The Baby Friendly Initiative
UNITED KINGDOM
unicef

THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES

A guide for health workers

CONTENTS

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Please note, the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative fully supports inclusivity in accordance with Article 2 (non-discrimination) of the UN Convention of the Rights of the Child and the Equality Act 2010. Learn more about our inclusivity policy and the language we use at: unicef.uk/bf-inclusivity

GLOSSARY

- **ADJOINING SERVICE:** A service that works closely with the Baby Friendly accredited service but which is not itself accredited. Examples would include a children's ward that is not accredited separately but that is in the same organisation as an accredited maternity unit.
- **ADVERTISING:** A paid form of promotion that involves placing controlled messages in media channels (e.g. print, digital, broadcast) to inform, persuade, or remind target audiences about a product, service, or initiative. Advertising is typically one-way communication and is used to reach wider or specific audiences with precision.
- **BREASTMILK SUBSTITUTE:** Any food being marketed or otherwise represented as a partial or total replacement for breastmilk for use up to 36 months, whether or not suitable for that purpose, including follow on formula and growing up milks (GUMs), as well as highly specialist formula and food for special medical purposes (FSMPs). Products which may cause issues of interference with feeding cues, e.g. nipple shields and dummies, may also fall under the scope of the Code, especially in certain clinical situations.
- **THE CODE:** The International Code of Marketing of Breastmilk Substitutes and relevant subsequent World Health Assembly Resolutions (the Code).
- **COMMERCIAL DETERMINANTS OF HEALTH:** The systems and strategies used by commercial organisations and actors – such as marketing, lobbying, pricing and product placement – that influence health outcomes, often negatively.
- **COMMERCIAL MILK FORMULA:** Formula for use up to 36 months sold over the counter, including specialist formulas (e.g. 'anti-reflux'), but excluding prescription-only formula (e.g. preterm formula or other formulas for specific medical purposes).
- **COMPANIES:** Any company manufacturing goods which come under scope of the Code. The largest manufacturers that supply within the UK and their brands/sub-brands are: Danone: Aptamil (Aptamil and Aptamil Advanced) and Cow & Gate; Kendal Nutricare: Kendamil and Bonya; Nestle: SMA (SMA and SMA Advanced) and Little Steps; HiPP: HiPP Organic; and contract manufacturers. For further information around infant formula and organisations linked to the breastmilk substitute industry see the Baby Feeding Law Group: bflg-uk.org and First Steps Nutrition Trust: firststepsnutrition.org. *List accurate as of June 2025.*
- **COMPLEMENTARY FEEDING:** When solid foods are given to complement the nutrients provided by either breastmilk or infant formula but are not sufficient to meet the nutritional requirements of the growing infant. Complementary feeding includes liquids, semi-solid and solid foods other than breastmilk/infant formula. Complementary feeding starts at around age six months.
- **CONFLICT OF INTEREST:** A situation in which a secondary interest has the potential to unduly influence, or may be reasonably perceived to unduly influence, either the independence, objectivity of professional judgement, or actions regarding a primary interest. It does not necessarily mean that improper action has occurred – but that there is a risk of it occurring. It can be either direct or indirect, and the perception of a conflict of interest can risk undermining the legitimacy of the primary goal.

GLOSSARY

- **HEALTH WORKER:** Any individual, whether employed in public services, private settings, or by voluntary organisations, who has contact with babies, their mothers, parents/primary caregivers and families. This includes, but is not limited to: midwives, health visitors, breastfeeding counsellors, nurses, dietitians, pharmacists, nursery nurses, family support workers, peer supporters, lactation consultants, Family Nurse Partnership, children's centre and early years workers. In the context of the Baby Friendly programme, this also includes lecturers and educational leads working within Baby Friendly accredited university programmes, as well as enrolled students.
- **MARKETING:** The strategic process of understanding, communicating with, and delivering value to target audiences, such as families, health workers, and communities. It encompasses research, planning, branding, messaging, partnerships, and evaluation, with the aim of building awareness, engagement, and long-term support.
- **PROMOTION:** A set of activities within marketing focused on raising awareness, generating interest, and encouraging action. Promotion includes both paid and unpaid methods such as public relations, events, social media, educational outreach, and advertising. It is used to highlight specific programmes, resources, or campaigns.
- **PUBLIC SERVICES:** Within the context of the Baby Friendly programme, this includes maternity, neonatal, community and hospital-based children's services, as well as universities. This term should be taken to encapsulate individual departments or other defined entities within these services. This could include a paediatric unit or more distantly an adult medical or surgical unit within an NHS Acute Trust. Within local authorities, this could include the health visiting service, early years service, etc. In a university setting, this includes the department, faculty or school within which the accredited programme sits, e.g. the school of nursing and midwifery or faculty of health.
- **SCIENTIFIC AND FACTUAL INFORMATION:** Refers to any information that companies can provide to health workers about products. The information is not only limited to claims, but claims are just one example of information provided.

FOREWORD

All health workers and early years professionals working with families are entrusted with a deep responsibility to promote, protect and support the health and wellbeing of every child.

The United Nations Convention on the Rights of the Child (UNCRC) emphasises the rights of *all* children to the highest standard of health. Central to this is the recognition that every infant deserves the best possible start in life (Article 24). A key tool in safeguarding this right is the International Code of Marketing of Breastmilk Substitutes (the Code), which guides us to protect breastfeeding whilst ensuring that *all* families can make informed decisions about infant feeding in an environment free from misleading or coercive marketing.

Adopted by the World Health Assembly in 1981, the Code was a landmark step in safeguarding infant health by regulating the marketing of breastmilk substitutes. Its purpose is simple: to ensure that mothers, parents and primary caregivers are not unduly influenced by commercial interests when making decisions about infant feeding.

This protection is critical for child rights, as the decision to breastfeed or give infant formula impacts health outcomes in the short and longer term and so should be based on credible, accurate and independent information – not external marketing claims and promotional materials. Therefore, the Code asks that all Governments legislate on this objective and prevent unregulated commercial interests that undermine child health.

Implementation of the Code is more relevant today than ever before. While the evidence of the benefits of breastfeeding remain undisputed, the landscape in which families make feeding decisions has evolved dramatically. The rise of digital marketing, social media and artificial intelligence has introduced new challenges. Families are exposed to highly targeted marketing that can be difficult to recognise as advertising, and even harder to escape. These sophisticated strategies can present formula feeding as a superior or necessary choice, often disguised as advice from trusted sources.

With many families not being able to access timely and effective breastfeeding support, the need to protect breastfeeding and safer infant formula provision through the Code is crucial.

The Code is vital for upholding child health and ensuring that caregivers, regardless of family structure or circumstance, have the information and support they need to make informed decisions for their children's health. Whether a baby is breastfed or fed with infant formula, their right to receive optimal nutrition and care remains paramount.

In an age where marketing tactics are more pervasive, subtle and deceptive than ever, we must redouble our efforts to ensure that *all* families are supported with accurate and balanced information. The Code is a tool to help us do this, but it requires our commitment to its principles and our ongoing advocacy for the rights of mothers and children.

This guide offers practical guidance for health workers and early years professionals to implement the Code in day-to-day practice. It has been updated (2025) to take into account feedback from stakeholders and the current commercial environment. We hope it will help you to deal with challenges and questions you face in your work.

By working together on implementing the Code, we seek to do our best work for all children. It is an opportunity to demonstrate compassion, respect and understanding for the diverse needs of all families and to ensure that every child, no matter their background, receives the support they deserve.

Shereen Fisher

Programme Director
UNICEF UK Baby Friendly Initiative

INTRODUCTION

Overview

The UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative requires that all public services seeking Baby Friendly accreditation adhere to the International Code of Marketing of Breastmilk Substitutes and relevant subsequent World Health Assembly Resolutions (the Code). This means working to ensure that there is no marketing of infant formula, feeding bottles, teats or solid food for babies under six months old to mothers, parents/primary caregivers and families. It also includes monitoring and addressing the marketing of drinks and milk products for young children up to 36 months, often referred to as follow on formulas, growing up or toddler milks, where such promotion may undermine breastfeeding or appropriate complementary feeding practices.

The aim of the Code is *'to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes when these are necessary, on the basis of adequate information and through appropriate marketing and distribution'* (Article 1).

The Code does not in any way ban or restrict the sale of breastmilk substitutes, feeding bottles and teats, nor prohibit the provision of factual information about bottle feeding or the introduction of solid foods, nor require that families who bottle feed be denied information or care. Rather, it is intended to ensure that *all* families, however they feed their babies, have access to accurate and effective information free from commercial influences which allows them to safely and adequately provide nutrition for their infants.

Why is this guide needed and who is it for?

