



GfK. Growth from Knowledge



## Review of the effectiveness of the controls on infant formula and follow-on formula:

### Primary Research

A research  
report for:



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## 1 Key Findings

- Very few parents of children under 6 months were feeding follow-on formula. Of the 816 respondents to the quantitative research who could have been feeding formula (i.e. mothers, partners and carers) only 22 (2.6%) were feeding follow-on formula to children in their care and none of these were doing so before 16 weeks.
- Those feeding follow-on early showed very little confusion about the proper use of this product. Only 2 respondents (1 in the quantitative work and 1 in the qualitative work) did not know that the product they were using was intended for children over 6 months.
- Given these findings, it is difficult to support the view that changes should be made to the current presentation and advertising of follow-on formula and infant formula, as it does not appear that current advertising has led those feeding follow-on formula before 6 months into confusion about the minimum age at which the product should be fed.
- Nevertheless, to the extent that the current controls on formula advertising are intended to make it clear to *all* those likely to be involved in child care that adverts for follow-on formula relate only to babies 6 months and over, it could be argued that current advertising is not in compliance. As the quantitative research shows, advertisements for follow-on formula were not seen as clear by all respondents. A minority were mistaken about the age of child for which the product advertised was intended (the size of this contingent varied depending on the advert shown and ranged from 13% to 36%), while a majority of all parents and carers thought all the adverts shown should have been clearer than they were.
- Formula advertising was seen to have very little effect on the feeding behaviour of parents and carers. When recent parents were asked, unprompted, where they had received information on infant feeding, 31% cited a hospital midwife, 20% a health visitor and 12% their mother. Only 8% spontaneously referred to books, magazines and leaflets (which may have included advertising).

## 2 Executive Summary

### 2.1 Background & objectives

At the request of the Independent Review Panel<sup>1</sup>, the Food Standards Agency (FSA) and the Department of Health (DH) commissioned research to provide information on whether consumers were clear that the presentation and advertising of follow-on formula related only to babies over the age of six months and was not confused with infant formula meant for younger babies, under the age of six months. In addition, the research investigated parents' actual behaviour, examining whether infants under six months were being fed infant formula and, where this was the case, exploring their motivations and reasoning. The objectives of the research were as follows:

- To assess whether infants under 6 months are being fed follow-on formula and if so, the reasons why;
- To assess whether the new controls upon the ways in which follow-on formula are presented and advertised<sup>2</sup> have been effective in making it clear to all those likely to be involved in child care, including parents, formal and informal carers, health professionals and parents-to-be, that advertisements for follow-on formula relate to formula only for older babies (6 months plus), and are not perceived as, or confused with, infant formula advertising, which is prohibited and;
- Based upon this evidence, to draw conclusions about what changes, if any, could be made to the presentation and advertising of infant / follow-on formula, for consideration by the review panel.

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<sup>1</sup> The independent panel, led by Professor Anne Murcott and made up of experts in a range of fields including health, nutrition, social marketing and broadcast advertising was set up to review the controls on infant formula and follow-on formula.

<sup>2</sup> Advertising controls prohibit the advertising of infant formula (for babies under 6 months) to the general public.

## **2.2 Method and sample**

The research was carried out in three stages, as follows.

### **Stage 1, Literature Review**

The University of Kent carried out a literature review of existing peer-reviewed research into the use of infant and follow-on formula. The literature review summarised the conclusions of this body of research, commenting on what studies published to date indicate about: the incidence of use of follow-on formula milk for feeding infants under six months of age; what they indicate about understanding among those responsible for feeding babies (parents in particular) about use of follow-on formula milk; and what they tell us about the relation between advertising of follow-on formula milk and infant feeding practices. The literature review was carried out by Dr. Ellie Lee and Professor Frank Furedi of the University of Kent and is published as a separate document to this report.

### **Stage 2, Qualitative Research**

GfK NOP carried out a total of 18 focus groups and 13 depth interviews amongst parents (expectant and recent), carers (formal and informal) and healthcare professionals (including health visitors and midwives). These provided a detailed understanding of how parents and carers understood the presentation and advertising of follow-on formula and how this understanding affected the way they fed their infants. It also informed development of the quantitative question set and findings fed into the subsequent quantitative research process, informing such aspects as the follow-on formula adverts to be shown.

### **Stage 3, Quantitative Research**

Following the qualitative research, GfK NOP carried out face to face in-home interviews with mothers of babies under six months (519), their partners (154), pregnant women (235), their partners (102) and unpaid carers of babies under six months (143). At the same time a telephone survey of health professionals was undertaken which included health visitors (100) and midwives (100), and of Peer Supporters (50) who are lay people trained to support new mothers to breastfeed.

The quantitative research established infant feeding behaviour across a robust sample of UK parents and carers and looked at the views, attitudes and experiences of healthcare professionals on this issue. It investigated the extent to which children aged under 6 months were being fed follow-on formula and also sought to establish whether there was any confusion around the advertising and presentation of follow-on formula. As the survey could

not reproduce behaviour in store (i.e. testing product displays and packaging) it was decided not to investigate whether there was confusion associated with the presentation of infant formula and follow-on formula in the quantitative research.

### **2.3 Main findings**

This section will summarise the main findings of GfK NOP's primary research (Stages 2 and 3, detailed above). Each of the three research objectives are addressed in turn.

#### **Objective 1: To assess whether infants under 6 months are being fed follow-on formula and if so, the reasons why.**

The literature review noted that there was little existing data on early use of follow-on formula (i.e. before 6 months). What was available – most notably the most recent Department of Health Infant Feeding Survey (conducted in 2005) – indicated that only a very small minority used follow-on formula before six months (up to 12%).

Both the quantitative and qualitative work confirms this impression. In both the quantitative and qualitative work we found a small minority of infants under 6 months were being fed follow-on formula. Of the 816 respondents to the quantitative research who could have been feeding formula (i.e. mothers, partners and carers) only 22 (2.6%) were feeding follow-on formula to children in their care. All of these children were aged 16 weeks or more. In the qualitative work we spoke to 84 mothers and fathers of children under 6 months. Of these 6 had fed follow-on formula within the first 6 months (though none had done so before the child was 16 weeks of age).

Amongst the 22 respondents in the quantitative work and the 6 in the qualitative, there was little confusion about the proper use of follow-on formula. All but 1 respondent in the quantitative work and 1 in the qualitative work knew the product they were using was intended for children over 6 months and had made a considered decision to feed follow-on early with this in mind. The mother in the face to face survey, who already had children and who was giving the formula to her 5 month old, did not realise the formula was for babies aged over 6 months. In the qualitative work the exception was a father in Edinburgh who knew the follow-on formula he was feeding (Aptamil 3) was for older babies but could not place a definite age on when it should be introduced.

There is very little existing information to explain why those who feed their babies follow-on formula early do so (see Literature Review, p10). During the primary research, parents

identified four reasons for this spontaneously. These are described below. All were closely connected and were influenced by perceived levels of hunger and the baby's rate of growth:

- **Baby's needs** – Twelve of the 22 respondents who stated that they were feeding follow-on formula early in the quantitative research said they were doing this because they thought it was what the baby needed or was ready for, a non specific reason.
- **Hunger** – Ten of the 22 respondents stated that their baby was hungry and not getting sufficient food from infant formula. In the qualitative research, there was clear evidence of parents worrying that the infant formula they were feeding was not filling up their child and switching to follow-on which they saw as richer, heavier and more nutritious.
- **Health visitor's advice** – One recent mother in the qualitative work said she had used follow-on formula at 5 months, based on her health visitor's advice. She believed her child was not getting as much food as it needed and the health visitor agreed with this, recommending use of follow-on.
- **Natural progression** – Some mothers saw use of follow-on as being a 'natural progression' from infant formula. They felt they knew when their baby was ready to move on to a 'heavier' milk based on its size and weight and the volume it was consuming and introduced follow-on when they felt it was right to do so.

It should be noted that for health visitors and midwives, early use of follow-on formula was not a major concern. In the qualitative research these health professionals said they were far more concerned with promoting breastfeeding and discouraging early weaning (i.e. within the first 6 months) than with early use of follow-on formula.

**Objective 2: To assess whether the new controls upon the ways in which follow-on formula are presented and advertised have been effective in making it clear to all those likely to be involved in child care, including parents, formal and informal carers, health professionals and parents-to-be, that advertisements for follow-on formula relate to formula only for older babies (6 months plus), and are not perceived as, or confused with, infant formula advertising, which is prohibited.**

Very little high quality research about perceptions of formula milk advertising or the relation between advertising and feeding practices was identified by the Literature Review. As the review noted (pp11-14 and Appendix 2) most discussion of this area has tended to be carried out in letter pages or comments pieces or as a result of campaigning activity.

Findings from the qualitative research

Please see Appendix B for a catalogue of all adverts shown in this research. Most parents (recent and expectant) were able to correctly identify that *all* adverts shown were advertising products aimed at infants aged 6 months and over (these ads can be seen at Appendix B).

Two indicators led them to this conclusion:

- Product image – Presentation of the product / packaging enabled parents to identify what was being advertised based on their pre-existing product knowledge.
- Characteristics of child – Awareness of what a child aged 6 months and over looked like enabled parents to identify that the children shown in the adverts were over six months. These characteristics included: head control, arm movement, sitting upright, hair and teeth, self-feeding, emotional facial expressions.

However, some adverts proved easier for parents to identify than others. In the qualitative research, the Aptamil and Cow & Gate TV adverts were seen as easy to identify (i.e. it was easy to see that the product was aimed at a child over 6 months). In contrast, the SMA TV advert and the Aptamil press advert were not seen as easy to identify. Most parents did identify that these latter adverts were for products intended for children over 6 months, but admitted that this required them to scrutinise them more closely than they would do in their daily lives.

There were recent and expectant parents who were unable to identify what product some of the more ambiguous adverts were promoting (again, these included the SMA TV advert and the Aptamil press advert). These respondents tended to be first time parents, who had less product knowledge and less awareness of the physical characteristics of infants aged 6 months and over.

All the informal childminders were aware of the various formula products on offer and had a good knowledge of the physical characteristics of children aged 6 months and over. Given this, they consistently identified that all the adverts shown were for follow-on (though, once again, some adverts required closer scrutiny than others).

Registered childminders had little say in what milk was fed to children under 6 months in their care. None were responsible either for deciding what formula was fed or for purchasing it. Parents provided them with formula. Often this was supplied in Tupperware or was already made-up, so that childminders had little knowledge of what they were feeding. Furthermore, registered childminders were giving very little feeding advice to parents. Given this, childminders were required to draw on product knowledge acquired from feeding their

own children when assessing the adverts. Nevertheless, all were able to identify that all of the adverts shown were for follow-on formula.

Most of the health professionals interviewed were critical of any advertising of formula. However, all were able to identify that the adverts shown were for follow-on formula. The SMA TV advert was singled out as being least clear by these health professionals.

Parents of babies under six months of age and expectant parents reported that they did not feel there was an issue with the clarity of in-store presentation. This was because they knew what product they were looking for and would examine the label to check the suitable feeding age before purchase.

### Findings from the quantitative work

As with the qualitative work, most respondents were able to identify the suitable age for all the products they saw advertised. However, a significant minority were not. In all cases, a significant minority of respondents were mistaken about the age of child for which the product advertised was intended. The size of this contingent varied depending on the advert shown and ranged from 12% of parents and carers for the SMA press advert to 37% for the SMA TV advert. A majority of all parents and carers thought all the ads shown should be clearer than they were.

When asked how clear an impression the adverts gave of the age of the child for which the formula was suitable, a majority of those who specified an age thought they were clear (very or fairly). However, this was equally the case for those who thought the product was suitable from birth. On the question of clarity, the Aptamil press ad fared worst with nearly half thinking it not clear. In all other cases a quarter to a third of respondents thought specific adverts were not clear.

The perceived lack of clarity of what age the products advertised are designed for, identified in both the quantitative and the qualitative research, does suggest that the controls on advertising have not been totally effective in ensuring that all follow-on formula advertising is clear about the age of the child for which the product is intended. Where the quantitative survey tackled this issue directly (amongst health professionals and peer supporters), 88% felt that the regulations did need strengthening.

**Objective 3: Based upon this evidence, to draw conclusions about what changes, if any, could be made to the presentation and advertising of infant / follow-on formula, for consideration by the review panel.**

The findings of this study confirm one observation about advertising arising from the Literature Review. It was noted that the factors shaping feeding practices are multiple and complex. The literature review concluded that available evidence cautions against believing the relation between advertising and behaviour to be linear, as a cause and effect relationship has not been identified by research (pp35-36). Advertising may play a role in shaping attitudes and behaviour; however, the way in which it may do this (in concert with other factors) has so far been the subject of no systematic research.

In so far as this study added to our understanding of this area, it gave further weight to the view that the pathway to use of follow-on formula and formula use in general is multi-factorial. The research identified a range of experiences that directly shaped feeding

practices, with advertising appearing as a background factor, rather than a major influence. Formula advertising was seen to have little effect on the feeding behaviour of parents and carers. When recent parents were asked, unprompted, where they had received information on infant feeding, 31% cited a hospital midwife, 20% a health visitor and 12% their mother. Only 8% spontaneously referred to books, magazines and leaflets (which may have included advertising). Additionally, as suggested already, the research found no evidence to indicate that follow-on formula was used too early because of misleading advertising.

Both the quantitative and qualitative research found that very few parents of children under 6 months were feeding follow-on formula. Of the 816 respondents to the quantitative research who could have been feeding formula (i.e. mothers, partners and carers) only 22 (2.6%) were feeding follow-on formula to children in their care. In the qualitative work we spoke to 84 mothers and fathers of children under 6 months. Of these 6 had fed follow-on formula within the first 6 months.

