“Finances are a struggle and I feel like a failure”

The costs of infant feeding choices today

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BPAS
British Pregnancy Advisory Service
Executive Summary

Current infant feeding policy in the U.K. promotes exclusive breastfeeding until six months, yet figures indicate that 99% of babies are being fed formula milk, either entirely or partially, by the time they are six months old. The cost of infant formula has risen by 25% in the last two years[1].

A recent report from the Competition and Markets Authority[2] said evidence suggests that branded suppliers of baby formula have increased their prices by more than their input costs over this period. Today, formula milk is prohibitively expensive for many. Reports repeatedly suggest families are resorting to unsafe practices like watering down formula milk or obtaining formula from unsafe sources. Unsurprisingly, formula milk has become one of the most commonly shoplifted items in the U.K.

As an organisation committed to women’s reproductive autonomy, BPAS sees decisions around infant feeding as engaging issues of reproductive choice as breastfeeding requires women’s bodily labour to deliver. However for many women, it is not a simple matter of choice but one of necessity as a result of the challenges of breastfeeding, including pain and concerns about insufficient supply, the need to share care with a partner or meet the demands of other young children. There is no other consumer alternative to infant formula as a means to feed babies in the first six months of life, making it an essential product akin to no other on the supermarket shelves.

This issue therefore also represents a pressing public health problem as the rising price of an essential product for feeding infants is compromising the ability of women and their families to nourish their babies in a safe and sustainable way. To better understand the financial and emotional toll the current situation is taking on women and their families across the U.K., and to explore how women’s feeding choices could be better supported, BPAS conducted a survey of over 1,000 women who had formula fed their baby in the last year.

Key findings were:

- Despite high awareness of the benefits of breastfeeding, the main reasons for women using formula include concerns their baby was not getting enough milk (29%), the desire to share feeding responsibilities with a partner (28%), and the pain or discomfort of breastfeeding (23%). Fewer women (12%) said they formula fed because they did not get the support they needed to overcome problems with breastfeeding.

- 65% also said the cost of formula made them feel anxious or worried, rising to 70% among the youngest women asked.

[2] Price inflation and competition in food and grocery manufacturing and supply (publishing.service.gov.uk)
• 65% of women said the cost of formula milk was having a negative impact on their family finances, with 20% of those women describing the impact as “very significant”. Families were making sacrifices to meet the cost, in some cases using inappropriate foods or mothers trying to maintain breastfeeding despite experiencing physical pain and mental ill-health doing so.

• A third of women felt it was “better” for babies to be fed the most expensive formulas. All formulas must meet regulatory requirements governing composition and there are no proven benefits of choosing a more expensive milk.

• There was overwhelming support for a review of regulations to enable the use of supermarket points and vouchers in the purchase of formula, which is currently interpreted as prohibited under rules banning marketing or promotion.

• The vast majority of women would consider using a free “national” milk if it were made available by public authorities, as was the case until the 1970s.

The Women’s Health Strategy published in 2022 emphasised the Government’s pledge of £50 million to the establishment of breastfeeding support services.[3]

This is unlikely to be sufficient on an ongoing basis, and there needs to be greater research in order to develop the evidence base for interventions to provide women with the most effective breastfeeding support. But for too long, we have taken the approach that supporting women to breastfeed is an alternative to providing support for those who choose or need to formula feed. These are not mutually exclusive goals. The women who breastfeed are also the women who formula feed, they are the same women at different points in their infant feeding journeys. We must establish the necessary frameworks to support women who wish to breastfeed their infant. But we must also ensure that those who cannot, or choose not, to breastfeed have straightforward access to an affordable alternative. Access to affordable formula milk is an issue of health, equality and fairness.

In order to achieve this goal, the report puts forward a number of recommendations based on the findings of the survey.

**Recommendations include:**

1. Put women’s choices at the heart of a renewed infant feeding policy. The reasons for formula feeding are multiple and complex, and do not reflect a lack of knowledge of the benefits of breastfeeding. The forthcoming national Infant Feeding Survey should be used to underpin infant feeding policies that reflect women’s lived experience and support their choices, including the decision to formula feed. Women’s choices must be respected.

2. Infant formula should be recognised as an essential product for which there is no alternative and be treated in the same way as other essentials such as energy or medicine. Pricing controls and caps should be explored as a matter of urgency by Government alongside establishing a taskforce to evaluate the feasibility of commissioning a nationally or locally commissioned first infant formula milk.

3. The Department of Health and Social Care should change its guidance to clarify that retailers are permitted to allow customers to buy formula with loyalty points, gift cards or vouchers.

4. Healthy Start Vouchers should be increased so that as a bare minimum they cover the weekly cost of formula feeding, however this needs to go hand in hand with longer term systemic change to secure access to an affordable product.

