

MARKETING OF BREASTMILK SUBSTITUTES IN CANADA

SUMMARY OF SURVEY RESULTS

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Marketing of Breastmilk Substitutes in Canada: Survey

This survey was created in preparation for the Global Congress on the Implementation of the International Code of Marketing of Breast-milk Substitutes held June 20-23 2023.

We wish to acknowledge the contribution of the Breastfeeding Committee for Canada, Mouvement allaitement du Québec and Stephanie George for their review and assistance in distributing the survey, as well as review from Hirut Melaku (Ocama Collective) and Hilary Johnston (Citizens for the Code and the BFI). A special thank you to every parent, caregiver and healthcare worker who took the time to share their experiences.

- Can Canadians find the breastmilk substitutes they need at a price they can afford?
- Do users of breastmilk substitutes have the information and support they need to choose appropriate products and use them in a way that minimizes the associated health risks?
- Where do parents and healthcare providers receive information and guidance on breastmilk substitutes and to what extent are the sources unbiased and reliable?

This report summarizes the results of initial exploratory inquiries prepared and collected by SafelyFed Canada.

Two brief online surveys gathered responses from parents & caregivers (N=67) and health professionals (N=194) respectively about their views on breastmilk substitutes and their marketing in Canada.

The analysis is supplemented by informal interviews with external experts.

The marketing of breastmilk substitutes ("BMS") such as infant formula, toddler drinks and commercial baby foods as well as associated products such as feeding bottles is a barrier to implementing breastfeeding and other infant and young child ("IYCF") recommendations in Canada and globally.

The International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions ("the Code") is a key tool in protecting breastfeeding and is integrated into the Global Strategy on Infant and Young Child Feeding as well as the Baby-Friendly Hospital Initiative among other important frameworks.

The Code provides a model policy and guidance to states, manufacturers and distributors, health systems and the public to eliminate exploitative marketing of these products and safeguard the health of infants, young children and their families. Canada is a signatory to the Code and adopted other frameworks into which it is integrated, but currently has no effective measures in place for the Code's consistent implementation to protect Canadian consumers.

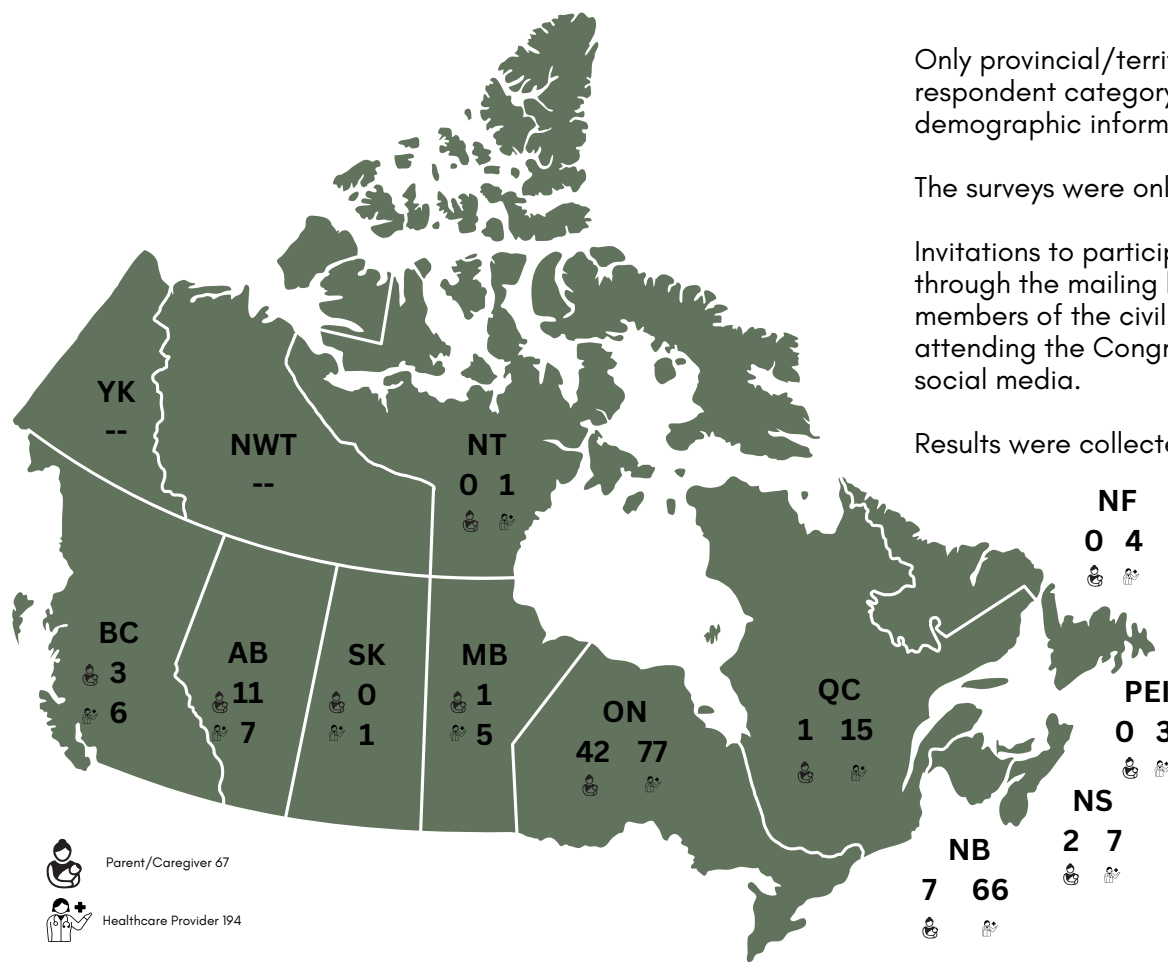
Recent crises that have included pandemic-related supply chain disruptions, large scale production recalls and increased stress on healthcare resources have been accompanied by rising pressure on family budgets. Exploitation of parental fears and misinformation erode public health messages about infant and young child feeding and breastfeeding / bodyfeeding in particular, diminishing the value of these investments in the lifelong health and well-being of Canadians.





