

bpas submission to the APPG on Infant Feeding and Inequalities, re: Inquiry into the cost of infant formula in the United Kingdom

As an organisation which cares for women who are considering ending a pregnancy, we know that costs of supporting a new baby - particularly when there are other children in the family - can play a key role in the decision a woman makes. This has become more pronounced with the cap on benefits for a third child, which we now see manifesting as a factor in the decision to end an unplanned pregnancy.

Women in challenging financial circumstances who already have children are fully apprised of the costs associated with an infant, and in particular the costs of formula milk which are for some prohibitive.

While we know that Healthy Start vouchers cover some of the costs of formula milk, a significant shortfall remains because of the high price of the milk. We were surprised recently to have been informed that Food Banks will not supply formula milk to women in crisis situations on the basis of Unicef guidance that the milk "may not be the most appropriate type and may cause the baby harm". However unless the baby has specific medical needs or allergies of which the mother will be aware, all first formulas must meet EU regulations on composition, so it would be our understanding that there should be no issue with feeding an infant a formula that is of a different brand to the one he or she is used to.

We are concerned that messages implying cows-milk based infant formulas vary in range, quality or safety adds to the pressure on families to buy the more expensive milks - everyone desires the absolute best for their baby, regardless of their material circumstances. Unambiguous public health messaging which makes clear that there is no difference between cows milk-based first milks and that they must all conform to set composition regulations, would be an important step. Although all products are expensive, there are considerable price differences between the cheapest and most expensive formula available.

As an organisation with a proud history of providing not-for-profit services to women, bpas hopes that not-for-profit formula milk will one day become available. Many women will need to formula feed, perhaps because they have been medically advised to do so but also because it is the decision that makes most sense in the context of their lives. There are not 2 separate contingents of women who breastfeed and women who formula feed, most will do both at some point in their journey in motherhood. Formula feeding has become so inextricably associated with the behaviour of companies, that the essential nature of the product they sell and women's legitimate need for it becomes lost. Families deserve access to an affordable product whose price should not be needlessly inflated either by excessive marketing budgets not justified by a social narrative which suggests that it should be expensive (and whose cost should not be subject to occasional alleviation through the use of storecard points) so that women are not encouraged to use it. We must move on from this: women should be trusted to make the feeding choices that are right for them, based on good information (particularly regarding the fact that products must all conform to the same standard), and should not be overcharged in the process.