5. Clear public health information must be available in all locations where formula is purchased or advice sought that all first formulas must comply with regulations governing composition, are nutritionally adequate and comparable, and there are no established health benefits to babies of buying more expensive products. There is no need for families to buy more expensive infant formulas.
It has been difficult, however, to control for all confounders that may influence these outcomes, such as deprivation levels, education and other health indicators of the family. As part of measures to encourage breastfeeding, the U.K. has adopted aspects of the International Code of Marketing of Breastmilk Substitutes, or the Code, which is a set of recommendations designed to regulate the marketing of breastmilk substitutes.[7] Provisions in the Code are written into regulation in the U.K., in particular limiting the marketing of infant formula and follow-on formula intended for babies 0–12 months old.[8] The U.K. has adopted the EU delegated regulation 2016/17, which states, “There shall be no point-of-sale advertising, giving of samples or any other promotional device to induce sales of infant formula directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales.”[9] The Department for Health and Social Care published guidance in order to provide information, advice and set out its own interpretation of the requirements of the legislation on infant formula and follow-on milk under this regulation, provided to facilitate adherence to and assessment of adherence to the legislation.[10]

Current infant feeding policy in the U.K. promotes exclusive breastfeeding for the first six months of a baby’s life. It is framed as an important public health priority.[4] At an individual level, the policy promotes the initiation, duration and exclusivity of breastfeeding, as reflected in the Public Health Outcomes Framework (PHOF), which categorises breastfeeding as an indicator of health improvement, and measures breastfeeding initiation and prevalence at 6–8 weeks.[5] At population level, the policy aims to increase rates of breastfeeding, again reflected in the PHOF, which tracks the percentage of women initiating and continuing to breastfeed year on year.

This is on the grounds that breastfeeding confers health benefits to infant and mother that are not matched by formula milk. Breastfed babies are likely to have fewer allergic rashes and gastrointestinal disorders, and at lower risk of necrotising enterocolitis (NEC), a serious condition that mainly affects premature babies, although these benefits are likely to be experienced at a population rather than individual level. Women who breastfeed are also less likely to develop breast cancer.[6] Studies have also sought to show that in the longer term breastfed babies are less likely to develop conditions such as obesity and diabetes, and may perform better at school. It has been difficult, however, to control for all confounders that may influence these outcomes, such as deprivation levels, education and other health indicators of the family.

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The guidance specifies that,

- “point-of-sale advertising, the giving of samples and any other promotional devices to induce sales of infant formula directly to the consumer at the retail level, are prohibited – for example, companies should not use special displays such as prominent shop window displays, free-standing displays or ‘shelf-talkers’ (that is, attachments that add a company’s logo or sales message to the edge of a shelf), discount coupons or special sales which relate to infant formula products (Article 10(2))

- manufacturers and distributors of infant formula shall not provide free or subsidised products, samples or any other promotional gifts to members of the general public including pregnant women, mothers or members of their families – this could include multi packs (bulk buys), loyalty or reward card schemes, free formula, price reductions, discounts or mark downs and ‘buy one get one free’ and gifts provided via baby clubs or similar activities are also prohibited (Article 10(3))[11]

Despite these policies promoting breastfeeding and restrictions on the marketing of formula milk, the vast majority of parents feed their babies formula milk, either exclusively or in combination with breastmilk during the first six months of a baby’s life. This is despite the high awareness of the benefits of breastfeeding apparent in repeated national Infant Feeding surveys.

The most recent data suggests that though 72% of women in the U.K. start breastfeeding, nearly two thirds (63.5%) of babies are being fed entirely or partially with formula milk at 6-8 weeks after birth.[12] The last national Infant Feeding Survey, conducted in 2010, showed “By six months, levels of exclusive breastfeeding had decreased to one per cent, indicating that very few mothers were following the health department’s recommendation that babies should be exclusively breastfed until around the age of six months.”[13] DHSC recently announced a follow-up Infant Feeding Survey, the ninth in the series, to understand more about how mothers in England feed their babies in the first year after birth.[14] Based however on the 2010 survey (supported by evidence from partial reviews since) it is clear that the overwhelming majority of parents are feeding their baby formula milk, entirely or in combination with breastmilk, by the time their babies are half a year old. Infant feeding reality, therefore, means the vast majority of infants will rely on formula milk for sustenance in the first six months of life.