Marketing of Breastmilk Substitutes in Canada: Who answered

Surveys were designed with two intended audiences: parents/caregivers and healthcare professionals. Surveys each had 9 questions covering the same topics, with language adapted to the intended audience. Free text boxes were provided for additional comments or clarification. Responses were collected using Google forms and did not require a login, but respondents were able to leave their names and email for follow-up if desired. Results were tabulated in Google Sheets.



Only provincial/territorial information and respondent category were collected as demographic information.

The surveys were only available in English.

Invitations to participate were distributed through the mailing lists and contacts of the members of the civil society collaboration attending the Congress as well as through social media.

Results were collected from June 6-25, 2023.

Do you use baby formula or other foods for babies & toddlers?

Tell us how you decide which products to buy and how to use them.



[SafelyFed Canada Facebook Post](#)

In the parent-caregiver survey, 62 identified as parents, 3 as family members and 1 each as members of public or a caregiver.

While feeding practices were not directly inquired about, several respondents volunteered in free text sections that they had primarily or exclusively breastfed their children and had no or limited exposure to BMS use or marketing.

In the healthcare provider survey, half of respondents identified as public health professionals while 55 were healthcare providers in primary or hospital settings and 18 were community or private practice lactation consultants and 11 were volunteers.

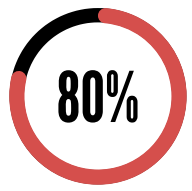
Two respondents identified as researchers and a further two as breastfeeding medicine specialists.





Marketing of Breastmilk Substitutes in Canada: What they told us

Affordability



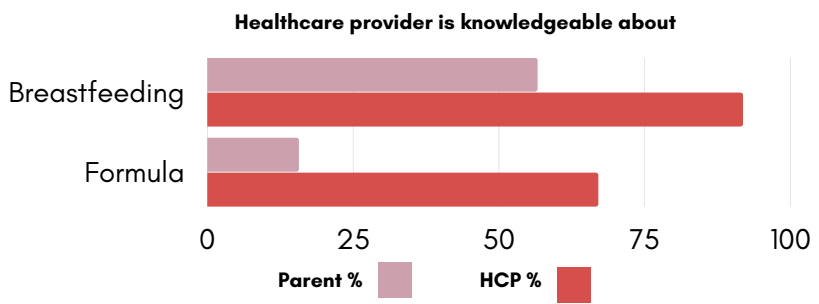
of healthcare workers say parents cannot find the products they need at the price they can afford

"Both my daughters needed special formula...and it cost a little over half what I make each month just to feed them." - Parent

1 in 5 healthcare workers say cost is the top concern for parents, while almost 30% of the parents do.