Companies often present themselves as philanthropic partners in the fight to protect and improve maternal and infant health. In reality, they exist to increase shareholder value by maintaining and increasing profit.

To do this, they need to persuade parents and primary caregivers to formula feed rather than breastfeed, to choose their product over that of a competitor, and to use their brand of baby food as early and as much as possible.

These marketing tactics are a clear example of the **commercial determinants of health,** where industry practices, such as the strategic promotion of formula through healthcare systems, social media, and trusted professionals, shape infant and young child feeding decisions. By exploiting gaps in breastfeeding support and knowledge, these tactics often lead families to adopt feeding practices they hadn't planned for and may struggle to afford, ultimately undermining public health and equity.

As a health worker, you are seen as a trusted source of information. Without guidance, it can be easy to unintentionally endorse or be influenced by companies. This guide is therefore aimed at those with a lead or supporting role in implementing the Baby Friendly standards in the UK, as well as anyone seeking to align their practices with the Code, by offering practical assistance in applying the Code and navigating the complex and evolving landscape of infant feeding practices across diverse settings. The guide aims to support you to:

- **Understand the Code:** Clarify the key principles of the Code, including what constitutes ethical marketing and how to avoid conflicts of interest.
- **Promote unbiased information:** Gain the tools and knowledge to provide and where appropriate signpost to evidence-based, impartial infant feeding information and support.
- **Promote and support breastfeeding** as a key foundation for infant health and champion breastfeeding practices in a way that respects and supports *all* families' feeding decisions.
- **Navigate marketing pressure** and counter marketing efforts from companies that may interfere with the informed decision making of both themselves and families they work with.

"In our market-driven world, and in violation of the Code, the Commercial Milk Formula (CMF) industry exploits parents with concerns...with product claims and advertising messages. This marketing leads to early CMF introduction, which in turn reduces infant suckling and could also result in complete breastfeeding cessation. "

The Lancet Series on Breastfeeding, Paper 1, p477

REGULATORY AND POLICY FRAMEWORKS

Overview: Infant formula, follow on formula and other breastmilk substitutes are regulated in the UK and globally in order to protect breastfeeding and ensure infant formula is safe and provides essential nutrients for babies. A **breastmilk substitute** is defined as any food being marketed or otherwise presented as a partial or total replacement for breastmilk, whether or not suitable for that purpose, and may be intended for use in infants and young children up to 36 months of age.

The International Code of Marketing of Breastmilk Substitutes (the Code)

The International Code of Marketing of Breastmilk Substitutes and relevant subsequent World Health Assembly resolutions (the Code) is an international human rights framework adopted by the World Health Assembly in 1981. It prohibits *all* promotion of breastmilk substitutes and equipment related to bottle feeding and sets out further requirements for labelling and information on infant feeding. It promotes breastfeeding and regulates the inappropriate marketing of breastmilk substitutes so that *all* families can make informed feeding decisions free from commercial influences.

The underlying basis for the Code is the recognition that infant health is so important that the usual rules governing market competition and advertising should not apply to products intended for feeding babies. Any activity that undermines breastfeeding also violates the aims and spirit of the Code.

The preamble to the Code states: *'Believing that, in light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breastmilk substitutes, the marketing of breastmilk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products.'*

The Code is intended as a minimum requirement in all countries and forms part of States' obligations under the United Nations Convention on the Rights of the Child (UNCRC), to which the UK is a signatory. While the UK has adopted some provisions of the Code into law, enforcement is inconsistent and partial, leaving many violations outside the scope of formal legal action. Notwithstanding, it's essential to understand that the Code applies to *all* health workers and companies, regardless of a country's legal framework. This means that even in the absence of national legislation, both healthcare professionals and commercial entities are bound by the Code. There are therefore meaningful ways to address and respond to breaches.

Any service seeking Baby Friendly accreditation must adhere to the requirements of the Code.

Calls for alignment with the Code

The **2016 joint statement** by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child shared:

'We call upon States to adopt comprehensive and enforceable normative measures to protect babies and mothers...and fully align with the recommendations contained in the International Code and the aforementioned new WHO Guidance.

Adopting such measures must be recognized as part of States' core obligations under the Convention on the Rights of the Child and other relevant UN human rights instruments to respect, protect and fulfil children's right to life, survival and development; their right to safe and nutritious foods, and their right to the enjoyment of the highest attainable standard of health; and to ensure that women's rights are protected from harmful interference by non-State actors, in particular the business sector.'

What is in scope of the Code?

The Code covers all breastmilk substitutes, including products that may be marketed in ways that imply they could replace breastfeeding, even if they are not suitable for that purpose. Importantly, this coverage applies to products intended for use in infants and young children up to 36 months of age, in order to prevent inappropriate marketing and cross-promotion that could undermine breastfeeding.

Items covered under the Code include:

- Infant formula
- Follow on formula
- Growing up and toddler milks
- Infant milks marketed as food for special medical purposes (FSMP)
- Baby foods when marketed below 6m of age
- Bottles and teats (some countries also include pacificers, dummies and related

Under the Code, companies may not:

- Promote their products in hospitals, shops or to the general public.
- Provide misleading, inaccurate or biased information about infant feeding products or practices.
- Use labelling that idealises the use of breastmilk substitutes or implies equivalence with breastfeeding. All labelling must be clear, factual and free from promotional claims.
- Sponsor scientific meetings, conferences, or events related to infant and young child health, nutrition or feeding (World Health Assembly 69.9.)
- Offer free samples, gifts or promotional materials to health workers or families.
- Advertise or promote breastmilk substitutes, feeding bottles, teats, or related equipment in any form.

Further resources on the Code:

- The International Code of Marketing of Breastmilk Substitutes (1981): who.int/publications/i/item/9241541601
- WHA resolutions on the Code from 1981 onwards: who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/code-and-subsequent-resolutions
- UNICEF UK Baby Friendly Initiative's suite of resources on the Code: unicef.uk/codeguide and information page on the Code: unicef.uk/thecode
- UNICEF's What should I know about the Code?: A guide to implementation, compliance and identifying violations (2023): globalbreastfeedingcollective.org/what-i-should-know-about-code
- UNICEF's Guide to protecting Infant and Young Child Nutrition from Industry Interference and Conflicts of Interest (2023): globalbreastfeedingcollective.org/protecting-infant-and-young-child-nutrition-industry-interference-and-conflicts-interest
- Global Breastfeeding Collective's breastfeeding advocacy toolkit: globalbreastfeedingcollective.org/breastfeeding-advocacy-toolkit
- WHO Guidance on regulatory measures aimed at restricting digital marketing of breastmilk substitutes (2023): who.int/publications/i/item/9789240084490
- 2016 joint statement by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child shared: ohchr.org/en/statements-and-speeches/2016/11/joint-statement-un-special-rapporteurs-right-food-right-health

The United Nations Convention on the Rights of the Child (UNCRC)

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty which outlines every child's fundamental rights. It is the most ratified human rights treaty in the world, signed by 196 countries (as of 12 July 2022), including the UK. The Convention has 54 articles that cover all aspects of a child's life.

The UK has ratified the UNCRC and must pursue implementation of its legal measures. This notably includes children's right to health (Article 24) which incorporates the promotion of breastfeeding and the provision of accurate health information. Fulfilment of these obligations is supported through the Code, which is considered by the Committee on the Rights of the Child to be a key tool to fulfil children's rights.

"Breastfeeding is a human rights issue for both the child and the mother."
- 2016 joint statement by UN Special Rapporteurs

The **2016 joint statement** by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child stated:

'We remind States of their obligations under relevant international human rights treaties to provide all necessary support and protection to mothers and their infants and young children to facilitate optimal feeding practices. States should take all necessary measures to protect, promote, and support breastfeeding and end the inappropriate promotion of breastmilk substitutes and other foods intended for infants and young children up to the age of 3 years.

States must recognize that providing the support and protection necessary for women to make informed decisions concerning the optimal nutrition for their infants and young children is a core human rights obligation. Restriction of women's autonomy in making decisions about their own lives leads to violation of women's rights to health and, infringes women's dignity and bodily integrity.'

Learn more about the UNCRC:

- United Nations Convention on the Rights of the Child (UNCRC): unicef.uk/UNCRC
- To the maximum extent possible within the powers of the Scottish Parliament, the UNCRC has been made part of domestic law by means of the UNCRC (Incorporation) (Scotland) Act 2024.64: gov.scot/publications/statutory-guidance-part-2-uncrc-incorporation-scotland-act-2024
- Competition and Markets Authority's infant formula and follow on formula market study. Appendix A (p11): gov.uk/cma-cases/infant-formula-and-follow-on-formula-market-study

Articles of the UNCRC

The UNCRC provides the mandate for the UNICEF UK Baby Friendly Initiative. The articles most relevant to the programme include:

Article 2: Non-discrimination

Article 3: Best interests of the child

Article 5: Parental guidance and a child's evolving capacities

Article 6: Life, survival, and development

Article 9: Separation from parents

Article 18: Parent and state responsibility

Article 24: Health, water, food, environment and obligation to support breastfeeding.

