Shaping the National Food Strategy

The baby-shaped blind spot: What it is and why it’s important

By Vicky Sibson
The baby-shaped blind spot in England's food policy plans

The Final Report of the Independent Review¹ for the promised National Food Strategy lays out a vision and plan for a healthier and more sustainable food system. But it has a major blind spot, making it incapable of meeting its objectives. Specifically, it fails to acknowledge the particular food and nutrition requirements of babies and young children, and the factors which make eating well a challenge for many young families. The exclusion of England’s youngest citizens from the review is a missed opportunity that must be addressed, not least given the recent, devastating increases in obesity prevalence, up from 9.9% to 14.4% for children in reception and from 21% to 25.5% for children in Year 6, with the highest rates among children living in the most deprived parts of the country².

Typical diets for babies and young children living in England are far from optimal, dominated first by formula and then by commercially produced foods and drinks misleadingly marketed as healthier than they really are, with multiple negative consequences (see Box 1).

What do babies and young children living in England eat³?

Despite UK public health recommendations to breastfeed for the optimal health of the baby and mother³ and most women’s desire to do so⁴, almost three quarters of babies will have consumed infant formula by the time they are 6 weeks old⁵. Breastfeeding initiation is lowest among younger, white women, women in routine and manual occupations, or those who have never worked⁶.

In 2010, only a quarter of babies were given their first foods at the recommended 6 months of age, most having received them much earlier⁷. The proportion of mothers introducing solids at or before 5 months of age was highest among young, white women, among those in routine and manual occupations and those who had never worked⁸.

In 2011 in the UK, three quarters of babies aged 4-6 months had been given a commercially-prepared baby food, and 30-40% of children aged 12-18 months were found to be consuming commercially prepared meals, packaged snacks, adult ready meals and/or a formula milk⁹.

What are the implications of current, suboptimal diets of babies and young children?

Poorer health outcomes:

Formula-fed babies (and their mothers) miss out on the protective effects of breastfeeding; for example, ...
It is important to note that the health and diet of women and men in the pre-conception period and for women during pregnancy also have important impacts on the health and wellbeing of babies and children throughout their lives, as well as everyone else. These policies will impact other government departments beyond Defra (which sponsored the Independent Review and is coordinating the White Paper), most notably the Department for Health and Social Care and the Department for Education, and cross-government collaboration will be key to achieving an inclusive National Food Strategy.

Cost to the NHS:

Ill health caused by suboptimal feeding imposes a huge cost on the NHS. For example, it has been estimated that over £17 million could be gained annually by avoiding the costs of treating four acute diseases in infants if breastfeeding rates were to improve moderately.

Negative impacts on the environment:

There are important concerns about the sustainability and environmental impact associated with the production, packaging and waste disposal, distribution and use of discretionary, commercially produced baby foods and drinks.

We have identified eight recommendations that we argue are essential to support eating well in the early years, building on or adding to the proposals in the Independent Review. If included and implemented, they would enable the next generation to eat better and more sustainably, and to maintain a healthy weight as they grow. Our recommendations are presented here within the framework of policy objectives proposed in the Independent Review.

Objective: Escape the ‘junk food’ cycle to protect the NHS

1. Make the environment more enabling for women who want to breastfeed, therefore reducing consumption of infant formula. To achieve this:
   - Fund and support all neonatal, maternity and health visiting services, Family Hubs and relevant university courses to become Unicef UK Baby Friendly Initiative accredited, building on the NHS long-term plans to accredit maternity settings.
   - Follow through on the government’s commitment in the Autumn 2021 budget to fund breastfeeding support in half of all council areas.
   - Strengthen England’s legislation in line with Scotland’s Breastfeeding, etc. (Scotland) Act 2005, which makes it an offence to stop someone in a public place from feeding their children, if under 2 years, with milk.
   - Make the ACAS guidance on accommodating breastfeeding employees in the workplace statutory to protect breastfeeding mothers on their return to work.

2. Strengthen regulation relating to the composition, labelling and marketing of foods and drinks aimed at babies and young children, therefore reducing consumption of less healthy and ultra-processed products, by introducing:
   - Better regulations on composition, to help address the high free-sugar content of many products which would not be affected by the sugar reformulation tax proposed in the Independent Review.
   - More honest labelling and marketing of these products, to help parents/carers make informed decisions on what they are feeding their children.

3. Improve support to families for complementary feeding, therefore improving feeding practices and reducing consumption of less healthy and ultra-processed products, by taking action to:
   - Ensure the government’s commitment in the Autumn 2021 budget to transform ‘Start for Life’ and family help services in half of the council areas across England includes provision of information and practical support to families to practise age-appropriate introduction of cost-effective, nutritional foods.
   - Enact and enforce stronger regulations to better protect parents from misleading commercial influence on when, what and how they feed their babies by putting an end to the inappropriate marketing of breastmilk substitutes. The International Code of Marketing of Breastmilk Substitutes provides the most relevant policy framework.

