Year</b>	<b>1990</b>	<b>1995</b>	<b>2000</b>	<b>2005</b>	<b>2010</b>
UK	62	66	69	76	81
England	-	-	-	78	83
Wales	-	-	-	67	71
England and Wales	64	68	71	77	82
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>5</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).

<sup>5</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>

## **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).

*“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>6</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>7</sup>

## **2) Government measures to protect and promote breastfeeding**

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Adopted in 2002, the *Global Strategy for Infant and Young Child Feeding* defines 9 operational targets:

1. Appoint a **national breastfeeding coordinator** with appropriate authority, and establish a multisectoral **national breastfeeding committee** composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.
2. Ensure that every facility providing maternity services fully practises all the **“Ten steps to successful breastfeeding”** set out in the WHO/UNICEF statement on breastfeeding and maternity services.
3. Give effect to the principles and aim of the **International Code of Marketing of Breastmilk Substitutes** and **subsequent relevant Health Assembly** resolutions in their entirety.
4. Enact imaginative **legislation protecting the breastfeeding rights of working women** and establish means for its enforcement.
5. Develop, implement, monitor and evaluate a **comprehensive policy on infant and young child feeding**, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction.
6. Ensure that the health and other relevant sectors **protect, promote and support** exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal.
7. Promote timely, adequate, safe and appropriate **complementary feeding with continued breastfeeding**.
8. Provide guidance on feeding infants and young **children in exceptionally difficult circumstances**, and on the related support required by mothers, families and other caregivers.
9. Consider what **new legislation or other suitable measures may be required**, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and to subsequent relevant World Health Assembly resolutions.

Evidence clearly shows that a great majority of mothers can breastfeed and will do so if they have the accurate

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<sup>6</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>7</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>

and full information and support, as called for by the Convention on the Rights of the Child. However, **direct industry influence** through advertisements, information packs and contact with sales representatives, as well as indirect influence through the public health system, submerge mothers with **incorrect, partial and biased information**.

***The International Code of Marketing of Breastmilk Substitutes*** (the International Code) has been adopted by the World Health Assembly in 1981. It is a **minimum global standard** aiming to protect appropriate infant and young child feeding by requiring States to regulate the marketing activities of enterprises producing and distributing breastmilk substitutes in order to avoid misinformation and undue pressure on parents to use such products when not strictly necessary. Even if many countries have adopted at least some provisions of the International Code in national legislation, the implementation and enforcement are suboptimal, and violations persist.

### **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.
- 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 and public health officers. 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>8</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.

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>9</sup> in the high*

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<sup>8</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)

<sup>9</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)

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

### **3) Baby-Friendly Hospital Initiative (BFHI) and training of health workers**

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Lack of support to breastfeeding by the health care system and its health care professionals further increase difficulties in adopting optimal breastfeeding practices.

***The Baby-Friendly Hospital Initiative*** (BFHI), which consists in the implementation by hospitals of the 'Ten steps for successful breastfeeding', is a key initiative to ensure breastfeeding support within the health care system. However, as UNICEF support to this initiative has diminished in many countries, the **implementation of BFHI has significantly slowed down**. Revitalization of BFHI and expanding the Initiative's application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children represents an appropriate action to address the challenge of adequate support.

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>10</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

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

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The main reason given by majority of working mothers for ceasing breastfeeding is their **return to work following maternity leave**.

It is therefore necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy to breastfeed; this should not be considered the mother's responsibility, but rather a **collective responsibility**. Therefore, States should adopt and monitor an adequate policy of maternity protection in line with ***ILO Convention 183 (2000)***<sup>11</sup> that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

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<sup>10</sup> Baby Friendly Statistics 2016, UNICEF UK Baby Friendly, 2016. <http://www.unicef.org.uk/BabyFriendly/About-Baby-Friendly/Awards/Baby-Friendly-statistics/>

<sup>11</sup> ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

According to the Office for National Statistics<sup>12</sup>:

*“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>13</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>14</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*

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<sup>12</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>

<sup>13</sup> Maternity pay and leave, GOV.UK. Accessed 27 April 2016. <https://www.gov.uk/maternity-pay-leave/overview>

<sup>14</sup> Paternity pay and leave, GOV.UK. Accessed 27 April 2016. <https://www.gov.uk/paternity-pay-leave/overview>

*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).

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.

## **5) HIV and infant feeding**

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The HIV virus can be passed from mother to the infant through pregnancy, delivery and breastfeeding. The 2010 WHO Guidelines on HIV and infant feeding<sup>15</sup> call on national authorities to recommend, based on the AFASS<sup>16</sup> assessment of their national situation, either breastfeeding while providing antiretroviral medicines (ARVs) or avoidance of all breastfeeding. The Guidelines explain that these new recommendations do not remove a mother’s right to decide regarding infant feeding and are fully consistent with respecting individual human rights.

According to the National AIDS Trust<sup>17</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.*

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<sup>15</sup> WHO Guidelines on HIV and infant feeding, 2010. Available at:

[http://whqlibdoc.who.int/publications/2010/978921599535\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/978921599535_eng.pdf)

<sup>16</sup> Affordable, feasible, acceptable, sustainable and safe (AFASS)

<sup>17</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>

## 6) Infant feeding in emergencies (IFE)

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In 2007, the IFE Core group developed an Operational Guidance on Infant and Young Child Feeding in Emergencies that aims to provide a “concise practical but mainly non technical guidance on how to ensure appropriate infant and young child feeding in emergencies”.<sup>18</sup> In 2014, the NGO Action Contre la Faim issued guidelines on breastfeeding/infant and young child feeding in emergencies<sup>19</sup> and the Humanitarian Aid and Civil Protection Unit of the European Commission (DG ECHO) released a Guidance for programming on Infant and young children feeding in emergencies.<sup>20</sup>

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.*

\*\*\*\*\*

## ANNEXES

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

- *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.