None of the parents (in either the quantitative or the qualitative research) feeding follow-on formula early were doing so before 16 weeks. Furthermore those feeding follow-on early showed very little confusion about the proper use of this product. All but 1 respondent in the quantitative work and 1 in the qualitative work knew the product they were using was intended for children over 6 months and had made a considered decision to feed follow-on early with this in mind.

Given these findings, it is difficult to support the view that changes should be made to the current presentation and advertising of follow-on formula and infant formula, as it does not appear that current advertising has led those feeding follow-on formula before 6 months into any confusion about the minimum age at which the product should be fed.

Nevertheless, to the extent that the current controls on formula advertising are intended to make it clear to *all* those likely to be involved in child care that adverts for follow-on formula relate only to babies 6 months and over, it could be argued that current advertising is not in compliance. As the quantitative research shows, advertisements for follow-on formula were not seen as clear by all respondents. A minority were mistaken about the age of child for which the product advertised was intended (the size of this contingent varied depending on the advert shown and ranged from 13% to 36%), while a majority of all parents and carers thought all the adverts shown should have been clearer than they were.

If, based on this evidence, it was felt necessary to place additional controls on the advertising of follow-on formula, a number of approaches could be taken simultaneously. These follow:

- The age of the child could be made clearer in the voiceover for the television adverts
- The age of the child could be made clearer in the text of the press adverts
- Children shown in all adverts could be clearly and unambiguously aged 6 months and over (by demonstrating features such as good head and arm control, emotional expression, an outdoor environment and even self-feeding)
- The size and clarity of product images (i.e. packaging) could be enhanced
- A clearer explanation of the meaning of infant formula and follow-on formula could be provided to consumers

### 3 Introduction

#### 3.1 Background

The Department of Health (DH) is fully committed to the promotion of breastfeeding. There is clear evidence that breastfeeding has positive benefits for both mother and baby in the short and longer term. Not only does breast milk provide all the nutrients that a baby needs for healthy development in the first six months of life, but there is mounting evidence that, in the long term, breastfed babies have several advantages in terms of health and development. For instance, a study carried out by the World Health Organisation (WHO) in 2007<sup>3</sup>, showed that subjects who were breastfed experienced lower mean blood pressure and total cholesterol and demonstrated higher performance in intelligence tests. Given the evidence in favour of breastfeeding, DH recommends that mothers breastfeed their babies exclusively for the first six months and has introduced a range of schemes to influence parents' behaviour, steering them towards breastfeeding, of which Breastfeeding Awareness Week is the longest standing.

Since the early 1970s, concerns about infant formula (the description given to breast milk substitutes for children from birth) have led to the emergence of global restrictions on formula milk production and the advertising of formula milk (see also Literature Review p5-6). The World Health Assembly became involved and in 1981 published the 'International Code of Marketing of Breast Milk Substitutes'. In 1991 the WHO and UNICEF jointly launched the 'Baby Friendly Hospital Initiative' with the aim of ensuring healthcare environments where breastfeeding was the norm. The emphasis of such codes and initiatives has been to promote breastfeeding and restrict the advertising and promotion of infant formula. In the UK, the advertising of infant formula to the general public is totally prohibited. However, subject to controls, the advertising of follow-on formula (the description given to breast milk substitutes for children aged over 6 months) is permitted.

In November 2007, the Minister of State for Public Health, Dawn Primarolo, announced new controls on the composition, labelling, presentation, advertising and promotion of infant formula and follow-on formula. The new controls came into force in early 2008. Their aim was to ensure that all types of formula meet the nutritional needs of babies and that the marketing and promotion of such products won't undermine breastfeeding. When they were announced in November 2007, Rosemary Hignett, Head of Nutrition at the Food Standards

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<sup>3</sup> Horta B.L. et al (2007) Evidence on the long-term effects of breastfeeding, WHO

Agency (FSA), commented that: "Although breastfeeding is best, we recognise that many mothers choose to use formula milk and it's important that measures are in place to protect them and their babies." The new controls include:

- Tighter rules on the labelling of all types of formula clarifying that follow-on formula should only be used by infants from six months of age (an increase from the limit of four months which was the case before January 2008)
- Allowing only a small number of approved health and nutrition claims to be displayed on infant formula milk
- Restrictions preventing infant formula being advertised directly to parents
- New rules on how follow-on formula can be advertised, including making it very clear that the product is for older babies
- Robust guidance for industry and enforcement authorities to correctly apply the new law. This includes guidance that infant formula advertising does not use pictures or text comparing products to breast milk and does not feature babies that could be thought to be under six months (even if they are actually older)

Following the announcement of the new controls, an Independent Review Panel was set up to examine whether, as a result of the new controls on advertising and presentation, there is a clear distinction between infant formula and follow-on formula in consumers' minds. The Review Panel is chaired by Professor Anne Murcott and set out to assess whether the new controls are fulfilling their objectives or whether further action is needed and if so, what future action may be appropriate. Specifically, the review aimed to:

- Establish the effect of the new controls on the ways in which infant formula and follow-on formula are presented and advertised
- Establish whether consumers are clear that the presentation of, and advertising of, follow-on formula relates to formula for older babies and not to infant formula
- Establish if infants under 6 months of age are being fed follow-on formula and if so the reasons why
- Identify any enforcement issues which have arisen since the new controls came into force

### **3.2 Objectives**

At the request of the Independent Review Panel, FSA and DH commissioned research to provide information on whether consumers were clear that the presentation and advertising of follow-on formula relates only to babies over the age of six months and is not confused with infant formula meant for younger babies, under the age of six months. In addition, the research aimed to investigate parents' actual behaviour, examining whether infants under six months are being fed infant formula and, where this is the case, exploring their motivations and reasoning.

### **3.3 Method**

The survey began with a literature review of existing peer-reviewed research into the use of infant and follow-on formula. The literature review summarised the conclusions of this body of research, commenting on what studies published to date indicate about the incidence of use of follow-on formula milk for feeding infants under six months of age; what they indicate about understanding among those responsible for feeding babies (parents in particular) about use of follow-on formula milk; and what they tell us about the relation between advertising of follow-on formula milk and infant feeding practices. The literature review was carried out by Dr. Ellie Lee and Professor Frank Furedi of the University of Kent and is published as a separate document to this report.

A programme of qualitative research was then undertaken. The aim of the qualitative research was to provide a detailed understanding of how parents and carers understood the advertising and presentation of follow-on formula and how this understanding affected the way they fed their infants. Focus groups (1½ hours in length, 8 respondents recruited to each) and depth interviews (1 hour in length, 1 respondent recruited to each) were used to explore these issues and to enable respondents to express themselves openly and at length, in their own words. In addition, the qualitative research also sought to understand the views of key healthcare professionals, namely health visitors and midwives, in order to explore their attitudes to the use of formula and its advertising and to explore what advice they were giving parents and their understanding of parents' behaviour. Focus groups (1½ hours in length, 5 respondents recruited to each) were carried out amongst health visitors and midwives.

All focus groups were recruited using a free-find approach. Whether they were parents, carers or health professionals, individual respondents were recruited by locally based recruiters using a screening questionnaire and sample specification developed by GfK NOP

and approved by the FSA. Recruiters used a number of techniques to recruit respondents, including street recruitment, telephone recruitment and networking through local contacts.

Focus groups were the preferred method for researching parents, carers and health professionals as they enabled us to research greater numbers than a one-to-one interview methodology would have done. They also allowed discussion and debate to take place, with respondents sharing experiences and discussing each other's choices, attitudes, behaviours and preferences. However, depth interviews were carried out amongst formal childminders (i.e. those registered with Ofsted) and expectant mothers. This approach was chosen over focus groups as expectant mothers may have had difficulty travelling to and attending a focus group and, given their limited numbers in individual locations, focus groups amongst formal childminders would have been very difficult to convene.

All focus groups and depth interviews with parents concentrated on the way they had fed their most recent child during the first 6 months of his / her life, as well as their reasons for this, the sources of information and advice they had accessed and their awareness and attitudes to follow-on formula advertising. The focus groups amongst health visitors and midwives took a slightly different approach, examining their experience of parents' use and attitudes towards formula and formula advertising. During all focus groups and depth interviews, follow-on formula adverts published in 2008 were shown. Amongst health visitors and midwives, infant formula adverts from 2008 were also shown.

As well as providing insights into behaviours and attitudes, one of the key roles of the qualitative research was to inform the design of the quantitative stage, providing guidance on the questions to be asked, their wording and the materials to be shown during the quantitative survey. For instance, the qualitative work was used to identify the follow-on formula adverts to be shown in the quantitative stage (from all of those published in 2008) by enabling researchers to build up an understanding of which adverts were seen as more or less clear by the various respondent groups.

The final stage of the research was a face to face quantitative survey of mothers of babies under six months, their partners, expectant parents and unpaid carers of babies under six months. At the same time a telephone survey of health professionals was undertaken which included health visitors and midwives, and of peer supporters.

For the face to face survey a quota technique was used where sample points were lower layer Super Output Areas (SOAs) which typically contain around 1,500 households. SOAs are commonly used in research as they are more stable geographical units than Wards which

were used in the past. All SOAs in the United Kingdom containing a minimum of 10.5% of households with 0-4 year old children (according to census information) were selected as the universe of SOAs from which to select our sample. This made what would have been an almost impossible fieldwork task tenable on the basis that areas with a reasonable number of children historically would have a relatively high number of mothers with babies under 6 months old. A total of 973 SOAs matched this profile. These SOAs were first split by region and then stratified by their Index of Multiple Deprivation (IMD) score so that, within region, as good a mix as possible of types of SOAs was chosen. From that stratified list 229 SOAs were selected with probability proportional to the number of households with 0-4 year olds present. Interviews were carried out door to door. Interviewers were permitted to ask if a respondent knew if immediate neighbours had babies but no other referrals were permitted, to avoid very similar types of respondents being interviewed. Surveys were carried out using Computer Assisted Personal Interviewing (CAPI) which removed any possibility of routing errors from the interviewers' hands.

Telephone sample for the health visitors and midwives was obtained from a third party (Binleys). For the peer supporters DH and GfK NOP sent email requests to peer support leaders asking them to provide names and telephone numbers of peer supporters happy to take part in the survey. In total, 73 names and telephone numbers were forthcoming.

Questionnaires were designed by GfK NOP in discussion with the FSA, DH and the Independent Panel. The average interview length for the face to face surveys was 20 minutes and for the telephone surveys 14 minutes. The television adverts used in the final section of each face to face survey were sourced from the marketing departments of the baby formula manufacturers to ensure clarity of text and image, after ensuring that these were the campaign ads used in 2008 and matched what the qualitative research had been using. The quantitative data was processed using Quantum from which tabulations were run to a specification agreed with FSA and DH.

Given the methods used and the time available for the interviews, the quantitative survey could not reproduce behaviour in store (i.e. testing product displays and packaging). Therefore, it was decided not to investigate whether there was confusion associated with the presentation of infant formula and follow-on formula in the quantitative research.

### **3.4 Survey Accuracy**

As specified above this survey used a quota technique in areas that we knew, historically, had had a high proportion of children. Clearly this is not a perfect design as it missed out thousands of parents with young children in other areas of the country. However, the only way to ensure all had an even chance of taking part in the survey would have been to run a random probability sample (sampling uniformly across the country). With the incidence of mothers of children under six months at around 1.6% this would have been extremely expensive and would have taken many months to conduct. It was not possible to use the Register of Births as, due to data protection purposes, it would have required ONS to contact people by post to ask them to opt in, which would have had time/resource implications. The approach taken was therefore the most effective possible given the time and budget for this research.

We did all we could to make the quota design as robust as possible (see the previous section). Nevertheless, we cannot suggest that the samples of parents, expectant parents and carers obtained are nationally representative. As there is no existing data against which to compare our sample (either from the Census, the Infant Feeding Survey 2005 or from any other source), we simply do not know how representative of the national picture it is. The only other survey of this type carried out in the UK is the Department of Health's Infant Feeding Survey. This was last conducted in 2005 and is conducted by post. Consequently, this survey is self-selecting (only those willing to complete and return a postal questionnaire participate) and is therefore not a wholly reliable indicator of the true incidence of mothers, expectant parents or carers in the UK.

A further point to note is that the qualitative and quantitative surveys collected self-reported information. Therefore, in commenting on issues such as the impact of advertisements, the research is limited to reporting respondents' views of the impact of advertising on them. While the robustness of the methods used and the sample size give these findings much weight, it is important to note that individuals may not always be fully aware of the influences acting upon them and that this study does not go beyond self-attribution in designating these.

### 3.5 Sample

#### 3.5.1 Qualitative sampling

A total of 18 focus groups (1½ hours in length, 8 respondents recruited to each focus group with recent parents, 5 respondents recruited to each focus group with midwives and health visitors) and 13 depth interviews (1 hour in length, 1 respondent recruited to each) were carried out by GfK NOP between 9 December 2008 and 22 January 2009. Depth interviews were carried out amongst formal childminders and expectant parents only. Focus groups were carried out amongst all other respondent groups. The table below lists and defines all respondent groups for the qualitative research.

