

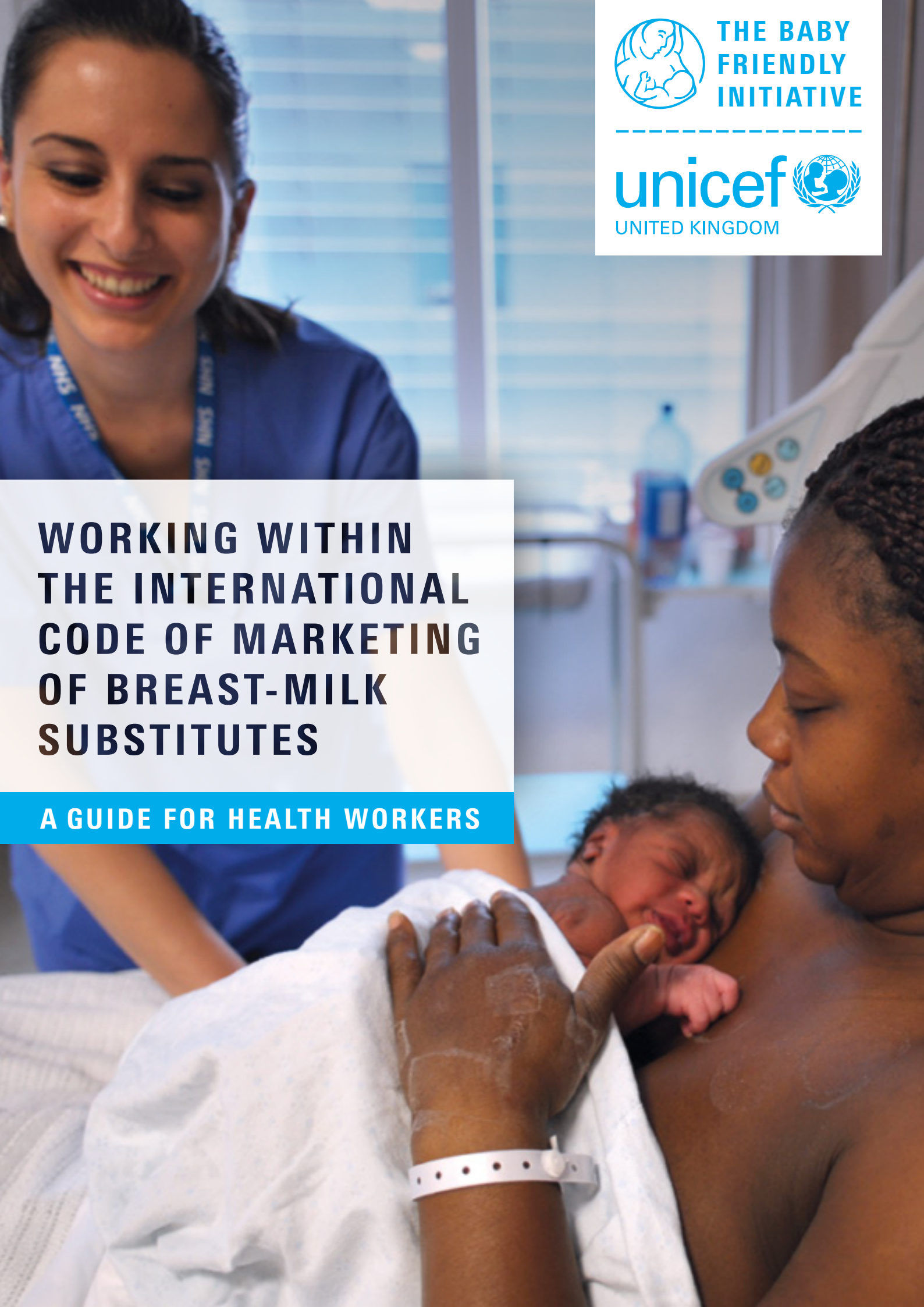


THE BABY
FRIENDLY
INITIATIVE

unicef 
UNITED KINGDOM

WORKING WITHIN THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

A GUIDE FOR HEALTH WORKERS





FOREWORD



The United Nations Convention on the Rights of the Child recognises that all children have the right to be treated with dignity and fairness, to be protected, to develop to their full potential and to participate.

The Convention is the most comprehensive statement of children's rights ever produced and underpins all of Unicef UK's work. It consists of 54 articles, four of which are general principles that must be adhered to in order for all the rights in the Convention to be realised. Article 6, the right to life, survival and development and article 3, the best interests of the child, are two of these general principles.

The International Code of Marketing of Breast-milk Substitutes is an integral tool to help realise babies' rights in relation to these two general principles: enabling families to make infant feeding choices free from commercial influence, with full understanding of what is in their child's best interest, and giving babies the best possible chance to grow, develop and flourish in their critical foundation years.

Unfortunately, the circumstances that necessitated the creation of the Code are still relevant and constantly evolving. This guide will help health professionals to use the Code in their daily practice and has been updated to take the current commercial environment and latest information into account. We hope it will help you to negotiate some of the challenges and questions you face in your work, and provide an insight into both the letter and spirit of the Code, enabling you to approach tricky situations with confidence and integrity.

A handwritten signature in blue ink that reads "Sue Ashmore".

Sue Ashmore, Director,
Baby Friendly Initiative, Unicef UK

WHY IS THIS GUIDE NEEDED?

“Asked about the power of advertising in research surveys, most agree that it works, but not on them.”

Eric Clark, journalist and author

Advertising influences our behaviour. The existence of bodies such as the Advertising Standards Authority reflects the fact that advertising has a power that must be regulated in order to prevent abuse. The body of research into the psychology and extent of advertising influence has repeatedly shown that people are affected - sometimes directly, sometimes in subtler, more indirect ways - by adverts. And, of course, companies would simply not spend so much money if it did not work.

This is as true of advertising for formula milk and baby foods as it is of any other product. The formula milk industry spends millions of pounds every year on advertising and marketing its products. Where these products differ from most others is that such advertising can damage the short- and long-term health of our children by undermining breastfeeding and misleading parents who bottle feed about what milk to use. Recognising what forms this marketing can take, and where it may breach the rules, is crucial for health workers looking to make sure that families have access to unbiased information.

This guide will provide you with an overview of the relevant UK legislation related to the marketing of infant milks and the importance of the World Health Organization's (WHO) International Code of Marketing of Breast-milk Substitutes (part of the Baby Friendly Initiative's standards). It also explains the different forms of promotion that you may be faced with as a health worker and how to take action against misleading adverts.

This guide will help health workers to recognise how advertising and marketing can undermine recommendations on infant feeding and what steps they can take to ensure that families receive only impartial, evidence-based information.