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<sup>18</sup> <http://www.enonline.net/operationalguidanceiycfv2.1>

<sup>19</sup> *Baby friendly spaces, a holistic approach for pregnant, lactating women and their very young children in emergency*, ACF international manual, 2014. Available at: <http://www.actioncontrelafaim.org/fr/node/100939>

<sup>20</sup> [http://ec.europa.eu/echo/files/media/publications/2014/toolkit\\_nutrition\\_en.pdf](http://ec.europa.eu/echo/files/media/publications/2014/toolkit_nutrition_en.pdf)



# UK Monitoring



**“The Committee on the Rights of the Child.. 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*.”**

**CRC report on the UK, 2008**

*Top: “Their future starts today” peak-time television advertising in the UK in 2016 suggests formula turns babies into mathematical geniuses.*



**BABY MILK  
ACTION**  
IBFAN UK

Violations of Code and Resolutions common in UK  
.....  
Government still to act on CRC recommendations  
.....  
No prosecutions for breaches of weaker national law  
.....  
Conflicts of interest a cause for concern

[babymilkaction.org](http://babymilkaction.org)



## A child rights issue .....

The UK is a signatory to the Convention on the Rights of the Child and its progress in meeting its obligations will be assessed this year by the *UN Committee on the Rights of the Child*. We have submitted information on the failure of the authorities in the UK to fully implement the *International Code of Marketing of Breastmilk Substitutes* and subsequent, relevant Resolutions of the World Health Assembly. The Committee called on the UK to implement the Code in its 2008 recommendations (see cover). It made a similar recommendation in its 2002 report:

*"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 Breastmilk Substitutes...."*

The UK elected a new Parliament on 7 May 2015, putting the Conservative Party into government. During the election campaign we asked all parties about their infant feeding policies. Some of the parties now in opposition pledged to meet all commitments made under international agreements (such as the *Global Strategy for Infant and Young Child Feeding*). We are working with politicians from all parties in pursuing these goals.

## Cross-party action on policy .....

We supported Alison Thewliss MP in setting up an All Party Parliamentary Group (APPG) on Infant Feeding and Inequalities, which was formed on 19 January 2016.

The APPG will listen to experts at regular meetings to formulate concerted action on implementing the *Global Strategy* in the UK.

The four countries of the UK (England, Northern Ireland, Scotland and Wales) have identical laws: the *Infant Formula and Follow-on Formula Regulations (2007)*. These are much narrower than the *International Code* and Resolutions.

Governments have claimed to be constrained by European Union measures, although they have the right to introduce stronger measures to protect public health. New EU *Delegated Acts* are being introduced in 2016. We have achieved improvements to the draft text, but it still falls far short of the Code and Resolutions.

## Mind the gaps .....

IBFAN, our international network, has developed the *World Breastfeeding Trends Initiative*, which assesses countries on their progress in implementing the *Global Strategy*. The assessment identifies gaps and makes recommendations for action. The process involves organisations across the infant and young child feeding sector, including government, to improve the understanding of all involved so a comprehensive set of actions results.

We brought WBTi to the UK and gained the support of members of the Baby Feeding Law Group (BFLG), which brings together leading health professional and mother support groups. Lactation consultants Helen Gray and Clare Meynell are coordinating the assessment after taking part in an IBFAN training course. The Lactation Consultants of Great Britain (LCGB) is

hosting information on its website.

The data from the draft report have been used to in a submission to the Committee on the Rights of the Child for its 2016 assessment of the UK.

## Enforcement to be weakened? .....

The Department of Health (DH) consulted in February 2016 on measures for a Statutory Instrument to enforce the forthcoming EU Regulations. The proposals are worrying. The DH proposes:

- Decriminalising many of the provisions in the regulations, such as labelling requirements and the need to notify DH prior to launching new products;
- Moving to a system of "Improvement Notices" with the stated purpose of "removing unnecessary rules and burdens on business".

Companies have been breaking labelling requirements since they were first introduced in 1995, without ever being prosecuted. Current labels break the requirement to ensure that infant formula and follow-on formula labels are clearly different. Infant formula cannot be promoted, but a loophole in UK regulations allows advertising of follow-on milks (as with the Aptamil advertisement on the front cover). Companies label the products identically as shown below to make them cross promotional.

Despite companies breaking the law for decades,



the DH proposes *Improvement Notices* as "a more flexible approach giving industry additional time and support to resolve the problem identified in the Improvement Notice, enabling them to comply before it is escalated to a criminal offence."

Improvement Notices only make sense if their purpose is to protect the child's right to health

and they are intended to be a more flexible way to prompt faster action. To achieve this, they would need to be public, have deadlines attached, and be backed by criminal prosecutions if the deadline passes without the required action being taken.

Other provisions of the law are routinely broken – as demonstrated by supermarkets promoting Nestlé SMA infant formula to clear stocks of products with "excessive protein" (overleaf).

Baby Milk Action has submitted comments to DH on behalf of the Baby Feeding Law Group calling for regulations to be enforced, not weakened.

## MPs back call for action .....

An Early Day Motion is a petition for MPs. The Chair of the Infant Feeding and Inequalities APPG, Alison Thewliss MP, submitted EDM 1189 calling for regulations to be enforced and not weakened. This is gaining cross-party support. Visit our campaign page for details on how to contact your MP if you are in the UK:

[www.babymilkaction.org/archives/8787](http://www.babymilkaction.org/archives/8787)

### Ask your MP to sign EDM 1189

That this House is concerned that the provisions of the Infant Formula and Follow-on Formula Regulations 2007 are disrespected in the UK, as evidenced by the current promotion for Nestlé SMA infant formula by Tesco in breach of Article 23 of that regulation, the near identical labelling of infant and follow-on formula to make them cross-promotional in breach of Article 19 of that regulation, the widespread advertising of infant formula brand names and logos in breach of Article 21 of that regulation and the use of idealising text and images on labels in breach of Article 17 of that regulation; therefore rejects the Department of Health's proposals to decriminalise certain of those requirements, such as labelling provisions in planned draft legislative proposals, related to EU Regulation 609/2015 which will replace these 2007 regulations; and stresses that any move to a system of Improvement Notices must have the purpose of speeding up compliance and be backed by prosecutions rather than giving companies who have flouted the law for many years additional time to comply.

# Promotion in retail outlets



## Tesco breaks the law to clear shelves of Nestlé formula with “excessive protein”

In January 2016, Nestlé sent an email to health workers in the UK promoting its “new improved” infant formula, branded as SMA Pro. It said that babies fed on existing formula have “protein intake in excess of requirements”. It suggested the new formula was “closer to breast milk”, making no apology for suggesting the current (and previous) formulations were almost identical to breastmilk.

With the launch imminent, Tesco put existing SMA formula on clearance sale across its chain with price cuts and special displays, despite these activities being clearly prohibited by the *Infant Formula and Follow-on Formula Regulations (2007)*. Many thanks to the many people who sent Baby Milk Action pictures and reports. We contacted Trading Standards and the Department of Health, but the promotions continued unabated, prompting Members of Parliament to call for the law to be enforced (previous page).