Respondent Type	Respondent Group	Definition
Parents	Recent mothers / fathers	<ul style="list-style-type: none"> <li>Parents of children born in the 6 months prior to recruitment (i.e. since 1 June 2008)</li> <li>Included first time parents and those with older children, as well as married parents, cohabiting parents and single parents</li> </ul>
	Expectant mothers	<ul style="list-style-type: none"> <li>Women pregnant at the time of research</li> <li>Included first time parents and those with older children, as well as married parents, cohabiting parents and single parents</li> </ul>
Carers	Informal childminders	<ul style="list-style-type: none"> <li>Friends and relatives of parents of children born in the 6 months prior to recruitment (i.e. since 1 June 2008)</li> <li>All looked after an individual child at least twice a week, for 4 hours or more and all had some responsibility for feeding the child</li> <li>Not registered childminders</li> </ul>
	Formal childminders	<ul style="list-style-type: none"> <li>Professional childminders, registered with Ofsted</li> </ul>
Health professionals	Midwives	<ul style="list-style-type: none"> <li>All in role for at least 6 months</li> </ul>
	Health visitors	<ul style="list-style-type: none"> <li>All in role for at least 12 months</li> </ul>

The qualitative research was carried out in England, Scotland, Wales and Northern Ireland, to include respondents from a broad range of locations across the United Kingdom. The

following table details precise locations and also shows the demographic structure for each focus group and depth interview, including ages and socio-economic grade where appropriate.

Location						
England		Scotland		Wales		Northern Ireland
London	Manchester	Edinburgh	Glasgow	Bridgend	Aberystwyth	Belfast
<b>Focus Groups</b>						
Group 4 Recent mothers 35+ ABC1	Group 3 Recent mothers 20-29 C2DE	Group 2 Recent mothers 30-39 ABC1	Group 1 Recent mothers Under 20 C2DE	Group 5 Recent mothers 30-39 C2DE	Group 6 Recent mothers 20-29 ABC1	Group 7 Recent mothers 20-29 C2DE
Group 13 Informal childminders	Group 9 Recent fathers 35+ ABC1	Group 10 Recent fathers 30-39 C1C2D	Group 14 Informal childminders	Group 11 Recent fathers Under 20 C2DE	-	Group 8 Recent mothers 30-39 ABC1
-	-	-	Depth 13 Recent father 20-29 C2	-	-	Group 12 Recent fathers 20-29 ABC1
<b>Mini Groups</b>						
Group 17 Midwives	-	Group 15 Health Visitors/ Midwives	-	-	Group 18 Midwives	Group 16 Health visitors
<b>Depth Interviews</b>						
Depth 1 Expectant parent 30-39 C2DE	Depth 2 Expectant parent 20-29 C2DE	Depth 3 Expectant parent 40+ ABC1	-	Depth 4 Expectant parent 20-29 ABC1	-	Depth 5 Expectant parent 30-39 ABC1
Depths 6, 11, 12 Registered childminder	Depth 7 Registered childminder	Depth 8 Registered childminder	-	Depth 9 Registered childminder	-	Depth 10 Registered childminder

Amongst recent parents, quotas were placed on feeding behaviour, with at least two breast feeders, 2 bottle feeders and 2 mixing breast and bottle recruited to each group. A total of 84 recent parents participated in the qualitative research. Of these 15 had exclusively breastfed, 23 had exclusively bottle fed and 46 had done a mix of breast and bottle feeding. The table below shows the age of the infants of parents who were exclusively breastfeeding at the time of research and also shows at what stage bottle feeders and those who had done a mix of bottle and breastfeeding introduced formula.

Respondent type	Information shown	Months						TOTAL
		1	2	3	4	5	6	
Recent parents: exclusively breastfeeding	No. of infants and age at time of research	5	2	-	2	3	3	<b>15</b>
Recent parents: those who had moved from breast to bottle feeding (or to a mix of breast and bottle feeding)	No. of infants and age at which formula was first introduced	23	4	9	5	4	1	<b>46</b>

This indicates that a high proportion of mothers cease breastfeeding within the first month. As the Literature Review shows, this is supported by data from the Department of Health's Infant Feeding Survey.

While sample sizes in qualitative research are necessarily limited, the methods used enable researchers to obtain a good deal of information and opinion from respondents. Although relatively limited numbers of parents feeding in different ways were included, researchers were able to examine their experiences, views and feelings in detail. We are therefore satisfied that this sample provides a broad and reflective insight into the behaviours and attitudes of parents feeding in a variety of ways.

### 3.5.2 Quantitative sampling

The table below gives the proportions of each type of sample interviewed. Informal carers are friends or relatives who take care of a child in the parents' absence for at least 4 hours once a week or more often. Peer supporters are laypersons organised under a scheme set up by the NHS who are trained to support new mothers to breastfeed and help them with any problems they encounter in breastfeeding. During the course of the survey it was found that carers of children aged under six months were very difficult to find. As a result the definition of a carer was relaxed from two occasions a week of looking after the child for 4 hours or more to one occasion and the original target of 200 interviews was abandoned in favour of more interviews with mothers. In addition the original design had been to talk to registered childminders but the qualitative work found they had very little to offer the survey so it was suggested by the FSA and DH that Peer Supporters would be another group of interest. They were obtained by sending emails to a number of peer supporter coordinators, addresses for whom were supplied by DH, asking them to request participants amongst their peer supporters and supply telephone numbers where peer supporters were happy to get involved. In total 73 numbers were forthcoming.

Midwife and Health Visitor samples were provided by Binleys who we commonly use for health professional samples.

The face to face samples were achieved by sending interviewers to the selected SOAs with a quota of a certain number of mothers of children under 6 months, partners of mothers of children under 6 months, expectant women, partners of expectant women, and carers of children under 6 months, to fulfil. They were permitted to ask at one address if the next door address had anybody matching their quota description but could not request information on addresses further afield. They could not go to any ante or pre natal classes to obtain sample as the target was for in-home interviews and selecting a large group of like minded parents from one source would have compromised the sample.

The achieved samples have the following characteristics:

Parents of babies aged under 6 months		673
Gender:	Female	519 (77%)
	Male	154 (23%)
Age:	16-24	151 (22%)
	25-34	386 (57%)
	35+	135 (20%)
Age of child:	0-4 weeks	112 (17%)
	5-10 weeks	135 (20%)
	11-15 weeks	113 (17%)
	16-20 weeks	115 (17%)
	21+ weeks	198 (29%)
NS SEC class	1	164 (24%)
	2	134 (20%)
	3	291 (43%)
	Never worked	84 (12%)
Expectant parents		337
Gender:	Female	235 (70%)
	Male	102 (30%)
Age:	16-24	109 (32%)
	25-34	164 (49%)
	35+	63 (19%)
Stage of pregnancy:	Under 25 weeks	134 (40%)
	25 weeks plus	203 (60%)
NS SEC class	1	59 (18%)
	2	72 (21%)
	3	155 (46%)
	Never worked	51 (15%)
Unpaid and informal carers		143
Age:	16-44	80 (56%)
	45+	63 (44%)

Health Professionals		200
Type:	Midwife	100 (50%)
	Health Visitor	100 (50%)
Time in role:	Up to 5 years	80 (40%)
	5 years plus	120 (60%)
Work setting:	Hospital	66 (33%)
	Clinic	54 (27%)
	GP Surgery	32 (16%)
	Other	48 (24%)
Peer supporters		50

### 3.6 Notes on the report

Points to note with the quantitative findings include

- Adding respondents by age reveals one short, which is because 1 respondent refused to give their age.
- Since the survey was conducted using quota sampling it is not strictly possible to apply confidence limits but we do it based on sample size alone to give some idea of where differences are real. All differences between subgroups which are noted are significant differences on this basis based on a confidence level of 95% (in layperson's terms this means that we can be 95% sure that the difference is real and not a product of sampling error). These differences are signified in tables using highlighted text.
- National Statistics Socio-economic Classification (NS SEC) is used as a measure of occupational class. NS SEC uses a number of occupational questions based on current or recent occupation, to come to a measure. Our sample is not robust enough to go beyond a 3 stage classification. Class 1 is respondents with current or previous managerial and professional occupations, class 2 is respondents with intermediate current or former occupations and class 3 is people with routine and manual current or former occupations. A number of respondents are unclassified which indicates they have either never worked or are long term unemployed.

## 4 Feeding Behaviour

### 4.1 Overall attitudes to breastfeeding and bottle feeding

During the qualitative research, attitudes to breastfeeding and bottle feeding were examined and respondents were asked about why they had engaged in the feeding behaviours they had. While this discussion did not directly answer the objectives of the research (see Section 3.2) it provided a necessary introduction to discussion of them in the focus groups and depth interviews and uncovered important background information about how parents, carers and professionals viewed different feeding behaviours.

Across the qualitative sample, all agreed that 'breast is best'. Breast milk was seen as the best source of nourishment an infant could get and all were aware that there was evidence to show that breastfed babies were generally healthier than bottle fed babies. Respondents came by this information through a variety of sources, including websites (such as Mumsnet and Babycentre), friends and family, reading books, antenatal classes and health professionals. The fact that healthcare professionals (particularly midwives) were seen to encourage breastfeeding was very compelling and convinced most parents that it was the right thing to do. The strength of feeling here was supported by the number of parents who had initiated breastfeeding after birth – 61 out of a total of 84.

Respondents to the qualitative research exhibited a range of feeding behaviours. This was actively recruited for, as GfK NOP aimed to recruit at least two breast feeders, at least two bottle feeders and at least two doing a mix of breast and bottle feeding to each focus group, so that a balanced discussion could take place. Ultimately, the following breakdown was achieved:

- 15 had exclusively breastfed
- 23 had exclusively bottle fed
- 46 had done a mix of breast and bottle feeding

Given this, we were able to investigate the influences and motivations that had encouraged breast feeders to continue and those encouraging mixed feeders to stop or reduce breastfeeding. We were also able to examine why exclusive bottle feeders had not breastfed. The rest of this section will examine these issues.

All of those who were exclusively breastfeeding agreed that breastfeeding was not easy and that it took much perseverance, commitment and effort. In particular, respondents reported that breastfeeding could be painful, that their sleep was severely disrupted because of the

need to provide regular feeds (it was generally agreed that bottle feeders could feed less often and could receive help from others) and that they often worried about the amount of milk their baby was drinking, as they had no way of determining this. Nevertheless, they persevered with breastfeeding because they understood that it was best for their child, both nutritionally and in terms of health outcomes (for instance, most recognised that breast milk assisted the development of their child's immune system).

During the research it became clear that exclusive breast feeders shared three characteristics in their approach to breastfeeding:

- **Preparation** – All had prepared for breastfeeding in a number of ways. For instance, by talking to friends and relatives about their experiences, by reading information about breastfeeding online and in books or by reflecting on their own previous experiences. Consequently, all had a good understanding of the benefits to their own child and, crucially, of the various difficulties they might experience. This enabled them to develop strategies for dealing with any difficulties in advance (for instance, understanding that breastfeeding might initially be painful and so finding out about ways of coping with this such as expressing milk).
- **Support** – The exclusive breast feeders, as well as many of those who had given up breastfeeding, commented on the importance of support. Support received from midwives in hospital was seen as particularly critical and examples of supportive and less supportive hospital environments were reported. Once a mother was out of hospital, support from community midwives and health visitors was seen as important to continuation of breastfeeding as was support from husbands / partners, relatives and friends within the home environment.
- **Persistence** – Persistence was seen as vital to continued breastfeeding. Exclusive breast feeders acknowledged that feeding could be difficult and that pain, tiredness and anxiety about their baby's hunger often threatened to overcome their desire to breastfeed. To continue successfully it was necessary to deal with these factors as effectively as possible, for instance, by using creams to alleviate soreness or expressing milk where feeding was painful.

*"I am 12 weeks pregnant ... I have already decided that I want to breastfeed. I know it's not always easy but that is what I want to do ... My mother breastfed us."*

*(Expectant Mother, Manchester)*

*"The midwives and health visitors have always encouraged me to breastfeed, even though I said I would only do it for a bit, because I like to have a drink and that. But I'm enjoying it more and more now. The only problem is that I can't get him asleep in his crib."*

*(Recent Mother, Manchester)*

Those who had initially breastfed but were now exclusively bottle feeding (or doing a mix of breast and bottle feeding) represented the majority of respondents to the qualitative research: 46 out of 84. Exactly half of these had started bottle feeding in the first month of their baby's life, with the other half introducing bottle milk between two and six months. A range of reasons for ceasing or reducing breast feeding were given by these respondents. The most common of these were:

- **Pain** – Sore and cracked nipples were a frequent barrier to continued breastfeeding.
- **Tiredness** – Induced by the need to feed very frequently (usually around every 2½ to 3 hours). Tiredness was seen as having a major impact on a mother's mental state. A minority of the mothers who had stopped breastfeeding stated that they were concerned about the ability to look after their child if they continued breastfeeding as lack of sleep was affecting their ability to function normally.
- **Concerns around baby getting enough milk** – This was a frequent anxiety. Many parents had introduced formula in order to top-up the milk their baby was getting from the breast. Three recent parents said their baby had contracted jaundice as a result of not getting enough milk and this had motivated them to introduce some formula.

*"You do get very tired feeding every couple of hours and it can affect your judgement. It got to the stage where I thought I had to stop."*

*(Recent Mother, London)*

*"My nipples were very sore and started to crack and that was when I decided I couldn't continue with breastfeeding really."*

*(Recent Mother, Belfast)*

Other reasons given were:

- Lack of support – A few mothers felt they could have breastfed for longer but that they did not have the support they required from health professionals (either in hospital or in the community) to help them persevere and overcome the barriers they faced, such as pain and tiredness.
- Mother's health – In a few cases, mothers said they had stopped breastfeeding because their physical health had deteriorated after birth and they had not been able to continue.
- Suffocation – A few mothers worried about their child being smothered by the breast while feeding.
- Latching – In a few cases, mothers struggled to get their baby to latch onto the breast and only breastfed for a short time before formula was introduced.
- Socialising / drinking alcohol – One mother had planned her breastfeeding around her sister's wedding. Her sister was getting married 3 months after the mother gave birth to her baby. She stopped breastfeeding at this stage so she could drink at her sister's wedding. Other cited going out and drinking alcohol as a reason for stopping breastfeeding before 3 months.
- Father's involvement – A minority of mothers wanted the father to be involved in feeding and had introduced formula as they believed this would allow him to bond with the baby.
- Work – Those mothers who had to return to work within 6 months of the birth cited this as a reason for moving to formula feeding.
- Older children – Where older children were present in the home, mother's often moved to formula before 6 months so they had to their new baby feed less often and could spend more time looking after these children.