GLOSSARY

- **CODE** – International Code of Marketing of Breast-milk Substitutes
- **THE COMPANIES** – Any company producing goods covered by the International Code of Marketing of Breast-milk Substitutes (for example infant formula, follow on formula and other infant milks, bottles and teats and foods marketed as suitable before six months of age).
- **HEALTH WORKER** – Any public service employee (for example a midwife, health visitor, breastfeeding counsellor, doctor, nurse, dietitian, registered nutritionist, pharmacist, nursery nurse, family care worker or children’s centre worker) who has contact with mothers, babies and their families.
- **PUBLIC SERVICES** – Hospitals, health centres, community clinics, GP surgeries, children’s centres.



INTRODUCTION

The Unicef UK Baby Friendly Initiative requires that all public services seeking Baby Friendly accreditation adhere to the International Code of Marketing of Breast-milk Substitutes. This means working to ensure that there is no advertising of formula milk, bottles, teats or solid food for babies under six months old to mothers and their families.

This requirement is intended to restrict the influence of commercial interests related to infant feeding and to protect breastfeeding as the healthiest option for mothers and their babies. It does not in any way prohibit the provision of factual information about bottle feeding or introducing solid food, or require that mothers who bottle feed be denied information or care. It is intended to ensure that all parents, whichever way they feed their baby, have access to accurate and effective information free from the influence of marketing campaigns designed to protect profits rather than babies.

Rationale

The companies often present themselves as philanthropic partners in the fight to protect and improve maternal and infant health. (For a full list of companies and associated organisations and websites operating in the UK, see appendix 3.)

In reality, like all other commercial companies, they exist to increase shareholder value by maintaining and increasing profit. For companies manufacturing formula milks or other baby foods, this means selling as much of their product as possible. To do this, they need to persuade parents to formula feed rather than breastfeed, to choose their formula milk rather than a competitor's, and to use their brand of baby food as early and as much as possible.

The global infant formula market is worth approximately \$25 billion

Euromonitor, Safety First: Global baby food opportunities and challenges to 2015 (2011)

While companies may claim that they support maternal nutrition and breastfeeding and offer parents help to make unbiased decisions regarding which formula to use, this is in contradiction of their primary purpose. Health workers are widely trusted by the public and have constant access to new parents, making them the ideal conduit for relaying the company's messages to parents. They are therefore frequent targets for marketing tactics.

Health workers have been aware of the impact of formula milk advertising for many years. However, health workers' relationships with the companies can be subtle and can involve research, education and supplies or materials often related to topics that seem to have nothing to do with feeding babies. This document is therefore designed to cover the main areas of contact between health workers and the companies and provide guidance on what to consider in each situation. See appendix 1 for details of which contacts between health workers and the companies will and won't affect Baby Friendly accreditation.

THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

DEFINITION OF A BREASTMILK SUBSTITUTE

Any food being marketed or otherwise presented as a partial or total replacement for breastmilk, whether or not suitable for that purpose.

The International Code of Marketing of Breast-milk Substitutes (the Code) was adopted by a resolution of the World Health Assembly in 1981.

Any facility seeking Baby Friendly accreditation must adhere to the requirements of the Code and any subsequent World Health Assembly resolutions relating to the Code. See appendix 1 for more details on managing potential conflicts of interest in Baby Friendly accredited services. You can read the full Code here: <http://bit.ly/1O9Syh1>

A useful summary of all the subsequent resolutions can be found here: infactcanada.ca/wha-resolutions.html

What is covered?

All breastmilk substitutes are covered by the Code. This means products that can be marketed in a way which suggests they could replace breastfeeding, even if the product is not suitable for that purpose.

They may include:

- infant formula;
- follow on formula;
- infant milks marketed as food for special medical purposes (FSMP);
- baby foods;
- bottles/teats and related equipment.

The Code prohibits all promotion of milks and equipment related to bottle feeding and sets out requirements for labelling and information on infant feeding. Any activity that undermines breastfeeding also violates the aim and spirit of the Code. The Code and its subsequent resolutions are intended as a minimum requirement in all countries, and are written into the United Nations Convention on the Rights of the Child, to which the UK is a signatory.

Key points

The companies may not:

- promote their products in hospitals, shops or to the general public;
- give free samples to mothers or free or subsidised supplies to hospitals or maternity wards;
- give gifts to health workers or mothers;
- promote their products to health workers: any information provided by companies must contain only scientific and factual information;
- promote foods or drinks for babies;
- give misleading information;
- have direct contact with mothers.

THE UK LAW

The UK regulates the marketing of breastmilk substitutes through the Infant Formula and Follow-on Formula Regulations 2007 and accompanying guidance notes, which are designed to help with interpretation of the law.

The current regulations can be found here:

legislation.gov.uk/uksi/2007/3521/contents/made

The guidance notes, which explain how the regulations should be interpreted, can be found here:

DH guidance notes on the Infant Formula and Follow-on Formula Regulations 2007: <http://bit.ly/1Lm6EJg>

Guidance Notes on the Notification of Marketing of Foods for Particular Nutritional Uses, Medical Foods and Infant Formula: <http://bit.ly/1NatvJp>

The regulations implement the European Commission Directive 2006/141/EC, which is intended to 'give effect to the principles and aims of the WHO Code'.

The directive can be found here:

<https://bit.ly/2NIBb3f>

The UK regulations are intended to 'regulate labeling and restrict advertising and presentation of infant and follow-on formula so as not to discourage breastfeeding'. However, they are not as robust as the Code and so the companies find ways around the law. One of the biggest weaknesses is that, while the Code considers follow on formula (i.e. milk marketed for babies over six months) as a breastmilk substitute, the UK law does not. This allows the companies to advertise their brand name and logos on TV, online in magazines and elsewhere.

INFANT FORMULA AND FOLLOW-ON FORMULA REGULATIONS 2007, REGULATION 21

1. No person shall advertise infant formula —
 - (a) except —
 - (i) in a scientific publication, or
 - (ii) for the purposes of trade prior to the retail stage, in a publication of which the intended readership is other than the general public; and
 - (b) unless the advertisement complies with the provisions of regulation 17(1)(e), (2), (3) and (4), regulation 19 and paragraph (2) and (3).
2. Advertisements for infant formula shall only contain information of a scientific and factual nature.
3. Information in advertisements for infant formula shall not imply or create a belief that bottle feeding is equivalent or superior to breastfeeding.

PROFESSIONAL CODES OF PRACTICE

The following clauses in professional codes of practice should be considered by health workers in the context of formula milk marketing.

The Nursing and Midwifery Council Code

Guidance for nurses and midwives

Maintain clear professional boundaries

18. You must refuse any gifts, favours or hospitality that might be interpreted as an attempt to gain preferential treatment.

Be impartial

58. You must ensure that your professional judgment is not influenced by any commercial considerations.

nmc.org.uk/standards/code/

General Medical Council

Conflicts of Interest – Guidance for doctors

1.74. You must act in your patients' best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat, or refer patients. You must not offer such inducements to colleagues.