[12] https://www.gov.uk/government/publications/breastfeeding-at-6-to-8-weeks-comparison-of-nhs-england-and-ohid-data/breastfeeding-at-6-to-8-weeks-a-comparison-of-methods#:~:text=In%202020%20to%202021%20the,where%20breastfeeding%20status%20was%20unknown.
There are now a wide variety of infant milks available, with brands purporting to address different needs of babies including “comfort” milks for colic and “hungry” baby milks for infants who seem unsated. However, the NHS says there is no evidence these milks offer benefit over “normal” first infant formula and a recent study concluded “most products did not provide scientific references to support claims, and referenced claims were not supported by robust clinical trial evidence.”

In recent years, a wider range of milks have been marketed within the same first milk brand family, with a significant price differential and names that imply the superiority of the more expensive product. However, First Steps Nutrition, an independent public health nutrition charity, notes there is little meaningful variation in the nutrient content of different brands of infant formula because they must all conform to the same compositional requirements which are controlled under The Infant Formula and Follow-on Formula (England) regulations. In addition to the core ingredients, all formulas contain extra ingredients, including long-chain polyunsaturated fatty acids (LCPs), nucleotides and prebiotics. Once an ingredient is proven to be of benefit, the compositional regulations are amended to ensure it is added, meaning no formula has any proven benefit over another.

There are two organic formula milks available on the market, made by HiPP Organic and Kendamil. However, even in non-organic formulas, the pesticide residue level is set very low (must not exceed 0.01mg/kg of the reconstituted or ready-for-consumption product). Prices now vary significantly, both between brands and between a brand’s own products. The cheapest single item box of 900g formula (i.e. not in a bulk sale) now costs £9.99 per kg, the most expensive £23.80 per kg), more than double. Analysis shows that the cost of infant formula has risen rapidly in the last two years. Between August 2021 and August 2023, the costs of major brands increased as follows:

- **Mamia First Infant Milk** (900g, Aldi) – the cheapest infant formula on the market – increased from £6.99 to £9.39 – 34% increase over 2 years
- **Aptamil 1 First Milk** (800g) increased from £11.50 to £14.50 – 26% over 2 years
- **SMA Little Steps First Infant Milk** (800g, Tesco) increased from £8.25 to £9.75 – 18% over 2 years

The cost of one box of the cheapest formula milk is now greater than the value of the Healthy Start Voucher families receiving qualifying benefits can claim, at £8.50 per week.

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[15] https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/types-of-formula/#:~:text=Hungrier%20baby%20formula%20(hungry%20milk)&text=Although%20it%20is%20often%20described%20as%20the%20type%20of%20formula
Feeding babies in a cost of living crisis

The gap therefore between infant feeding policy and reality is particularly concerning in the context of the current cost of living crisis. The prices detailed above mean formula milk is now prohibitively expensive for many. Some parents are resorting to unsafe practices like watering down formula milk or mixing it with cow’s milk or sugar-laden condensed milk.[21] Others are buying formula milk on the black market (for example, tubs of stolen baby formula for knockdown prices) or “formula foraging,” meaning seeking out cheap or free formula milk online, often advertised by well-intentioned people wanting to avoid waste and help others. But the origins of these products are unknown, and open tins can be out of date, mixed with unknown products or contaminated with bacteria.

[22] Unsurprisingly, formula milk has become one of the most commonly shoplifted items in the U.K. and stores have started putting formula into alarmed plastic boxes or even keeping it behind the cashier’s desk.[23]

Since U.K. Regulations mean that formula cannot be offered at discounted prices or as part of ‘Buy One Get One Free’ (BOGOF) deals, those feeding their babies formula cannot switch between different brands offering promotional price reductions, or take advantage of three for two offers, in order to reduce costs. Bans on promotional activity are also interpreted as meaning consumers cannot use supermarket points or vouchers to buy formula, or collect points while doing so.

Meanwhile, as the organisation Feed U.K. notes, “current UNICEF U.K. guidelines that recommend against direct provision of formula to formula fed babies by food and baby banks are creating barriers to access. This is causing problems at multiple levels: families face delays in getting formula for their babies, relationships between health care providers and third sector organisations are put under strain, and healthcare providers are prevented from accessing support for the babies in their care.”[24]

Short-term measures could help to alleviate this problem. Feed U.K.’s 2020 inquiry into “Access to infant formula for babies living in food poverty in the U.K.” found that “formula can be provided safely by food/baby banks, alongside referring families to services that offer longer term support. It doesn’t have to be one or the other. There are brilliant initiatives out there plugging the gaps left by the current system to ensure no baby goes hungry.”[25] But as Feed emphasise, “Obviously, food and baby banks are not the answer to formula poverty. We need systemic change.”[26]