Spotlight on Article 24

Under Article 24 of the UNCRC, States Parties are mandated to pursue full implementation of children's right to health. The following measures are highly relevant to the Baby Friendly programme:

2c: Combatting disease and malnutrition, including within the framework of primary health care, through, inter alia, the provision of adequate nutritious foods.

2e: Ensuring all segments of society, particularly parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, including the advantages of breastfeeding.

EU Directives and UK Law

The UK's legal framework for breastmilk substitutes and foods for special medical purposes (FSMPs) is based on retained EU regulations which intend to *'give effect to the principles and aims of the Code.'* The UK regulations apply across the four devolved nations, with separate statutory instruments for England, Scotland, Wales and Northern Ireland. They are intended to *'regulate labelling and restrict advertising and presentation of infant and follow-on formula so as not to discourage breastfeeding.'*

The competent authorities responsible for legislation and enforcement for each nation are the Department of Health and Social Care (England), the Scottish Government, the Welsh Government and the Food Standards Agency (Northern Ireland).

Whilst not as robust as the Code, UK regulations aim to protect the health and wellbeing of *all* babies by providing a framework which prioritises breastfeeding as a public health imperative whilst also ensuring that infants receiving infant formula and FSMPs are given safe and nutritionally appropriate products. Regulations require that infant formula meets set nutritional standards and that labelling provides clear, evidence-based information. This helps to protect breastfeeding and prevent misleading claims whilst ensuring strict controls on composition, labelling and marketing.

The UK has taken steps to regulate the marketing of breastmilk substitutes, but implementation of the International Code of Marketing of Breastmilk Substitutes remains partial and incomplete. The 2024 WBTi UK Report highlights gaps in legislation and enforcement, particularly around the marketing of follow on and toddler milks. The 2024 UNICEF/WHO Code Status Report scores the UK at 40 out of 100, indicating limited legal provisions and weak controls on commercial influence. Strengthening regulations and closing loopholes are essential to better protect breastfeeding and infant health.

Other gaps include a lack of legal directives relating to the temperature at which powdered formula should be reconstituted. The NHS recommends that formula is prepared using water no cooler than 70°C to eliminate harmful bacteria that may be present in the powder. However, some formula labels currently advise lower preparation temperatures – a practice that contradicts safety guidance and can be justified by manufacturers as necessary to protect added probiotics. This is widely regarded as a marketing tactic rather than a legitimate safety concern.

The risks are especially pronounced in childrens wards where babies (particularly those who are preterm, immunocompromised, or of low birth weight) are more vulnerable to infection. The WHO recommends that ready-to-feed formula be used for these infants whenever possible, as it is commercially sterile. Access evidence-based information on making up infant formula from First Steps Nutrition Trust: firststepsnutrition.org/making-infant-milk-safely

Assessing compliance is also challenging, as there are no government-led systematic monitoring or strong enforcement mechanisms. Additionally, milks marketed for children over one year, such as toddler milks or growing up milks, fall outside current regulations, meaning the composition, marketing and labelling of these products are not regulated.

"Violations of the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions, which express the collective will of the World Health Assembly (WHA), have never stopped. These violations occur despite 40 years of effort by WHA member states and the international community to hold Commercial Milk Formula (CMF) industries to account. CMF companies continue to defy the principles and recommendations of the Code knowingly and regularly"

The Lancet Series on Breastfeeding, Paper 2, p487

Further guidance

The Department of Health and Social Care Guidance on UK Law provides guidance to support the implementation and interpretation of UK laws on infant formula, follow on formula and FSMPs.

Whilst not legally binding, this guidance aims to help clarify regulatory requirements, advising companies and manufacturers of compliance expectations. Notable gaps remain, particularly in areas like systematic monitoring and enforcement.

Learn more: https://www.gov.uk/government/publications/infant-and-follow-on-formula-and-food-for-special-medical-purposes

Protecting practice from commercial influence

The requirement of the Code pertaining to health workers remaining free of commercial influence and sponsorship aligns with policies from regulatory bodies that require health workers to be free of conflict of interest. The following non-exhaustive list of professional codes of practice should therefore be considered by health workers in the context of infant formula promotion and markteing. Also included are examples of due diligence policies from leading child health bodies which limit commercial influence in infant feeding.

The Nursing and Midwifery Council Code

Professional standards of practice and behaviour for nurses, midwives and nursing associates

nmc.org.uk/standards/code/

Always practice in line with the best available evidence
6.1. 1. Ensure information or advice given is evidence-based including information relating to using any health and care products or services.

Uphold your position as a registered nurse/midwife/nursing associate
21.1. refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment.

21.4. make sure that any advertisements, publications or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience and qualifications.

Health and Care Professions Council

Standards of conduct, performance and ethics

bit.ly/1O9S2Q2

Be honest and trustworthy
9.3 You must take reasonable steps to make sure that any promotional activities you are involved in are accurate and are not likely to mislead.

9.4 You must declare issues that might create conflicts of interest and make sure that they do not influence your judgement.

General Medical Council

Good medical practice

gmc-uk.org/professional-standards/the-professional-standards

Sharing information with patients
30. You must make sure that the information you give patients is clear, accurate and up to date, and based on the best available evidence.

Acting with honesty and integrity
81. You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.

84. You must be honest in financial and commercial dealings with patients, employers, insurers, indemnifiers and other organisations or individuals.

Communicating as a medical professional
89. You must make sure any information you communicate as a medical professional is accurate, not false or misleading.

Managing conflicts of interest
96. You must not ask for or accept, from patients, colleagues or others, any incentive payments, gifts or hospitality that may affect or be seen to affect the way you propose, provide or prescribe treatments, refer or commission services for patients. You must not offer such incentives to others. See further guidance in *Identifying and managing conflicts of interest.*

British Dietetic Association

Guidance for dietitians

bda.uk.com/practice-and-education/professional-guidance/codes-of-conduct.html

1. Values
Be impartial, objective and honest in actions towards service users. To not accept private financial benefits or favours, which could be interpreted as an attempt to gain preferential treatment/present a conflict of interest.

2. Practice
Not use inaccurate or misleading ways to promote services or products.

3. Knowledge and skills
Practise within current evidence and practice-base.

The Royal College of Paediatrics and Child Health

Due diligence on accepting funding

rcpch.ac.uk/about-us/rcpch-due-diligence

Due diligence on accepting funding
Key points:

The acceptance and refusals of donations policy clearly states that RCPCH will not accept advertising or conference stands promoting standard breastmilk substitutes.

In relation to educational and research projects, there will be no involvement by the funder in the selection of topics, choice of speakers, programme content, or spend of funds.

ADVERTISING

Overview

Advertising and promoting through public services is both effective and low cost. Companies have capitalised on this by adopting innovative promotional methods with the aim of normalising their presence in healthcare. Any implication of endorsement can be misleading to families and such subtle promotion of infant formula and related products undermines attempts to normalise and protect breastfeeding.

The Code and UK law require that companies give only **scientific and factual** information to health workers. However, it is unclear in the legislation how this is enforced, resulting in many companies violating this provision. In addition, there is inadequate monitoring and enforcement.

As such, UNICEF UK recommends that when any product, resource, event or service is offered for use within public services or by families, the organisation or company behind it is established at the outset. If it is associated with any company within scope of the Code, it should be refused. All promotion of products within scope of the Code should be prohibited within service policies.

Cross-promotion and indirect marketing

The creation of follow on formula was a response from manufacturers to the introduction of the Code, with companies claiming that formula for children over six months, including follow on formula, growing up milks and toddler milks, were not breastmilk substitutes and thus not subject to marketing regulations. This argument was accepted in the European Union and by the UK Government, meaning the advertising of follow on formula, though regulated, is legal.

This regulatory position creates a significant gap in the implementation of the Code, allowing continued commercial influence on infant feeding decisions beyond six months. This gives companies ample opportunities for **cross-promotion**, making it difficult for families to make fully informed decisions around infant feeding and potentially leading them to purchase formula when it is unnecessary, often at a higher cost than alternatives like cows' milk.

The UNICEF UK Baby Friendly Initiative has advocated for the advertising ban to be extended and to include follow on formula to help curb promotion of unnecessary products. UNICEF UK urges this ban to also cover toddler and growing up milks for ages 1-3, noting that cows' milk is suitable as a main drink from the age of one where children are no longer breastfed.