Information

Healthcare workers list parent knowledge of products and safe preparation among top concerns, while only 1 out of 6 parents consider their healthcare provider knowledgeable about infant formula and bottlefeeding.



Availability

Despite highly publicized shortages of infant formula, availability was not highlighted as a major concern in its own right. Rural respondents highlighted access in comments.



Credit: M. Pensa-Branco; Locked infant formula in Toronto-area grocery store

"I live in a small, rural, northern Ontario community and there is often a shortage of breastmilk substitutes on retailer shelves - whether that be because of road closures due to accidents and road conditions in the winter, road closures due to forest fires in the summer, recalls...."
- HCP

Influence

Parents list trial and error and family/friend recommendations as main sources of information. 1 in 4 parents have observed marketing materials and/or received BMS samples from a HCP. A third of HCP have observed marketing in a HCP facility, while 7 HCP respondents provided BMS samples to patients. 70% of HCP declined to recommend specific brands.



Credit: M. Pensa-Branco; Formula-branded scale liner in Toronto-area pediatric clinic

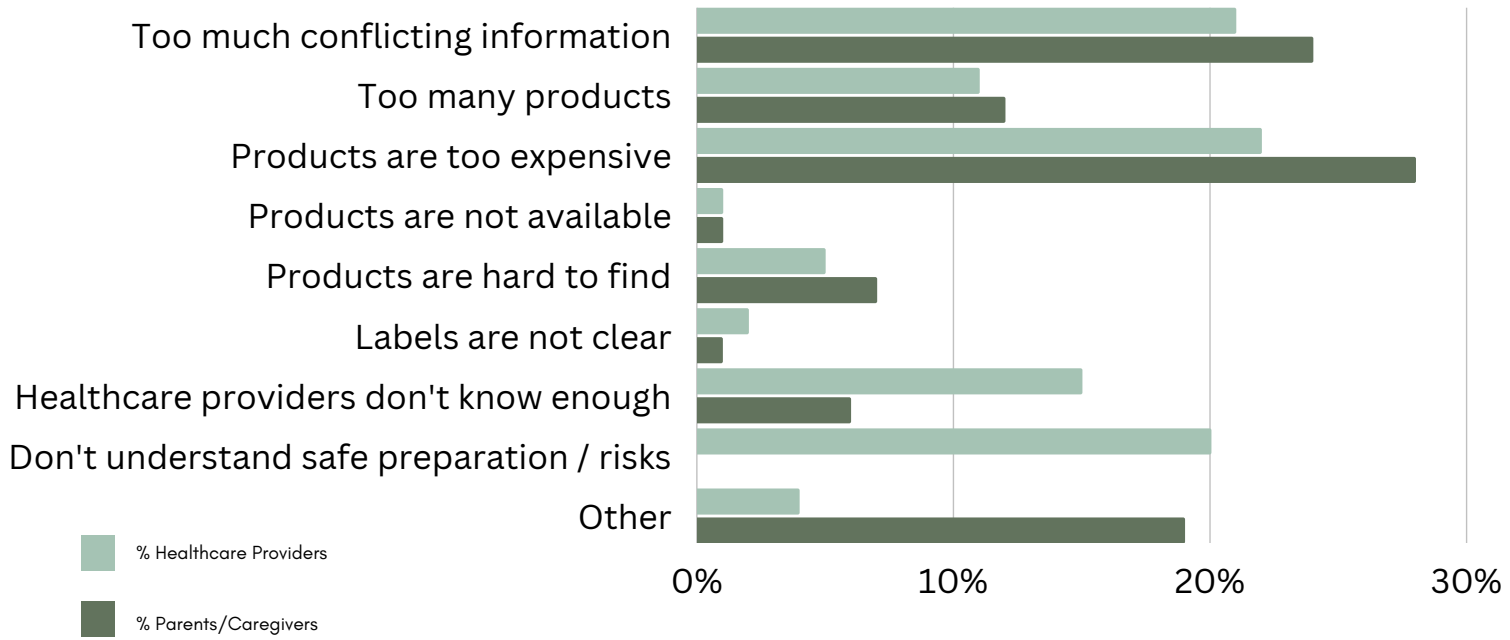
"Mothers that are breastfeeding are also bombarded with free sample, ads, etc for breastmilk substitutes, including from health care professionals."
- Parent





Marketing of Breastmilk Substitutes in Canada: Top Concern

What's the biggest problem for parents when choosing breastmilk substitutes?