[25] https://www.feeduk.org/formulaisfood-inquiry22
[26] https://www.feeduk.org/formulaisfood-inquiry22
BPAS is engaged with women’s access to formula milk at both a level of principle and practice. We believe infant feeding is a matter of reproductive choice as breastfeeding requires women’s bodily labour to deliver. This means we must establish the necessary frameworks to support women who wish to breastfeed their infant while ensuring those who do not want to use their bodies to feed their babies have straightforward, affordable access to a safe alternative. But access to affordable formula milk is also an issue of reproductive justice, in the sense that women should be able not only to choose how to feed their babies, but also enabled to raise them in healthy environments and provide what they need to thrive.
At BPAS, we wanted to see the impact of current financial pressures on women’s experiences of formula feeding their babies, what influenced their decision making, and how their decisions could be better supported. In October 2023, we conducted a survey of 1002 U.K. women[27] who have formula fed their baby (aged under 1) in the last year. The survey was open from 10–18 October and carried out by an independent polling organisation CensusWide. It explored women’s reasons for using formula milk, the impact – if any – on family finances and family life, beliefs about whether cost reflected superiority, attitudes towards current restrictions on the use of loyalty points, and whether women would consider using a free or subsidised national formula milk were it available.

Findings

Women formula feed for lots of reasons

Survey respondents indicated that they chose to feed their babies formula for a number of different reasons. Many focused on concerns for their baby.

Worries about hungry babies

The most cited reason was that they were worried that their babies were not getting enough breastmilk (29%), with many concerned that their baby was not satisfied/settled with breastmilk (23%).

Respondents said that formula feeding:

“It has allowed me to feel reassured that I don’t have to supply all the milk. I have a back up if breastfeeding is not going well that day. As my milk supply changes, the formula helps on the days where my supply is lower.”

“Took away any worry I had about milk supply, it’s consistent, baby is fully fed and healthy.”

[27] Of the 1,002 participants, 2 said they were non-binary, the rest described themselves as women
Sharing the parenting load

The ability to share the parenting load was also key, corresponding to the broader social realities and expectations of fathers’ and partners’ involvement in the raising of their children. A recent study commissioned by the Department of Education showed 7.4% of babies have their fathers as primary caregivers at nine months, a dramatic increase from 20 years ago.[1] Many women wanted to share feeding with their partner (28%), rising to more than 30% among women aged 35–44, or with their wider family/support network (17%) or wanted/needed to share night feeds in order to get more sleep (22%).

Women told us:

“While my milk was coming in and I was struggling with supply it was a wonderful way for my husband to bond with the baby and share in essential care taking to lighten my load and allow me to rest between feeds. It also gave us reassurance that baby ate.”

“It allowed me to rest and get some nights of sleep. My baby also got very stressed during feeds due to very fast let down and feeding became stressful and upsetting for us both so moving to formulas made a huge difference to myself and baby.”

The ability to share feeding was particularly important for this individual in same-sex relationship.

Pain and discomfort breastfeeding

Nearly one quarter of women cited their experience of finding breastfeeding difficult/painful/uncomfortable (23%) as leading to their decision to formula feed. Although the survey questions did not specify conditions such as mastitis, pain was frequently mentioned by women as among their considerations and feelings about switching to formula. It is estimated that about 30% of lactating women develop mastitis, an inflammation of the breast that can lead to infection. Breast abscesses may also develop in up to 3% of lactating women with mastitis.[29]

Women said:

“After a bout of mastitis causing low milk production it has made life less stressful knowing baby is well fed.”

“It allowed my baby to be fed when I got very poorly from breastfeeding.”

[28] https://www.thetimes.co.uk/article/one-in-14-fathers-are-babys-main-caregiver-kz3sphg7h
[29] https://cks.nice.org.uk/topics/mastitis-breast-abscess/background-information/prognosis/
“It [formula feeding] gave my breasts time to breathe and heal from the pain of breastfeeding.”

“More flexibility, baby thriving, less boob pain.”

Protecting their mental health

One in seven women (15%) referenced their mental health as a reason they moved to formula feeding, which is likely to be intertwined with a wider range of other issues, including sleep and pain, and in particular the benefit of being able to share feeding.

Women told us:

“It has taken the load off me as a mother to feed my baby just me. It has greatly benefited my mental and emotional health being able to share the feeds with my partner.”

“My baby only takes one bottle of formula through the night the rest of the time he is breastfed, it’s positively helped me because it means my partner can help which is easier on my mental health to be able to get some sleep.”

“I am able to focus on my other child and the pressure on my mental health has been relieved.”

Needing to care for other children

As well as formula feeding providing an opportunity to share the load with a partner or other family members, other women also cited the need to care for existing children (14%) as an influencing factor, highest among women aged between 35–44 (17%). While average family size has decreased over time, two children families remain the most common family size. As the age of first-time motherhood increases, the gap between a first and second child has decreased, meaning many families will have a very young child at home at the same time as a baby.[30] The offer of 30 hours free childcare begins when a child is 3.[31]

Women told us that formula feeding:

“Has meant I can share the load with my partner, get more sleep and spend more time with my toddler.”