*"I didn't get much support from the midwives, they could have taken or left it whether I breast fed."*

*(Recent Mother, Belfast)*

*"My baby wouldn't breast feed. Because I was really unwell after I gave birth to him, it ended up I couldn't hold him, I couldn't move for a couple of days ... so when I tried to breastfeed him he wouldn't take to it because he was already taking from teats."*

*(Recent Mother, Bridgend)*

Those who had exclusively bottle fed (23 out of 84 respondents) did so for two main reasons:

- Because they had experienced significant problems breastfeeding previous children (such as physical pain or anxiety about the amount they were drinking and their level of hunger)
- Because a close friend or relative had experienced such problems and their experience had put them off breastfeeding their own child

*"I always knew I didn't want to try breastfeeding. Too many people I know had really bad experiences with it. With the bottles you know exactly how much he is getting."*

*(Recent Mother, Belfast)*

It should be noted that formula advertising was not given as a reason for ceasing or reducing breast feeding. This is perhaps to be expected: respondents were inclined to see the decision to bottle feed as one they had made individually and may have been unaware of any influence advertising had on them. However, looking at the most common reasons respondents gave for ceasing or reducing breastfeeding, it will be seen that only one of these is played on in the follow-on formula advertising for 2008. The TV and press adverts for 2008 are shown in Appendix B. None of these adverts explicitly reference the pain experienced by breastfeeding mothers or their concerns around their baby getting enough milk. With regard to the other most common reason given – tiredness – it could be claimed that a small minority of adverts (the SMA TV advert and Cow & Gate 'Good Night Milk' advert) do play on this theme. However, this hardly provides conclusive evidence of the subliminal impact of TV advertising on recent parents.

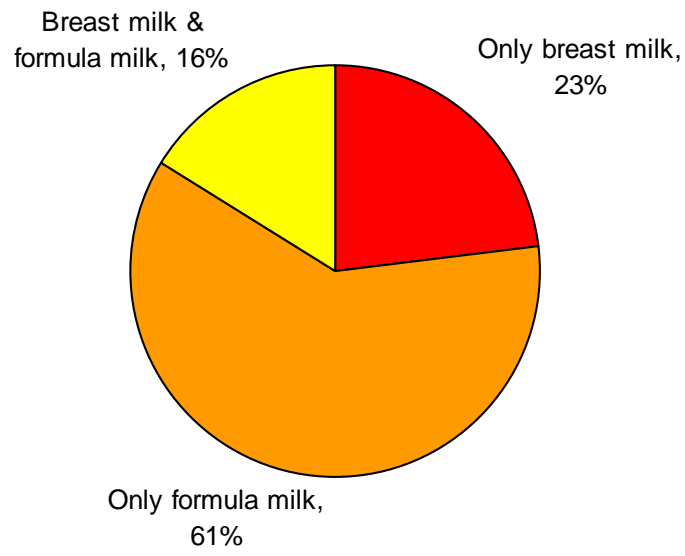
## **4.2 Parents of babies aged under 6 months**

### **4.2.1 Parents of babies aged under 6 months – Milk currently given**

The early sections of each of the face to face surveys asked respondents questions about general patterns of feeding behaviour. In line with research findings summarised in the Literature Review regarding feeding practices, it was found that a large majority fed their babies formula milk wholly or in part (see p2 of the Literature Review).

As Chart 1 shows, when asked about the type of milk their babies had been given in the past 7 days, a majority said only formula milk, around a quarter only breast milk and the remainder a mixture.

Chart 1: Type of milk given to the baby in the last 7 days



Base: all (673)

Formula milk was more likely to be given by younger parents and those with other, older, children. Breast milk was more common with 0-4 week old babies (see table 1 below).

Table 1: Type of milk given to the baby in the last 7 days, by age and age of child

	Total	Age of mother			Age of Child in Weeks				
		16-24 (151) %	25-34 (386) %	35+ (135) %	0-4 (112) %	4-10 (135) %	11-15 (113) %	16-20 (115) %	21+ (198) %
<i>Base: all</i>	(673) %								
Only breast	23	8	<b>26</b>	<b>33</b>	<b>37</b>	24	28	19	16
Only formula	61	<b>81</b>	58	48	<b>38</b>	52	61	64	77
Mixture	16	11	16	19	<b>25</b>	<b>24</b>	11	17	7

There were also significant differences by class. As table 2 shows, those in NS SEC 1 (managerial and professional occupations) were more likely than others to have breast fed, those in NS SEC 3 (routine and manual occupations) more likely to have fed formula and those who have never worked more likely to have given a mixture.

Table 2: Type of milk given to the baby in the last 7 days, by NS SEC class

	Total	NS SEC Class			
		1 (164) %	2 (134) %	3 (391) %	Never worked (84) %
<i>Base: all</i>	(673) %				
Only breast	23	<b>37</b>	26	16	19
Only formula	61	48	60	<b>70</b>	55
Mixture	16	15	14	14	<b>26</b>

Note that there is no correlation between NS SEC and the age of the baby but a higher proportion of NS SEC class 1 are in the older respondent age group than any other.

Further questions elicited the fact that a third (31%) of those that only gave breast milk in the last 7 days had given formula milk at least once since the baby was born, and more than half (57%) of those who only gave formula milk in the last 7 days had ever given their baby breast milk. This means that overall 16% have only even given breast milk and 26% have only ever given formula milk to their babies.

#### 4.2.2 Parents of babies aged under 6 months – Age at which breast milk was stopped

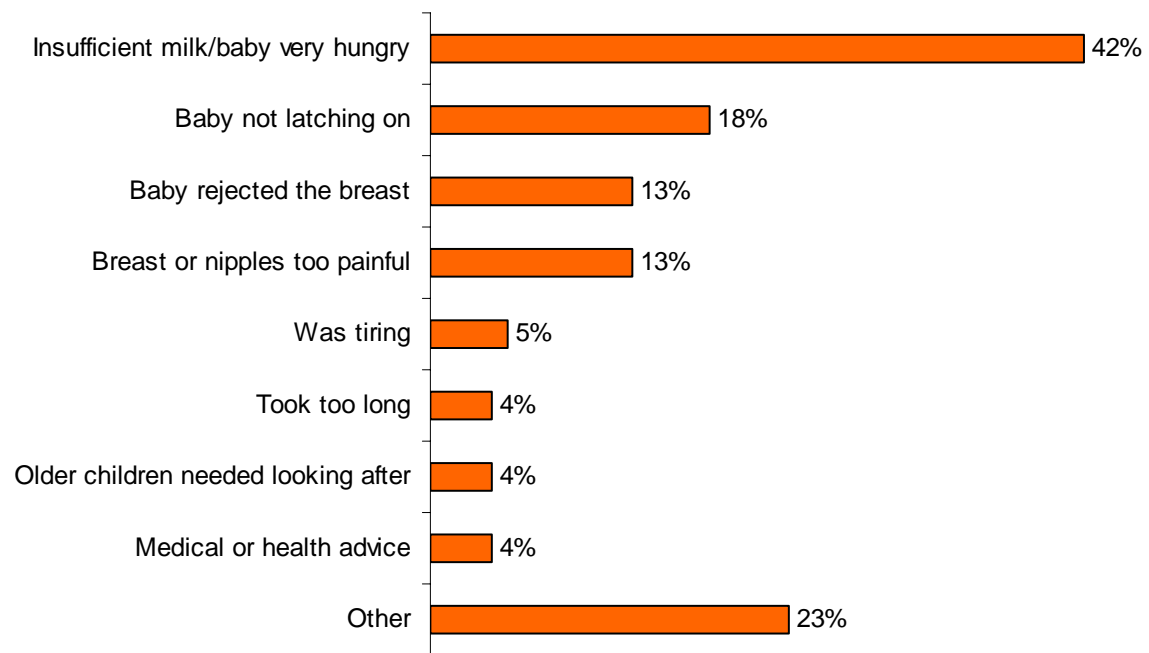
Those who were not currently giving breast milk but had done so in the past were asked how old their baby had been when they were last put to the breast or were given breast milk.

The average age was just over four and half weeks. Although bases are small in this instance, it appears that more recent babies were last breastfed at 2 weeks and that younger parents are more likely to last have stopped feeding their babies from the breast at under 4 weeks compared to nearly 5 weeks for parents aged 35+.

#### 4.2.3 Parents of babies aged under 6 months – Reasons for stopping breastfeeding

These same respondents (who no longer gave their babies breast milk) were asked why they had stopped. As chart 2 (below) illustrates, the highest proportion said that they felt their baby was getting insufficient milk or that it was very hungry, with other reasons at much lower levels including the baby not latching on, rejection of the breast and the breast or nipples too painful. Similar reasons for breastfeeding cessation, including the dominance of 'insufficient milk', have been reported in other research (see Literature Review p22). The high proportion of 'Other' is made up of a multitude of disparate things including mother or baby sick, twins in separate hospitals, the baby too big, being separated from the baby and the convenience/ease of bottle feeding amongst others.

Chart 2: Reasons for stopping breast feeding (multiple answers possible) (unprompted)



Base: all whose baby had only formula milk in the past 7 days but has had breast milk previously (233). NB findings of less than 4% not shown.

Where formula was given early (when the baby was less than a week old) the most likely reason given was that the baby was not latching on (34%) followed by the baby getting insufficient milk (29%) then baby rejecting the breast (20%) and breast or nipples too painful (18%).

These findings are congruent with the qualitative research. During the focus groups with recent parents, the following reasons for giving up breastfeeding in the first six months were given most frequently:

- Concerns about baby's hunger and the amount of food he / she was taking
- Breast or nipples becoming too sore and painful to breastfeed
- Baby not latching or rejecting the breast

#### 4.2.4 Parents of babies aged under 6 months – Whether babies were breastfed for long enough

A large proportion of those who gave up breastfeeding would have liked their child to have been breastfed for longer (78%) which was universal across age groups, age of children and class, with only 6% suggesting that breastfeeding went on too long and the remainder (16%) that it was about right.

4.2.5 Parents of babies aged under 6 months – The age at which babies were first given formula

All parents who have ever given their children formula were asked at what age they first gave it to their baby. As the table below shows, the average age in weeks is 2.59 but there are differences by age of respondent and age of child. In all cases the greatest proportion gave formula when the baby was less than a week old.

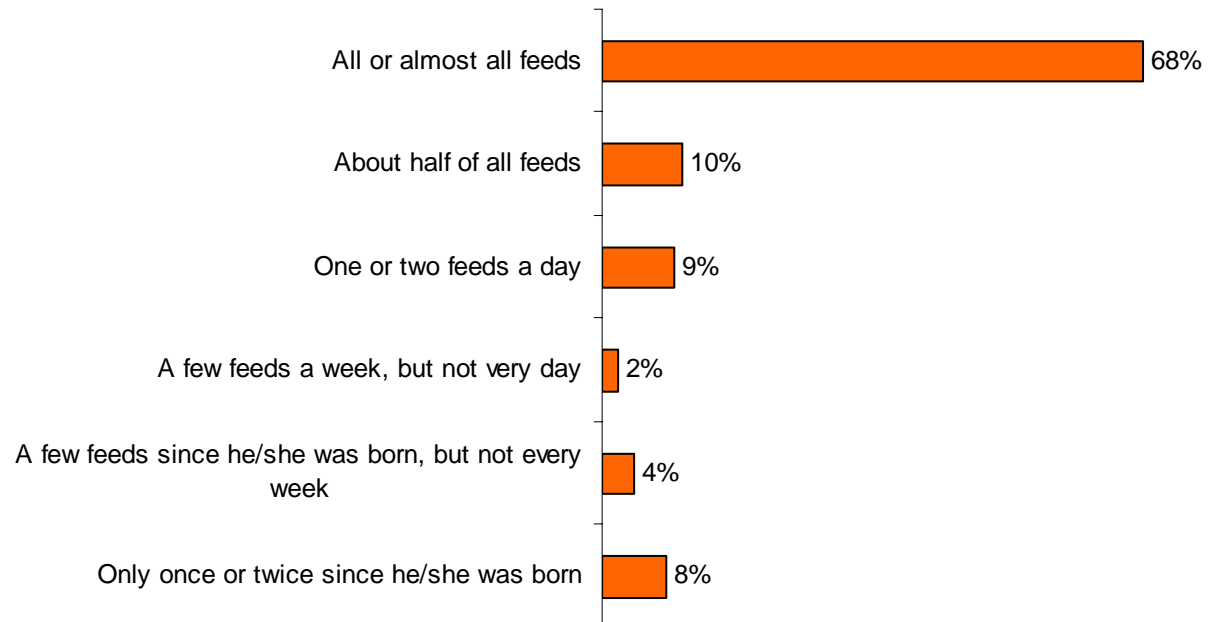
Table 3: Age of child when first given formula milk (in weeks)

	Total	Age			Age of Child in Weeks				
		16-24	25-34	35+	0-4	4-10	11-15	16-20	21+
<i>Base: all who have ever given formula</i>	(564) %	(143) %	(316) %	(104) %	(82) %	(111) %	(91) %	(101) %	(179) %
Less than a wk	54	56	54	53	<b>74</b>	60	55	43	47
Average weeks	2.59	1.79	<b>2.85</b>	<b>2.88</b>	<b>0.73</b>	1.30	1.96	3.62	3.99

4.2.6 Parents of babies aged under 6 months – Frequency at which formula is given

The same group (all parents who had even given their babies formula milk) were asked how frequently their baby gets formula. As chart 3 below indicates, for most it is all or almost all feeds with much smaller proportions saying anything else.

