



Submission from Baby Feeding Law Group (BFLG) UK to Children's Rights Alliance for England (CRAE) relating to concerns about infant and young child feeding 22 September 2022

The CRAE England Civil Society Report to the United Nations Committee on the Rights of the Child (UN CRC) to inform its List of Issues Prior to Reporting (LOIPR) (2020)¹ identified a 'lack of public health prevention and early intervention' in the UK and specifically highlighted:

- The UK has one of the lowest **breastfeeding** rates in Europe, especially among young mothers and disadvantaged socioeconomic groups
- **Childhood obesity** is a public health crisis in the UK where 34% of 10–11-year-olds are overweight or obese
- **Misleading marketing** of infant and child formulae and related products (hereafter referred to as breast-milk substitutes or BMS) persists in violation of the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly (WHA) resolutions (hereafter referred to as *the Code*)

What has changed since then (November 2020)?

In our view, it appears that nothing has changed, in fact the UK infant and young child feeding (IYCF) situation may now be worse.

Analysis of where the Government has made/not made progress:

The CRC Concluding Observations (2016)² contained specific points relating to our **concerns about infant and young child feeding** namely in the points on

- children's rights and the business sector (point 18);
- the right of the child to the enjoyment of the highest attainable standard of health (Point 58);
- concerns about nutrition (Point 66).

There appears to have been no progress made in relation to the following recommendations from the CRC to the UK State Party:

Children's rights and the business sector (Point 18)

- (18.a) Integrate an explicit focus on children's rights, including the requirement for businesses to undertake child-rights due diligence, in the revised version of its first National Action Plan on Business and Human Rights;
- (18.b) Establish and implement regulations to ensure that the business sector, including in the context of public procurement, complies with the rights of the child

Health and health services (Point 58)

With reference to its general comment no. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, the Committee recommends that the State party, the

¹ [CRAE \(2020\) England Civil Society Report to the UN CRC to inform its List of Issues Prior to Reporting](#) (p24)

² [CRC \(2016\) Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#)

governments of devolved administrations, Overseas Territories and Crown Dependencies develop comprehensive and multi-sectoral strategies on child health:

- (58.a) With allocation of the maximum extent of available resources and a robust monitoring mechanism;
- (58.b) With a strong focus on eliminating inequalities in health outcomes as well as in access to health services;
- (58.c) Addressing underlying social determinants of health.

Nutrition (Point 66)

- (66.a) Systematically collect data on food security and nutrition for children, including those relevant to breast-feeding, overweight and obesity ...
- (66.b) Regularly monitor and assess effectiveness of policies and programmes on food security and nutrition of children ...
- (66.c) Promote, protect and support breastfeeding in all policy areas where breastfeeding has an impact on child health, including obesity, certain non-communicable diseases, and mental health, and fully implement the International Code of Marketing of Breastmilk Substitutes.

In the **UN Committee's LOIPR (2021)**³ the UK State Party was asked to describe measures taken in relation to the following points:

Children's rights and the business sector (Point 11):

- (11.a) Require businesses to undertake child rights due diligence, including with respect to the environment;
- (11.b) Establish a regulatory framework for the business sector, including in the context of public procurement, to ensure that business activities domestically and abroad do not have an adverse impact on children's rights.

Health and health services (Point 26):

- (26.a) Eliminate inequalities in health outcomes and in access to high-quality health services for children in disadvantaged situations;
- (26.b) Address malnutrition, overweight and obesity among children, and to assess the effectiveness of policies and programmes on child food security and nutrition;
- (26.c) Raise awareness about the importance of breastfeeding and implement the International Code of Marketing of Breast-milk Substitutes;

³ [CRC \(2021\) List of issues prior to submission of the combined sixth and seventh reports of the United Kingdom of Great Britain and Northern Ireland](#)



Inaccuracies or omissions in the UK State Party Report

While it is positive that the subsequent response from the UK State Party in June 2022⁴ acknowledges that 'breastfeeding provides the best start in life', the responses given to the CRC do not provide a clear indication of how improved breastfeeding rates will be achieved.

Regarding **children's rights and the business sector**, we note that the UK State response (points 76 – 79) does not address business activities that have an adverse impact on a child's right to optimal health. For example, the marketing of breast-milk substitutes (BMS) which undermines breastfeeding to increase industry profits, has been found to be a deliberate strategy of BMS manufacturers, and includes aggressive marketing to pregnant women and new parents, false claims about the health benefits of these products, and the use of health practitioners in promoting such products.^{5 6 7} Considering the environment, breastfeeding is a zero waste food with low carbon and water footprint compared to the production, distribution and feeding of ultra-processed formula products which have negative environmental impacts.⁸ Even if formula production were decarbonised, there would be a more positive impact on the environment if minimum global breastfeeding targets are met, therefore the protection, promotion and support for breastfeeding should be considered both a public health and climate justice issue.⁹ In relation to business activities causing harm to children's rights domestically and abroad, it needs to be acknowledged that BMS marketing has undermined breastfeeding to the detriment of infant and child health (and maternal health) in the UK and globally.^{10 11}