Sponsorship of conferences and meetings

17. It is normal practice for medical journals to require authors of papers to declare any competing interests. This practice is often not followed at medical meetings and conferences. Delegates are often unaware of who is paying the speaker and whether their contributions might be influenced by such payments or other sponsorship or benefits.

18. Where a contributor to an educational meeting has been sponsored by a pharmaceutical company, this should be announced at the meeting and disclosed in all the papers relating to the meeting and in the published proceedings.

<https://bit.ly/2xwedLI>

Health and Care Professions Council

Standards of conduct, performance and ethics

You must not make or support unjustifiable statements relating to particular products. Any potential financial reward should not play a part in the advice or recommendations of products and services you give.

<http://bit.ly/1O9S2Q2>

British Dietetic Association

Code of Professional Conduct – Guidance for dietitians

Members will not accept private financial benefits or favours, which could be interpreted as an attempt to gain preferential treatment, or present a conflict of interest.

bda.uk.com/professional/practice/professionalism/code_of_conduct

ADVERTISING WITHIN PUBLIC SERVICES

Advertising through public services can be both effective and low cost, so has a particular appeal for the companies. Branded materials can be intended for parents and include leaflets, posters, soft toys, height charts, cups and balloons at sponsored events. Gifts to health workers intended for use in front of parents and other health workers include pens, diary covers, weight charts, obstetric/age in weeks calculators, tape measures, coasters and mugs. These are designed to trigger brand recognition, which is then associated with the trust parents feel for the health workers and institution they work for.

This implication of endorsement is misleading to parents and this constant subtle advertising of formula milks and related products undermines any attempts to normalise breastfeeding within our culture.

All advertising of products covered by the Code should be prohibited within the policies of the institution.

Company representatives

Company representatives are typically employed to build relationships with health workers, suggesting that they provide important product information that health workers need for their work. There is no requirement to entertain company representatives, and information can always be obtained from companies directly rather than via sales representatives.

If access is given, company representatives should have only very restricted access to the service or staff. A number of models can be used:

- Representatives may only see the member of staff considered most expert in infant feeding, and she/he then distributes any relevant scientific and factual information to other staff members in an appropriate manner.

- A group meeting may be set up that all company representatives, as well as a range of independent experts, are invited to, to ensure that any information is reviewed based on its scientific merit.

Company representatives should always be asked to send relevant information before any meeting so that staff have a chance to review any scientific evidence presented.

Information provided for parents or staff which does not appear promotional

Companies may offer anything from unbranded diary covers, to teaching packs, to whole websites of information that appear to have no promotional element at all. Given their goal of increasing shareholder value, it is important to consider the true purpose of the distribution of such 'gifts'. Gratitude and obligation are common reactions to being given a gift and such emotions can be a good basis for future contact and relationship building. Providing something useful is a good way of getting the all-important contact details of parents or health workers who work with parents. These contact details are extremely valuable and can be used for more sophisticated and targeted marketing.

Websites and leaflets can also easily be changed. Initially, health professionals may scour these for inaccurate or promotional information before declaring them 'clean' and suitable for use. Changes can then be made that go undetected for long periods of time as the information continues to be distributed or recommended by health workers.

Unicef UK recommends that when any externally provided product is offered for use within public services or for use by parents, the source of this is established at the outset. If it is associated with any company within the scope of the Code it should be refused.

Advertisements aimed at health workers

The Code requires that the companies give only 'scientific and factual' information to health workers. However, in the UK, health workers' journals can include numerous advertisements for products covered by the Code. Advertising directed at health workers is not covered by UK law. This means that even if advertising is not scientifically or factually accurate, there is no means of complaint. Many health workers believe that inaccurate adverts are not allowed, but this is not the case. What is more, adverts often provide 'scientific' references that do not in fact support the claims made in the advertisement. It is important to remember that advertising exists to sell a product and companies would not spend millions of pounds a year on it if it was not effective.

Advertising via sampling companies

Many public services allow advertising to pregnant women and new mothers via commercial companies that provide bags or books of sample goods, leaflets and coupons. They also provide written information for mothers without a commercial element, encouraging health workers to distribute the bags/books and mothers to read the material offered. These providers make profit by selling advertising on the promise of reaching a large number of mothers. Their relationship with health workers is therefore very important, as only through them can they reach their audience.

The Baby Friendly Initiative requires that all such bags and books comply with the Code. Appendix 2 is our guide to providers on what is and what is not acceptable. Health workers themselves have a duty to ensure that this material is not harmful and so we suggest regular checks to ensure that it complies with this guidance.

Contact details for mothers who receive these bags and books are also often collected and can be sold on to other companies. Care should be taken when signing contracts or agreeing to distribute these materials to ensure that mothers' details will not be sold to companies that come under the scope of the Code. These materials also often try to persuade mothers to visit websites or sign up to clubs, newsletters and social media groups. Regular checks should therefore be made of all the forms of media promoted to ensure that they comply with the Code.

Many hospitals now have screens set up by beds in wards and in waiting areas. Some of the content on these screens may include promotion for materials that come under the scope of the Code. The display of such content, unsupervised and at a sensitive time for mothers, is potentially very damaging. The material on these screens is usually supplied by a third party company that may be supplying to several hospitals in the area. A member of staff should contact the third party provider and request the removal or amendment of any advert that does not comply with the Code. Regular checks should be made to ensure that any inappropriate content does not reappear.

Shops based in hospitals

Many hospitals, particularly those built recently, have independently run shops within their buildings. These shops often sell formula milk, bottles, teats and dummies. Selling these products does not violate the Code, but the active promotion of them does. Therefore, store managers should be asked to avoid overt displays and promotions as this would contravene the Code and UK law.

SUPPLYING INFANT FORMULA IN HEALTH SERVICES

The provision of infant formula within health services can create marketing opportunities for breastmilk substitute companies. It is in companies' interests for health workers to provide their brand over another's, as this can suggest professional and institutional endorsement of that brand. The International Code of Marketing of Breast-milk Substitutes (the Code) aims to ensure that infant formula is not marketed through health facilities, that no one particular brand of formula is favoured over another and that free samples and reduced prices are not used to incentivise formula use.