Chart 3: Frequency at which formula is given (showcard)



Base: all whose baby has ever had formula milk (564)

As one might expect, the earlier a child is fed formula the more likely it is to be given it, at all or almost all feeds (81% for those who first gave their baby formula when it was less than a week old, 71% when first given formula at 1-2 weeks, 53% when first given formula at 3-4 weeks).

#### 4.2.7 Parents of babies aged under 6 months – Findings from the qualitative research

The Literature Review noted that most mothers have a 'positive attitude' towards breastfeeding, in that they accept the message that is beneficial for babies (pp19-20). Similarly, the qualitative research found that the message that 'breast is best' was almost universally accepted by respondents. All recent and expectant parents (as well as all childminders and health professionals) participating in the research recognised that breast milk was the best source of nutrition a baby could get. This belief was reflected in the number of recent parents who had initiated breastfeeding. Of the 84 recent parents who participated, 61 had done some breastfeeding in the first six months.

However, the majority who had started breastfeeding and subsequently moved to bottle feeding had done so in the first month of the baby's life, a finding also illustrated by the quantitative work (see Table 2 above). The main reasons mothers gave for switching from breast to bottle was that they were concerned about the baby's hunger and the amount of milk the baby was taking, their breasts or nipples had become sore and painful, that they had found it difficult to get the baby to latch and that the baby had rejected the breast.

*"I did find breastfeeding incredibly painful. I couldn't go on with it after the first week."*

*(Recent Mother, London)*

*"My baby wouldn't breast feed. Because I was really unwell after I gave birth to him, it ended up I couldn't hold him, I couldn't move for a couple of days ... so when I tried to breastfeed him he wouldn't take to it because he was already taking from teats."*

*(Recent Mother, Bridgend)*

During the focus groups and interviews, it became apparent that the more successful breastfeeders (those who had endured beyond three months) shared common characteristics. They had prepared to breastfeed well in advance of the birth, they had received support and help from others while breastfeeding and they had persisted with

breastfeeding despite any pain or other setbacks experienced. This led us to conclude that successful breastfeeding requires preparation, support and persistence.

*"I am 12 weeks pregnant ... I have already decided that I want to breastfeed. I know it's not always easy but that is what I want to do ... My mother breastfed us."*

*(Expectant Mother, Manchester)*

*"When I was in hospital I was having trouble and the midwife gave me a machine to express which got me started. Later on I was able to breastfeed."*

*(Recent Mother, Dublin)*

The table below illustrates the kinds of behaviours involved under each of these three characteristics.

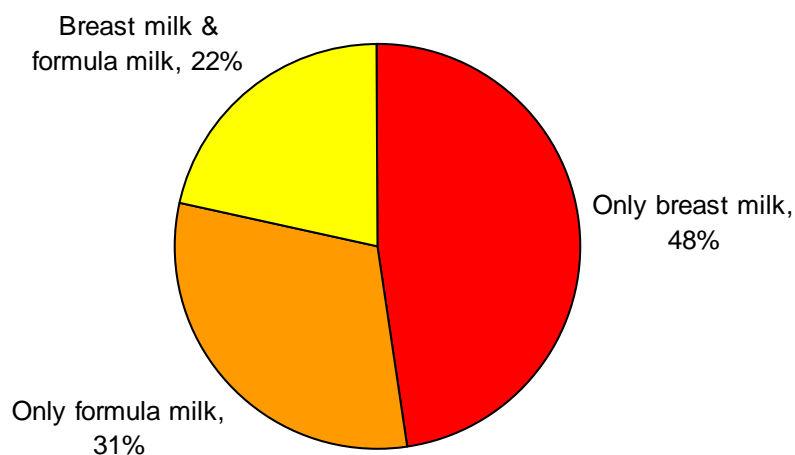
Preparation	Support	Persistence
<ul style="list-style-type: none"> <li>• Research and reading (in books, online)</li> <li>• Seeking advice from friends</li> <li>• Reflecting on previous experience with older children</li> <li>• Taking stock of potential difficulties</li> <li>• Developing a strategy for breastfeeding (how to position the baby, how long to do it for, how to cope with any pain, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• From midwives, both in hospital and at home, particularly in regard to positioning and reassurance about the baby's health</li> <li>• From health visitors, with positioning and reassurance about the baby's health</li> <li>• From breastfeeding friends</li> <li>• In the home environment (husbands, partners and other family members accepting of breastfeeding in the home)</li> </ul>	<ul style="list-style-type: none"> <li>• Coping with pain and enduring despite it</li> <li>• Receiving support and assistance to enable continuation</li> <li>• Using aids to enable continuation (e.g. expressing pumps, creams)</li> <li>• Staying positive in difficult circumstances, particularly when in pain or very tired</li> </ul>

### 4.3 Expectant Parents

#### 4.3.1 Expectant Parents – What expectant parents intend to feed their baby

As chart 4 shows eight in ten expectant parents (79%) interviewed had arrived at a decision about what they were going to feed their baby and the proportion opting for breast feeding (half) is markedly different from what parents in the survey are actually doing, which indicates that intentions are likely to be overturned by experience in many cases.

Chart 4 What expectant parents intend to feed their baby



Base: all who have decided which milk to feed their baby (265)

Those who had not reached a firm decision on what they were going to feed their baby were asked whether, ideally, they would like their new baby fed on breast or formula milk in the first six months. While 14% didn't know, 44% said breast milk, 27% formula and 15% a mixture.

The qualitative research does show that where expectant mothers were better prepared for breastfeeding, they persisted with it for longer. Where expectant parents had read up about breastfeeding – how to do it and what it involved, where they had sought information about it from experienced family and friends and where they had investigated and understood the potential difficulties involved (e.g. painful nipples, tiredness through feeding on demand), they had a clearer understanding of what it would involve and were better equipped to breastfeed successfully.

*"I want to breastfeed, I want to do it for about 6 months, I think. My sister had a little girl last year and I went through all that, 'it's the right thing to do to give them the best start,' with her. So then I had that in my head, I already knew that when I had children I was going to do that. So I'd known for ages before I got pregnant that I was going to do that if I had a baby. So now I am pregnant I've been reading more about it."*

*(Expectant Mother, Manchester)*

#### **4.4 Unpaid or informal carers**

The qualitative research showed that informal and unpaid carers had a very limited role in deciding how infants were fed. While all of those participating in the research had responsibility for feeding one or more infants, none claimed to have any say in deciding whether infants were breastfed or bottle fed or, where infants were bottle fed, what kind of formula was used. There was general agreement that this decision was made by the child's parents, with some advice from health professionals. While many midwives and health visitors felt that grandmothers (i.e. the mother's mother) probably had a good deal of influence on feeding behaviour (and especially on the decision to bottle feed), this was strongly denied by the informal carers, most of whom said they were cautious about offering advice on feeding behaviour as it might upset or annoy the mother.

*"You have to be very careful about what you say. There's so much pressure around how children are fed these days and it is the mother's decision at the end of the day."*

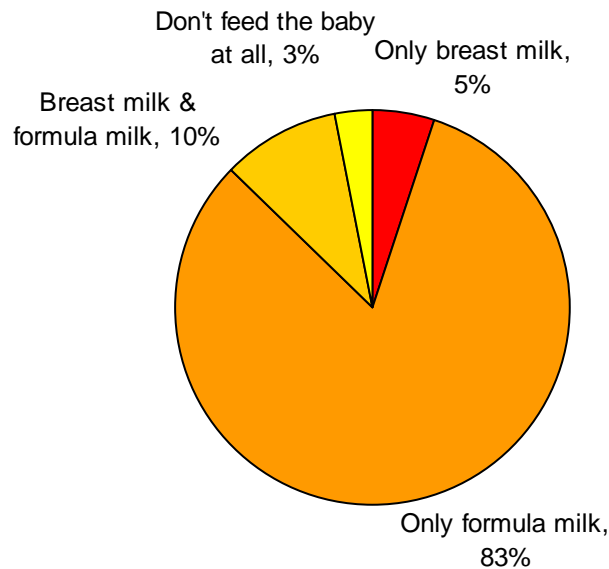
*(Informal Childminder, London)*

Formal childminders (i.e. professional childminders registered with Ofsted) were included in the qualitative research. During these depth interviews it became clear that they had very little say in feeding decisions and were not responsible for buying formula where infants were bottle fed. Most of the childminders interviewed commented that, with improved maternity provision, they were looking after fewer and fewer children under the age of six months. In addition, where they were feeding formula, this was provided by parents and was often given to them in unmarked containers, so that they did not always know what kind of formula they were feeding. Given their limited role, a decision was made not to include formal childminders in the quantitative research and the quantitative findings below apply to informal childminders only.

#### 4.4.1 Unpaid or informal carers – Milk currently given

When asked about the type of milk they have given the babies they care for in the past 7 days, most said only formula milk, a very small proportion only breast milk and 1 in 10 a mixture.

Chart 5: Type of milk given to the baby in the last 7 days



Base: all unpaid or informal carers (143)

Further questions elicited the fact that less than a fifth (17%) of those who only gave formula milk in the last 7 days had ever given the baby breast milk.

#### 4.4.2 Unpaid or informal carers – The age at which babies were first given formula

All carers who have ever given the children they look after formula were asked at what age they first gave it to the baby. The average age in weeks is 3.48.

#### 4.4.3 Unpaid or informal carers – Frequency at which formula is given

The same group (all who had even given the baby formula milk) were asked how frequently the baby gets it. For most (77%) it is all or almost all feeds with much smaller proportions saying anything else (5% said about half of all feeds and 17% less than that).

## 5 Influences and Information on Feeding Behaviour

### 5.1 Findings from the qualitative research

One conclusion drawn by the Literature Review was that claims regarding a cause and effect relationship between advertising and feeding practices should be regarded with caution as the available evidence offers no support for this view. This study suggests that advertising had only a background role in shaping feeding experiences and practices and that other factors were more directly influential.

Findings from the qualitative research showed that formula advertising was seen to have a relatively limited influence on feeding behaviour. Most recent and expectant parents believed that other sources of information were more important and had had a more significant impact on their behaviour. These included:

- Health professionals (especially midwives and health visitors)
- Family (especially the mothers' mother and her sister)
- Other relatives
- Friends
- Books, magazines, leaflets and the Internet

*"The midwives and health visitors have always encouraged me to breastfeed, even though I said I would only do it for a bit, because I like to have a drink and that. But I'm enjoying it more and more now. The only problem is that I can't get him asleep in his crib."*

*(Recent Mother, Manchester)*

*"Your mum's the person you trust ... My sister had a baby eleven months before mine and she lived at my mum's, so I was always round at her house picking up what to do with mine."*

*(Recent Mother, Manchester)*

While health professionals (midwives and health visitors) attributed greater influence to formula advertising than recent and expectant parents did, they were still of the view that other influences and sources of information had a much greater impact on the way parents fed their children. In particular, health professionals believed that family members, especially grandmothers (i.e. the mothers' mother), exerted a good deal of influence on feeding

behaviour and saw family members as a more important source of information and advice on feeding matters than formula advertising.

*"I would say in areas in which there is social deprivation, grannies and granddads have a much greater influence and would say, 'I fed you solids, it didn't do you any harm,' and if the baby's hungry, 'feed it'. And that would be the mindset in certain areas, so it would."*

*(Health Visitor, Belfast)*

Furthermore, neither recent nor expectant parents (nor formal and informal carers) saw advertising as one of the main sources of awareness of formula milk itself. Rather, the following sources of awareness of the different types of formula on offer (i.e. infant formula, follow-on formula and the various brands available) were given priority. These are not listed in order of preference:

- Packaging and displays (in supermarkets and other retailers)
- Prior use (i.e. to feed a previous child)
- Friends and family
- Introduction in hospital after birth
- Online forums (such as those on the Mumsnet and Babycentre websites)

The following quotes demonstrate the influence of product packaging in supermarkets and other retail outlets on respondents' awareness of the different formula products available. These quotes also demonstrate the perceived clarity of formula packaging on the age of child for which the products were intended.

*"I think [the age is] labelled on the actual packets. If I had to go and buy any I think there's a lot of information on the packaging."*

*(Informal Childminders, London)*

*"Even if you weren't a mum and you had to buy milk for someone, if you went up and read it, I'm sure you'd work out that you have to get number 1 and not number 3."*

*(Recent Mother, Edinburgh)*

*"With SMA they have Gold which they say is for new born babies."*

*(Informal Childminders, London)*

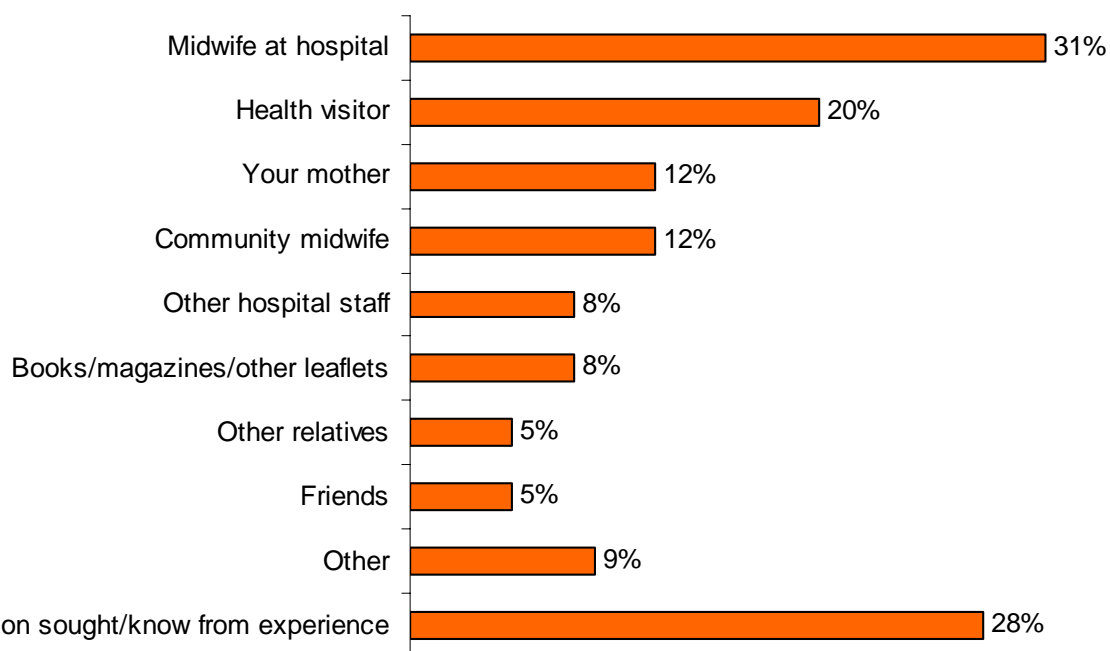
The quantitative findings reflect the relatively limited influence of advertising on feeding behaviour identified in the qualitative research. In all of the face to face questionnaires used in the quantitative study (parents, carers and expectant parents), questions were asked about the factors influencing respondents' feeding behaviour (or expected behaviour) and the various sources of information they had accessed. In the case of health professionals and carers, questions were asked about the advice they had provided around feeding. Findings emerging from these questions are discussed in the sections below.