In point 225 of the 2022 UK State Response, an outline is provided about the UK retaining and amending existing EU legislation regulating the labelling and marketing of infant formulae. This weak legislation does not reflect the full scope of the Code as stated by the UK State Party. Furthermore, there appears to be little or no enforcement of these national regulations and current legislation allows formula companies to market follow on-milk from 6 months. The departure of the UK from the EU creates opportunity for domestic regulations to be reformed and strengthened, in line with the Brexit Freedoms Bill. The BFLG is currently engaged in a process to request government (the Department of Health and Social Care, DHSC) to strengthen the UK laws.

⁴ [The UK State Party Response to the UN Committee's List of Issues on the Rights of the Child 2022](#)

⁵ [WHO \(2022\) How the marketing of formula milk influences our decisions on infant feeding](#)

⁶ Hastings G, Angus K, Eadie D, Hunt K. (2020) [Selling second best: how infant formula marketing works.](#)

⁷ Becker GE, Ching C, Nguyen TT, et al (2022) [Babies before business: protecting the integrity of health professionals from institutional conflict of interest](#)

⁸ Joffe et al (2019) [Support for breastfeeding is an environmental imperative](#)

⁹ [Long, A. et al. 2021. Infant feeding and the energy transition: A comparison between decarbonising breastmilk substitutes with renewable gas and achieving the global nutrition target for breastfeeding](#)

¹⁰ Baker P, Russ K, Kang M, et al. (2021) [Globalization, first-foods systems transformations and corporate power: a synthesis of literature and data on the market and political practices of the transnational baby food industry](#)

¹¹ Brown A, Jones S & Evans E. (2020) [Marketing of infant milk in the UK: what do parents see and believe?](#)



The Infant Feeding Survey (IFS), undertaken every five years since 1975, was decommissioned after 2010 and is being conducted again in 2022/2023 but appears to only cover England, and is not directly linked with the new Scottish Maternal and Infant Nutrition Survey. It is unclear why other jurisdictions are excluded in what was previously a UK wide survey which enabled comparisons and analysis of trends, challenges and sources of support.

While information and strategies on breastfeeding are listed by the UK State Party as well as reference to individual initiatives such as funding of £50m for England (points 226 and 227) there is no specific mention of the provision of universal and targeted evidence-based support which could address low breastfeeding rates across the UK particularly amongst populations with significant health inequalities.

Any direct participation by children or voices of children or young people (CYP) on this issue?

There does not appear to have been any consultation with children or young people in relation to these issues about IYCF, which appears important given former research.¹²

Specific recommendations that the UN CRC should make to the UK Government in relation to infant and child feeding:

1. Ensure accessible, evidence-based, and independent information about IYCF and provide effective universal coverage of support for mothers who want to breastfeed.
2. Acknowledge and address the association between the use of breast-milk substitutes and the increased risk of obesity in children¹³
3. The UK should fully implement the International Code of Marketing of Breast-milk Substitutes and its subsequent WHA resolutions through updated legislation together with ensured compliance through monitoring and enforcement.

¹² Devine P, McKnight M, & Coughlan C. (2021). [Public attitudes to breastfeeding: Findings of the ARK surveys](#)

¹³ Horta et al (2022) [Systematic review and meta-analysis of breastfeeding and later overweight or obesity expands on previous study for World Health Organization](#)

Baby Feeding Law Group UK Members:

Association of Breastfeeding Mothers (ABM), Association for Improvements in the Maternity Services (AIMS), Baby Milk Action, Best Beginnings, Breastfeeding Network (BfN), the Centre for Lactation, Infant Feeding and Translational research (LIFT), Code Monitoring Northern Ireland, Community Practitioners and Health Visitors Association (CPHVA), Doula UK, The Fatherhood Institute, First Steps Nutrition Trust, GP Infant Feeding Network (GPIFN), HENRY, Hospital Infant Feeding Network (HIFN), Human Milk Foundation, Institute of Health Visiting, Lactation Consultants GB (LCGB), La Leche League GB (LLLGB), Leicester Mammias, Local Infant Feeding Information Board (LIFIB), Midwives Information and Resource Service (MIDIRS), National Breastfeeding Helpline, NCT, Royal College of Midwives (RCM), Save the Children, UK Association of Milk Banking (UKAMB), Unicef UK Baby Friendly Initiative, Unison, Women's Environmental Network (WEN), World Breastfeeding Trends Initiative, and Dr Robert Boyle (independent member)

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