

UNICEF UK INFOSHEET



Guidance for Infant Feeding Leads on producing educational materials for parents/primary caregivers on bottle / formula feeding – April 2025

Overview

Healthcare professionals have a responsibility to provide evidence-based information to mothers, parents/primary caregivers and families in order to support decision making around infant feeding. This involves the protection and promotion of breastfeeding whilst ensuring the safe and responsive use of infant formula when this is necessary.

Breastfeeding has proven health benefits for mothers and babies in high-income and low-income settings alike. However, breastfeeding rates in the UK remain one of the lowest amongst high-income countries. Whilst current data is lacking, previous Infant Feeding Surveys (2010) indicated that less than 1% of babies are fed in line with World Health Organization (WHO) recommendations of exclusive breastfeeding for six months, and that eight out of 10 mothers cease breastfeeding before they had planned.

Healthcare professionals are also tasked with navigating complex messages¹ to ensure that parents/primary caregivers are aware of the value of breastfeeding and how to get breastfeeding off to a good start, whilst recognising that not all mothers choose or are able to breastfeed. Evidence-based information must therefore be provided at the time it is needed and must be in line with UK Law and the International Code of Marketing of Breastmilk Substitutes (the Code).

Legal requirements in the UK

All material dealing with infant feeding and intended for use by parents/primary caregivers must adhere to the UK Law (see requirements listed below). It is important to consider this when planning educational and informational content for families. We suggest including the requirements related to formula feeding alongside a disclaimer, such as the one below, to address requirements specifically related to breastfeeding.

Suggested disclaimer:

Breastfeeding is the healthiest way to feed your baby. If you decide not to breastfeed or to stop breastfeeding, it is possible to restart. Giving infant formula to a breastfed baby will reduce your milk supply. You do not need to eat any special foods while breastfeeding, but it is a good idea for you, just like everyone else, to eat a healthy diet.

¹ For decades, the commercial milk formula industry has used 'underhand marketing strategies, designed to prey on parents' fears and concerns, to turn the feeding of infants and young children into a multibillion-dollar business—generating revenues of about \$55 billion each year.' (Lancet 2023).

UK Law requirements

Wording in the infant formula and follow-on formula regulations (Article 11.2):

Informational and educational materials, whether written or audio-visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, shall include clear information on all the following points:

- a) the benefits and superiority of breastfeeding*
- b) maternal nutrition and the preparation for and maintenance of breastfeeding*
- c) the possible negative effect on breastfeeding of introducing partial bottle feeding*
- d) the difficulty of reversing the decision not to breastfeed*
- e) when needed, the proper use of infant formula.*

Where such materials contain information about the use of infant formula, they shall include the social and financial implications of its use, the health hazards of inappropriate foods or feeding methods, and, in particular, the health hazards of improper use of infant formula. Material shall not use any pictures which may idealise the use of infant formula or any health or nutrition claims.

Delivery of education and information

Current delivery of parent/primary caregiver education and information tends to be via a hybrid format of online and face-to-face provision. Whilst this can provide consistency and flexibility of access, there is potential for families to easily access information from non-evidence-based sources.

The UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative acknowledges the pressure on healthcare staff and the reality of today's world where unreliable information is produced by commercial companies and influenced by advertising. However, caregivers and families deserve the best information to feel supported with an understanding of infant feeding. The UNICEF UK Baby Friendly Initiative therefore requires this information to be underpinned by the best available evidence and to adhere to the Code and the UK Law.

Great care is needed when developing or disseminating resources to avoid undermining key Baby Friendly messages. This is particularly relevant for information on bottle / formula feeding, which should be communicated appropriately, sensitively, and effectively in a way which protects breastfeeding and ensures safe, responsive, and appropriate use of infant formula, especially if the information is intended for parents/primary caregivers to navigate independently without a conversation with a healthcare professional.

The Code requires that information intended for parents/primary caregivers:

- is not produced by a manufacturer or distributor of commercial milk formula (for use up to 36 months of age).