UNICEF UK and other organisations urge that follow on formula is treated in the same way as infant formula. This is why:

- **The Code applies to all breastmilk substitutes:** The Government and The Food Standards Agency recommends that breastmilk or infant formula is the main drink until babies are around 1 year old. Follow on milks, growing up milks and toddler milks are marketed to replace the part of the diet best provided by breastmilk between 6 and 36 months. They are thus breastmilk substitutes and should be subject to the same marketing regulations.
- **Follow on formula is unnecessary and offers no nutritional advantage over infant formula or cows' milk after six months.** The World Health Organisation states that follow on formula is 'not necessary' and its latest guidance clarifies that infant formula is only needed up to six months. In the UK, the Food Standards Agency recommends the continued use of infant formula up to one year of age if breastmilk is not being given, noting that additional nutritional needs are met through the introduction of solid foods. Switching to follow on formula, growing up milks and toddler milks is therefore not required at all.
- **Promotion of follow on formula is difficult to distinguish from infant formula:** Companies can give information on infant formula to families, provided it is not '*marked or labelled with the name of a proprietary infant formula*' – though it can '*bear the name or logo of the donor*' (Comission Delegated Regulation 127/2016, Article 21:3, c). Companies exploit legal loopholes, including by confusing the company name and logo with formula names and by presenting the follow on label in small print. The legal ambiguity of the acceptability of a company logo and its formula name leaves Trading Standards powerless to intervene.

Advertising in healthcare settings

Company representatives

Company representatives are typically employed to build relationships with health workers, often under the premise of providing information that health workers need. However, the Code is clear in that only **scientific and factual information** may be provided to health workers. As such, there is **no obligation** to meet with sales representatives, as any necessary product information can be obtained through publicly available sources such as company websites, official publications, or other appropriate channels.

Advertising via sampling companies

Many public services allow advertising to families through companies that provide items such as sample bags, leaflets and coupons, as well as written information without a direct commercial element. These companies profit by reaching a large audience who may mistake such marketing for support. Their relationships with health workers are crucial, as healthcare settings provide them with a trusted channel to reach families.

If these companies are acting as agents for breastmilk substitute companies, such activities would come under scope of the Code and would therefore be prohibited. UNICEF UK requires that all such materials comply with the Code and regular checks should be carried out to ensure compliance.

Digital advertising within services

Any digital environment belonging to healthcare providers must be entirely free of the promotion of breastmilk substitutes. Exposure to such promotional activities, particularly during sensitive moments, can be very harmful to parents and primary caregivers.

Digital environments to consider include websites, digital screens which may appear in bedside units and consultation rooms, online booking services and platforms, areas where third-party ads may appear, and more. Notably, such environments are frequently managed by third-party providers who supply content across multiple facilities, making oversight and compliance even more essential.

Companies also often offer digital resources such as websites and leaflets for use with families. Whilst an initial review may deem such materials suitable for use, changes can be made that go undetected for long periods of time as the information continues to be distributed or recommended by health workers.

Care should be taken when directing parents to websites, online clubs, newsletters or social media groups, where they may be exposed to marketing that is not Code-compliant. Engagement with these platforms and use of such digital resources are routinely used by companies to collect personal details from families, e.g. via digital sign-ups. Data can be used for sophisticated and targeted marketing and can be sold to other companies, including those marketing formula and feeding-related products.

Care should be taken when signing contracts or distributing materials to ensure that data will not be sold to companies that come under the scope of the Code. A designated staff member should regularly review such forms of digital advertising and request the removal or amendment of content that does not comply with the Code. Ongoing monitoring is essential to ensure such content does not reappear.

Keep in mind

Many physical or digital offerings provided by companies may appear to have no promotional element at all. Given their goal of increasing shareholder value, it is important to consider the true purpose of such 'gifts'. Gratitude and obligation are common reactions to being given a gift and can be a good basis for future relationship building. Providing something useful is also a good way of getting the all-important contact details of families and health workers.

Shops based in hospitals

Many hospitals have shops on the premises which may sell infant formula and related equipment. Selling these products does not violate the Code (which supports the sale and access of infant formula if there is a need), but the *promotion* of these products does. Therefore, store managers should be asked to avoid promotional activity, such as point-of-sale advertising and price promotions, as this would contravene the Code and UK law.

"The evidence is strong. Formula milk marketing, not the product itself, disrupts informed decision making and undermines breastfeeding and child health."

Examining the impact of formula milk marketing on infant feeding decisions and practices - 2022 UNICEF and WHO report

What happens when the Code is breached in the UK?

While the UK has adopted some provisions of the Code into law, enforcement remains partial and inconsistent, leaving many violations outside the scope of formal legal action. However, it's essential to understand that the Code applies to *all* health workers and companies, regardless of a country's legal framework, and it is a requirement of Baby Friendly Accreditation. This means that even in the absence of national legislation, both health professionals and commercial entities are bound by the Code's principles and responsibilities, and must address and respond to breaches.

Legal and regulatory remedies

Regulations around media advertising of infant formula are contained within the Advertising Standards Authority (ASA) regulations which state that the adverts for (first) infant formula are not permitted, and that adverts for follow on formula must not confuse it with infant formula.

The ASA assesses complaints against the Code of Advertising Practice (CAP Code), rather than the International Code of Marketing of Breastmilk Substitutes. However, formula advertisements may come under other aspects of ASA regulations, particularly clauses around misleading advertising relating to substantiation, exaggeration and comparison.

Substantiation and *exaggeration* cover claims either directly or indirectly about the benefits of infant formula that are not scientifically valid. *Comparison* most commonly indicates the following:

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 infant formula:* since all formula must by law contain certain ingredients that are shown to be of benefit to the infant, there is no scientific evidence that any one brand is better than another. Adverts indicating otherwise may be in breach of the CAP Code.
3. *Comparison of follow on formula with first infant formula:* There is no scientific evidence that infants who are being fed with infant formula should receive any other formula except first infant formula for the first year. Therefore, claims that follow on formula is a required progression for babies aged over six months may be in breach of the CAP Code.

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

Information on the CAP Code is available at asa.org.uk/codes-and-rulings/advertising-codes/non-broadcast-code.html.

Monitoring and advocacy

Baby Milk Action monitors the company marketing practices of UK baby food and breastmilk substitute companies in relation to UK law and the Code on behalf of the Baby Feeding Law Group UK.

The Baby Feeding Law Group UK is administered by the First Steps Nutrition Trust.

Learn more about these organisations at:

- Baby Milk Action: babymilkaction.org
- Baby Feeding Law Group UK: bflg-uk.org
- First Steps Nutrition Trust: firststepsnutrition.org

Professional accountability

Health services, universities, and professional bodies are should reject sponsorships, materials, or partnerships that violate the Code. The Code applies to all health workers and companies, regardless of whether its provisions are fully reflected in national law. Therefore, institutions should take proactive steps to develop and enforce policies and codes that align with the Code's aims and principles. These standards are essential to protect infant health and maintain professional integrity across all healthcare and academic settings.

What you can do

By recognising breaches and taking action, we can help protect breastfeeding and ensure parents and primary caregivers receive clear, unbiased and evidence-based information. This could include:

- Reporting suspected breaches to Trading Standards or the ASA - there is an online tool (gov.uk/find-local-trading-standards-office) to find TS offices in local authorities, which can be used by businesses or consumers to ensure legality
- Supporting policies in your workplace or professional bodies to align with the Code
- Signposting parents to reputable sources of information such as the Best Start In Life Hub: beststartinlife.gov.uk
- Advocating for full implementation of the Code - learn more in UNICEF UK Baby Friendly Initiative's Call to Action: unicef.uk/bficalltoaction

Guidelines for compliance in Baby Friendly accredited services

Overview

The Code provides a framework to prevent the inappropriate marketing of breastmilk substitutes, whilst the Baby Friendly standards offer a comprehensive approach to creating environments which safeguard breastfeeding and enable informed infant feeding decisions. Together, they form a robust foundation for ethical practice and policy within health and community services.

To support services to implement the Code and to align with the Baby Friendly standards, it is essential to integrate both regulatory guidance and best practice around promoting, protecting and supporting breastfeeding. The following guidelines can therefore be used when considering what can be advertised or promoted within their settings:

1. **Promotion of infant formula, follow on formula, baby milks, growing up milks and toddler milks, feeding bottles, and teats fall under scope of the Code and are therefore not acceptable.**

   While dummies and nipple shields are not explicitly covered by the Code, the UNICEF UK Baby Friendly Initiative standards include these items due to concerns that they may undermine or interfere with breastfeeding. However, it is recognised that in certain clinical contexts, such as neonatal care, these items may be used under professional guidance. Given this complexity, advertisements for dummies and nipple shields are not acceptable within Baby Friendly accredited services in order to maintain a consistent approach that protects breastfeeding across all settings.