## 5.2 Parents of babies aged under 6 months

### 5.2.1 Parents of babies aged under 6 months – Where information on feeding a baby is received from

An unprompted question asked all parents where they got information from about how to feed their baby. As the chart below shows, the primary sources of information are the midwife at hospital, health visitors and to a lesser extent, their mothers and the community midwife. The high proportion of respondents who say that they did not seek any information or know from experience is driven by older respondents who have previously had children (41% of whom said this, compared to 7% of those for whom this baby is their first).

Chart 6: Where information on feeding a baby is received from (unprompted)



Base: all (673). NB findings of less than 5% not shown.

Younger respondents (aged 16-24) are more likely than others to have received information from mothers, other hospital staff and other relatives as table 4 demonstrates.

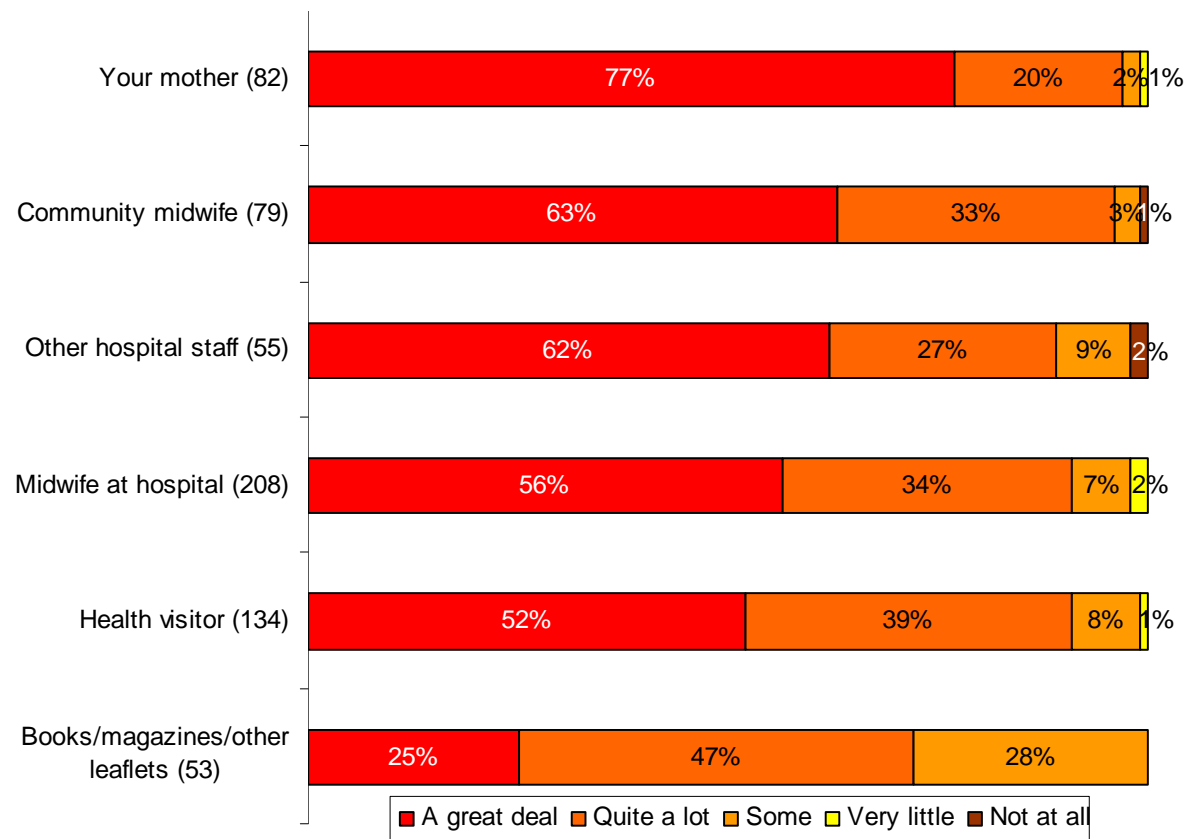
Table 4: Where information on feeding a baby is received from, by age

	Total (673) %	Age		
		16-24 (151) %	25-34 (386) %	35+ (135) %
Your mother	12	<b>18</b>	11	9
Other hospital staff	8	<b>12</b>	6	9
Other relatives	5	<b>10</b>	3	7

5.2.2 Parents of babies aged under 6 months – How much sources of information are trusted

Bases are too small to look at the level of trust in many of the sources of information, but for those commonly cited sources, trust is greater in respondents' mothers than in any of the health professionals.

Chart 7: Trust in sources of information about feeding babies



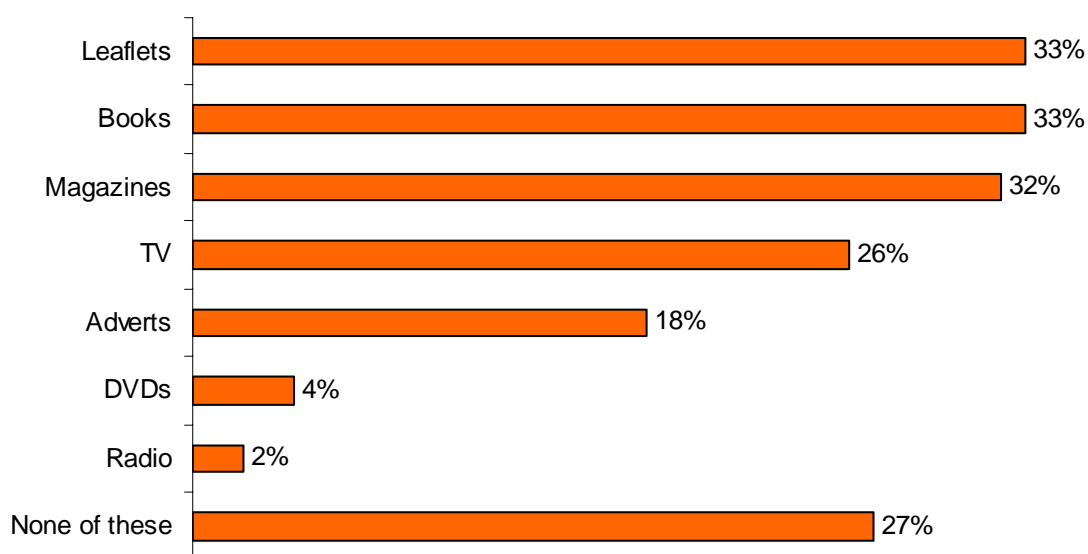
Base: all who received information about how to feed



### 5.2.3 Parents of babies aged under 6 months – Other sources of information

When asked about other sources of information, over a quarter said they had not seen, read or heard any information in the last 6 months about feeding babies from any of the sources listed. The most likely sources of information used by respondents were books, magazines and leaflets with a quarter having seen something on TV. Only 18% cited adverts as a source of information on feeding babies.

Chart 8: Use of other sources of information about feeding babies (prompted)



Base: all (673)

As one might expect, first time parents were significantly more likely to have seen information and were more likely to have found it in books and leaflets than those parents who already had other children (see table 5 below).

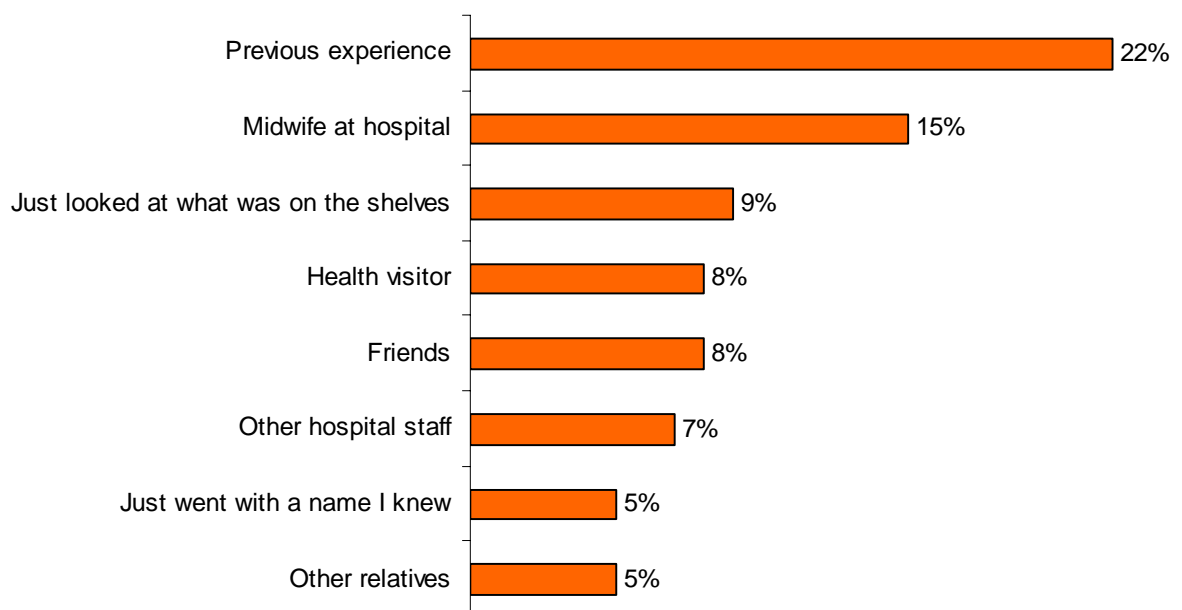
Table 5: Other sources of information on feeding a baby, by whether already have children

	Total (673) %	Already have children	
		Yes (413) %	No (260) %
<i>Base: all</i>			
Books	33	27	<b>41</b>
Leaflets	33	31	<b>38</b>
None seen	27	<b>32</b>	19

#### 5.2.4 Parents of babies aged under 6 months – Sources of information on the type of formula to use

The Literature Review indicated that research has begun to give some consideration to information provided to mothers about formula feeding (pp33-35). This study contributes some new information in regards to type of formula used. Those whose babies had ever had formula milk were asked where they had first got information on which type of formula milk to feed their babies. There is no one outstanding source. While previous experience has the highest proportion saying that was how they knew what to use (22%), this is overwhelmingly populated by those who already have children and for most new parents this is not a source of information available (see table 6 below). The midwife at hospital was the next most quoted source (15%) and is more likely a source of information for new parents. Looking at what was on the shelves was the next most cited source (9%), showing the influence of supermarket displays and product packaging on these respondents.

Chart 9: Sources of information on the type of formula to use (unprompted)



Base: all whose baby has ever had formula milk (561). NB findings of less than 5% not shown.

As mentioned above, experience is the purview of those who already have children whereas those with young babies without prior experience were more likely to mention the midwife at hospital which was also more common amongst male respondents. Other hospital staff was also more likely to be mentioned by men and those without children already as table 6 demonstrates.