The Baby Friendly Initiative recommends that services consider the following when providing infant formula:

- Health workers should make clear that there is no nutritional difference between the brands of infant formula milk, but that using a first milk for the first year is recommended. Staff should be able to answer simple questions about each brand, such as if they are suitable for vegetarians. Where possible parents should be given a choice of brand (see below).
- Services must ensure that they purchase infant formula at full market price through the NHS Supply Chain (or from retail outlets), that they do not accept any free or reduced supplies directly and that local procurement officers do not negotiate reduced prices directly with company representatives.
- When parents are asked to supply their own infant formula in hospital, health workers should still avoid recommending any particular brand, but again should recommend a first milk for the first year.
- When a service does not routinely supply infant formula (i.e. when parents are required to bring in their own supplies), a small amount of infant formula will still be required for clinical purposes or for when parents have not brought infant formula with them. Ideally, parents should still be offered a choice of brand, as described above. However, it is recognised that this can be difficult when little infant formula is used and surplus supplies can go out of date. In such cases, it may be acceptable to offer only one brand, provided that this is regularly rotated to avoid implied endorsement of or reliance on one particular brand by the service. It is also important to ensure that companies are not allowed to offer special deals, reductions, or free supplies as an inducement for using only their particular brand.
- Avoiding cross-promotion: There are numerous opportunities for companies to raise awareness of their brand via cross-promotion in a healthcare setting. Products such as specialist milks and breastmilk fortifier may have similar labelling and branding to breastmilk substitutes, the visibility of which implies endorsement and suggests that products from this particular company are trusted by the health service. As such, the same principles of the Code apply here: companies should not supply free or subsidised products and, if this does not interfere with clinical need, parents should be offered a choice of brands or brands should be regularly rotated so as not to imply endorsement.
- Company representatives can use specialist formulas and breastmilk fortifiers to circumvent restrictions on their contact with staff – they may claim that these products require them to educate other staff members beyond designated experts in infant feeding. This access allows for both promotional and cross-promotional activity; health workers should be wary of accepting marketing claims, and of marketing representatives requesting meetings to explain the nuances of specialist formulas. This contact is not necessary as such information can be cascaded via the infant feeding specialist, companies can be contacted with specific questions, or evidence-based information free from marketing can be accessed via First Steps Nutrition Trust, for example: *Specialised infant milks in the UK*: [firststepsnutrition.org/composition-claims-and-costs](https://www.firststepsnutrition.org/composition-claims-and-costs)

Find out more about these issues in the Code, WHO guidance and UK law:

Free or reduced rate supplies

- WHO (2016) Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. Recommendation 6. apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1

Promotion of a particular brand

- The International Code of Marketing of Breast-Milk Substitutes, Article 6.

Cross-promotion

- WHO (2016) Maternal, infant and young child

nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. Recommendation 5.

- The Infant Formula and Follow-on Formula (England) Regulations (2007), Regulation 19.

Company representatives

- WHO (2016) Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. Recommendation 6.



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EDUCATION FOR PARENTS

“In 2014, formula companies spent £23 for every baby born on promoting follow on formula alone.”

(First Steps Nutrition Trust, 2015)

The companies provide a plethora of education and ‘support’ for pregnant women, parents and carers, from leaflets and telephone helplines to smartphone apps and websites. They also offer to run classes for parents within public service premises and to provide materials for health workers to run these classes themselves. The subjects range from infant feeding to other aspects of pregnancy and early child care. The companies justify this by stating that parents need to be in a position to make informed choices about feeding and caring for their baby. In reality, such information is usually promotional in nature and designed to sell the companies’ products rather than to help parents to make informed decisions.

Unicef UK recommends that none of these promotional products are ever offered or recommended to parents. Public services that care for new babies and their parents have a duty to provide accurate and effective information, free from any commercial interest and based on individual need. Sources of this sort of information include:

- Start4life leaflets: nhs.uk/start4life
- Ready, Steady Baby: readysteadybaby.org.uk
- Bump, Baby & Beyond: wales.nhs.uk/document/239354/info/
- Publications from Public Health Agency Northern Ireland: publichealth.hscni.net/
- First Steps Nutrition Trust. This organisation provides information on eating well in pregnancy and for new mums, infant milks in the UK and practical guides on infant and young child feeding: firststepsnutrition.org
- Best Beginnings: bestbeginnings.org.uk
- Unicef UK formula guidance, available at: babyfriendly.org.uk

EDUCATION FOR HEALTH WORKERS

“Study days no longer directly focus on breast and bottle feeding, which would arouse suspicion, but rather are specialist in nature, focusing on, for example, allergy or growth.”

Health workers are the ideal conduit for promoting company products. They are trusted and respected by the public and have easy access to virtually all new mothers and babies. The ‘halo effect’, in which mothers associate the company brand with a health worker, either through a recommendation or something as simple as a logo on a pen, is highly valued by companies.

For this to happen, the companies need access to health workers. As recently as 10 years ago, access to health workers was relatively easy. Company representatives had free access to many health care premises and encouraged health workers to attend their talks with hospitality and free materials. Students would be exposed to company lectures as part of their course and offers of free trips and nights out were common.

The Baby Friendly Initiative has helped health workers to become more aware of the real purpose of this ‘generosity’ and its negative effect on breastfeeding and efforts to support informed choice. Subsequently, much of this easy access to health workers has stopped. However, the companies continue to mail staff directly

with promotional materials and invitations to attend study days, often for free. The arguments made for attending include that the topics covered are relevant and helpful to practice, that the cost of non-sponsored study days is prohibitive, and the assertion that there is no promotional element to the day, or even if there is, that the attendee will not be influenced by it. What is often missing from these arguments is evidence of a full understanding of how commercial companies operate and the real purpose of a ‘free’ study day.

Sponsored study days are a highly effective mechanism for circumventing workplace controls on company representatives’ access to health workers. The study days no longer directly focus on breast and bottle feeding, which would arouse suspicion, but are specialist in nature, focusing on, for example, allergy or growth. This reassures prospective participants of their legitimacy. Well-qualified speakers are invited and these experts become a further inducement to attend and a quality assurance for participants. They also provide the added bonus of enhancement of the company brand by association.

STUDY DAY CHECKLIST

Any health worker considering attending a study day, should ask themselves:

- whether attendance is really necessary for their education;
- whether it is compatible with their Code of Conduct and responsibilities to implement best practice;
- how their attendance will reflect on their employer and its stated values;
- whether their name could be used to enhance the name and reputation of the formula company;
- what effect their attendance could have on the families they serve;
- whether there are other opportunities to update their knowledge using publications or study days from organisations that are independent of infant formula company funding.

Participants are asked to register for the study day, so providing the company with contact details for future promotional opportunities. At the event itself, there are opportunities for introductions, closing statements, lectures by company representatives and promotional materials that can be given to everyone who attends. There is also the opportunity to cast doubt on the evidence base for recommendations made by government or the World Health Organization, which adversely affect company profits. For example, the recommendation to introduce solid food to babies at around six months delays parents starting to buy commercial weaning foods, which harms profit. Any doubt that can be cast on the legitimacy of this recommendation is therefore only good for the company.

The result is that health workers will leave their free 'education' feeling well-disposed towards the companies. The companies are also in possession of accurate contact details for large numbers of health workers, which are used for further influence. If any of this is then passed on to parents, the company's expenditure can be justified to shareholders as being designed to increase profits.

Unicef UK requires that education events provided by the companies are not held on Baby Friendly accredited facilities' premises. We also recommend that staff are not allowed to attend events during their working time. However, there is nothing to stop individual health workers attending such events on their own time. We recommend that all health workers receive education on the Code and how it affects them as part of their Baby Friendly training, and that they are made aware of the true purpose of such study days. This will help them to make informed decisions when invited to such events. See the checklist above for more things to consider before attending a study day. Also, see appendix 1 for more details on our requirements, recommendations and advice around managing potential conflicts of interest in a Baby Friendly accredited service, including guidance on sponsored study days.