2. **Generic 'company-level' advertising from companies that market and promote breastmilk substitutes in the UK is not acceptable within Baby Friendly accredited services.**

   This includes all forms of promotion, whether print, digital or in-person, such as advertisements inserted into mailing programmes, sponsored content, social media campaigns, branded materials, or any other marketing activity that may indirectly promote infant formula or the company itself. The restriction applies regardless of whether specific products are mentioned, as such promotion can undermine efforts to protect and support breastfeeding.

3. **Advertising which displays content from companies must have nothing to do with the products and materials covered in point 1.**

4. **Advertising for complementary and/or weaning foods should not contain cross-promotion of breastmilk substitutes.**

   The advert should clearly state that the addition of solid foods to the diet begins at around six months of age.

5. **Advertising for breast pumps is acceptable so long as the advert does not cross-promote a company's bottles and/or teats.**

   Adverts should not imply negativity about breastfeeding.

6. **Advertising for breast pads are acceptable, provided that it does not imply negativity about breastfeeding or suggest that leakage is abnormal or undesirable.**

7. Whilst not covered by the Code, advertising and promotion of nipple creams/sprays, etc. is generally considered unacceptable within Baby Friendly accredited services.

Note, such promotion may be considered appropriate where there is clear clinical evidence that the product does not interfere with breastfeeding. In these cases, promotion must adhere to the following criteria:

- Promotion must not imply any negativity around breastfeeding.
- Promotion must not recommend routine use.
- Promotion must only make clinically proven claims related to soothing sore nipples or aiding moist wound healing (claims that products can prevent sore or cracked nipples are not acceptable).
- Promotion must clearly state that effective positioning and attachment are the primary means of preventing and treating nipple soreness.
- Promotion must never be presented as a substitute for skilled breastfeeding support from trained health professionals.

8. Further guidance on advertising and promotion (non-breastmilk substitute products only)

All forms of advertising and promotion for breastmilk substitutes are strictly prohibited under the Code and the Baby Friendly standards. The guidance below applies only to the promotion of non-breastmilk substitutes, products, or services (e.g. probiotic drops, breastmilk flow monitors, formula preparation machines, healthcare services or clinically approved treatments) and must be interpreted with extreme care to avoid any implication that breastmilk substitutes promotion is permitted.

Where advertising is considered for non-breastmilk substitutes items, it must meet the following conditions:

- Promotion should not be negative towards breastfeeding or present bottle feeding as the norm. This includes the use of illustrations of bottles, dummies, infant formula, FSMPs, etc., to depict a 'typical' baby's environment.
- Promotion should not imply that mothers need to consume any specific food/drink to breastfeed.
- Promotion may contain website addresses, but these 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 infant formula, bottles, teats or dummies, or if it contains inaccurate or misleading information related to infant feeding.
- Any advertising or promotional editorial should be accurate and positive about breastfeeding and reflect the principles of these 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.

PROVISION AND PROCUREMENT OF INFANT FORMULA IN HEALTH AND COMMUNITY SERVICES

Overview

Health and community services often need to **procure** infant formula and FSMPs for infants who require it. The **provision** of infant formula within services can therefore create promotional opportunities for breastmilk substitute companies and can imply professional and institutional endorsement when provided by health workers.

It is therefore essential that procurement processes are transparent and free from commercial influence. The Code aims to ensure that infant formula is not marketed or promoted through health and community services, that no one brand of formula is favoured over another, and that free samples or reduced prices are not used to incentivise the use of infant formula.

'This is important because the way infant formula is procured and provided within health services can influence parental choices at a critical time.

A recent report highlighted how families are particularly vulnerable to marketing influences in the early days after birth, as they seek guidance from trusted health professionals. If hospitals appear to favour a specific brand—whether through procurement decisions, provision by health workers, or visible branding—this can create a perception of endorsement, shaping long-term feeding choices.

Ensuring transparent, commercially neutral procurement processes helps protect families from undue influence and upholds the principles of the International Code of Marketing of Breast-milk Substitutes.'

Competition and Markets Authority, 2025

Ethical procurement of infant formula

Services must purchase infant formula at full market price through the NHS Supply Chain or from retail outlets. They should not accept free or discounted supplies, and procurement officers should not negotiate reduced prices with companies. This ensures that formula purchasing remains independent of commercial influence. Services seeking Baby Friendly accreditation must provide evidence of price paid for breastmilk substitutes, bottles and teats.

The same principles of the Code apply to highly specialist formula, meaning that companies should not supply free or subsidised products and clinical need should be the only factor in product selection. Services should routinely audit prices paid for all formula supplies, including highly specialist formula, and raise any irregularities with the **Baby Friendly Guardian** through the strategy group.

When families need to provide infant formula in hospital

Some services do not supply infant formula for routine use but do have supplies for clinical purposes. In these circumstances, those who intend to formula feed from birth will be asked to bring formula with them to the hospital environment. Hospitals must ensure that a safe and appropriate preparation space is available to parents. If a service does provide infant formula, a variety of brands should ideally be made available to avoid implied endorsement of a particular brand.

The UNICEF UK Baby Friendly Initiative recommends that health workers provide clear, evidence-based and unbiased information to families who need it about infant formula. They should explain that all first infant formula brands meet the same nutritional standards and that, where a baby is not breastfed, first infant formula is recommended for the first year. Staff can answer simple questions about each product, such as if they are suitable for vegetarians, or refer families to appropriate sources of information such as First Steps Nutrition for further support.

Messages shared during pregnancy should:

- Highlight the importance of breastfeeding
- Offer support available for breastfeeding
- Explain that infant formula will be supplied in a clinical situation.

Companies use various strategies to promote their brand in health and community settings, including cross-promotion through specialist products like sterile water. This can lead to brand endorsement, so care should be taken to explore this with families and ensure that products are chosen based on clinical need and nutritional evidence, not brand familiarity.

Training for health workers

All health workers should receive training in relation to the Code. The training should cover their duties under the Code and how this impacts their work. Strategy groups should be informed of any breaches in the implementation of the Code and action plans formulated to resolve the issues.

Learn more:

- UNICEF UK Baby Friendly's guide for local authorities and health boards on supporting families with infants under 12 months experiencing food insecurity: unicef.uk/bf_local-authorities
- World Health Organization (2017) Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children: who.int/publications/i/item/9789241513470
- Article 6 on healthcare systems, The International Code of Marketing of Breastmilk Substitutes (1981): who.int/publications/i/item/9241541601
- Access unbiased, evidence-based information available via First Steps Nutrition Trust: firststepsnutrition.org

"To enable adequately resourced and effective models of maternity and infant and young child care... we call for rigorous protocols to prohibit inappropriate commercial conflicts of interest in health policy making, professional education, and research. We further call for a marked expansion in health professional training on breastfeeding and infant and young child nutrition, including curricula on ensuring compliance with the Code, and preventing commercial conflicts of interest."

- The Lancet Series on Breastfeeding, Paper 3, p517

EDUCATION, INFORMATION AND CONFLICTS OF INTEREST

Overview: Protecting babies from harmful commercial interests whilst ensuring that health workers and families have access to evidence-based information about breastmilk substitutes and formula feeding is critical to supporting breastfeeding and ensuring formula feeding is as safe as possible.

For parents and primary caregivers

The 2023 *Lancet* series on breastfeeding acknowledges that breastfeeding is a personal decision and that not all mothers are able to breastfeed. It adds that *all* mothers' decisions should be supported, especially for mental health reasons.

However, authors emphasise that industry marketing is an '*interconnected, multifaceted, powerful system that knowingly exploits parents' aspirations*' and therefore all information on infant feeding '*must be accurate and independent of industry influence to ensure informed decision making.*'

The three-paper series states that factors such as mental health challenges, anxiety about unsettled infant behaviours, milk insufficiency and low self-efficacy are challenges to breastfeeding that have not been adequately addressed within health systems. It also highlights how the marketing messages employed by the infant formula industry exploit mothers' insecurities about their milk supply and their ability to satisfy and calm their baby by offering their products as solutions.

All families therefore need clear, independent and unbiased information to enable informed decision making. Health workers should ensure familiarity with sources of scientific and factual information on infant feeding that are free from commercial influence and use this as the basis of care.

Access further support:

Download the UNICEF UK Baby Friendly Initiative's guidance for infant feeding leads on producing educational materials for parents/primary caregivers on bottle/formula feeding: unicef.uk/educational-materials

For health workers

Those who work with families in the health system remain a key target for the infant feeding industry, which knows that implied endorsement from a health professional will positively affect sales. The **halo effect** in which mothers associate the company brand with a health worker is highly valued.