Table 6: Sources of information on the type of formula to use, by gender and whether children already

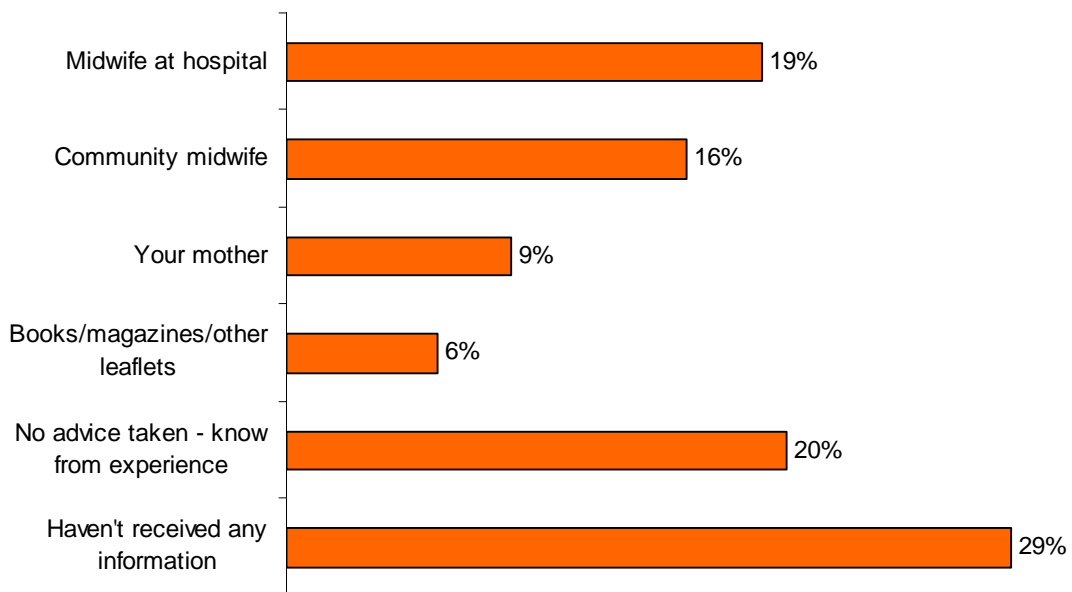
	Total (561) %	Gender		Children already	
		Female (439) %	Male (122) %	Yes (338) %	No (223) %
<i>Base: all whose baby has ever had formula</i>					
Previous experience	22	23	19	<b>34</b>	4
Midwife at hospital	15	13	<b>23</b>	10	<b>22</b>
Other hospital staff	7	6	<b>12</b>	4	<b>12</b>

### 5.3 Expectant parents

#### 5.3.1 Expectant parents – Information about feeding the baby

Three in ten expectant parents (mainly those under 25 weeks pregnant) had not yet received any information about feeding their babies. The next most common response given was that they had not taken any advice as they knew about it from experience but this is overwhelming from those who already have children. Midwife at the hospital and community midwife were the only other responses by more than one in ten respondents.

Chart 10: Where they had received information about feeding the baby (unprompted)



Base: all expectant parents (337). NB findings of less than 5% not shown.

In relation to where expectant parents get information, it is the stage of pregnancy that demonstrates the most differences as table 7 demonstrates.

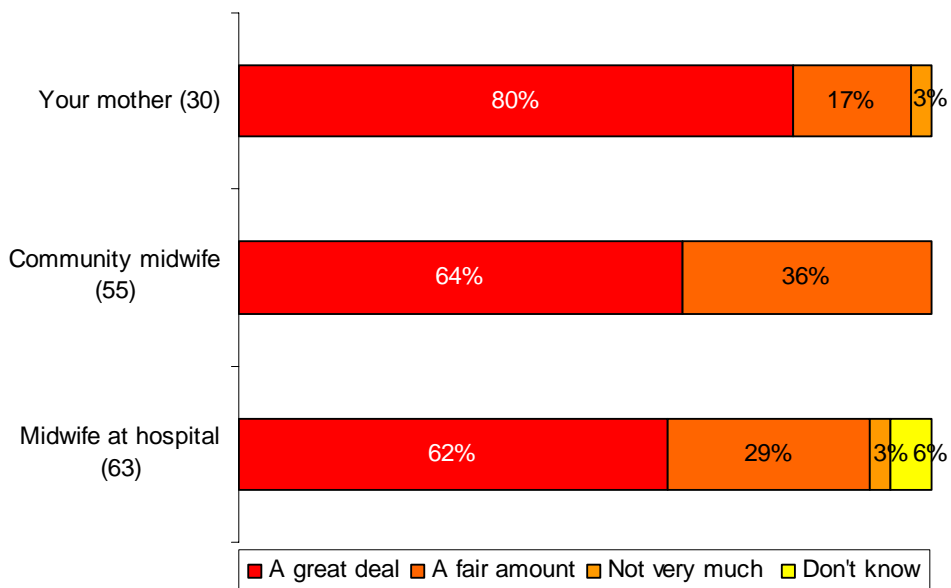
Table 7: Whether respondents have had any information about feeding the baby.

	Total	Stage of pregnancy	
<i>Base: all expectant parents</i>	(337) %	Under 25 weeks (134) %	25 weeks plus (203) %
Community midwife	16	8	<b>22</b>
Haven't received any information	29	<b>43</b>	21

5.3.2 Expectant parents – How much sources of information are trusted

Bases are too small to look at the level of trust in all but two of the sources but it is worth showing mothers just to demonstrate, as with the case of parents, how mothers are trusted more than health professionals, although the low base means this result should be treated with caution.

Chart 11: Trust in sources of information about feeding babies

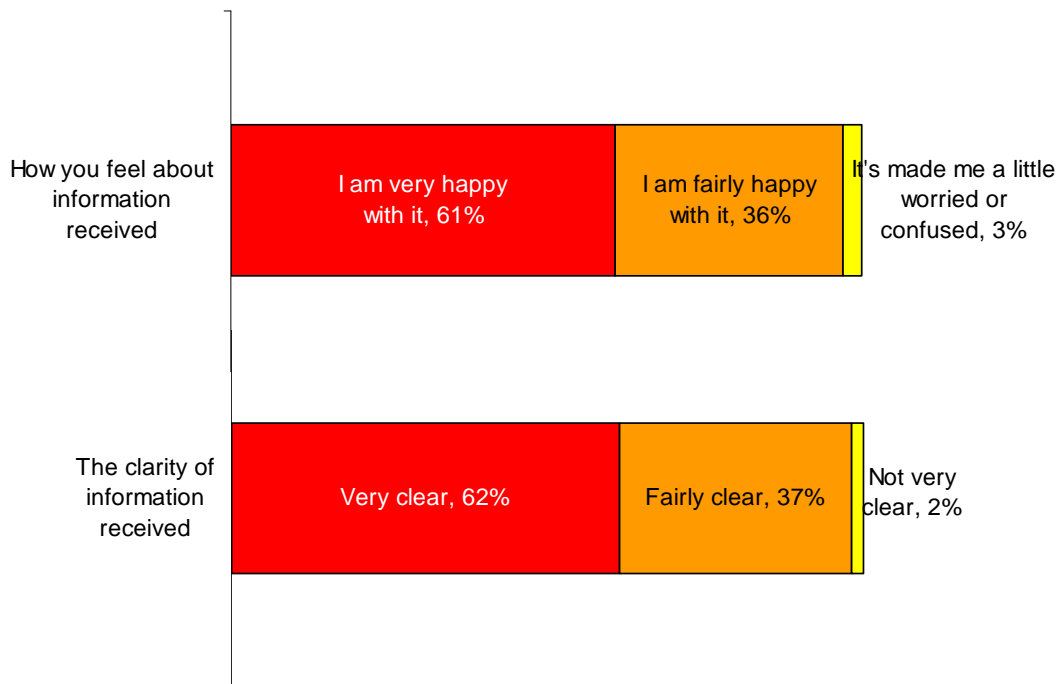


Base: all who have had information about feeding babies

5.3.3 Expectant parents – Feelings about, and clarity of, information received

Nearly all expectant parents who had received information from whatever source were happy with it and found it very or fairly clear. Just 3% and 2% respectively had any concerns on these fronts.

Chart 12: Feelings about and clarity of, the information received



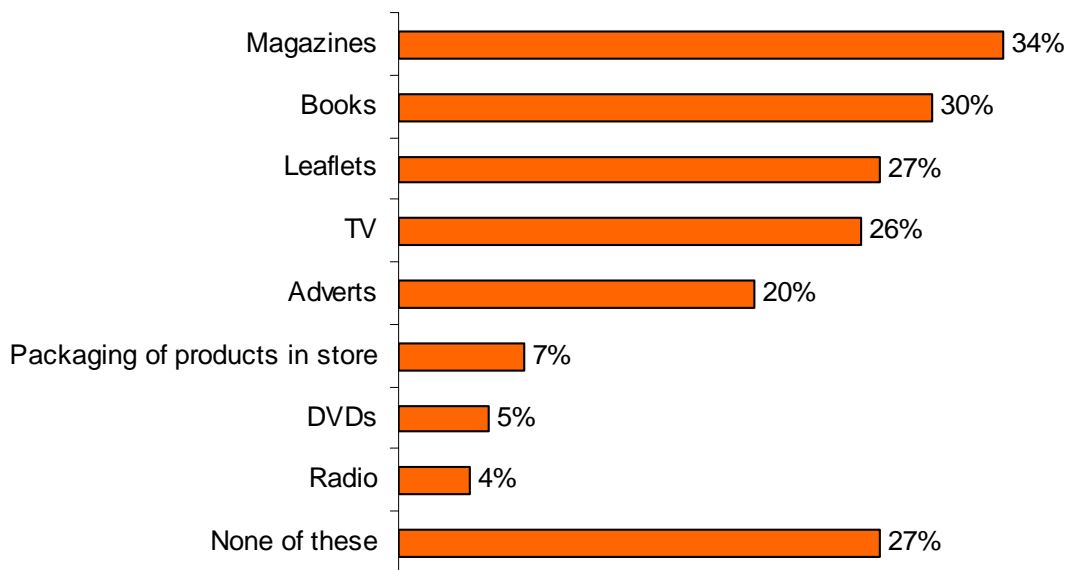
Base: all who have had information about feeding babies (172)

Clarity and happiness with information received was universal across all groups of expectant parents.

5.3.4 Expectant parents – Other sources of information

To understand to what extent advertising had an effect on what respondents intend to feed their babies an additional question was asked where options were read out to respondents. Over a quarter said they had not seen, read or heard any information in the last 6 months about feeding babies from any of the sources. The most likely sources of information (by around a third in each case) are books and magazines with over a quarter mentioning leaflets and TV.

Chart 13: Use of other sources of information about feeding babies (prompted)



Base: all expectant parents (337)

There are a number of differences by subgroup which are shown in table 8. Respondents who already have children are more likely than those without to have seen something on TV and not to have seen anything at all. Those without children already are more likely to have seen information in books. Older respondents are more likely to have heard something on the radio and women are more likely to have seen information in magazines and leaflets than men.

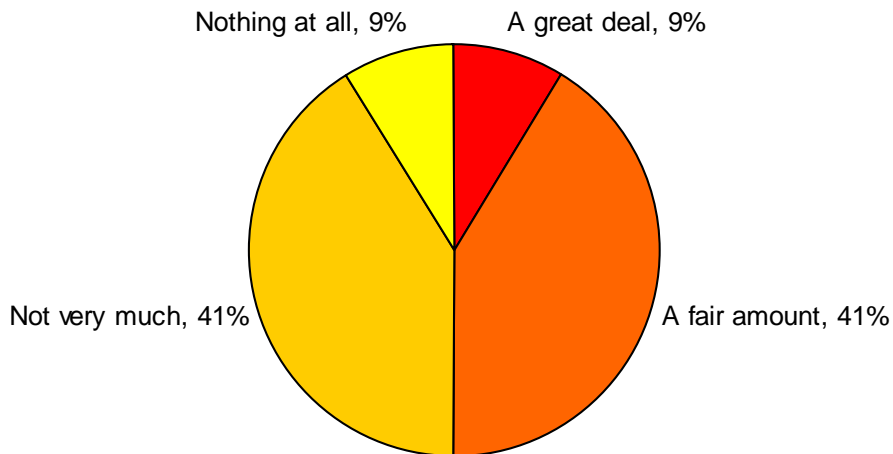
Table 8: Other (prompted) sources of information on which formula to use, by gender, age and whether already have children

	Total (337) %	Gender		Age			Children already	
		Female (235) %	Male (102) %	16-24 (109) %	25-34 (164) %	35+ (63) %	Yes (235) %	No (102) %
Magazines	34	<b>37</b>	25	39	32	30	34	33
Books	30	32	25	30	33	24	26	<b>41</b>
Leaflets	27	<b>31</b>	18	29	24	30	25	30
TV	26	28	23	27	25	30	<b>30</b>	18
Radio	4	3	5	2	2	<b>10</b>	4	3
None of these	27	23	<b>36</b>	18	<b>30</b>	<b>33</b>	<b>31</b>	19

5.3.5 Expectant parents – Knowledge of different formula milks available

Overall how much was known of the different formula milks was evenly split with half claiming a great deal or fair amount of knowledge and half not very much or nothing at all. In both cases the emphasis was not on the extremes.

Chart 14: Knowledge of different formula milks available



Base: all expectant parents (337)

Gender, the age of the prospective parent and whether or not they already have children all have a bearing on knowledge of formula products: women are more likely to know more, as are the young and those with experience (see table 9 below).

Table 9: Knowledge of different formula milks, by gender, age and other children

	Total (337) %	Gender		Age			Children already	
		Female (235) %	Male (102) %	16-24 (109) %	25-34 (164) %	35+ (63) %	Yes (235) %	No (102) %
A great deal/ fair amount	50	<b>56</b>	37	<b>59</b>	49	40	<b>57</b>	35
Not very much/ nothing	50	44	<b>63</b>	41	51	<b>60</b>	43	<b>65</b>

There is also a difference by the type of milk they are intending to feed which would indicate, as one might expect, that parents who have made a decision to use formula milk are likely to have investigated the different types more thoroughly than others.

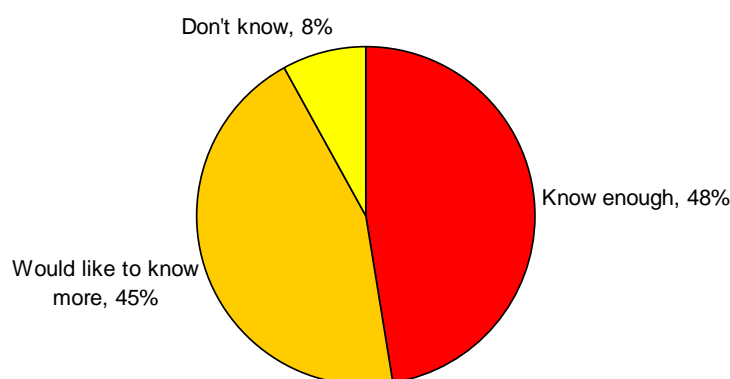
Table 10: Knowledge of different formula milks, by intended feeding method

	Total	Intend to give		
<i>Base: all expectant parents</i>	(337) %	Breast only (126) %	Formula only (81) %	Mixture (57) %
A great deal/ fair amount	50	44	<b>68</b>	56
Not very much/ nothing	50	56	32	44

5.3.6 Expectant parents – Whether enough is known

All who didn't know a great deal about formula milks available were asked if they would like to know more or whether they felt that they already knew enough. Opinion is divided quite evenly again.