“It is expensive but has allowed me to look after both my toddler and baby by myself.”

“Formula feeding has allowed me to be free to support my other children and allow extra chances for other family members to bond with the baby.”

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[31] https://www.gov.uk/30-hours-free-childcare
Not getting enough breastfeeding support

Only 10% of women said they had used formula milk because they had planned to formula feed before birth, indicating the majority had planned during the antenatal period to breastfeed. This corresponds with the very high figures on breastfeeding intention during pregnancy found in recent studies.[32]

Nevertheless, comparatively few of the women surveyed (12%) said that they formula fed because “I did not get the support I wanted/needed to overcome problems with breastfeeding.” This is in keeping with earlier findings indicating that although significant numbers of women do not breastfeed for as long as they wanted to, the reasons for this are complex. The last national Infant Feeding Survey in 2010, due to be repeated as referenced previously, found around 17% of women when asked what could have influenced them to breastfeed longer cited more support and guidance from hospital staff, midwives and family. Although recent data on the state of infant feeding services in the U.K. is not available, in 2017 Unicef reported that nearly half of infant feeding leads reported cuts to services.[33]

In our BPAS survey, those women who had not received the support they needed to overcome problems described their frustration:

“**My baby wouldn’t be here if they weren’t formula fed.**

“My baby wouldn’t be here if they weren’t formula fed. For unknown reasons, I can’t produce enough breast milk to support a baby. There isn’t enough help to find out these reasons or to offer tongue tie separations at birth.”

“I wish I’d been given support so I didn’t need to use formula. Using formula has helped however it has been financially expensive."

“It meant we settled into a routine easier but I would have carried on exclusively breastfeeding if bad advice from the NHS hadn’t tanked my supply.”

Returning to work

13% of women said they formula fed because of work or other commitments not already highlighted in the survey. It is not clear what impact the cost of living crisis has had on length of maternity leave but the rise in household bills may mean more women returning to work before their paid entitlement is over and before they would have preferred. A recent report from the charity Maternity Action stressed that low maternity payments meant many women return to work after only a few months, potentially interfering with postpartum recovery, mental health, mother-child bonding and the ability to breastfeed.[34]

[33] https://www.unicef.org.uk/babyfriendly/cuts-that-cost/
[34] A-Perfect-Storm-ReportNov2023FINAL.pdf (maternityaction.org.uk)
Cost of formula has negative impact on family finances

As highlighted above, the cost of formula has increased significantly in the last two years. Not surprisingly, 65% of women described the cost of formula milk as having a negative impact on their family finances, with 20% of those women describing the impact as “very significant.” Also unsurprisingly, similar proportions of those asked reported that the cost of formula made them feel anxious or worried, at 65%, rising to 70% among the youngest women asked.

Women told us:

“Cost negatively impacts us, [it’s a] purchase that cannot be avoided.

“It’s hit us financially due to increasing costs.

“Formula feeding has been essential for my baby and our family, however it has had a large negative financial impact. We are very wary given the current financial hardships to try and reduce where possibly, however formula is something that we cannot reduce.

“Due to the cost of formula it has made cost of living more expensive.

“It’s made us struggle with finances whilst on maternity leave.

“It is an added extra weekly expense on our already tight budget.

“Formula milk can be more expensive, making it difficult for me to afford.

“It has made things easier however the cost is a huge stress.
The Joseph Rowntree Foundation reported earlier this year that 5.7 million low-income households are having to cut down or skip meals because they don’t have enough money for food, while the number going without items such as food, heating or basic toiletries has remained around 7 million for more than a year.[35]

In our survey women reported how their families were making other sacrifices in order to meet the costs:

“We have had to make other sacrifices some months to be able to afford the formula.”

“The cost meant we cannot afford other things.”

“I had to limit our snacks and food.”

Particularly concerningly, there were examples of women moving their baby onto unsuitable foods because of the cost.

“We had to go to cow’s milk earlier as couldn’t afford formula prices.”

Cows’ milk can be used in cooking or mixed with food from around 6 months but should not be given as a drink to babies until they are 12 months old because it does not contain sufficient quantities of iron.

There were also women who described putting their own wellbeing at risk to try to avoid the cost of formula.

“It put extra strain on the weekly shop so I’ve tried breastfeeding more but find it extremely painful so dread having to do it which has a negative impact on my mental health.”