This question allowed respondents to pick only one answer, with the option to write in under "Other".

While there is relative consistency between HCP and parents across most choices, HCP selected awareness of safe preparation and risks among the top 3, while no parents selected this as a top concern. Awareness of risks of BMS and knowledge of safe preparation was a prominent theme across the HCP survey in responses and comments as well as in expert interviews.

Relationships between themes are also apparent in the survey comments. Several respondents specifically referenced contradictory advice between packaging labels and public health advice on safe preparation for example.

Parents who selected 'other' provided a variety of written reasons, including that they had no personal experience with BMS as they had exclusively breastfed.

"They should all be safe, but it's hard to weigh all the stated benefits without lots of research" - Parent

"...instruction on how to prepare the specific product are not printed on the label in a consumer friendly way: they are in small print, buried in other information while brand name and unimportant information like so-called healthy additives and pictures dominate the labels" - HCP





Marketing of Breastmilk Substitutes in Canada: Information Sources

Where do you get information about breastmilk substitute selection, preparation and use?

Top 3



Clinical guidelines from healthcare and/or professional organizations



Family members and close friends



Product labels



Trial and error



Product monograph



General recommendations from health care providers or organizations

Healthcare Providers

Parents / Caregivers

This question allowed respondents to select as many options as desired and to add additional options not listed. without ranking the relative importance of the selections. The graphic above represents the top 3 responses, all of which were provided in the survey form.

The sources listed by HCPs should provide unbiased, scientifically sound and accurate information to healthcare providers, though both parents and HCPs noted in responses that product labels are difficult to read, contradictory and contain misleading information.

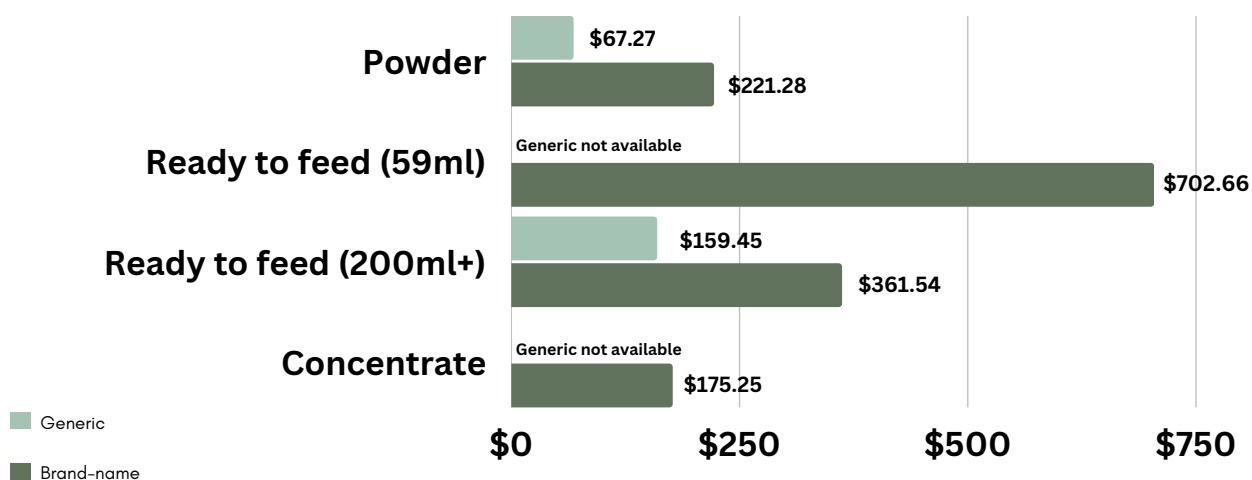
The absence of advice from a parent's own healthcare provider in the top three reinforces themes raised elsewhere about parent perception of low HCP knowledge of or willingness to discuss safer BMS use. Reliance on friends & family recommendations and trial and error may also highlight potential risks from misleading labelling which suggests unsubstantiated health benefits and/or significant differences between products that are interchangeable.