Historically, company representatives had access to many healthcare and university premises. The Baby Friendly Initiative has helped health workers to become more aware of the purpose of 'generosity' offered by company representatives and efforts to support unbiased, evidence-based decisions. Subsequently, much of this access has reduced.

Sponsored study days and webinars

World Healthy Assembly Resolution 69.9 explicitly prohibits all forms of sponsorship by companies that market breastmilk substitutes, and equally prohibits health professionals from attending events sponsored by such companies. Yet, companies continue to circumvent workplace controls, arguing that study days and webinars are beneficial, that the cost of non-sponsored events is prohibitive, and that there is either no promotional element or that attendees will not be influenced by it. Organisers and speakers induce attendance and offer quality assurance whilst endorsing the company by association. As part of registration, companies capture the contact details of participants which can be used for promotional activities.

Such events have evolved, often covering specialist topics such as allergy or growth. This offers false reassurance of their legitimacy and can present opportunities to cast doubt on the evidence base. For example, doubt around the legitimacy of introducing solids to babies at around six months encourages families starting to buy commercial solid foods, benefitting the company.

Study days may be offered by a seemingly independent third party, which is in fact industry funded or owned. This could be a not-for-profit organisation which may appear to be completely public service-oriented. Some organisations also take funding from companies in ways that may not be immediately obvious. Therefore, close attention should be paid to the organisation's funding.

UNICEF UK requires that educational events provided by companies are not held on the premises of accredited facilities. We also recommend that staff are not allowed to attend events during their working time. Whilst there is nothing to stop staff from attending in 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 a study day. Staff should also be made aware of common attempts to circumvent the Code and Baby Friendly guidelines. These include:

- 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.

Study day checklist

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

- ☐ Whether attendance is necessary for their education and compatible with their code of conduct and responsibilities to implement best practice
- ☐ How their attendance will reflect on their employer and its stated values, as well as the families they serve
- ☐ Whether their name could be used to enhance the company's reputation
- ☐ Whether they could update knowledge using publications or study days from organisations that are independent of infant formula company funding
- ☐ Whether they have been educated to understand that no promotional materials (pens, etc.) are to be taken back to the workplace.

Conflicts of interest

World Healthy Assembly 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.'*

The UNICEF UK Baby Friendly Initiative has been operating in the UK for over 30 years, and there is therefore high awareness of the Code. Therefore, it is generally not the most obvious conflicts, such as those involving direct contact with families, that are an issue. Rather, the most common potential conflicts of interest brought to our notice involve:

- Sponsored study days, smaller education sessions and meetings offered for staff or families on public service premises
- Individual staff engaging with the companies e.g. by speaking at events, writing articles, blogs, etc.
- Awards or gifts being made to staff and students by the companies or by a separate organisation which are being sponsored by the companies.

Activities which enable companies to extend influence into an accredited service can result in the removal of Baby Friendly accreditation. However, such services are often only a small part of large and complex organisations (e.g. NHS Trusts or universities), and Baby Friendly leads and managers often have limited abilities to monitor violations.

The information on pages 20-21 therefore clarifies what will affect accreditation, with the overarching aim of supporting stronger Code compliance and recognising the challenges faced by individual Baby Friendly accredited services.

Guidelines for managing conflicts of interest

These tables offer guidance for managing conflicts of interest in accredited services.

World Healthy Assembly Resolution 69.9 prohibits all forms of sponsorship by companies that market breastmilk substitutes, and equally prohibits health professionals from attending events sponsored by such companies. As such, the tables should not be taken to suggest that participation in sponsored events is acceptable under certain conditions.

The Baby Friendly Lead, Head of Service, Guardian or equivalent should take proactive steps to address *all* violations and work to strengthen Code compliance across the organisation. This includes ensuring that staff are fully informed about the prohibitions on sponsorship and attendance.

Categorisation within the tables includes:

- *Requirements:* Mandatory changes 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.

Sponsored study days / events / meetings on public services premises

Requirement	Recommendation	Advice	Notes
No sponsored events on the premises. To include the service, areas used by staff or students (seminar or training rooms, etc.), and any area that a member of the public could consider to be part of the service, even if it is not.	No sponsored events within neighbouring areas of the service. To include 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 works with the accredited service.	No sponsored events in any part of the Trust, council or university, even if these premises have nothing to do with the accredited service.	A recommendation may become a requirement if the event is held in an area with very close links to the accredited service.

Staff and students attending sponsored study days

Requirement	Recommendation	Advice	Notes
Staff and students are not 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.	Staff from neighbouring services are not encouraged or enabled to attend sponsored study days as described in the requirement.	Staff from all areas of the accredited service, the wider organisation, and neighbouring services are discouraged from attending sponsored study days in their own time and during work time.	Sponsorship of study days may not be immediately obvious. Thorough checking is required. Dispensation will be given when staff/ student are unaware of the sponsorship. Services should consider ways of meeting educational needs without commercial involvement.

Individual staff engaging with companies

Requirement	Recommendation	Advice	Notes
Staff from or associated with the service must not cite their position when working with the companies, nor may they use the service's name or Baby Friendly accreditation status. Staff should not be enabled to conduct such work during working hours.	Staff from adjoining services must not use their position or the service name in general to enhance the companies' profile or reputation. This could become a requirement if it is likely to bring the service's Baby Friendly accreditation into disrepute.	Staff from parts of the wider organisation 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.	Engagement covers speaking at events, producing content for digital channels, acting as advisors (paid or unpaid) and more. Services should be aware of how their name and reputation can be appropriated by companies through relationships with individual members of staff.

Awards and gifts

Requirement	Recommendation	Advice	Notes
No awards or gifts accepted when these are related in any way to the work of the service to achieve or maintain Baby Friendly accreditation or to infant feeding more generally. No association can be made between a company award or gift and the UNICEF UK Baby Friendly Initiative.	No awards or gifts accepted that are related to the service, even when these are not connected to the service's work to achieve or maintain Baby Friendly accreditation or infant feeding care more generally. There must be no company awards or gifts accepted in adjoining services.	No company awards or gifts made to any staff member or service within an organisation that includes an accredited service.	Examples include bursaries for learning and qualifications and awards for practice which are often presented through third party competitions or nominations (e.g. 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.

Staff, students and services publishing their work within sponsored journal articles

Requirement	Recommendation	Advice	Notes
Staff and students should be vigilant when publishing their work or working with journals/ publications. Some academic journals receive sponsorship from companies that come under scope of the Code or allow advertising from formula companies. Therefore, staff and students associated with the service should not cite their position nor use the service's name or Baby Friendly accreditation status if choosing to publish work within a sponsored journal.	Staff and students from neighbouring services are not encouraged to publish their work within a sponsored journal.	Staff and students from all areas of the accredited service and the wider organisation, are discouraged from publishing their work within a sponsored journal and should be educated on the Code.	Sponsorship may not be immediately obvious. Thorough checking is required when considering where to publish. Dispensation will be given when staff/ student are unaware of the sponsorship. Services should consider ways of meeting educational needs without commercial involvement and consider affiliation with journals and research which is free from commercial interest.

RESEARCH

Overview

UNICEF UK recognises the importance of research in bringing about improvements to formula milks so that potential risks are minimised. The decision whether to allow clinical trials should to proceed needs careful consideration by senior research and clinical staff and ethics committees. Clinical trials of infant formula can undermine breastfeeding in participants, and can be associated with messaging around infant and young child feeding that conflicts with public health messaging.

Trials may also have more of a marketing objective than a scientific objective. Trials funded by formula manufactureres are not likely to be fully and transparently reported in a timely manner, so their contribution to science may be limited.

Research should never compromise best practice for breastfeeding or the right of parents/primary caregivers to make fully informed decisions about how to feed their baby. Research should be relevant with the potential to benefit the target population or the NHS and should consider the impact on diverse people and communities through public and patient involvement (PPI). In relation to Baby Friendly, this should include the views of local practitioners, infant feeding experts and peer support groups.

Only if the mother states an intention to formula feed should recruitment into infant formula or FSMP research trials be considered, and this should only commence following prolonged skin-to-skin and encouragement to offer a breastfeed.

Participating in research trials

Whilst research trials are subject to ethical approval, ethics committees might not include experts on infant feeding or the specialised field of breastfeeding protection. Therefore, specialists such as infant feeding advisors should be involved in planning and implementation. Coordinators should also consider potential impacts on staff.

Baby Friendly accreditation is determined through interviews with mothers and staff around care provision. Whilst possible to surmise how a research trial may affect accreditation, we cannot give assurances. Parties should seek advice from those leading on the Baby Friendly standards and carry out independent audits to ensure best practice. Embedding the standards requires years of education, support and monitoring. It is important to recognise that changing practice to accommodate trials could lead to the perception that senior staff are relaxing the infant feeding policy.

