

UNICEF UK BABY FRIENDLY INITIATIVE STATEMENT

HOW THE BABY FRIENDLY INITIATIVE SUPPORTS PARENTS WHO FORMULA FEED

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Key messages

- The Baby Friendly standards are designed to support the wellbeing and life chances of all babies, whether breast or bottle fed. In this statement, we use bottle feeding to refer to formula rather than expressed breastmilk.
- Whilst breastfeeding is the best option for babies, and we work to support mothers to breastfeed, we also work to ensure that all babies receive high standards of care and the best possible chance to thrive regardless of feeding type.
- For bottle fed babies, this work includes:
 - Enabling closeness between parents and their baby, which supports brain development and mental health
 - Helping parents to choose an infant formula, make up feeds and avoid over feeding
 - Supporting parents to lower costs
 - Protecting families from commercial interests and advocating for the rights of all babies at a governmental level.
- All maternity and community services which are accredited as Baby Friendly must demonstrate that their staff support families who bottle feed.

The following statement will explain this work in more detail, and help health professionals to demonstrate the impact of the Baby Friendly standards on the welfare of both breast and bottle fed babies.

Ensuring the best for all babies

Unicef UK bases all of its work on the [United Nations Convention on the Rights of the Child \(UNCRC\)](#). This seminal document states that what is best for children should always come first and that every adult has a duty to prioritise children's best interests. This is the world's greatest promise to children, confirming that they are more important than governmental, institutional, financial or commercial interests.

The [Unicef UK Baby Friendly Initiative](#) is based on the UNCRC and our work is focused on making sure that the best interests of babies are recognised and prioritised throughout our public services. We are there for all babies, regardless of who they are, where they are from or how they are fed.

It is well established that breastfeeding is the best option for babies and so we work hard to make this possible for as many babies as we can. However, in a country such as the UK, where 8 out of 10 women stop breastfeeding before they want to due to a range of [cultural, social and physical barriers](#), babies are born every day to UK mothers who feel they cannot breastfeed or who struggle very hard to breastfeed and are not successful.^{1,2} While we work hard to enable more mothers to breastfeed successfully, formula fed babies and their families also deserve the very best from our public services and so the [Baby Friendly standards](#) are designed to ensure that they receive high standards of care.

Enabling closeness

Supporting parents to build close and loving relationships with their baby should be a top priority as this has far-reaching consequences for future health and wellbeing.^{3,4} Therefore we have a standard requiring that all mothers be supported to have skin-to-skin contact with their baby straight after birth. The first bottle feed can be given while the mother holds her baby close in skin-to-skin and thereafter parents can be supported to recognise their baby's cues for food, love, comfort and communication. Supporting parents to hold their baby close during feeds, to look into their eyes and to make feeding an opportunity for bonding will encourage optimum development in their baby, and so we require that health professionals are educated to understand this and that they share their knowledge with the families in their care.

¹ McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ (2012) "Infant Feeding Survey 2010," Health and Social Care Information Centre <http://content.digital.nhs.uk/article/3895/Infant-Feeding-Survey-2010>

² Unicef UK (2016) "Protecting Health and Saving Lives: A Call to Action," <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/call-to-action/>

³ Unicef UK (2012) "The evidence and rationale for the Unicef UK Baby Friendly Initiative standards," <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/the-evidence-and-rationale-for-the-unicef-uk-baby-friendly-initiative-standards/>

⁴ All Party Parliamentary Group (APPG) "The first 1001 critical days: the importance of the conception to age two period," re-launched 2015, <http://www.1001criticaldays.co.uk/>

Making up feeds

Bottle fed babies are very vulnerable to infection because they do not have access to the anti-infective properties in breastmilk,⁵ and because bottles and formula milk are a source of potential infection.⁶ Therefore, cleaning and sterilising equipment and making up feeds correctly is very important. The Baby Friendly standards require that parents be taught how to do this in hospital and that the information is then reinforced by community healthcare staff.

Choosing an infant formula

The food that babies are given has a profound effect on their present and future health.^{7,8,9} They are using the food to grow and develop their bodies and brains at a rate faster than at any other time in their lives and they are doing this with only one type of food – milk. Exclusive breastfeeding gives a baby the best possible start; if a baby is not being exclusively breastfed, maximising the amount of breastmilk they receive is the next best option.

When a mother is 'mixed' feeding by breast and formula, or exclusively formula feeding, it is generally agreed that the [most appropriate milk](#) to use is 'first' milk, suitable from birth and sometimes called stage 1 or newborn milk. These formulas are required by law to provide sufficient macro and micro nutrients to support adequate growth, and they must all meet the same infant formula compositional standards. The Baby Friendly standards require that parents be informed that first milks are the most appropriate formula for babies and are the only milk needed in the first year of life.