Shame, guilt and perceptions of formula feeding

Research shows women are acutely aware of the benefits of breastfeeding. Although now over 13 years old, the 2010 Infant Feeding Survey found 83% of mothers across the U.K. said that they were aware of the health benefits of breastfeeding; three-quarters (75%) were able to name at least one of these specific benefits spontaneously in 2010. It is reasonable to assume that, given the continued promotion of breastfeeding, these figures will only have increased, and correlate strongly with the high rate of intention to breastfeed while pregnant mentioned above and evident in our survey.

Given this context, it is perhaps not surprising one study found a high percentage of mothers feel negative emotions including guilt (67%), stigma (68%), and the need to defend their decision (76%) to use formula.[36]
That led the study’s authors to conclude, “the current approach to infant feeding promotion and support in higher-income countries may be paradoxically related to significant issues with emotional well-being.”[37]

Our survey shows similar negative emotions around formula feeding. While many women spoke of the mental health benefits that being able to share feeding conferred, using formula milk was also associated with negative sentiments for some women due to the superior status of breastfeeding.

“[I was] able to share the feeds but also made me feel guilty.”

And it created a particular toll for women who also found the cost challenging for the family.

Failure and shame were sentiments expressed on a number of occasions.

“I feel like a failure for not breast feeding.”

“It made me ashamed that I didn’t have enough milk.”

“In some ways it has made me depressed because I wanted to breastfeed despite being on medication that could affect the baby because I believe it’s best to have the nutrients from the milk rather than not at all.”

“I was hard on myself for needing it.”

Others commented on their perceptions of the response from others to their formula feeding.

“I received judgement from my mother which has made our relationship a bit distant”.

“Judgement from family.”

“More judged by other mums.”

In a context where women may feel they are letting their baby down by using formula milk, some feel compelled to purchase the more expensive formula products to try to compensate for losing the known health benefits of breastfeeding. It was concerning to note that a third of women (35%) strongly or somewhat agreed with the statement “If you can afford it, it is better for your baby to be fed the more expensive formulas.”

This is despite the fact that, as previously outlined, all nutrients proven to benefit a baby’s health must by law be added to formula – meaning that all infant formulas are nutritionally adequate and comparable, regardless of the brand or the range within brand, despite what the naming and packaging may imply.

Overwhelming support for enabling supermarket points and vouchers

There was overwhelming support in this survey for reviewing the current restrictions on the use of vouchers and supermarket points for the purchase of formula milk. **83% of women surveyed support regulations being clarified or changed to allow loyalty points and vouchers to be collected and spent on the purchase of formula.**

During the recent cost of living increases, loyalty schemes in which points can be collected or redeemed against purchases have been highlighted as one way in which shoppers try to make their budgets go further. Yet current DHSC regulations detail restrictions on the promotion of infant formula as including a ban on use of “any coupon which may be used to purchase an infant formula at a discount” and “any other promotional activity to induce the sale of an infant formula.” This has widely been interpreted as placing a ban on the use of loyalty points. However, it is questionable whether loyalty points not attached to the purchase of a specific product are in fact an inducement to sale, and it could be argued that this interpretation is needlessly restrictive. The charity Feed has called on the Government to intervene and clarify which restrictions exist “so that action can be taken to ensure families have access to baby formula and babies don’t go hungry.” The chief executive of the British Retail Consortium Helen Dickinson has been clear in her interpretation that in order for loyalty schemes to be used by customers purchasing formula milk, the law would need to change.

It is noteworthy that other countries following the same WHO Code on the Marketing of Breastmilk Substitutes on which the U.K. regulations are based have not interpreted the Code as meaning vouchers and points cannot be used for the purchase of first infant formula. Germany, Croatia, Slovenia, Austria, the Netherlands, Greece, Belgium, Denmark, and Sweden allow customers to do so. It has also been highlighted that the U.K. approach – which puts formula milk in the same category as alcohol, cigarettes and lottery tickets – stigmatises an essential product that families have no choice but to use.

“I felt like missing out on points etc was unfair as I had no choice in feeding both breast and formula.”

Thus far the Government has refused to clarify the position, simply noting it supported lower income families through its Healthy Start Scheme. The Shadow Health Minister Wes Streeting has however supported the call to look at the restrictions, telling Sky News in October, 2023:

“You hear harrowing stories of mums that are watering down infant formula to try and make it last that bit longer, even though it’s not particularly safe for the baby.

‘In that context, the idea that we would stick to what I think are now outdated rules banning people from being able to use milk tokens, food bank vouchers, coupons to make baby milk more affordable, I just think it’s just completely wrong-headed in this cost-of-living crisis.’
Formulas for action

The Competition and Market Authority (CMA), the U.K.’s principal authority responsible for competition and consumer protection, announced in August 2023 that it had identified infant formula as one product category along with nine others that warranted further investigation to understand current issues relating to price and competition. It released interim findings in November 2023. It noted that while in groceries generally profit margins had fallen across most branded manufacturers since 2021, “different dynamics” appeared to apply to baby formula. Brands in this “highly concentrated” market, where 2 firms have around 85% of the market share, “have maintained high profit margins over the last 2 years.”[43]

The CMA highlighted that formula prices had increased by 25% in two years, and noted evidence suggesting that branded suppliers of baby formula have also increased their prices by more than their input costs.