Protecting breastfeeding best practice

Any trial involving infant feeding has the potential to undermine breastfeeding. Research involving restriction of feeding frequency or duration, mother and baby separation, early introduction of solids, use of teats or dummies, etc. should be considered carefully. Consider the following key points:

- **All those who are pregnant should have the opportunity to discuss infant feeding.** UNICEF UK recommends that those who are pregnant are not asked to decide feeding intention antenatally, as this can impede delivery of information and imply that a decision cannot be changed. Experience has shown that implementation of this standard requires sensitivity. Research which requires disclosure of feeding intention in the antenatal period should be avoided.
- **All mothers should be encouraged to have prolonged skin contact with their baby in an unhurried environment after birth which leads to a first feed.** Eliciting feeding intention prior to skin contact can impact the first breastfeed. Only if the mother states a confirmed intention to formula feed should research trials for formula milks be considered, and this should only commence following prolonged skin contact and encouragement to offer a breastfeed.
- **No food or drink other than breastmilk should be given to breastfed babies unless clinically indicated or following the mother's fully informed decision.** Mothers should only be encouraged to give supplements when clinically indicated. Those breastfeeding and whose babies require supplements for clinical reasons should not be designated 'formula feeding' or 'mixed feeding', but should be given support to breastfeed fully if this is their goal.

Market research and surveys

Methods employed by companies to conduct market research involving health workers have evolved. Surveys are rarely sent by companies, but rather distributed via market research agencies, online platforms or social media. Questions can be designed to shape responses in ways that benefit corporate intersts, with results used to devise marketing campaigns or justify activities by referring to 'what health workers want'. Data collected can be combined with artificial intelligence-driven analysis of digital behaviours to refine promotional strategies. Findings may also be used to undermine individuals and organisations trying to protect breastfeeding.

Surveys can be marketing tools in themselves. By structuring questions in a way that leads towards implicit endorsement of a product or practice, companies can influence professional perspectives. Health workers may also be offered payment or incentives for participating, highlighting the value of their opinions to commercial interests.

Health workers should therefore carefully consider whether participation in surveys is compatible with their professional code of conduct and whether responses could be used to promote commercial interests or undermine breastfeeding.

Sponsorship from companies

Companies look to sponsor organisations and health workers through support for conferences or providing grants and prizes that recognise staff achievements. Such sponsorship is a *'commercially strategic'* strategy designed to build *'familiarity, credibility, and indebtedness'* (The Lancet Series on Breastfeeding, Paper 2, p26).

Companies also often partner with charities or professional organisations to develop a competition element around good practice or innovation. The benefit to the company is significant:

- Positive publicity, where the company name is associated with a respected organisation
- The 'halo' effect, where association with a trusted body induces trust in the company itself
- Influence over professionals who, as respected voices, can shape the behaviours of their peers.

All these activities are prohibited by the Code. It is important to remember that accepting money from a company can make it **harder to speak out** when such activities could compromise the health and wellbeing of babies and mothers.

Individual influence

Similar concerns apply when health workers are paid for speaking engagements or media appearances. Even if the topic is unrelated to a product, the halo effect benefits the brand. Companies will often offer financial incentives to ensure views that align with commercial aims reach a wide audience.

Social media influencers also play a prominent role in shaping public perceptions of infant feeding and practices. Companies increasingly partner with:

- Parenting influencers who share experiences with feeding and feature products in sponsored posts
- Healthcare professionals whose endorsements appear credible and trustworthy
- Academics and researchers who influence professional and public discourse.

Even when influencers do not explicitly promote products, their affiliation lends credibility to the brand. Companies will provide them with event invitations, products and other opportunities, creating a sense of reciprocity that encourages promotion.

Whilst most individuals would not knowingly engage in harmful activity, education and awareness of potential violations of codes of practice are key.

Further information

Health workers should beware of the shifting market landscape and remember that the underlying goal of sponsorship is to shape opinions and increase sales. It is essential to:

- Understand which companies come under the scope of the Code
- Recognise marketing tactics and how they influence professional and public trust
- Value personal/organisational reputation and the trust placed in public settings.

Remember, sponsorship for events, etc. is prohibited and all health workers and breastmilk substitute manufacturers and distributors are bound by the Code. Access sample policies on sponsorship issues and on alternative funding for educational events by the World Health Organisation:

- who.int/publications/i/item/B09120
- who.int/publications/i/item/B09113

FAQS

What comes under scope of the Code?

The Code sets out detailed provisions with regard to:

- Information and education on infant feeding
- Promotion of breastmilk substitutes for use up to 36 months and bottles and teats to the general public and mothers
- Promotion of breastmilk substitutes and related products to health workers/in healthcare settings
- Labelling and quality of breastmilk substitutes and related products
- Implementation and monitoring of the Code.

What are the requirements for implementation of the Code?

The Code is intended as a minimum requirement in all countries and forms part of States' obligations under the United Nations Convention on the Rights of the Child, to which the UK is a signatory. Governments can adopt additional, more stringent measures than those set out in the Code and make them legally binding. This could include legislation, regulations and national policies.

While the UK has legally adopted some provisions of the Code, enforcement is inconsistent and partial, leaving violations outside the scope of formal legal action. Notwithstanding, the Code applies to *all* health workers and companies, regardless of a country's legal framework. This means that even in the absence of national legislation, both healthcare professionals and commercial entities are bound by the Code. There are therefore meaningful ways to address and respond to breaches.

How do we know whether a company is violating the Code?

The 2024 Access to Nutrition Index indicates that none of the six largest breastmilk substitute companies achieved full Code compliance. What can be challenging, however, is to assess whether *other* types of companies violate the Code. This may include companies which manufacture, distribute or sell infant formula, bottles and teats or those which receive support from breastmilk substitute manufacturers, e.g. event management companies.

What does the Code say about information and education on infant feeding?

The Code calls upon Governments to ensure that objective and consistent information is provided on infant and young child feeding, both to families and other relevant parties. UK Law requires that educational materials reflect the benefits and superiority of breastfeeding; maternal nutrition and the preparation for and maintenance of breastfeeding; the possible negative effect on breastfeeding of introducing partial bottle feeding; the difficulty of reversing the decision not to breastfeed; and when needed, proper use of infant formula. Pictures should not idealise use of infant formula or share health or nutrition claims.

Access guidance on producing educational materials: unicef.uk/educational-materials

Can Baby Friendly services produce educational materials for parents around bottle feeding?

Yes. Baby Friendly services can and should provide educational materials about bottle feeding when needed, as long as they meet specific criteria and do not undermine a parent's intention to breastfeed.

Health professionals have a responsibility to provide evidence-based, impartial information to support informed decision-making around infant feeding. This includes:

- Protecting and promoting breastfeeding as the optimal way to feed infants, and
- Supporting the safe and responsive use of infant formula when needed or when breastfeeding is not possible or chosen.

Under the Baby Friendly standards, services must ensure that families who have confirmed their intention to formula feed receive clear, accurate information on:

- Making up feeds as safely as possible
- Using a first stage infant formula
- Responsive bottle feeding practices.

This information must be provided in a way that does not suggest formula feeding is equivalent to breastfeeding.

Importantly, the International Code of Marketing of Breastmilk Substitutes prohibits the use of materials produced by manufacturers or distributors of breastmilk substitutes. Any information provided must be:

- Free from commercial branding or promotional content
- Free from the idealisation of bottle feeding.

Where possible, services should use standardised, trusted resources, such as those from the Department of Health and Social Care or First Steps Nutrition Trust, and share them in a timely and supportive way with families.

Because many families access information online, where they may be exposed to marketing, it is vital that services offer reliable, accessible alternatives. Hosting approved resources on service websites, Padlets, or apps helps ensure families can access non-commercial, evidence-based guidance. For how to create these appropriately see: unicef.uk/educational-materials

Does the use of dummies and/or images of dummies fall under scope of the Code?

Whilst dummies do not fall under the scope of the Code, the Code should be regarded as a minimum standard and Governments may choose to include additional products that may be seen to undermine breastfeeding within their own national regulations, with some countries including dummies.

How does the use of images featuring fathers/partners bottle feeding fit with the Code?

When developing resources, it's important to ensure that images and content do not idealise bottle or formula feeding, or imply that it is equivalent to breastfeeding. This is in line with the International Code of Marketing of Breastmilk Substitutes, which aims to protect and promote breastfeeding by preventing inappropriate marketing of breastmilk substitutes.