It should also be noted that study days may be offered by a seemingly independent third party, which is in fact funded or owned by one of the companies. This could be a not-for-profit organisation and might appear to be completely public service-orientated. Therefore, it is always worth looking closely at the organisation's website to check how it is funded. Some of these organisations offer study days, but with a few differences in an attempt to circumvent the Code and the Baby Friendly Initiative guidelines. These could include:

- offering heavily subsidised, rather than free study days;
- stressing the fact that 'benefactors' (i.e. the companies) have no involvement or influence on the study day;
- reassurance that contact details will not be passed on;
- subtle pressure to attend.

If you find the organisation is being funded by one of the companies, it is recommended that you go through the checklist shown above, as you would with a directly sponsored study day, to consider what impact attendance might have.

In addition some organisations take funding from infant milk companies in ways that may not be immediately obvious. For examples, visit the First Steps Nutrition website: firststepsnutrition.org/working-within-the-who-code

MARKET RESEARCH SURVEYS

The companies may undertake market research surveys to obtain information about and quotes from health workers. These are rarely sent directly from the companies but are instead often sent through a third party, usually a market research agency.

These surveys are ostensibly designed to gather health workers' views on a variety of topics related to infant feeding. However, the scope of the answers is often narrow and worded in order to elicit answers that would be helpful to the company. The results of these surveys can then be used to help companies devise targeted marketing campaigns, to justify their activities by referring to 'what health workers want', or to undermine the 'competition', which, as well as rival companies, includes charities, other organisations and individuals trying to protect and support breastfeeding.

Surveys can also be marketing tools in themselves, using the questions to build a ladder of affirmation by asking the health worker to answer a series of questions that lead towards an implicit recommendation of a certain type of formula milk or a certain set of care practices.

Payment is sometimes offered as an incentive for completing the questionnaire; an indication of how valuable health workers' answers are to companies.

Careful consideration is needed when deciding whether to complete these questionnaires. As with attendance at education events, think about whether it is compatible with your Code of Conduct and whether the information you provide could be used to undermine breastfeeding and those that work to protect it. If after considering these points you still have doubts, then it may be best to not complete the survey.



TAKING MONEY FROM COMPANIES

“We identified that the stakeholder who exerts the major influence over mums-to-be is neither the GP, nor fellow mums of a similar age, but the midwife, who combines the crucial blend of impartiality, depth of knowledge, experience and objectivity that mums trust wholeheartedly.”

Julian Routledge, Marketeer

Money, in the form of grants and prizes, is often given to health workers by the companies. A usual pattern for this activity is to partner with a charity or professional organisation to develop a competition element around good practice or innovation. The benefit to the company is that there is generally a lot of positive publicity, in which the company name is associated with a respected organisation and excellent practice. The ‘halo’ effect of this induces trust, while the recipients of the money feel grateful. These recipients are likely to be highly trusted and valued – and therefore influential – members of their profession.

The implied endorsement of the company by respected organisations and individuals is extremely valuable and yet has cost the company very little. However, the organisation and the individuals involved compromise their own extremely valuable integrity and reputation for that same small amount of money. In addition, accepting money from a company can make it harder for these organisations and individuals to speak out when company activities could compromise the health and well-being of mothers and babies.

A similar principle applies to individuals given payment for speaking engagements, media appearances and so on. Senior clinicians, managers and academics can be extremely influential within their profession and with the public. If they think it acceptable to work with the companies then others are reassured that the company must be trustworthy and it is acceptable for them to do the same. Even when the individual speaks on topics that are of no possible value to increasing company profits, that halo effect remains. When such influential individuals hold views, or can be persuaded to state views, that align with increasing company profits, then they are even more valuable and it is worthwhile for the company to offer monetary incentives in order to make these views known to the widest possible audience.

None of this activity is illegal and the majority of health workers and organisations involved would not dream of participating in any activity that could harm mothers and babies if they were aware that this was the case. The answer is therefore education. Raising awareness of the difference between companies that come under the requirements of the Code and companies that do not is important, along with how marketing works and the true value of their own or their organisation’s reputation and standing with the public. See appendix 1 for more details on our requirements, recommendations and advice around managing potential conflicts of interest in a Baby Friendly accredited service, including guidance on accepting awards or gifts from the companies.

RESEARCH FUNDED BY FORMULA COMPANIES

Unicef UK recognises the importance of research and welcomes any work that may improve the care of mothers and babies. We support research intended to bring about improvements to infant formulas so that the potential risks of artificial feeding are minimised. However, we have a responsibility to promote, protect and support breastfeeding and to ensure that any such research does not compromise best practice for breastfeeding or the right of parents to make fully informed choices about how to feed their baby.

Although Unicef UK can provide expert advice and opinion, it does not have a responsibility to decide whether or not research trials should be carried out in individual hospitals. Senior staff within the hospitals and research ethics committees would be expected to make that decision based on whether or not they are confident the trials will not harm the well-being of patients or the implementation of best practice in the clinical area for which they are responsible.

General considerations when planning a research trial

It is strongly advised that the views of local practitioners, infant feeding experts, mother support groups and other interested parties be included in the study design in order to avoid damage to practice and to local relations ¹.

Research trials are subject to ethical approval, which provides some reassurance regarding the protection of mothers and babies. However, it should be noted that local research ethics committees may not include members who are experts on all aspects of infant feeding (including the protection, promotion and support of breastfeeding), which is a specialised field. Neither would the research coordinators necessarily be expected to have this expertise. Therefore, it is suggested that locally based specialists, such as infant feeding advisors, are involved in the planning and implementation of trials.

When considering institutional participation in research trials it is important to take into account the possible effect on the practice of all staff, whether directly involved in the trial or not. Making the changes in practice and routines required to implement the Baby Friendly standards on an institutional level requires years of education, support and monitoring. Changing practice for some mothers to accommodate research trials could easily lead to a perception that senior staff have changed their priorities and are relaxing the breastfeeding policy.

Research trials and Baby Friendly accreditation

Baby Friendly accreditation is based on interviews with mothers and staff about the care that is provided. Therefore, although it is possible to surmise how far a research protocol will affect Baby Friendly status, it is not possible to give definite reassurances, as this would be dependent on the implementation of the protocol in the clinical areas and on the individual experience of mothers interviewed during assessments and progress monitoring visits.

It is strongly advised that the research team seek advice from the key staff responsible for the implementation of the Baby Friendly standards during both the planning and any implementation of the trial and that these key staff carry out their own independent audits to ensure that best practice is being implemented.

Protecting best practice for breastfeeding

In any trial involving infant feeding there is the potential for undermining breastfeeding with subsequent potential long-term damage to the health of mothers and babies. For example, research involving unnecessary restriction of feeding frequency or duration, separation of mother and baby, use of teats or dummies, or restriction of information for parents should be considered carefully in light of what is established good practice. Some specific examples are listed below.