**Our new, improved, product range**


The European Food Safety Authority (EFSA) recognised that protein intake in infants is in excess of requirements, and recommends a reduction of protein quantity in infant formulae and follow-on formulae.<sup>6</sup>

SMA® Nutrition launches its new SMA® PRO core range in January 2016.

SMA® PRO First Infant Milk has a high quality, low quantity protein profile and is the only formula clinically proven to achieve a growth rate comparable with a breastfed baby.<sup>6</sup>

- Protein profile closer to breast milk\*
- Contains GOS/FOS\*
- Contains Omega 3 and 6 LCPS

**No apology for implying the old product was also comparable to breastmilk - just repeats the same strategy**



**THE RIGHT QUALITY PROTEIN IN THE RIGHT QUANTITY HELPS YOUR BABY TO GROW AT AN APPROPRIATE RATE, HELPING TO REDUCE THEIR CHANCE OF OBESITY IN LATER LIFE.**

**80% OF MUMS SURVEYED DID NOT KNOW THE IMPACT OF TOO MUCH PROTEIN ON THEIR BABY'S GROWTH**

*mums surveyed did not know the impact of too much protein on their baby's growth". It said, SMA "experts are passionate about educating mums on protein during the first 1,000 days of a baby's life, imparting this knowledge now can make a positive difference on babies health that will last into their adult years."* It also recruited parenting bloggers to write articles on the topic and direct readers to the SMA website where the new SMA PRO is promoted. The “media doctor” Dr Ellie Cannon was offered up for interviews on the “changing protein composition of breast milk”. Dr Cannon, according to her website, is “best known for her weekly health column in the Mail on Sunday and her regular appearance on Sky News Sunrise”. If you have ever wondered why experts linked to formula companies speak on breastfeeding rather than, say, independent academics or experts from mother-support groups here is part of the answer.

The protein content of the new formula is 1.87g/100kcal (1.25 g/100ml), according to Nestlé. First Steps Nutrition says, “the difference is not sufficiently significant to differentiate it from all other brands; the difference in protein content between it and the brand with the next lowest protein content is 0.02g/100kcal (0.01g/100ml).” For analysis and guides to formula on the market see [firststepsnutrition.org](http://firststepsnutrition.org)

## Boots breaks law to push Danone's new Aptamil formula .....

Danone is countering Nestlé's SMA PRO launch with its new Aptamil PRO formula, with prominent displays across Boots stores. Baby Milk Action has received pictures showing the infant formula being promoted on the special displays, which is illegal.



Sometimes when challenged, managers have claimed it was a mistake to include the infant formula alongside the follow-on formula, which can be promoted under weak UK Regulations. That said, the labels of the new formula do not comply with the requirement for infant formula and follow-on formula to be different (see page 3).

## Does formula give babies skills? .....

Even before Danone launched its new Aptamil product, it advertised the brand as giving babies skills. For example, a peak-time television advertisement suggests it turns babies into mathematical geniuses (front cover) and gives them the strength, balance and stamina to be ballerinas (below). The Advertising Standards Authority (ASA) rejected Baby Milk Action's complaints, arguing that these are common skills.



The advertising promotes the Aptamil brand, but companies argue it is for follow-on formula. However, the infant formula is almost identically labelled to the follow-on formula (in breach of UK Regulations) to make it cross promotional. Although Danone falsely claims in small print that follow-on formula is not a breastmilk substitute, the larger message is it is based on "40 years breastmilk research" implying it is the same a breastmilk (above).

## ASDA refuses to tell customers Nestlé toddler milk claims misled them .....

Baby Milk Action won a case against a joint Nestlé and ASDA email promotion for SMA toddler milks in October 2014. The companies implied children might not get enough of nutrients such as iron and Vitamin D unless they consumed the fortified milks.

The ASA warned the companies not to repeat the advert and *'told them not to state or imply that health could be affected by not consuming a product, or to give rise to doubt the nutritional adequacy of a reference product.'*



We asked ASDA to email members of its Baby and Toddler Club with a correction, but ASDA said, *'the ruling doesn't require us to send an update.'* We had to bring a second complaint to force Nestlé to remove the claims from its product website.

## Targeting parents .....

Various articles in the UK Regulations aim to ensure that pregnant women and parents are not targeted with gifts or misleading information, but these do not work in practice.



Danone gives an Aptamil-branded bear as a gift to pregnant women and new mothers to encourage

them to join its branded parenting club.



Emails are sent to members of clubs, timed to key dates during pregnancy and the child's development after being born.

These are often highly promotional. For example, promoting a formula starter kit to pregnant women close to their due date.

## Targeting healthworkers .....

Formula marketing in the UK has become noticeably more aggressive since Nestlé entered in 2012 by taking over the SMA brand. It has recruited a national network of sales staff it calls Clinical Representatives, offering £40k/year + bonus.

A job description in April 2015 states,

*'Working with the National Health Service at a territory level, you'll be developing long-term, mutually beneficial relationships with key stakeholders and opinion leaders to support brand endorsement and strategically aligned education for Healthcare Professionals.'*

So while health workers may think they are immune to pressure, the marketers think otherwise. Offering study days and sponsorship for events is not altruism. The job is all about opening up sales opportunities:

*'your role is to work on the designated territory, visiting hospitals, doctors, health visitors and community midwives to develop key clinical relationships within your local health Economies, leading to opportunities for the SMA brand and Nestlé Nutrition.'*

Many health facilities prohibit company representatives from meeting staff. Information can be provided to a designated expert who assesses it for accuracy and only communicates what is necessary. Nestlé, Danone, and more recently Hipp, try to bypass this restriction by organising their own study days.

Registration to Nestlé's events is via the SMA-branded website where products are promoted. Guest speakers are used to entice health workers along, but the aim is to promote SMA formulas. For example, an event on developing health care communications promoted by the *Journal of Family Health* had stands and goodie bags promoting SMA infant formula.

This uses the slogan "You're doing great" also used in Nestlé's online and television advertising for the brand.