- is not produced by the manufacturer of non-milk products aimed at babies below six months of age, bottles or teats.
- contains no promotional material of any kind (such as showing easily identifiable or named brands of commercial milk formula, bottles or teats).
- does not idealise bottle feeding.

In order to meet the Baby Friendly standards, information must:

- ensure that the value of breastfeeding and breastmilk, and information on how to breastfeed, are shared with individual parents/primary caregivers and if used, via printed and online media.
- ensure that mothers who breastfeed are informed about the value of exclusive breastfeeding and maximising the amount of breastmilk their baby receives when partially breastfeeding.
- provide proportionate content dedicated to breastfeeding, bottle feeding (including with expressed breastmilk) and formula feeding.
- avoid inferring formula / bottle feeding equivalence with breastfeeding.
- provide information about infant formula at a time when it is needed.

Additional considerations

- It is important to consider the possible ways to share key messages on the impact of breastfeeding on health and wellbeing, such as through one-to-one conversations, videos, websites, text notifications (e.g. via electronic patient record systems such as *BadgerNet*), online and in-person antenatal classes, and postnatal groups.
- When developing materials about supporting safe bottle feeding, it is suggested that the UNICEF UK bottle feeding material for parents be used as a guide.
- Written or online information can be very helpful. However, the aim should always be to ensure this is provided alongside the opportunity for a conversation. Particular care is needed when developing materials which will be provided without an accompanying conversation with staff, as this can make it difficult to sensitively navigate the challenges of providing timely, relevant and proportionate information.
- Information about making up infant formula, using a first infant formula and responsive bottle feeding should be routinely shown to and/or discussed with those who intend to bottle feed in the early postnatal period or at a time when needed. This should include the potential risks of using preparation machines. Demonstrations on how to sterilise equipment and prepare infant formula should not be routinely shown to all parents/primary caregivers in the antenatal and postnatal period, as this implies that the information will be necessary for all. This can undermine confidence in breastfeeding and has been shown to be ineffective.
- Individual discussions in pregnancy and after the birth can be responsive to parents'/primary caregivers' needs and questions.
- Signpost to appropriate resources as required, including to Healthy Start.

Assessment

All materials and content of educational classes etc. described below will be routinely assessed as part of Stages 1, 3 and reassessments. Therefore, all such material should meet the requirements of the Code and UK Law and should include a statement about the impact of offering infant formula on breastfeeding (see above). Consideration will be given to how and when the material is used, with the aim being that all parents/primary caregivers can access information at a time it is needed. Parents'/primary caregivers' views on the materials will also be assessed as part of the interview.

Supporting inclusion

Material should be accessible to the reader with consideration to the needs of:

- all members of the community including, but not limited to, the needs of non-English speaking mothers, parents/primary caregivers and families, those with visual impairment, learning challenges, and the LGBTQIA+ community.
- those living in deprivation, including having limited access to facilities and the potential for digital poverty.

Sources of information

We suggest that information about how and when to feed should be built into the context of relationship building and responsiveness. Ordering could follow:

- skin contact
- closeness
- relationship building
- breastfeeding, value of and how to
- responsive feeding.

If relevant for the context

- bottle feeding with expressed breastmilk
- key safety elements such as the need to make up individual feeds and use a first infant formula
- responsive bottle feeding (if not already covered as above).

Written leaflets and posters

Bottle feeding leaflets aimed specifically at those who are bottle feeding their baby can be used very positively in one-to-one discussion and as part of discharge or information pack for families. Posters and information racks are overtly visual sources of information. Displaying bottle feeding leaflets on a rack or notice board should be avoided as not all parents/primary caregivers will need them and this could undermine their confidence in breastfeeding.

Many services include QR codes within handouts or posters to link parents/primary caregivers to relevant information. Ideally, these could be provided as part of a discharge pack relevant to the baby's feeding method.

Video and online materials such as websites or Padlet

For generic information sources such as websites, Padlets, etc. where information about formula / bottle feeding is included, it is important to promote the value of breastfeeding and how to breastfeed. The amount of content regarding breastfeeding and formula feeding should be proportionate. Consideration should be given to how the content is accessed to ensure that the key focus of the information is on breastfeeding, together with responsiveness and relationship building.