As the CMA explained, “Regulation ensures that all baby formula products, including cheaper options, provide all the nutrients a healthy baby needs. Despite this, the CMA is concerned that parents may not always have the right information, at the right time, to make effective choices. It is also concerned that suppliers may not have the right incentives to offer infant formula at competitive prices.”

The CMA says it will now undertake further work to better understand consumer behaviour, including what influences choice, and barriers to entry and expansion for baby formula manufacturers, and “consider whether any changes to the regulatory framework could help the market work better”. This is due to be published in mid-2024.

The CMA’s findings have further fuelled calls for a price cap to be introduced on infant formula in the same way that a ceiling has been introduced on energy charges. The SNP’s Alison Thewliss MP, chair of the All-Party Parliamentary Group on Infant Feeding and Inequalities (APPGIFI), has led calls for such a move, supported by First Steps Nutrition, explaining:

“Many families rely on formula feeding for various reasons, including personal choice or medical necessity, to give their children the nutrition they need. As highlighted in the [CMA] report, unlike baked beans, mayo and other food items, there is limited availability of affordable alternatives when it comes to baby formula, leaving parents with no choice but to bear the burden of inflated prices or go without. This is not only unfair but also detrimental to the well-being of both infants and their families. Westminster must take action immediately to ensure that families are supported, by bringing in a price cap on baby formula and increasing Healthy Start payments to reflect the rise in inflation.”[44]

An additional area for exploration is the commissioning of a “national milk” or subsidised product.[45] As the historian Dr Emily Baughan has noted, this would be a return to a past practice: From 1940 until 1976, baby formula was either free, or heavily subsidised by the state. Parents of under ones were issued tokens which could either be swapped for formula directly at their local infant welfare clinic or, if they were wealthier, used to purchase formula at around a quarter of the market rate. [46]
National Milk was slowly withdrawn amid concerns about sodium content in infant formulas that were harming babies, and awareness of the deplorable practices by formula companies in Africa, alongside a desire to reduce the scale of welfare spending by the Conservative Government in the early 1970s. The Labour Government of 1974 commissioned a report on “Infant feeding practices today”, which highlighted the benefits of breastfeeding and argued that Government should be devoting its resources to the promotion of this form of feeding rather than reconstituting National Milk.

Nevertheless, even today, local authorities and the NHS do provide formula milk in some very limited circumstances and in a patchwork way. For example, the Nursery Milk Scheme funds the provision of infant formula made up to 189ml (1/3 pint) each day for all babies under 12 months in a childcare setting. There are also piecemeal commissioned services for women living with HIV who cannot breastfeed their babies due to the risk of vertical transmission.[47]

State provision of nutritional sustenance to children also exists more widely, with free school meals available to all primary school children in Reception, and Years 1 and 2 (i.e. four to seven year olds), as well as children eligible through the means-tested system – meaning a total of 3.4 million are eligible for a free meal at school each day. Total spending on free school meals throughout term-time is around £1.4 billion a year in England.[48] During this current school year 2023–2024, London has also expanded the offer of free school meals to all primary school aged children (i.e. all four to eleven year olds), expanding eligibility by 270,000 pupils beyond the 550,000 who are already eligible.[49]

The recent experience of the pandemic has also illustrated that Government is able to engage in large-scale public health schemes when it needs to, such as vaccinations, disease testing, and providing food boxes. There is therefore good precedence. Tendering for either the local, regional or national delivery of an infant formula service, with a number of distribution routes possible, could enable the provision of a cost-effective way to secure early life nutrition along the same lines as authorities seek to do through the provision of free school meals to children in infant school.

The overwhelming majority of women who responded to our survey were supportive of a national or subsidised milk. Three quarters of those polled would consider using a free national formula if offered by the Government and/or local authorities, rising to 85% of the youngest mothers (16–24).

75% of women would consider using a free national formula

[49] Mayor announces every London primary schoolchild to receive free school meals | London City Hall
Conclusion

Formula milk occupies an awkward and unique position between food and medicine. Unlike other foodstuffs, families cannot shop around or adjust their babies’ diets to cheaper alternatives without health consequences. As the CMA notes, families are “locked in” to purchasing formula – the only “alternative” is breastfeeding, which, as this report has sought to highlight, may not be possible or pursued by women for a variety of reasons. While it is more akin to medicine as an essential product for health, it is not subsidised in the same way. We have also not seen the development of cheaper generic ranges available for purchase direct to the consumer as has been the trajectory for many medicines.