An article by the marketing company *Futureproof*, employed by the previous owner's of the SMA brand, explained the strategy:

*"From our research, we discovered that the main thing that mums wanted was reassurance. Reassurance that at this incredibly tricky, emotional, and daunting time, they were making the right decisions and doing ok... [the strategy] shifted the perceptions of SMA to a more 'caring' and 'supportive' space. But perhaps the most encouraging result has been that commercially the brand moved from number three in market to number two within six months, and is now pushing to regain the number one spot."*

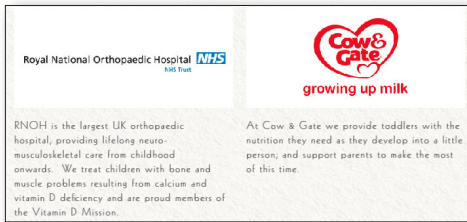
See the *Local Infant Feeding Information Board* newsletter for assessment of this event.

<http://lifib.org.uk>

## Danone pushing growing up milk with Vitamin D Mission .....

The *Department of Health* and the *World Health Organisation* say that fortified follow-on and growing-up milks are unnecessary products. All the same, the *Royal National Orthopaedic Hospital* has teamed up with Danone to promote Cow & Gate growing-up milk through the Vitamin D Mission campaign.

The Vitamin D marketing website invites parents to take a test to see if their child might lack Vitamin D, asking whether they use 'fortified milk'. We have asked the hospital why it is endorsing Danone's marketing campaign and if it is aware of rulings against the misleading claims.



The *Advertising Standards Authority (ASA)* told Danone's subsidiary Nutricia in a ruling on 18 June 2014 (A13-238372) that its advertising for Cow & Gate Growing Up milk: *'must not imply or state that a young child's intake of vitamin D, and as a result their health, could be affected if they did not consume Growing Up Milk.'*

The ASA reports the Department of Health warned of, *'potential adverse effects from excessive vitamin intake, and their recommendation for delaying supplementation was not intended to imply that formula was somehow superior to breast milk because it was fortified, or that formula (such as Growing Up Milk) should be used as a means of supplementing the diet. The DH's view was that Growing Up Milk was not necessary as infants could consume cow's milk from 12 months of age.'*

So why is *Royal National Orthopaedic Hospital* backing the conflicting message disseminated by the Vitamin D Mission marketing campaign?

Danone is also targeting nurseries, offering cash payments if they display posters and distribute booklets and vouchers for growing up milk. Jazzy media explains the campaign objective: *'Cow and Gate wanted to inform mums about their Growing-Up Milk in a safe and trusted environment... It was*

*also important for mums to receive their discount coupon by hand to prompt trial/purchase.'*

JFHC Professional has offered *Continuing Professional Development* training with a keynote speaker from Vitamin D Mission and exhibitors including Hipp Organic and Nestlé.



## Confusing message from Start4Life

Mothers have been distressed to receive mobile phone texts from the *NHS Start4Life* campaign, stating: *'Babies need extra vitamins from 6 months, unless they have more than 500ml formula a day.'*

The UK policy on supplementation is for breastfed babies to be given vitamin drops from 6 months and formula-fed babies from about 10-12 months. The NHS wording is poor and suggests incorrectly that breastfed babies might need formula. The recommendations are that breastmilk should be the main milk drink throughout the first year.

[www.nhs.uk/conditions/pregnancy-and-baby/pages/vitamins-for-children.aspx#close](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/vitamins-for-children.aspx#close)

## Independent information .....

First Steps Nutrition Trust has excellent independent information on formulas and feeding.

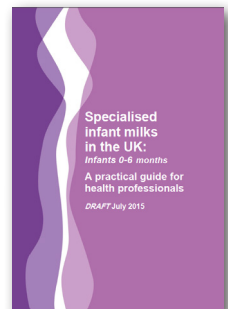
[firststepsnutrition.org](http://firststepsnutrition.org)

*Specialised Infant Milks in the UK* has recently been launched.

Order Baby Milk Action's poster on *Health workers, conflicts of interest and the baby feeding industry*.

Also see

[www.unicef.org.uk/BabyFriendly/](http://www.unicef.org.uk/BabyFriendly/)



## Label constraints not working .....

The UK Regulations prohibit idealising text and images on labels, but these are commonplace due to lack of enforcement. Danone's Aptamil has a shield to symbolise protection and a polar bear image. It's Cow & Gate logo is in the shape of a heart and the infant formula has a teddy bear.

Nestlé's SMA logo incorporates a heart and breastfeeding mother.



The UK *Guidance Notes* from the Department of Health on how to interpret the UK Regulations explain that idealising images include 'baby or child related subjects and anthropomorphic characters, pictures and logos...'

They state that the following are prohibited: 'Pictures or text which implies health, happiness or well being is associated with infant formula' and 'graphics that represent nursing mothers and pregnant women'.

Not only do the labels break these requirements, but companies have had ample opportunity to correct them as they regularly relaunch products.

The enforcement authorities say they cannot act as they are limited to the text of the Regulations and are unwilling to take a case to court to test the interpretation in the *Guidance Notes*.

Forthcoming EU Regulations will replace the current UK Regulations. These also prohibit idealising text and images. It remains to see whether these will be enforced. Unfortunately, the Department of Health is proposing a Statutory Instrument for this purpose that will decentralise the labelling requirements (see pg 3).

## How do companies get away with it?...

The failure to implement the Code and Resolutions in the UK means companies are allowed to advertise breastmilk substitutes such as follow-on formula and growing-up milks. This advertising is used to cross-promote infant formula, which is illegal under the Regulations we do have in the UK. Although we have repeatedly exposed and reported illegal and misleading promotion no prosecutions are brought and no fines imposed. Even if we shame a company into stopping a promotion and apologising, sooner or later we find it running similar advertising and promotional campaigns again.

The Department of Health (DH) is responsible for the marketing regulations and the associated *Guidance Notes*. However, DH has a conflict of interest as it counts ASDA, Tesco, Nestlé and other formula marketers as 'partners' in its 'Change4Life' programme, asking these junk food sellers to voluntarily change practices that contribute to the rise in obesity. Over 2,000 people signed our petition presented to DH in August 2014 calling on it to end this conflict of interest.



# UK

Code Violations • 2013

How companies violate the International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions and UK measures

"The UN Committee on the Rights of the Child recommends that the State party implement fully the International Code of Marketing of Breast-milk Substitutes....The Committee is concerned that implementation continues to be inadequate and that aggressive promotion of breastmilk substitutes remains common."

What's the best milk after Lisa's?



SMA

SMA



## CODE OVERVIEW

The International Code of Marketing of Breastmilk Substitutes aims to promote safe and adequate nutrition for infants and young children, by protecting breastfeeding and ensuring appropriate marketing of products under its scope.