- All pregnant women should have the opportunity to discuss infant feeding. Years of experience have shown that, in a predominantly bottle feeding culture such as the UK, the successful implementation of this standard requires a great deal of tact and sensitivity. Unicef UK recommends that women are not asked to decide their feeding intention in the antenatal period as this can imply that a choice is required that cannot later be changed and can make it more difficult to deliver information effectively. Rather, information tailored to each woman's needs should be provided at an appropriate time during pregnancy. We recommend that health workers avoid agreeing to any research proposals that require women to state a feeding intention in the antenatal period.
- A number of recent research proposals have been aimed at families with a history of allergy. To allow a fully informed choice it is important that such parents be given specific information that breastfeeding will provide better protection from allergy than infant formula. Therefore, it is recommended that health workers ensure that research proposals make clear to parents prior to recruitment into any trial that they are advised to choose exclusive breastfeeding (even if this means that they cannot take part in the trial).
- All mothers should be encouraged to have prolonged skin contact with their baby in an unhurried

environment after delivery, which leads to an offer of help with a first feed. Eliciting feeding intention from the mother prior to her having skin contact can mean that she does not then go on to offer her baby a first breastfeed. Therefore, health workers are advised to ensure that mothers are only recruited into research trials into infant formulas after having prolonged skin contact with their baby and an offer of help with a first breastfeed. Only if the mother states an intention to formula feed at this point should recruitment into a formula trial be introduced.

- No food or drink other than breastmilk should be given to breastfed babies unless clinically indicated or as a result of a fully informed choice by the mother. It is important that health workers ensure that research proposals strictly adhere to this standard. Mothers taking part in trials should only be encouraged to give supplements when clinically indicated. Breastfeeding mothers whose babies require a supplement of infant formula for clinical reasons or who request a supplement of infant formula should not be prospectively designated 'formula feeding' or 'partially breastfeeding', rather such mothers should be given every help to breastfeed fully.

1. The COMA (1996) report Guidelines on the nutritional assessment of infant formulas sets out Department of Health policy in this area and states: "The views of all those to be involved in the study should be taken into account in designing it".

WIDER ADVERTISING TO THE GENERAL PUBLIC

“When giving reasons for why they started using follow-on formula, 18 per cent said it was because it was better for the baby or had more nutrients, a claim that has no scientific basis.”

Health workers would be forgiven for wondering why such care is taken to prevent advertising within public services when there appears to be advertising for formula milk on television and in magazines all the time.

Follow on formula – a loophole in the law?

The current Infant Formula and Follow-on Formula Regulations (2007) were introduced to protect parents from the commercial promotion of infant formula so that they can get reliable, impartial information to make an informed choice about feeding their babies.

At the time that the Code was written, all formula milk was known simply as ‘infant formula’. The creation of ‘follow-on formulas’ was a reaction by manufacturers to the introduction of the Code. They claimed that formula milks for children aged over six months were not ‘breastmilk substitutes’ and therefore not subject to the same marketing regulations as infant formula. This argument was accepted in the European Union and by the UK government and means that the advertising of follow-on formula, though regulated, is legal.

However, Unicef UK, along with many other organisations, considers that follow-on formula should be treated in the same way as infant formula. This is why:

The Code applies to all breastmilk substitutes

The Government itself recommends that milk continues to be the main part of a baby’s diet for the first 12 months, and that it provides an important source of nutrients in the second year of life. Follow-on milks replace that part of the child’s diet best provided by breastmilk between six and 24 months and are, therefore, breastmilk substitutes, and should be subject to the same marketing regulations.

Follow-on formulas are virtually identical to standard infant formulas for babies up to six months’ old

The World Health Organization says follow-on formulas are ‘not necessary’ (World Health Assembly Resolution 39.28, 3b, 1986). The Food Standards Agency states that babies should continue to be breastfed or receive infant formula until they are at least a year old: additional nutritional requirements are met by solid foods and a change to follow-on milk is not necessary at any stage.

By advertising follow-on formula it is possible to advertise all formula. Formula milk companies exploit two loopholes in the law. First, they are promoting follow-on milks in a way that makes them difficult to distinguish from normal infant formula. Second, they are deliberately confusing their company name and logo with their formula milk brand names.

Follow-on milks are promoted in a way that makes them difficult to distinguish from normal infant formula

By naming and labelling follow-on milks almost identically to infant formula, manufacturers ensure that both products are promoted at the same time. Typically packaging and branding across a manufacturer’s range of products is designed to look very similar; follow-on milk is only mentioned in small print, and the product is often compared to breastmilk. When parents see adverts for follow-on formula they think they are seeing adverts for infant formula.

In the recent Infant Feeding Survey (2010), 46 per cent of mothers said that they had seen an advert for first-stage formula milk, despite such adverts being banned, indicating significant confusion was about what is being advertised. When giving reasons for why they started using follow-on formula, 18 per cent said it was because it was better for the baby or had more nutrients, a claim that has no scientific basis.

This confusion is not limited to mothers, since 17 per cent of them said that they had switched to follow-on formula on the advice of a health worker.

Deliberately confusing their company name and logo with their formula milk brand names

The law states that companies can give information materials about infant formula to parents, providing the information is not 'marked or labelled with the name of a proprietary infant formula' – although it can 'bear the name or logo of the donor' (Article 21:3, c).

However, companies ensure that the 'name of a proprietary brand of infant formula' is the same thing as

the 'name or logo' of the company. The law is therefore both permitting and prohibiting the same thing, making it impossible to enforce. The provision of information materials bearing the donor name can thereby serve as an advertisement for that company's infant formula, which the law aims to prevent. A MORI poll of women in their reproductive years showed that 80 per cent associated the SMA logo with infant formula.

Because of the legal ambiguity between the acceptability of a company logo and its formula brand name, companies are left with a host of advertising opportunities, while Trading Standards are left powerless to intervene and enforce the law.



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PUBLIC ADVERTISEMENTS AND COMPLAINTS

The regulations regarding advertising of infant formula are contained within the Advertising Standards Authority (ASA) regulations and simply say that the adverts for infant (first) formula are not permitted, and that adverts for follow-on formula must not confuse between infant formula and follow-on formula.

However, formula advertisements may also come under other aspects of ASA regulations, particularly misleading advertising, which includes clauses around substantiation, exaggeration and comparison.

Making a complaint

The ASA has an online form for submitting complaints: asa.org.uk/contact-us.html

It is important to remember that the ASA assesses complaints against the Code of Advertising Practice (CAP), rather than the International Code of Marketing of Breast-milk Substitutes, and so your complaint should focus on where the advert may be in breach of this.