This information is crucial given the misleading and often confusing marketing of formula that parents receive. As well as first/newborn milks, there are dozens of other formula milks on the supermarket shelves, each making claims of health-giving properties or the ability to control behaviour such as 'extra' hunger, sleep, reflux or colic. Most of these milks are unnecessary; there is little evidence to back up their claims, and little is known about the effects of giving the 'extra' ingredients in these milks to babies at each and every feed.¹⁰ Most of these milks exist to maximise the profits of the companies that make them and are nothing to do with what is best for

⁵ O Ballard, AL Morrow (2013) "Human milk composition: nutrients and bioactive factors *Pediatric Clinics of North America*," 2013 – Elsevier [doi: 10.1038/ijo.2011.3](https://doi.org/10.1038/ijo.2011.3).

⁶ Gurtler JB, Kornacki JL, Beuchal LR (2005) "Enterobacter sakazakii: A coliform of increased concern to infant health," *International Journal of Food Microbiology* Volume 104, Issue 1, 25 September 2005, Pages 1–34.

⁷ Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016) "Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect," *The Lancet Series: Breastfeeding* 1. Volume 387, No. 10017, p475–490, 30 January.

⁸ *Acta Paediatrica* (2015) "Special Issue: Impact of Breastfeeding on Maternal and Child Health," December, Volume 104, Issue Supplement S467, Pages 1–134.

⁹ Hansen K (2016) "Breastfeeding: a smart investment in people and in economics," *The Lancet*. Volume 387, No. 10017, p416, 30 January.

¹⁰ First Steps Nutrition Trust "Infant milks in the UK: A practical guide for health professionals," This report is regularly updated and the latest version can be accessed at: http://www.firststepsnutrition.org/newpages/Infants/infant_feeding_infant_milks_UK.html

babies' health.¹¹ The Baby Friendly standards seek to ensure that parents receive unbiased, scientific and factual information about formula, enabling them to make an [informed choice about which formula to use](#).

Avoiding over feeding

The UK is in the grips of a childhood obesity epidemic¹² that is causing misery to millions of children and has far reaching consequences for their future health and wellbeing. Formula feeding is associated with obesity^{13,14} and we know that, unlike with breastfeeding, it is quite possible to over feed a baby who is bottle feeding.¹⁵ Keeping the teat in a baby's mouth and pushing it against their palate forces them to suck and swallow and is a practice so common we give it little thought. Taking a prescribed amount of formula and finishing the bottle are considered positives that will help the baby to grow. However, such practices can easily lead to overweight babies who in turn become overweight children. Given the opportunity to control the amount of food they take, healthy babies know when they are full and have very good appetite control. The Baby Friendly standards require that parents who are formula feeding their baby be taught to [notice their baby's signals](#) that they are hungry and full and when they need to pause during a feed. This helps parents to learn to pace feeds appropriately, to avoid over feeding and to make feeding a much more pleasant experience for their baby.

Supporting parents to lower costs

Parents who formula feed will spend hundreds of pounds on formula in their baby's first year. From one year of age babies can have full-fat cow's milk as their main drink if they are not breastfed, but many parents are instead persuaded to carry on using formula by clever advertising claims that 'growing up' milks are needed for babies' health. In addition, parents can be persuaded to start giving their baby expensive baby foods before the recommended age for introducing solids of about six months, and to continue using these products for long periods of time. For some families these costs are crippling and can lead to other family members, including other children, going without to meet the costs.

While it is impossible to avoid some cost, with the right information parents can lower costs at the same time as supporting their baby's health. The highest cost formula can be over twice the price of the lowest and yet there is no evidence that these more

¹¹ First Steps Nutrition Trust (2016) "'Scientific and Factual?' A review of breastmilk substitute advertising to healthcare professionals," <http://www.firststepsnutrition.org/>

¹² PHE (2014) "Evidence into Action: Opportunities to Protect and Improve the Nation's Health," <https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health>

¹³ Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krusevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016) "Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect," *The Lancet Series: Breastfeeding 1*. Volume 387, No. 10017, p475–490, 30 January.