Parents interpreting side effects of BMS without specific guidance may also result in unnecessary use of specialized products, increasing costs and the risk of supply disruption where the specialist products are produced in limited quantities or locations. For example, the use of extensively-hydrolyzed infant formula required for infants with a cow's milk protein allergy (CPMA) has been increasing dramatically over the past two decades, well exceeding the expected incidence of CPMA (~1-2%) in the general population. Amino-acid based infant formulas required for a limited number of relatively rare conditions show similar signals of overuse.





Marketing of Breastmilk Substitutes in Canada: Making Connections



Cost per month, based on 750ml prepared
Does not include feeding equipment or waste
Prices from walmart.ca on April 12, 2023

A persistent theme across surveys and interviews as well as in our team's own work is the affordability of BMS for families. Pandemic and other supply shortages that limit choice as well as inflation which has reduced buying power aggravate affordability concerns.

Generic "store-brand" products are typically significantly less expensive than brand-name products. While nutritionally equivalent to generics and meeting the same standards, brand-name products use a complex and sophisticated mix of marketing tactics to drive sales. For example, brand-name product lines typically have more 'optional' ingredients that depend on marketing claims of health benefits or superior quality that are not permissible under either the Code or the current CFIA regulations.

Donations and low/no-cost procurement for healthcare facilities such as hospitals capture consumer spending for name-brand products. Parents and healthcare providers continue to believe that brands offer specific benefits and cannot be readily changed. Parents who begin using a premium brand are likely to continue using that brand, even if the cost is much higher than an equivalent. Moreover, use is highest among lower-income parents, amplifying the impact of product cost to family food security.

The cost savings to healthcare facilities and other organizations from these donations or low-cost products are ultimately born by families, reducing their choice about how and what to feed their babies, while also undermining trust in the healthcare facilities that appear to recommend breastfeeding while promoting specific brands of infant formula and other products.



Marketing of Breastmilk Substitutes in Canada: Future Work & Recommendations

The surveys summarized in this report provided insights about the current views and concerns of both healthcare providers and parents in Canada following a period of increased attention on both the healthcare system and the infant feeding industry.

Major **gaps in information and support** were consistently named as the root cause of concerns, suggesting that **improved labelling** and **education of both HCP and the public** should be prioritized along with **restrictions on marketing that exploits these gaps**.

The results largely affirmed the risks and challenges faced by both consumers and healthcare providers that SafelyFed Canada had identified through external expert interviews and in our own work. Notably, **affordability emerged as a more prominent theme than expected**.

Despite this alignment, the **results are subject to significant limitations**. The survey was distributed online and by email by SafelyFed Canada and by collaborating organizations such as the Breastfeeding Committee for Canada, which resulted in a narrower reach.

The surveys were provided only in English, which **excluded non-English speakers** and resulted in further unevenness of geographic reach.

Limited demographic information was collected and no data was collected on dimensions of **gender, family structure, income, racialization or Indigenous status**. Free text comments suggest that rural and remote communities see access as a greater issue than those who report being in urban areas. The limited information also fails to capture variations within rural/urban contexts that are likely meaningful.

Further study is necessary to develop and begin answering some of the questions raised by the surveys and build upon the existing work in this area.