The Code applies to all products marketed as partial or total replacement for breastmilk, such as infant formula, follow-up formula, special formula, growing-up milk, cereals, juices, vegetable mixes and baby teas. It also applies to feeding bottles and teats.

The Code:

- Bans all advertising and promotion of products to the general public.
- Bans samples and gifts to mothers and health workers.

- Requires information materials to advocate for breastfeeding, warn against bottle feeding and NOT to contain pictures of babies or text that idealise the use of breastmilk substitutes.
- Bans the use of the health care system to promote products.
- Bans free or low-cost supplies.
- Demands that product information be factual and scientific.
- Bans sales incentives and contact with mothers.
- Requires labels NOT to discourage breastfeeding and to inform fully about the correct use of infant formula and the risks of misuse.

The Baby Feeding Law Group (BFLG) consists of the leading UK health worker organisations and mother support groups. Baby Milk Action coordinates the BFLG monitoring project. Examples shown date from 2012 and 2013 unless otherwise stated.

Feeding for Life Magazine

www.feedingforlifefoundation.co.uk  
Spring 2012

Pregnant?  
Advice and support  
at every stage



We're here to answer  
all your questions

Complete  
peace of mind  
for the first  
48 hours



Click to learn more

## Advertising, mum and baby clubs, sponsorship, direct mail

Companies spend a fortune on promotion, undermining breastfeeding, inflating product prices and forging links with health workers and parents.

Promotion is funded by formula sales: No promotion = Cheaper Formula

LOOK WHAT THEY'RE DOING!



## COUNTRY PROFILE

Total population: 63.2 million (2011 census)  
 Population under 1 year<sup>1</sup>: 795,000  
 Population 1-4 years<sup>1</sup>: 3,063,000  
 Annual number of births<sup>1</sup>: 807,300 (prov.)  
 Infant mortality rate (per 1,000 live births<sup>1</sup>): 4.3 (prov.)  
 Breastfeeding initiation<sup>2</sup>: 81%  
 Exclusive breastfeeding at 6 months<sup>2</sup>: 1% (one %)  
 Exclusive breastfeeding at 4 months<sup>2</sup>: 12%  
 Any breastfeeding at 6 months<sup>2</sup>: 34%

References: 1. Vital Statistics: Population and Health Reference Tables, Autumn 2011, Office of National Statistics. (Figures for 2010, except (prov.) = provisional figures for 2011).  
 2. Infant Feeding Survey - UK, 2010, NHS Information Centre.

## Small changes - big savings

'Calculations from a mere handful of illnesses where breastfeeding is thought to have a protective effect revealed potential annual savings to the National Health Services from a moderate increase in breastfeeding rates of about £40 million per year. The true cost savings are likely to be much higher.'

Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, UNICEF UK, 2012.

## Failure to regulate marketing in the UK

The United Nations Committee on the Rights of the Child stated in 2008 that implementation of baby food marketing standards in the UK 'continues to be inadequate and that aggressive promotion of breastmilk substitutes remains common.'

Mothers have a right to accurate, independent information on infant feeding, however they feed their children. This is undermined by company promotion - and the millions of pounds companies spend on marketing goes onto the price of formula. Meanwhile the NHS picks up the bill to treat the greater rates of illness amongst babies fed on formula (see box, left).

The UK is classified by the International Baby Food Action Network (IBFAN) in category three for implementation of the *International Code of Marketing of Breastmilk Substitutes* and subsequent, relevant Resolutions of the World Health Assembly, indicating there are few provisions in law (see box for details).

Even the marketing requirements that are in place are not working well. An Independent Review Panel (IRP) commissioned by the Government reported in March 2010 about concerns with the national measures and suggested there need to be 'steps taken to address these.' The IRP report records that LACORS, the umbrella body for Trading Standards, stated: 'One of the major problems for enforcement officers is the use of advertising and promotional material which blurs the distinction between follow-on formula and infant formula.'

Shortly after the IRP report, LACORS (now known as the Local Government Association) wound up the working group of enforcement officers responsible for regulating baby food companies, citing cutbacks. Complaint handling has now been contracted out to the Citizens Advice Bureau; even though this has forwarded numerous complaints to Trading Standards, it is unusual to receive a response from enforcement officers.



## The follow-on formula loophole

Danone advertises its Aptamil brand on television (left) with idealising claims: 'Benefiting from 30-years experience in breastmilk research, it supports your baby in her new discoveries. Aptamil follow-on helps support your baby from the inside.'

No legal action was taken over this because the product shown was the fourth one in the range, as shown on Danone's Aptaclub parenting website (above), and so a follow-on formula: the UK measures only prohibit the first three products being advertised. However, the measures require companies to label the products differently and to put the words *infant formula* or *follow-on formula* in text at least as large as the brand name (page 4). Danone totally ignores these requirements so that promoting the brand name promotes all products in the range.

## The baby milk marketing measures in the United Kingdom

The UK Government voted for the adoption of the *International Code of Marketing of Breastmilk Substitutes* at the World Health Assembly in 1981 and has repeatedly restated this support in backing subsequent Resolutions.

However, the measures introduced in the UK are narrower in their scope (for example, feeding bottles and teats are not included) and do not include many of the provisions of the World Health Assembly requirements. The measures consist of a law and associated *Guidance Notes*.

- The law is the *Infant Formula and Follow-on Formula Regulations (2007)*, deriving from European Commission Directive 2006/141/EC of 22 December 2006.

These Regulations have been adopted separately by the four countries of the UK (England, Northern Ireland, Scotland and Wales), but the text is the same.

The current law contains many of the same loopholes as the previous version, adopted in 1995, despite all health professional bodies, Trading Standards and the Government's own Scientific Advisory Committee on Nutrition (SACN) calling for these loopholes to be closed.

- The *Guidance Notes on the Infant Formula and Follow-on Formula Regulations 2007 (as amended)* were introduced by the Food Standards Agency in 2008. The law and *Guidance Notes* together make up the UK measures.

The *Guidance Notes* state they 'have been produced to provide advice on the legal requirements of the Regulations and should be read in conjunction with the legislation itself.'

The *Guidance Notes*, introduced after public consultation, including with the industry, 'aim to help industry, enforcement officers and other interested parties interpret the provisions of the *Infant Formula and Follow-on Formula (England) Regulations 2007*'. However, they also state, 'The text should not be taken as an authoritative statement or interpretation of the law, as only the courts have this power.'

Companies seem to think they can ignore the *Guidance Notes* and enforcement officers appear reluctant to take cases to court for authoritative rulings to be made.