¹⁴ WHO (2016) "Report of the commission on: Ending Childhood Obesity," http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf?ua=1&ua=1

¹⁵ DiSantis KI, Hodges EA, Johnson SL, Fisher JO (2011) "The role of responsive feeding in overweight during infancy and toddlerhood: a systematic review," *International Journal of Obesity* 35, pp 480–492, [doi:10.1038/ijo.2011.3](https://doi.org/10.1038/ijo.2011.3).

expensive products are of any additional benefit to babies.¹⁶ The Baby Friendly standards require that this information is passed on to parents to allow them to make informed decisions about what is the most appropriate formula for their baby and where they do and do not need to spend money. When babies are introduced to solids at around six months they do not need anything other than normal family food, so there is no need to spend money on processed baby foods, which do not support our current guidance on the introduction of solids.¹⁷ The Baby Friendly standards require that families are given appropriate information about the introduction of solids.

Protecting babies from commercial interests and ensuring that health professionals and parents have access to evidence-based information

There is a lot of money to be made from feeding babies, with the UK infant feeding industry the 11th largest in the world and estimated to be worth \$907 million by 2019.¹⁸ Most of the products sold are unnecessary and some potentially harmful due to the addition of extra ingredients without strong evidence of their necessity or impact.¹⁹ Huge advertising budgets are used to persuade parents to buy the products and in many countries much of this is spent via healthcare systems. Nearly all new parents spend time in hospitals and health centres and so these are ideal places in which to advertise. In the UK, the Baby Friendly Initiative has worked with the health service to prohibit advertising in services where mothers and babies are cared for, with the result that there is now very little material available from commercial companies who are seeking to profit from new parents. Additionally, UK universities have mostly stopped allowing company representatives in to 'educate' student midwives, health visitors and nurses and instead are following [Baby Friendly learning outcomes](#) to educate their students themselves.

In response, commercial companies have often claimed that the Baby Friendly standards deny parents information because they do not allow advertising via the healthcare system. In fact, the Baby Friendly standards require that there is information available on breastfeeding, bottle feeding, formula milks and starting solid food for both professionals and parents. However, this information has to be accurate and evidence-based and free from commercial bias. Working with all four departments of health and the charity [First Steps Nutrition Trust](#) has ensured that free, comprehensive information is available for health professionals, and the [Baby Friendly Initiative](#) has produced a range of resources for both health professionals and parents. These developments are helping to protect babies from commercial interests, ensuring that parents receive clear, factual information from their health professionals rather than biased information from companies.

¹⁶ First Steps Nutrition (2016) "Costs of infant milks marketed in the UK," http://www.firststepsnutrition.org/newpages/Infant_Milks/infant_milks.html

¹⁷ H Crawley & S Westland (2017) "Baby foods in the UK. A review of commercially produced jars and pouches of baby foods marketed in the UK," First Steps Nutrition Trust <http://www.firststepsnutrition.org>

¹⁸ Rollins NC, Bhandari N, Hajeerhoy N, Horton S, Lutter CK, Martines JC, Piwoz EG, Richter LM, Victora CG (2016) "Why invest, and what it will take to improve breastfeeding practices?" The Lancet Series: Breastfeeding 2. Volume 387, No. 10017, p491–504, 30 January.

¹⁹ First Steps Nutrition (2016) "Infant milks in the UK: A practical guide for health professionals," http://www.firststepsnutrition.org/newpages/Infants/infant_feeding_infant_milks_UK.html

Advocating for all babies

The Baby Friendly Initiative's advocacy work seeks to support all babies and their mothers regardless of feeding type. A core part of this work includes urging UK governments to challenge the misleading marketing of formula by adopting, in full, the [International Code of Marketing of Breastmilk Substitutes](#) and subsequent World Health Assembly resolutions (the Code). The Code protects both bottle fed and breastfed babies from commercial interests in a number of ways, including requiring that there is no direct contact between companies and families in healthcare settings, and that health professionals only receive scientific and factual information about breastmilk substitutes. Whilst the World Health Organisation and the United Nations urge all countries to adopt the Code as law in full, the UK has not done this, and instead places few restrictions on the marketing of food and drink intended for babies. The Baby Friendly Initiative [calls on UK governments to change this and adopt the Code as law](#).

The Baby Friendly Initiative also advocates for all parents and babies regardless of feeding type by challenging the way in which debates around feeding are framed. All too often, conversations about infant feeding turn to individual judgement and blame, undermining mothers' confidence and ability to seek support. We aim to change the conversation around infant feeding, moving it away from individual mothers and instead recognising it as a major public health issue whereby both bottle feeding and breastfeeding mothers require sustained support at every level to make optimal feeding choices and enable their babies to thrive.

Watch the Baby Friendly [Call to Action video](#) which summarises the key challenges within the UK context.