At the same time, we recognise the importance of representing diverse family experiences, including those of fathers and partners. Images of bottle feeding can be appropriate when used in context, for example, in materials specifically designed to support families who are already bottle feeding, such as discharge packs or one-to-one discussions. These should be used thoughtfully to avoid undermining breastfeeding or presenting bottle feeding as the default.

For general or public-facing materials, alternative imagery can be used to show fathers and partners in nurturing roles, such as skin-to-skin contact, cuddling, or other loving interactions, which helps promote bonding and emotional connection.

Is discussing bottle feeding, with detail around sterilising and making up feeds, compliant with the Baby Friendly standards?

The Baby Friendly standards support families with discussions around responsive bottle feeding. Individual antenatal and postnatal discussions can be responsive to individual need. It is important to talk to *all* families who are using bottles, whether for expressed breastmilk or infant formula, to ensure they are supported to feed in a responsive way.

Antenatal information (classes or groups): Access guidance on producing educational materials, including how to approach provision of information on formula feeding: unicef.uk/educational-materials

Postnatal information: Services should provide information about the impact of infant formula on breastmilk supply. It is important to provide information about sterilisation, making up feeds to support safer bottle feeding and responsive bottle feeding. Some services have decided to ask families to bring in their own supply of infant formula. This removes an opportunity to provide information at the point at which infant formula is requested. Community services should check safe formula feeding practises at contacts, as infant formula use is often introduced by families between contacts.

Can a service display posters in the milk kitchen on sterilisation and the use of pumps?

In these situations, it would be important to use commercial-free posters or sources of information and place these within relevant areas (e.g. within the cupboard that houses the sterilisation supplies).

Can services use items (e.g. breast pumps) branded by companies that violate the Code?

It is important to avoid cross-promotion and endorsement by using unbranded materials.

Is it acceptable to advertise infant feeding services via posters or stands within supermarkets? Can breastfeeding groups be held within these spaces?

There would be no concern with advertising your services on a poster or stand within a supermarket setting so long as the materials are Code compliant and are not promoting infant formula, and this was carefully placed away from any advertising or selling

of breastmilk substitutes. However, we strongly advise against holding support groups within supermarket or similar settings as this could be seen as an implied endorsement.

Is it acceptable to offer one brand of formula due to limited need and stock going out of date?

All first infant formula are nutritionally equivalent and meet the same legal requirements, meaning there is no nutritional benefit to using a more expensive brand. Where services provide infant formula, either for families who are formula feeding or for clinical need, we encourage the provision of more than one brand. This is to avoid the perception that the service endorses one brand over another.

Where small volumes of infant formula are used, e.g. where breastfeeding rates are high or where provision is only for clinical need, some services have decided to purchase one brand to avoid stock going out of date and to rotate brands regularly. We caution against this, as providing only one brand could be perceived as promotion for the families who are in hospital at any particular time point.

What are the regulations around providing solid foods for babies over six months of age?

When providing solids for babies over six months, e.g. in hospital-based children's services, foods should be nutritious, not high in sugar and made on the premises where possible. Growing up milks should be avoided.

Does the use of a specific brand of bottles and teat for babies born prematurely or who have a need for a specific bottle abide by the Code? Can we use a leaflet that explains this?

Information should be provided in an individual way for a baby who requires a specific teat/bottle to support safe bottle feeding. However, blanket use of these teats/bottles would be inappropriate. Information on responsive bottle feeding and use of a slow flow teat for all families who are bottle feeding is useful, but brands of teats and bottle should not be highlighted unless clearly provided for specific medical needs. Individual assessment of bottle and teat type would support best practice.

If a children's ward does not offer infant formula for babies under six months, and parents are expected to bring infant formula in on a daily basis and make it up in the lounge/kitchen area, will this affect accreditation?

It is recognised that some parents and caregivers may be formula feeding, and it is not reasonable to expect them to bring prepared powdered formula on a feed-by-feed or daily basis. To ensure families feel supported and included in their baby's care, we recommend that services develop a pathway, ideally in consultation with relevant teams such as infection prevention, to provide a safe and appropriate space for the preparation of infant formula. This approach helps uphold safety standards while enabling parents and primary caregivers to remain active and confident partners in the care of their baby.

Can we accept or give out donations of infant formula or any other products covered by the Code?

The Code provides a framework for the appropriate distribution of infant formula when needed. To safeguard infants fed with infant formula, UK public services (e.g. local authorities and health boards) can purchase and distribute infant formula for families in food crisis. Supplies should be purchased through normal procurement channels, not through free or subsidised offers. A continued supply should be guaranteed for as long as the family is known to be in need, moving to a position where the family can access this using their own means. Donations from infant formula companies are strictly prohibited. Donations do not enable a consistent and timely supply for families and may be unsuitable for distribution, e.g. if not a first stage formula or past its use-by date.

In addition, in line with the Code, feeding bottles and teats must also not be accepted or distributed as donations, regardless of source. These items are considered part of the marketing of breastmilk substitutes and their distribution may:

- Undermine breastfeeding by promoting bottle feeding
- Breach ethical standards set out in the Code
- Introduce hygiene and safety risks if items are used or unverified.

Organisations committed to protecting infant health and supporting breastfeeding should avoid accepting or giving out feeding bottles, teats, or related equipment through donation schemes.

How should staff manage a situation where it has been discovered that a brand of highly specialist milk has been purchased at a very low price, indicating a discount?

Regular monitoring of prices paid for infant feeding supplies will determine a trend in prices. If data indicates a discount or free supplies, it is strongly

recommended that staff highlight this through reporting mechanisms, steering groups and the Baby Friendly Guardian or senior members of the Trust/ Health board for further action.

What should staff do if their service is contacted to be involved in a research trial funded by a formula company?

As a Baby Friendly accredited setting, your service is committed to adhering to the Code. Participating in research funded by formula companies requires careful consideration to uphold ethical standards and avoid conflicts of interest. The Code sets out that health services should not be used for promoting breastmilk substitutes, bottles or teats. It would be prudent to assess the potential impact on the service's reputation and the trust of the families you serve, as well as engage in transparent discussions with stakeholders, including staff and families, to ensure that any involvement aligns with your core values, maintains the integrity of your service and does not undermine ability to achieve or maintain Baby Friendly standards.

How should staff raise awareness and challenge an event which is sponsored by the infant feeding industry?

It is essential that your infant feeding policy and training package highlights issues around sponsored events and conflicts of interests. The policy should clearly state that the Code is adhered to throughout the facility and should outline conduct around avoiding conflicts of interest.

If staff are supported to attend the event in work time, it is important to raise this through your strategy group (or similar) and through the Baby Friendly Guardian. If staff are attending in their personal time, one-to-one conversations or support from local management teams could offer the necessary support.

Highlighting these events through your local national infant feeding network (such as NIFN, SIFAN, WIFN) will also support others to raise awareness of the importance of adherence to the Code in their facilities. You can also contact Baby Milk Action and the Baby Feeding Law Group for support wider than your own organisation.

Does restricting the promotion of infant formula make it less accessible?

It is important to note that all available research shows restricting promotion of infant formula does not limit its accessibility. Rather, infant formula becomes inaccessible when its price is unaffordable. Importantly, both the Code and the Baby Friendly standards exist to protect *all* infants, regardless of how they are fed.

Restricting inappropriate marketing of infant formula also does not cause high prices. High prices are largely the result of high profit margins and large marketing budgets. Legal restrictions on infant formula marketing exist to safeguard the health of all babies, however they are fed. Weak legislation on marketing restrictions for breastmilk substitutes and associated products creates loopholes that companies exploit, and this has long been documented in the UK.

The 2025 report by the Competition and Markets Authority (CMA) on formula milks, which began in response to soaring infant formula prices, linked high prices with the misleading marketing tactics of the infant formula industry. The CMA recommended stronger regulations on the marketing of infant formula as one tool to reduce consumer spending on formula milks.

A midwifery student at our university is a social media influencer and has received payment to advertise and promote infant formula, baby food products and other formula milks. Will this affect our accreditation?

It is key that the university identifies this conflict of interest and approaches the situation sensitively. It is important to encourage openness and learning among healthcare professionals and it is necessary to educate and advise all midwifery and nursing students on their role to uphold the NMC code and its professional standards.

Covered within the NMC code is guidance on using social media responsibly, stating: '*you have a responsibility to ensure that any information or advice that you provide via social media is evidence-based*'. It also states, '*you have a responsibility to ensure that you declare any conflict of interest around material that you post on social media including financial or commercial dealings*.'

It would be important to declare this conflict of interest at a Baby Friendly assessment with the Lead Assessor, along with the actions taken. As well as using this situation as a positive opportunity to educate and remind all students and staff of their professional responsibility to protect breastfeeding whilst ensuring that all families can make informed decisions about infant formula in an environment free

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