The Minister for Public Health of the time informed Parliament\* on 26 January 2008: 'That guidance is now operational, and it shows how the Regulations should be interpreted.'

\*See Hansard: [www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080116/halltext/80116h0005.htm](http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080116/halltext/80116h0005.htm)



## Branding

The *International Code* prohibits companies from promoting all breastmilk substitutes and companies should abide by this independently of national measures (see box). While the UK measures allow follow-on formula to be advertised, they prohibit companies from promoting brands used for infant formula, but companies ignore this.

Hipp labels its formulas similarly and promotes them with idealising claims (left). It also refuses to warn that powdered formula is not sterile or give correct instructions on how to reconstitute formula to kill any harmful bacteria. (Hipp also labels teas as being for use from one week of age.)

Danone has taken cross promotion of its Cow & Gate brand to the next level, using its heart logo not only on products and advertising, but also on leaflets in health facilities, sponsored magazines and websites, its own websites for health workers and the public, its mother and baby club and so on.



Danone's Cow & Gate branded Facebook page offers 'Great advice and support from our experts and other mums, from pregnancy to parenthood'.

Leaflets like that shown right have been distributed to health facilities and, at first sight, appear to be offering advice and support on pregnancy. However, they are a ruse to encourage pregnant women to sign up to the Cow & Gate branded mother and baby club (see page 6). A Cow & Gate soft toy is offered as an inducement to join. Danone also has a club to

promote its Aptamil formula brand - see if you can spot the Aptamil polar bear free gift on the front cover. Cute animals are also featured on labels in violation of the UK measures.

Danone is perhaps more focused now on internet advertising, offering 'expert advice and support' and linking to its own 'parenting' site, which it claims 3,000 mums join every week. It then sends emails scheduled to their due date with product promotion (right and page 7).

Danone also sponsors the *Feeding for Life Foundation*, whose website and journal (distributed with *Community Practitioner*, the health visitors' journal) are branded with the Cow & Gate heart logo. Both direct health workers to Danone's Cow & Gate branded *In Practice* website, where misleading claims are used to encourage health workers to recommend products to parents.



## Advertising and labelling

Formula is widely advertised in the UK in violation of the *International Code*.

Companies are generally careful not to refer directly to infant formula for use from birth as it is expressly prohibited by the law to advertise infant formula. As pregnant women are often the targets, it is clear the intention is to promote infant formula, not just the follow-on formula (which the World Health Assembly has described as unnecessary, in any case). Advertising also links to websites promoting the full range. The law and *Guidance Notes* specifically prohibit making products cross promotional (see bottom box), but Trading Standards is not enforcing them.

The Advertising Standards Authority (ASA), a self-regulatory body funded by the advertising industry claims it ensures advertisements are '*legal, decent, honest and truthful*'. But it too takes no action over complaints about the UK measures being broken, though it will sometimes investigate complaints about specific claims made by companies and has ruled some of these are misleading.

For example, the ASA ruled that the SMA advertisements shown above should not be

repeated. It found Pfizer Nutrition could not substantiate the suggestion

that SMA follow-on formula (the product featured) is better than breastfeeding and better than other formulas. However, no correction was required. No fines were levied. The Metro, published by Associated Newspapers, which ran the advertisements on its front and rear pages, did not even report the ruling - although health news often features on its front page, as in this example with the misleading advertisement.



Danone advertises heavily on television, also posting its films on youtube and its own websites. The TV advertisement shown left promises 'Brain development, Strong bones, Healthy digestion'. It is for the follow-on formula, but is similarly labelled to the infant formula (see the range from Danone's site below).

### Labels should be different

RG 19: Infant formula and follow-on formula shall be labelled in such a way that it enables consumers to make a clear distinction between such products so as to avoid any risk of confusion between infant formula and follow on formula.

GN 51: the specific terms 'infant formula' and 'follow-on formula' should be clearly featured on the packaging, **in a font size no smaller than the brand name.**

[emphasis added]



### Cross promotion prohibited by the UK measures

RG 21.—(1) No person shall advertise infant formula.

GN 48 [with reference to RG: 21]: In order to achieve compliance, companies will therefore need to ensure that formula advertising does not:

- promote a range of formula products by making the brand the focus of the advert, rather than specific products (e.g. where specific products are mentioned only in a footnote or in a picture of a tin of formula within the advertisement)

- feature text or images which relate to pregnancy (e.g. pregnancy test kits) or the feeding or care of infants under six months
- include pictures or text which directly or indirectly relate or compare products to breastmilk.

RG = *Infant Formula and Follow-on Formula Regulations (2007)*

GN = *Guidance Notes* ("to help industry, enforcement officers and other interested parties interpret the provisions of the *Infant Formula and Follow-on Formula (England) Regulations 2007*").

## Retailers, price promotion and point-of-sale

Major retailers have been found promoting infant formula with price reductions, which are prohibited by the UK measures (the *International Code* prohibits promotional price reductions for all breastmilk substitutes, feeding bottles and teats, not just infant formula).

Retailer Tesco apologised for promoting infant formula with a price drop in September and October 2011 (right). In February 2013 Aldi said it would remove price promotions (left) and ensure

it complies with the UK Regulations in future. These promotions are centrally generated. A more regular occurrence is local managers putting infant formula with damaged packaging or nearing its use-by dates in discount bins.

Boots promotes follow-on formula and feeding bottles and teats, such as the shop window promotion in January 2013 (left). This was backed up by a Facebook campaign advertising formula as 'essential' to 'new mums' (though it showed the follow-on formula package). The ASA investigated a complaint from Baby Milk Action and said that as Boots agreed not to repeat the advertising no ruling would be published.

Tesco also promotes follow-on formula with in-store promotional devices. In December 2012 it violated the UK measures by placing this promotion next to the infant formula (right: the light blue

product is follow-on formula, the dark blue is infant formula).



### Placement of formula

GN 53 [with reference to RG 20]: 'shelf-talkers' (attachments that add a company's logo or sales message to the edge of a shelf) and other in-store promotional devices for follow-on formula must not be used in the vicinity of infant formula. Follow-on formula should be located at a different part of the store to infant formula. If this is not possible they should be clearly separated in physical location.

In response to Baby Milk Action's complaint about the breaches of the regulations, Tesco said in March 2013 that it will no longer display shelf-talkers and other promotional materials for follow-on formula and similar milks in the vicinity of infant formula. It added that staff have been retrained.