Wider service websites should be checked to ensure that content is appropriate and relevant and that there is no unnecessary content that may undermine breastfeeding, for example images of bottles, in order to remain within the requirements of the Code.

Antenatal education sessions

Demonstrations on how to sterilise equipment and prepare infant formula should not be routinely carried out in a group setting, as it is not needed at this time and implies that the information will be necessary for all parents/primary caregivers. This should be covered postnatally with mothers who are bottle feeding.

When planning antenatal classes, we suggest that you use the opportunity to discuss skin contact, closeness, responsive feeding and relationship building, as these are relevant however the baby is fed. It is acceptable, if indicated by requests from the group, to use these topics to lead into a conversation which includes responsive bottle feeding of expressed breastmilk, and infant formula, if indicated, and to explain key safety elements such as the need to make up individual feeds and use a first infant formula. It would be helpful to make clear in any promotional material the purpose and content of the class.

Signposting to Healthy Start is recommended.

Postnatal education sessions

Material should be targeted to the needs of the individual/group, with formula feeding information targeted to those who require it. We suggest conversations/sessions cover how to sterilise bottle feeding equipment, including that prep machines are not recommended and why, making up a feed as safely as possible, the nutritional equivalence of all first infant formulas, and that this should be used for the first 12 months together with why use of other types of infant formula are not recommended. Mothers offering expressed breastmilk (EBM) by bottle will need information about sterilising and responsive bottle feeding.

Demonstrations should avoid branded or easily identifiable brands of infant formula / bottles.

Signposting to Healthy Start is recommended.

Inclusion of information about infant formula and bottle feeding

Topic	Antenatal	Postnatal
Safe preparation of powdered infant formula	Only if specific to individual need**	Individually or in group for mothers who are bottle feeding, as needed
Using first infant formula	Focus on safety, equivalence of infant formulas regardless of brand and price	Individually or in group for mothers who are bottle feeding, as needed
Sterilising, importance of and how, to include avoidance of prep machines	Individual specific to need**	Individually or in group for mothers who are bottle feeding, as needed
Responsive bottle feeding (close, eye contact, limiting who feeds, technique)	EBM, formula if indicated	Individually or in group for mothers who are bottle feeding, as needed

**For example, the individual mother who is unable to breastfeed for medical reasons and would like to be shown in pregnancy, not done in a group environment.

Checklist for materials

No advertising of breastmilk substitutes, bottles teats and dummies in text/images	
Images/text do not idealise bottle/formula feeding or infer equivalence with breastfeeding	
Information about formula feeding contains standard disclaimer (see box page 1)	
Written/online information in line with the UNICEF UK Baby Friendly Initiative standards	
Information for all parents/primary caregivers is proportionate	
Classes etc. use opportunity to talk about skin contact, responsiveness, relationship building	
Evidence-based information is provided at the time it is needed	

References and further reading

Grant A., Jones S., Sibson V., et al (2023) The safety of at home powdered infant formula preparation: A community science project. *Maternal & Child Nutrition*, e13567.
<https://doi.org/10.1111/mcn.13567>

Lancet series 2023 [Breastfeeding 2023 \(thelancet.com\)](https://www.thelancet.com)

MOTHERS & others GUIDE. www.mothersguide.co.uk (sample content can be reviewed on the website).

ONS, Infant Feeding Survey, 2010 [Infant Feeding Survey - UK, 2010 - NHS Digital](#)

UNICEF (2023) [What I Should Know About 'the Code': A guide to implementation, compliance and identifying violations](#)

UNICEF UK Baby Friendly Initiative (2019) [Working within the International Code of marketing of Breastmilk Substitutes: A Guide for Health Professionals.](#)

WHO (1981) International Code of Marketing of Breastmilk Substitutes. [International Code of Marketing of Breast-Milk Substitutes \(who.int\)](#)