Under the regulations, women must be warned about the financial and social consequences of formula feeding. SMA (produced by Nestle), for instance, encapsulates WHO guidance on its website for healthcare professionals as follows: “Before advising a mother to use an infant formula, she should be advised of the social and financial implications of her decision: for example, if a baby is exclusively bottle-fed, more than one can (400 g) per week will be needed, so the family circumstances and costs should be kept in mind. Mothers should be reminded that breast milk is not only the best, but also the most economical food for babies”.[50]

Nevertheless, while breastmilk may be the most economical in terms of direct monetary value, breastfeeding itself is not “free” unless women’s own time and experience is also deemed to have no value. But it is certainly the case that women and their families bear the financial costs of formula feeding, and that a simple warning that this will be the case does nothing to address that burden or acknowledge the reasons why they have chosen to, or needed to, formula feed in the first place.

This report has sought to highlight the reasons why, despite a policy of promoting exclusive breastfeeding for the first six months of a baby’s life, the vast majority of women make the decision to formula feed, and to explore the financial implications for them and their families. The decision in the 1970s to withdraw the provision of a National Milk in favour of breastfeeding promotion created an either/or narrative which does not reflect the needs and experiences of women today. Most women who breastfeed will also use formula milk. Most women who use formula will also have breastfed, or continue to breastfeed in addition to formula feeding. Promoting and protecting breastfeeding does not need to come at the, quite literal, expense of failing to tackle the issues of access to an affordable, consistent supply of formula milk that does not involve families making wider sacrifices in order to feed their baby, or taking risks by watering down feeds.

We do women a disservice by positioning breastfeeding as a public health issue, while failing to provide all women who want to breastfeed with the support they need to continue if that is their wish, while treating the issue of formula feeding as a privatised matter to be outsourced to commercial formula companies with a profit motive. Infant feeding whether by breast and/or bottle is a child health issue and a matter of reproductive choice. The evidence is also mounting that while breastfeeding is promoted as a means to secure infant health, the consequences for infants if parents are struggling to afford adequate supplies of infant formula can be severe, and will not be addressed by more exhortations to breastfeed. Although the findings of this survey reflect the issues women face formula feeding during a cost of living crisis, these challenges are not new, and will therefore persist even when current inflationary pressures significantly abate.

In 2018, the All-Party Parliamentary Group on Infant Feeding and Inequalities (APPGIFI) held an inquiry into the costs of infant formula to families in the U.K. to investigate the potential impact that the choice of infant formula, and the purchase of infant formula, may be having on families in the U.K. It reported a litany of examples from professionals supporting families who were stretching feeds, adding porridge, and introducing cows’ milk or solids before the recommended period in order to reduce costs.[51] Five years later, and with relative costs even higher, the situation can only have deteriorated. Unless national action is taken, this situation will never improve.

[51] APPGIFI-2.indd (infantfeedingappg.uk)
Recommendations

1. **Put women’s choices at the heart of a renewed infant feeding policy.** The reasons for formula feeding are multiple and complex, and do not reflect a lack of knowledge of the benefits of breastfeeding. The forthcoming national Infant Feeding Survey should be used to underpin infant feeding policies that reflect women’s lived experience and support their choices, including the decision to formula feed. Women’s choices must be respected.

2. **Infant formula should be recognised as an essential product** for which there is no alternative and be treated in the same way as other essentials such as energy or medicine. **Pricing controls and caps** should be explored as a matter of urgency by Government alongside establishing a taskforce to evaluate the feasibility of commissioning a nationally or locally commissioned first infant formula milk.

3. **Healthy Start Vouchers** should be increased so that as a bare minimum they cover the weekly cost of formula feeding, however this needs to go hand in hand with longer term systemic change to secure access to an affordable product.

4. **Clear public health information** must be available in all locations where formula is purchased or advice sought that all first formulas must comply with regulations governing composition, are nutritionally adequate and comparable, and there are no established health benefits to babies of buying more expensive products. **There is no need for families to buy more expensive infant formulas.**

There is no one “quick fix” to address this issue. It is historic, complex and engages multiple, competing and sometimes contradictory narratives around women’s bodies and principles of autonomy, exploitative commercial practices, and the health and wellbeing of infants – society’s most vulnerable members. The recommendations above are not intended as an exhaustive list, nor a comprehensive solution, and the report has also highlighted a number of other important measures that have already been proposed to support women and families. Securing access to affordable formula should not be seen as in opposition to breastfeeding support, but as part of a woman- and family-centred approach to infant feeding, a public health imperative and a matter of reproductive justice. We have to get it right.
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