Tesco confusingly said its policy on placement is: *'first milk and follow-on milk should not be merchandised together. It is not possible to have them sold at different parts of the store, but we do separate their location as far as possible.'*

Placing the products next to each other (so they are actually touching) may fit with Tesco's definition of *'as far as possible'*, but does not provide the clear separation required by the UK measures.

Tesco (like online retailer Ocado, left) also promotes feeding bottles and teats with price promotions. The *International Code* prohibits such promotion, but the companies disregard the requirement to abide by this independently of government measures.

Right: Tesco promotes Avent feeding bottles with claims it says are *'clinically proven'*, including *'Like natural breastfeeding your baby controls the flow of milk'*, *'Helps settle your baby, especially at night'* and even that babies fed with the bottle experience *'less colic'*.



**On Offer**

**Offer**



Helps settle your baby, especially at night

**Avent Newborn Starter Set**

**Half Price, was £27.99**

Be the first to review

~~£27.99~~ **£13.99**

*'We're satisfied that the way we're displaying the product conforms to all legal and regulatory standards, and therefore will not be amending this on our website.'*

Ocado demonstrates its contempt for the *International Code*, February 2013.

**TESCO**

Groceries | Favourites | Recipes | Special Offers | Val

Fresh Food | Bakery | Food Cupboard | Frozen Food | Drinks | Baby | Health & Beauty | Pets | H

Groceries > Avent Classic New Born Starter Set

**Avent Classic New Born Starter Set**

**HALF PRICE** Half Price Was £26.00... valid until 11/02/2013



Helps settle your baby, especially at night

**Product Details**

**CLINICALLY PROVEN:**  
Helps settle your baby, especially at night.  
Less colic\*\*

# The health care system and health workers

Pfizer Nutrition and Danone are particularly active in targeting health workers, using a variety of strategies. (Pfizer Nutrition has been controlled by Nestlé since December 2012 and Baby Milk Action has found targeting of health workers is becoming more aggressive.)

The companies have found ways into the health care system through contracted out services such as bedside media players and leaflet dispensers.

Pfizer Nutrition, for example, was found advertising its SMA formula on the bedside media players in a maternity ward (right). This was the default screen displayed. When the hospital authorities were alerted to this promotion, they discovered the advertising had been appearing for the past 6 months.



Danone has placed leaflets in dispensers operated for the National Health Service, such as the 'Mum-to-be' example shown left. Free gifts are offered to women who sign up to the Cow & Gate baby club. Baby Milk Action raised this with Danone and Trading Standards, which also took it up with Danone. These leaflets broke the UK measures in several regards (see box).

Danone promised Baby Milk Action in May 2012 that it would stop distributing materials for the public through the health care system and subsequently confirmed this policy will apply in all countries - although the picture shown left was taken in October 2012.

Both the Code and the UK measures allow companies to provide 'scientific and factual' information to health workers about their products. However, the information they provide is generally promotional with idealising health and nutrition claims.



The above advertisements from *Community Practitioner*, the journal for health visitors, show how this restriction is disregarded: Danone, Hipp and Pfizer Nutrition each graphically present their formula as better than competing brands.

The Advertising Standards Authority refuses to investigate advertising in health professional journals on the grounds that editors should take responsibility for advertising.

The companies also offer information services, branded with formula names. Danone has both Aptamil and Cow & Gate versions (see page 3). Pfizer Nutrition offers health workers 'Resources for Mums' (left) and tells health workers its formula is better than other brands - a claim the ASA ruled to be misleading when it was made in an advertisement for the follow-on formula in the range.

These sites also encourage health workers to direct parents to company websites and telephone 'carelines' for support. In December 2011, BFLG exposed that Danone was trying to recruit midwives to staff its 'careline'. It offered to pay them through an agency so they could hide the fact they were working for a baby food company. It is not known how many midwives are now also working for Danone.

## Company materials and donations in the health care system

Article 24 of the law relates to the *Provision of informational and educational material dealing with the feeding of infants* and can be applied to the leaflets placed in health facilities and the information materials being offered free to health service users (emphasis added):

(4) No manufacturer or distributor of an infant formula shall make a donation of any informational or educational equipment or materials except in accordance with the following conditions—

- (a) the donation shall be made following a request by the intended recipient;
- (b) the donation shall be made with the **written authority of the Secretary of State** or in accordance with guidelines drawn up by the Secretary of State;
- (c) **the equipment and materials shall not be marked or labelled with the name of a**

**proprietary brand of infant formula;** and

(d) the equipment or materials shall be distributed only through the health care system.

No guidelines have been drawn up and the Secretary of State has not so far given written authority for donations – nor should this be given because of the conflict of interest.

World Health Assembly (WHA) resolution 49.15 of 1996, calls upon governments to ensure that 'financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO UNICEF Baby-Friendly Hospital Initiative';

World health Assembly (WHA) resolution 58.32 of 2005, further urges Member States 'to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflict of interest.'

## Mother and baby clubs

In addition to advertising to pregnant women and parents, companies use a range of methods to encourage them to join company mother and baby clubs.

These strategies violate the *International Code* and sometimes the narrower UK measures (see box).

The internet has become the favoured way that baby food companies target parents in the UK. Danone uses advertisements and sponsored links across the internet and has pages on Facebook. The internet advertisement shown right offers 'free goodies' as an inducement to mothers, including a Cow & Gate branded soft toy (did you spot the Aptamil polar bear on the front cover of this report?).

Pfizer Nutrition has entered into smartphone apps to target the public (below, right).

In all cases they are seeking to reach women when they are pregnant, using free gifts and the offers of information on pregnancy and parenting to entice them to sign up on the company's own websites. Danone claims that 3,000 mothers sign up to its Cow & Gate branded site every week.



### Join the Cow & Gate Mum & Baby Club

**Guiding you through pregnancy and beyond**

Whether you're a mum-to-be or a new mum, the Cow & Gate Mum & Baby Club is here to support you every step of the way. With information and advice sent by email or post, you'll learn about everything from pregnancy, to baby care and toddler development. You can share your experiences and make new friends in our forum. You'll also get a free Cow & Gate pregnancy diary, free money off vouchers and much more!

[Join now](#)

**Discover, share & celebrate your amazing journey from bump to toddler**

**Weekly emails**  
packed full of advice for your stage of pregnancy

**Great mailings**  
throughout your pregnancy and beyond

**Friend finder**  
to help you find mums-to-be in your area

**Free cuddly cow\* & pregnancy diary**  
for you important dates\*\*

**Over 3,000 mums join the Cow & Gate Mum & Baby Club every week!**



Companies compete with each other - and the health service and mother support groups - to offer resources, such as materials to download, video clips, telephone 'carelines', online chat and so on, as well as free gifts and packs with samples, usually of complementary foods - which some companies send to mothers when their babies are around three months old (page 8).