It is important to note that the health and diet of women and men in the pre-conception period and for women during pregnancy also have important impacts on the health and wellbeing of babies and children in to their later lives, with implications for the scope of recommendations made below.

We find the term ‘junk food’ imprecise and unhelpful, and repeat it here only in the context of repeating the objective in the Independent Review. We do not imply that infant formula is a ‘junk food’ by recommending its consideration under this objective. We recommend a focus on ‘ultra-processed foods’, given the availability of an objective definition and mounting evidence that diets high in such foods are associated with poor health.

A breastmilk substitute is defined in the International Code on the Marketing of Breastmilk Substitutes as: “any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose” (http://www.who.int/publications/i/item/9241541601)
nutritious solid foods at around 6 months of age, and to feed responsively following their child’s hunger and satiety cues.

4. Improve the school-related food environment and food-related education from the early years onwards by:
   • Making the voluntary food and drink standards for early years settings mandatory.
   • Ensuring personal, social, health and economic education includes the importance of health and eating well, before and during pregnancy, and breastfeeding as a normal human activity.

Objective: Reduce diet-related inequality

5. Reform the Healthy Start scheme so it meets its original objectives, which included the promotion of breastfeeding and preventing obesity. To achieve this:
   • Raise the threshold for receipt, so more people on lower incomes who need it can rely on the scheme as a nutritional safety net.
   • Enhance the offer for breastfeeding women, for example through provision of a greater number of vouchers.
   • Increase the visibility and accessibility of the scheme to enable greater uptake.
   • Integrate the scheme with other benefits and services for young families, for example cookery sessions and breastfeeding support delivered at Family Hubs.

Objective: Make the best use of our land, in order to meet the UK’s legal commitments on carbon emissions and nature restoration

6. Take action on the carbon emissions attributable to infant milks and baby foods by:
   • Calculating the contribution to carbon emissions made by UK-based manufacture and distribution of infant formula, as well as unnecessary infant milks and discretionary and often unnecessary commercial foods and drinks in unrecyclable packaging, and use the figures to support action to reduce consumption of these products.

Objective: Create a long-term shift in our food culture

7. Ensure the long-term shift in food culture includes young families by:
   • Appointing a specific person with relevant expertise to lead development of a strategy to improve mothers’ diets and infant and young child feeding practices. Data should be collected to take stock of current practices and to assess change over time.

Objective: Fix the foundations needed to deliver the recommendations in practice

8. Make statutory family support services fit for purpose. Most of the above recommendations will not be possible without improvements in statutory services which support young families. As well as improvements in the Healthy Start scheme, and food standards and food education in early years settings, other necessary actions are to:
   • Urgently ensure local authorities are given sufficient funding to deliver universal health visiting services, delivering a minimum of seven face-to-face contacts with a health visitor as set out in the 2021 Healthy Child Programme.
   • Follow through on the government’s commitment in the Autumn 2021 budget to fund Family Hubs in half of all council areas, which will offer a range of services to support pregnant women and young families to eat well.
   • Include nutrition training in core curricula for all health professionals who have contact with pregnant women and young families in order that they have the knowledge and skills to support them to eat well.

Conclusions

The Independent Review for the National Food Strategy is billed as a comprehensive review of the food system, and yet babies, and what babies eat, are invisible, and few of the recommendations address the specific challenges faced by parents/carers of babies and young children. As long as how, what and why we feed our children in their earliest years is considered outside the scope of our food system, we will make little progress in tackling rising rates of overweight and obesity, and other negative health impacts of suboptimal diets, including dental decay. The eight additional recommendations made here could ensure a National Food Strategy, White Paper and subsequent Food Bill capable of improving the diets of babies and young children while protecting the environment.
References


6. Ibid

7. Ibid

8. Ibid


15. First Steps Nutrition Trust. (2021). Drinks marketed as toddler and growing up milk. Available at https://static1.squarespace.com/static/59f75004f9c9a88694070f3b1/t/6113b3b3b3b5491720e083/a1628681338268/Drinks marketed as toddler and growing up milk final.pdf


Dr Vicky Sibson is Director of the First Steps Nutrition Trust, an independent public health nutrition charity.

Vicky is a Public Health Nutritionist with a PhD from University College London and an MSc from the London School of Hygiene and Tropical Medicine. She started off her career in the humanitarian world and worked for several international NGOs both overseas and as a head office adviser for over a decade, during which time she gained a particular interest in infant and young child nutrition. Vicky has been working at First Steps Nutrition Trust for three years, bringing her international experience to bear in their work. This work focuses on filling practical and policy-relevant information gaps, providing resources for health workers supporting expectant parents and young families to eat well, and ultimately ensuring that the importance of good nutrition from pre-conception to age five remains on everyone’s agenda.

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