You can read both the broadcast and print versions of the CAP Code at asa.org.uk/codes-and-rulings/advertising-codes.html. Some common areas to consider, in which advert may be in breach, are:

- Substantiation/exaggeration: making claims either directly or indirectly (via visual insinuation) about the benefits of infant formula that are not scientifically valid.
- Comparison: this can commonly fall into one of three categories:
 1. Comparison with breastmilk: implication that the formula in question is comparable to breastmilk as a natural follow-on or is 'as good as'.
 2. Comparison with other formula milks: since all formula milks must by law contain certain ingredients

that are shown to be of benefit to the infant, there is no scientific evidence that any one milk is better than another. Adverts indicating otherwise may be in breach of the CAP Code.

3. Comparison of follow-on formula with infant (first) formula: there is no scientific reason for giving a baby anything except infant (first) formula, so claims that follow-on formula is a required progression for babies aged over six months may also be in breach of the CAP Code.

If you are complaining about an advert that was broadcast on TV, radio or in the cinema, make a note of the general time and channel the advert was broadcast.

If you are complaining about an advert that was in print media, scan a copy to include as part of your submission.

If you are making a complaint, please let us know as we may be able to help. You might also find it useful to contact Baby Milk Action on [01223 464420](tel:01223464420) or at babymilkaction.org

APPENDIX 1

GUIDELINES FOR MANAGING POTENTIAL CONFLICTS OF INTEREST IN A BABY FRIENDLY ACCREDITED SERVICE

WHA Resolution 69.9, Recommendation 6 states:

“Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Health workers, health systems, health professional associations and nongovernmental organizations should likewise avoid such conflicts of interest.”

Determining what constitutes a conflict of interest in large and complex public service institutions can cause confusion and stress for those leading on the implementation of the Baby Friendly Initiative standards. The following is intended to clarify what is required and what will and will not affect Baby Friendly accreditation.

What is a conflict of interest?

A conflict of interest is any situation where an individual or organisation is in a position to derive a benefit which is at odds with the interests / purpose of their position or organisation. In this context, it is most usually seen when individual members of staff enter into a relationship with companies falling within the scope of the Code in order to gain some advantage for themselves or their service. As the companies' intentions are to use the relationship to gain market share and increase profits, there is a conflict of interest with Baby Friendly accredited services' intention to improve maternal and child health through breastfeeding.

There are numerous examples of potential conflicts of interest. However, in the UK, where the Baby Friendly Initiative has been active for over 20 years and there is a high awareness of the Code, it is generally not the most obvious conflicts, such as those involving direct contact with parents, that are an issue. Rather, the most common potential conflicts of interest brought to our notice involve:

- Sponsored study days / smaller education sessions / meetings offered for staff or parents on public service premises
- Staff attending sponsored study days
- Individual staff engaging with the companies e.g. by speaking at sponsored events, writing articles, blogs etc. for the companies

- Awards and other gifts being made to individual staff by the companies or by a separate organisation which is being sponsored by the companies.

Unicef UK's position on potential conflicts of interest in Baby Friendly accredited services

Unicef UK believes that the companies should not be allowed to exert influence over our public services or individuals who work in those services, as all such activity is carried out with the primary intention of increasing sales and market share, which in turn has the potential to adversely affect maternal and child health. Therefore, any activity which gives the companies opportunities to influence staff and/or parents within an accredited service can result in the removal of Baby Friendly accreditation.

However, accredited services are often only one small part of large and complex organisations (e.g. NHS Trusts, county councils or universities), each divided into numerous departments, employing thousands of staff. Baby Friendly leads and managers often have limited resources available to monitor their larger organisation or to control possible violations of the Code in areas where they may have little influence.

The information below clarifies what will and will not affect Baby Friendly accreditation. This is in order to support stronger Code compliance across organisations, while recognising the challenges faced by individual Baby Friendly accredited services.

As with all other Baby Friendly standards the criteria will be categorised as follows:

- **Requirements:** Mandatory changes which need to be made to achieve or maintain accreditation.

- **Recommendations:** Changes that will help achieve and maintain accreditation and that we expect to see progress on over time. Written acknowledgement of the recommendation and actions to be taken will be expected.
- **Advice:** Suggestions for improving practice that will not affect accreditation.

Whilst not all the categories will affect accreditation, we would expect the Baby Friendly lead, Head of Service, Guardian etc. to exert their influence to address all violations, whatever category these fall into, in order to improve Code compliance across the organisation.

Cases will be considered individually by the Designation Committee who will take into account not only the proximity to or involvement of the accredited service, but also the degree to which the relationship or activity relates to infant feeding or maternal and infant health. The decision of the Designation Committee is final. The table overleaf details our requirements, recommendations and advice for potential conflicts of interest.

Glossary

- **Organisation:** Public service which includes an accredited service. Usually an NHS Trust, County Council or University.
- **Service:** An individual department or other defined entity that sits within the organisation. Examples would include a maternity, paediatric or neonatal unit, or more distantly a medical or surgical unit within an NHS Acute Trust. Within County Councils examples could include the health visiting service, the social services department, dietetic department etc. In a university it would be the midwifery department / school, the public health department and then other departments that sit within the health faculty, and then those that sit within other faculties within the university.
- **Accredited service:** The maternity unit, health visiting service, neonatal unit, midwifery / health visiting department / school within a university that is accredited as Baby Friendly.
- **Adjoining service:** A service that works closely with the accredited service but is not itself accredited. Examples would include a neonatal unit that is not accredited but that is in the same organisation as an accredited maternity unit.
- **Staff:** People employed by the organisation in whatever capacity.

Potential conflict of interest	Requirement	Recommendation	Advice	Notes
<p>Sponsored study days / events / meetings on public services premises</p>	<p>There must be no sponsored events of any kind on the accredited services' premises. Service premises are the areas that house the actual service and also those that the service staff habitually use (shared seminar rooms, training rooms etc.). The premises also include any area that a member of the public could feasibly consider to be part of the accredited service, even if this is not actually the case.</p>	<p>There must be no sponsored events within neighbouring areas to the accredited service – this could be in a service with links to the accredited service (e.g. when parents are habitually cared for in both services), or in an allied service that sometimes works with the accredited service.</p>	<p>There should be no sponsored events in any part of the Trust, council or university, even if this has nothing to do with the accredited service.</p>	<p>A recommendation may become a requirement if the event is held in an area with very close links to the accredited service.</p>
<p>Staff attending sponsored study days</p>	<p>Staff from accredited services must not be encouraged or enabled to attend sponsored study days. This includes attending during work time, receiving financial support to attend or being informed of the event through work communication channels.</p>	<p>Staff from neighbouring services must not be encouraged or enabled to attend sponsored study days as described in the requirement.</p>	<p>Staff from all areas of accredited and neighbouring services should be discouraged from attending sponsored study days in their own time as well as during work time. Staff from areas of the organisation that have nothing to do with the accredited service should also not be encouraged or enabled to attend sponsored study days.</p>	<p>It is not always immediately obvious that a study day is being sponsored, and so a reasonable amount of checking beforehand would be expected. Dispensation will only be given when information on sponsorship has been withheld and staff are genuinely not aware that it is a sponsored event. Where there is a genuine gap in meeting the educational needs of staff, services should consider ways of providing this without involvement from the companies.</p>