Recommendations

1. Prioritize peer-reviewed independent research into impacts of exploitative BMS marketing on both parent and healthcare provider attitudes and behaviour in Canada
2. Identify factors that are protective against misinformation and exploitative marketing and interventions that disrupt or mitigate negative impacts of commercial influence
3. Centre access and equity in the application of existing policies and regulations and development of new ones



Marketing of Breastmilk Substitutes in Canada: Data Summary

Role

Parent/Caregiver

Parent / Expectant Parent	62
General Public	1
Family Member	3
Caregiver	1

Health Care Professional

Primary Care / Hospital-based Health Care Worker	55
Community / Private Practice Lactation Consultant	18
Volunteer	11
Public Health Professional	96
Other (please specify below)	14

Location

Province/Territory	Ontario	British Columbia	Alberta	Quebec	Manitoba	Saskatchewan	PEI	New Brunswick	Newfoundland & Labrador	Nova Scotia	Northwest Territories	Nunavut	Yukon	Total
HCP	77	6	7	15	5	1	3	66	4	7	0	1	0	194
Parent	42	3	11	1	1	0	0	7	0	2	0	0	0	67

Marketing of Breastmilk Substitutes in Canada: Health Care Professional Data



What's the biggest problem for parents when choosing breastmilk substitutes? (Count)	
Do not understand safe preparation / risks	39
Too much conflicting information	41
Products are not available in Canada	2
Too many products	21
Products are too expensive	42
Other	7
Labels are not clear	4
Health care providers don't know enough	29

Average response on linear scale from 1 (not true at all) to 10 (absolutely true):	
Parents can find all the products they need to feed their babies easily in my community.	5.8
Parents can find the commercial products they want at a price they can afford.	4.0
Labels on breastmilk substitutes are clear and truthful. Parents understand the purpose, benefits and risks of the products and how to prepare them safely from the labels.	3.2
Ads and other marketing help consumers choose between brands and products, but do not influence the decision to replace human milk or family foods with the products.	2.6

As healthcare worker or professional, I have: (Count)	
Seen ads or marketing materials in waiting rooms and/or patient care areas	66
Considered myself knowledgeable about breastfeeding	178
Considered myself knowledgeable about infant formula and bottlefeeding	131
Declined to recommend any specific brand when asked for a recommendation	138
Offered samples of breastmilk substitutes to clients	7
Recommended a specific brand for its quality	2
Recommended a specific product and brand to address a health concern in an infant or young child	24
Explained the purpose of additives or 'extra' ingredients when I recommend a product	10
None of the above	6

Where do you get information about breastmilk substitute selection, preparation and use? (Count)	
Clinical guidelines from healthcare and/or professional organizations	156
I don't know	15
Use Hospital Brand*	2
Product labels	56
Past experience with a brand or product	16
Product monograph	52
Manufacturer or retailer websites or handout	25
Dietitian Colleagues*	2
Magazines, social media and broadcast media	4
*write-in responses	

Marketing of Breastmilk Substitutes in Canada: Parents Data



What's your biggest problem when choosing breastmilk substitutes? (Count)	
Too much conflicting information	16
Too many products	8
Products are hard to find	5
Products are too expensive	19
Health care providers don't know enough	4
Labels are not clear	1
Products are not available in Canada	1
Other*	13
*Other includes lack of access to donor human milk, availability on GMO-free products and "all of the above".	

My family doctor, obstetrician, pediatrician or midwife: (Count)	
Has ads or marketing materials in their waiting room and/or exam room	16
Recommended a specific brand for its quality	10
Explained the purpose of additives or 'extra' ingredients when I asked or when they recommended a product	5
Is knowledgeable about breastfeeding	38
Declined to recommend any specific brand when asked for a recommendation	9
Offered me coupons or 'baby club' information	10
Is knowledgeable about infant formula and bottlefeeding	15
Recommended a specific product to address a health concern in my baby	16
None of the above	8

Average response on linear scale from 1 (not true at all) to 10 (absolutely true):	
I can find all the products I need to feed my baby easily in my community.	6.0
I can afford the baby formula, baby foods and any other special food items my baby or toddler needs.	5.3
Labels on breastmilk substitutes are clear and truthful. I understand the purpose, benefits and risks of the products and how to prepare them safely from the labels.	4.1
Ads and other marketing help me choose between brands and products. The marketing doesn't affect how much I breastfed or whether my baby or toddler ate regular table foods.	4.7

Where do you get your information about which products to use and how to use them?	
Individual recommendations from health care providers	13
General recommendations from health care providers or organizations	19
Trial and error	26
Family members and close friends	32
Social media (including online forums)	11
Past experience with a brand or product	15
Manufacturer or retailer websites or handout	7
Product labels	11
Did not use *	3
Hospital brand *	1
*write-in responses	