### Join Aptaclub

Join Aptaclub for expert tailored advice delivered to your inbox or front door

Available to UK residents only.

**Helping you to give your baby a healthy start**

If you've been enjoying getting to know our experts and other mums here on Facebook, then why not join Aptaclub?

As an Aptaclub mum, you'll receive tailored, expert advice delivered straight to your inbox or front door, as well as a free huggable polar bear. You'll also be able to take part in our popular pregnancy and baby forums. Join now to feel confident and prepared at every stage of pregnancy and beyond.

Expert advice tailored to your stage and a free huggable polar bear when you join.

[JOIN NOW](#)

### Register Now

Having a baby is a really exciting and special experience, and at the HiPP Baby Club you will find everything you need to know about pregnancy and your new baby. If you are pregnant or your baby is under 12 months old, join our club today!

The sooner you join, the more benefits you will enjoy including:

- ✔ Expert personalised pregnancy and baby advice and development calendar
- ✔ Exclusive offers and competitions
- ✔ Regular baby development emails
- ✔ FREE 1st year record book
- ✔ A-Z of pregnancy & baby health
- ✔ Chat to other mums and health experts in the HiPP Chat forum
- ✔ FREE HiPP Organic samples and money off coupons (sent when your baby is 17 months old)

Join Now!

## Direct marketing, the *International Code* and the UK measures

Companies using direct marketing are violating Article 5.5 of the *International Code*, which states they:

*'should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.'*

Gifts violate Article 5.4 of the Code:

*'Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breastmilk substitutes or bottle feeding.'*

Gifts are also prohibited by Article 23 the UK *Infant Formula and Follow-on Formula Regulations*:

*'No manufacturer or distributor of any infant formula shall provide for promotional purposes any infant formula free or at a reduced or discounted price, or any gift designed to promote the sale of an infant formula'*

## Direct mail - timed to the baby's due date

Central to the strategy of signing up pregnant women and mothers to baby clubs – and asking for the baby's due date – is a schedule of emails and packages.

In the build up to birth, these may include promotion of formula to be ready for the newborn, such as Danone's email (detail, right) promoting a formula kit for 'Complete peace of mind for the first 48 hours'.

Pfizer Nutrition states on sign up: 'By joining SMA Know-how, you are agreeing to receive information on SMA products, including infant formula'.

### Don't miss out on our milks information

As well as all of the practical advice and support we offer to new mums, we're also experts when it comes to baby milks. To learn more about our milks, which are nutritionally tailored to support every stage of your baby's development, you'll need to update your preferences.



REQUEST INFORMATION ON APTAMIL BABY MILKS

Danone and Hipp allow mothers to opt out of receiving information on formula, but emails contain plenty of links to encourage mothers to visit the site where the formula is promoted. Danone's Aptaclub email coinciding with the baby's due date also encourages the new mother to change her preferences to receive information on formula (left).

The emails tailored to breastfeeding mothers pose questions in the early weeks such as, 'How do I know if my baby's getting enough milk?' and 'Does my baby have colic?' The 'colic' email for mothers who have opted in for formula information, includes a promotion of Cow & Gate Comfort infant formula, with the slogan 'Easy to digest for tiny tummies'.

The emails try to steer mothers through the range of products, asking at week 9: 'What should I do if my baby's still hungry after a feed'. Danone is ready with its formula for 'hungry babies' (though there is no evidence

proving this is better for so-called 'hungry babies'). Whether mothers have opted for formula information or not, emails and packages promote Cow & Gate weaning foods for use from 4 months.

### How is feeding going?



The email headed 'How is feeding going?' was aimed at mothers with four-week-old babies and played on fears about milk intake and possible problems with breastfeeding: 'Feeling sore?... If the pain continues or your nipples start to crack or bleed...'. After directing mothers to their health worker or the SMA 'careline' it finished by asking 'Thinking of bottle feeding?' and promoted SMA infant formula with a claim it contains a fat blend closer to breastmilk.

#### Thinking of Bottle Feeding?



If you can't breastfeed, or choose not to, SMA First Infant Milk is scientifically formulated to meet your baby's nutritional needs when your baby is not breastfed or for combination feeding. It's suitable from birth and contains a protein profile and a new fat blend closer to that of breast milk, plus Omega 3&6 LCPCs.

On 28 November 2012, the ASA upheld a complaint brought by Baby Milk Action, against a Pfizer Nutrition email campaign (see box).

On 28 November 2012, the ASA upheld a complaint brought by Baby Milk Action, against a Pfizer Nutrition email campaign (see box).

### All promotion of infant formula breaks the Advertising Code

ASA ruling against direct marketing:

*The ad must not appear again in its current form. We told [the company] not to produce marketing communications for infant formula except in a scientific publication or, for the purposes of trade before the retail stage, a publication of which the intended readers were not the general public.*

Ruling A12-197524 against the Pfizer Nutrition email promoting SMA formula shown above (emphasis added)

## Recommendations

In view of the fact that aggressive promotion of breastmilk substitutes remains common in the UK, the Government should:

- implement the *International Code* and Resolutions in legislation as called for by the UN Committee on the Rights of the Child, the Baby Feeding Law Group, UNICEF, the World Health Assembly and others.
- at the very least, 'take steps' to end the major problems experienced by enforcement officers, as described in the Independent Review Panel report, by applying the same restrictions to follow-on formula marketing as apply to infant formula.
- reinstate the working group of Trading Standards home authorities so that coordinated action can be taken against the many activities that violate the current narrow measures and encourage legal action to be taken against repeat offenders.
- remind companies and enforcement authorities that the *Guidance Notes* were introduced to show how the *Infant Formula and Follow-on Formula Regulations (2007)* should be interpreted and should be respected.

This pamphlet is part of a series of IBFAN pamphlets which highlight violations of the *International Code of Marketing of Breastmilk Substitutes* and subsequent relevant World Health Assembly Resolutions in selected countries. The International Code Documentation Centre coordinates IBFAN's global monitoring project. Baby Milk Action is the UK member of IBFAN and coordinates the Baby Feeding Law Group (BFLG) monitoring project. BFLG consists of the leading UK health worker organisations and mother support groups.



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it's too early for weaning



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