Potential conflict of interest	Requirement	Recommendation	Advice	Notes
<p>Individual staff engaging with the companies</p>	<p>Staff from the accredited service or closely associated with the accredited service must not cite their position within the accredited service when working with the companies as described in the notes column. Staff from anywhere in the organisation must not use the accredited service's name or Baby Friendly accreditation when working with the companies. Staff should not be enabled to carry out such work during their normal working hours.</p>	<p>Staff from adjoining services must not use their position and/or the organisation's name in general to enhance the companies' profile / reputation through activity as described. This could become a requirement if it is likely to bring the service's Baby Friendly accreditation into disrepute.</p>	<p>Staff from parts of the Trust that have nothing to do with the accredited service should not use the organisation's name when working with the companies, including on issues unrelated to infant feeding (e.g. specialist nutrition for the elderly etc.).</p>	<p>Engagement may include speaking at company sponsored events, providing articles, opinion pieces, blogs etc. for company websites and other communication channels. Staff can also act as 'advisors' for the companies. The staff member's professional position and place of work are often cited as proof of their expertise. Such activity presents a clear conflict of interest with that of an accredited Baby Friendly service. Engagement can be paid or unpaid. Staff gain from the exposure and prestige even when no payment is made. Services should be aware of the value of their good name and reputation and how this can be appropriated by the companies through their relationships with individual members of staff.</p>
<p>Awards and gifts</p>	<p>There must be no awards or gifts accepted when these are related in any way to the work of the accredited service to achieve or maintain Baby Friendly accreditation or to infant feeding care more generally. There must be no association made between a company award or gift and Unicef UK or the Baby Friendly Initiative.</p>	<p>There must be no awards or gifts accepted that are related to the accredited service, even when these are not connected to the service's Baby Friendly work or infant feeding care more generally. There must be no company awards or gifts accepted in adjoining services.</p>	<p>There should be no company awards or gifts made to any staff member or service within an organisation that includes an accredited service.</p>	<p>There are numerous ways that the companies can create conflicts of interest through providing gifts to individuals or to services. Examples include bursaries for learning and qualifications and awards for excellent practice which are often presented through third party competitions or nominations (e.g. award ceremonies through a professional body). When considering whether to accept an award, sponsorship of the individual award and of the wider event should be considered.</p>

APPENDIX 2

GUIDELINES FOR COMPLIANCE WITH THE REQUIREMENTS FOR ADVERTISING IN BABY FRIENDLY HEALTH CARE FACILITIES

The following guidelines should be used when considering what can be allowed to be advertised:

1. Advertisements for infant formula, follow-on formula, baby milks, juices and teas, feeding bottles, teats, dummies and nipple shields are not acceptable.
2. No generic 'company level' advertising from Cow & Gate, Aptamil, SMA, Nestle, Nutricia, Danone, Hipp, Nannycare, Mead Johnson, Abbott or any other company that markets infant milks in the UK. (This includes any advertisements which may be inserted in mailing programmes and so on.)
3. Mothercare, Boots and similar companies: anything from these companies must have nothing to do with feeding.
4. Complementary/weaning foods: no samples are acceptable. Advertising may be acceptable but any advert should be crystal clear in the text or headline that the addition of solid foods to the diet is something that begins at around six months of age. No text, image or headline should suggest use before six months. Adverts should not contain any cross-promotion to promote breastmilk substitutes indirectly via the promotion of complementary/weaning foods for infants and young children.
5. Breast pumps: advertising is acceptable (but see point 1). Adverts should not include negative imagery of breastfeeding. Adverts for breast pumps that also promote a company's bottles and/or teats are not acceptable. Companies that produce bottles/teats as well as breast pumps should make no reference to them by text, audio or image in an advert for breast pumps. For further information, see Baby Friendly's information on working with breast pump companies: unicef.uk/babyfriendly-statements
6. Breast pads: advertising is acceptable, provided that the copy is not negative towards breastfeeding.
7. Nipple creams, nipple sprays and so on: advertising is not normally acceptable. Adverts for some products in this area may be appropriate where there is clinical evidence that they do not interfere with successful breastfeeding. The text should:
 - never be negative in any way towards breastfeeding;
 - not claim that the product can prevent sore or cracked nipples;
 - clearly state that correct positioning and attachment is the way to prevent and cure sore or cracked nipples;
 - only make claims that have been clinically proven in relation to the product's ability to soothe sore nipples or aid moist wound healing;
 - not recommend routine use.
8. Website addresses: Website addresses may appear on adverts, but should be given no more prominence than other contact details (address, phone number etc). The purpose of the advert should not be to drive people to the website if this contains advertisements for formula milk, bottles, teats or dummies, or if it contains inaccurate or misleading information related to infant feeding.
9. Any advert aimed at the mother should not imply that she needs to consume any specific food or drink in order to breastfeed.
10. Other adverts should not be negative towards breastfeeding or present bottle feeding as the norm for all babies. Examples of offending adverts in this area would be those which use bottles, dummies, infant formula and so on in illustrations to depict a 'typical' baby's environment.
11. Any editorial should be accurate and positive about breastfeeding and reflect the principles of the above guidelines. It is recommended that editorial does not contradict Baby Friendly principles such as skin-to-skin contact after delivery, keeping baby close and responsive feeding.

APPENDIX 3

FORMULA MILK COMPANIES AND OTHER ORGANISATIONS

The three main brands of infant milks sold over the counter in the UK, and their parent companies, are:

BRAND	PARENT COMPANY
Aptamil	Danone Nutricia
Cow & Gate	Danone Nutricia
SMA	Nestlé

There are also a number of infant milk companies that have a smaller market share.

BRAND	PARENT COMPANY
Hipp Organic	Hipp
Holle	Holle
Kabrita	Hyproca Nutrition Europe
Kendamil	Kendal Nutricare
NannyCare	Vitacare

Aptamil, Cow & Gate and SMA also market some specialised infant milks that can be prescribed for infants and young children with specific dietary needs, and the other companies selling these products in the UK are:

- Abbott Nutrition
- Mead Johnson (Reckitt Benckiser)
- Nutricia (Danone Nutricia)
- Vitaflo (Nestlé)

Most infant milk companies fund websites, helplines and other activities as part of their marketing strategies. For an up to date list of organisations and projects with links to the breastmilk substitute industry, visit the Baby Feeding Law Group website: bflg-uk.org

It is important to be familiar with these names so that when you receive information, materials or invitations you are clear about how they are connected with the marketing of infant formula.

You can access regularly updated and unbiased information about all the infant milks available in the UK from First Steps Nutrition Trust: firststepsnutrition.org

This list is accurate as of June 2020.

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**THE BABY
FRIENDLY
INITIATIVE**



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