Chart 15: Whether enough is known



Base: all who don't know a 'great deal' about the formula milks available (306)

Those who would like to know more are more likely to be younger, in the earlier stages of pregnancy, not to have children already, and are not intending to feed only formula milk.

Table 11: Whether enough is known, by age, stage of pregnancy, already have children and intended feeding method

	Total	Age			Stage of pregnancy	
<i>Base: all expectant parents who don't know a great deal about formula</i>	(306) %	16-24 (101) %	25-34 (146) %	35+ (58) %	<25 wks (122) %	25 wks+ (184) %
Know enough	48	49	45	53	43	51
Would like to know more	45	<b>47</b>	<b>50</b>	29	<b>54</b>	39
Don't know	8	5	5	<b>17</b>	2	<b>11</b>

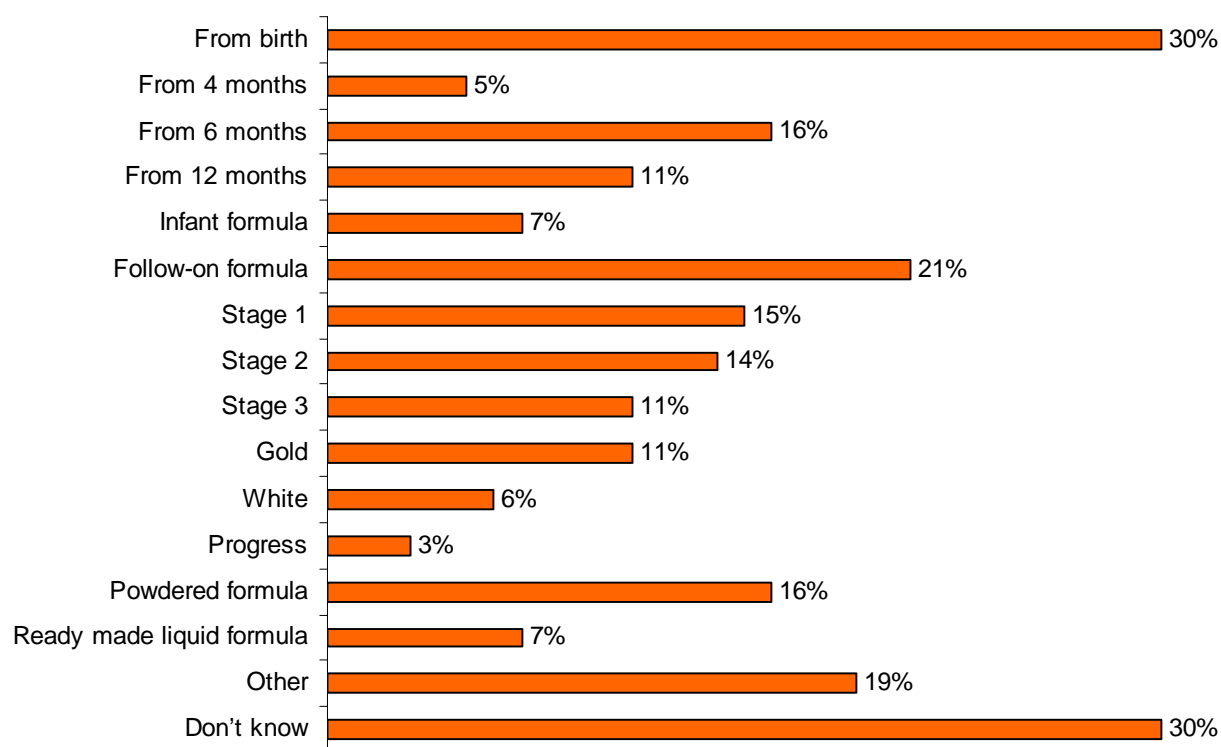


	Total (306) %	Children already		Intend to give		
		Yes (206) %	No (100) %	Breast (113) %	Formula (72) %	Mixture (53) %
<i>Base: all expectant parents who don't know a great deal about formula</i>						
Know enough	48	<b>57</b>	29	43	68	51
Would like to know more	45	37	<b>61</b>	<b>46</b>	29	<b>47</b>
Don't know	8	6	10	11	3	2

### 5.3.7 Expectant Parents – Knowledge of types of formula available

All expectant parents except those who said they knew nothing about different types of formula were asked what the different types were. The most popular responses were 'from birth' and 'follow-on formula' and 30% said they did not know. The chart has grouped formulas by type.

Chart 16: Knowledge of types of formula available (unprompted)

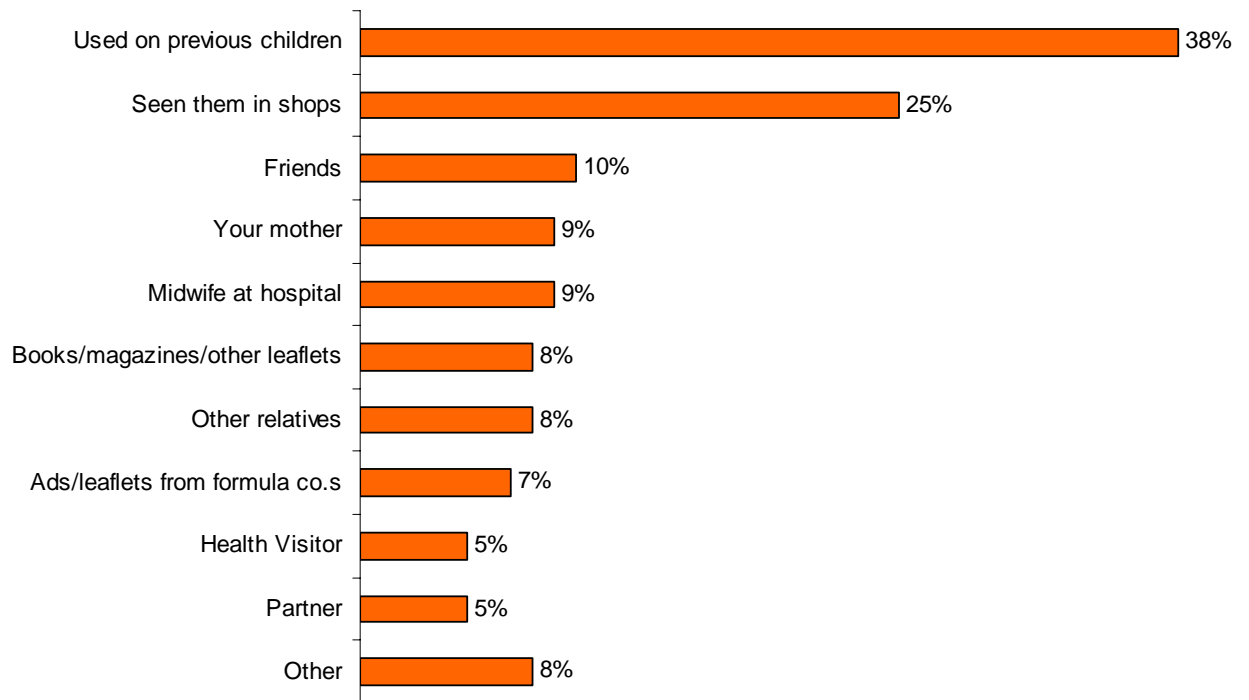


Base: all who knew something of the formula milks available (307)

### 5.3.8 Expectant parents – How the information was obtained

Those who mentioned a type of formula were asked where they had got the information from. The most common response was that they had been used on previous children though obviously this only applies to those who have already had children. A quarter said they had seen the different types in the shops. All other mentions were at a much lower level.

Chart 17: How the information was obtained (unprompted)



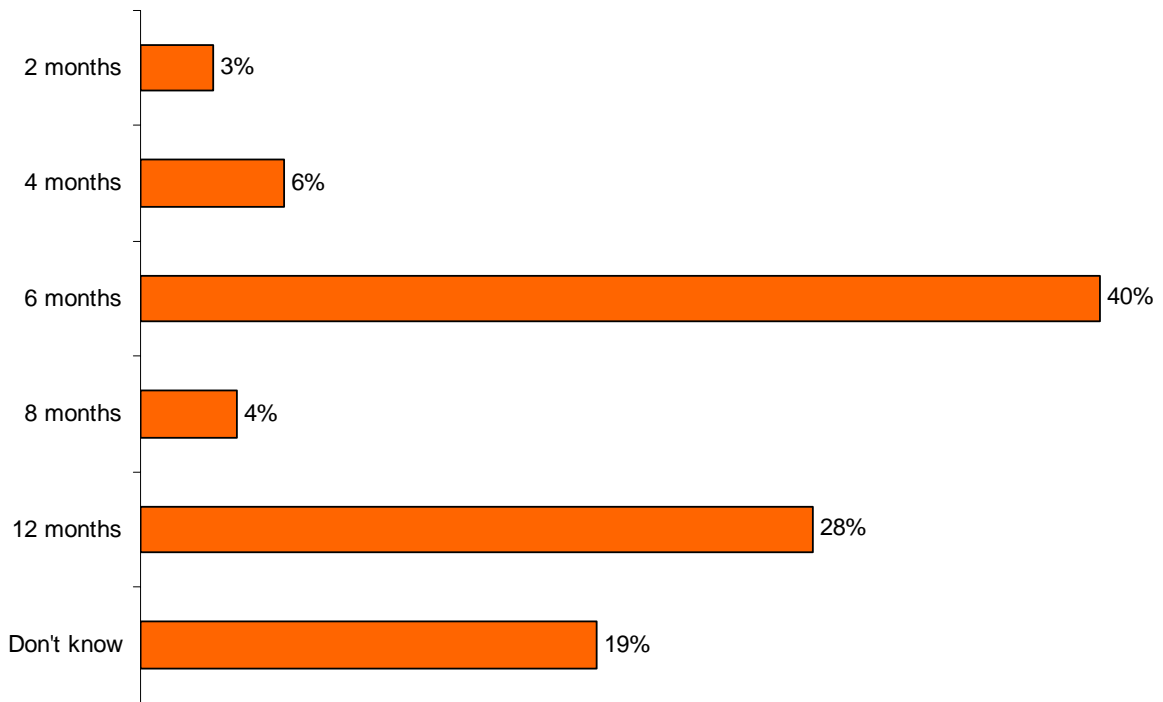
Base: all who named a type of formula available (216)

The only difference by subgroup has already been mentioned, that is that those who have already had children are more likely to mention having used it on previous children (47% mention this compared to 5% of those that have not already had children).

5.3.9 Expectant parents – Knowledge of the age follow-on formula is suitable for

All prospective parents were told that 'The key difference between the different types of formula is that one type is infant formula and the other follow-on formula' and were then asked what age they thought follow-on milk was suitable for. The greatest proportion got it right, but a fifth did not know and over a quarter thought it was 12 months.

Chart 18: Knowledge of the age follow-on formula is suitable for (unprompted)



Base: all prospective parents (337)

The 'don't know' response was more common amongst men and those who do not have children already. Those in the earlier stages of pregnancy were more likely to get it wrong. Respondents who do already have children were more likely to think it was only suitable from 12 months.

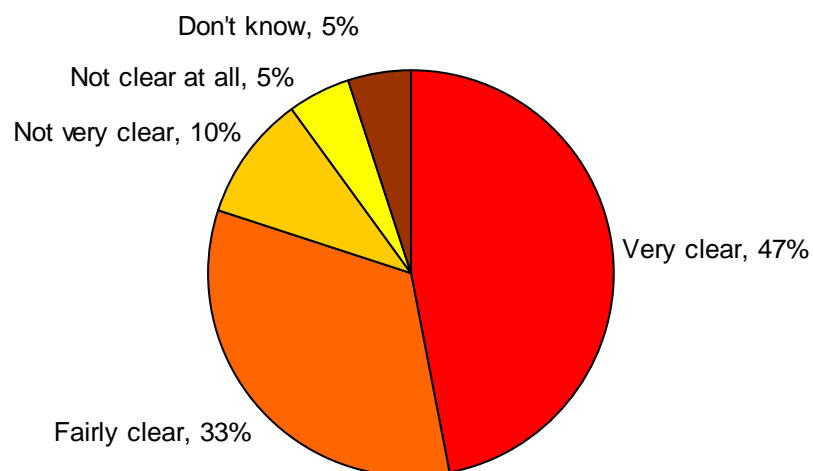
Table 12: Knowledge of age follow-on formula is suitable for, by gender, stage of pregnancy and other children

	Total (337) %	Gender		Stage of pregnancy		Children already	
		Female (235) %	Male (102) %	<25 wks (134) %	25 wks + (203) %	Yes (235) %	No (102) %
2 months	3	3	3	<b>7</b>	1	4	1
4 months	6	6	6	<b>9</b>	3	6	6
6 months	40	43	33	32	<b>46</b>	40	42
8 months	4	4	6	4	4	5	3
12 months	28	29	25	26	29	<b>32</b>	17
Don't know	19	15	<b>26</b>	22	17	13	<b>31</b>

5.3.10 Expectant parents – The clarity of shop displays of formula milk

The 58% of prospective parents who had looked at baby milk displays or shelves at a shop or supermarket were asked how clear it was that some products were for babies aged up to 6 months and others for babies aged over 6 months. Most thought it clear.

Chart 19: The clarity of shop displays of formula milk



Base: all who have looked at displays (196)

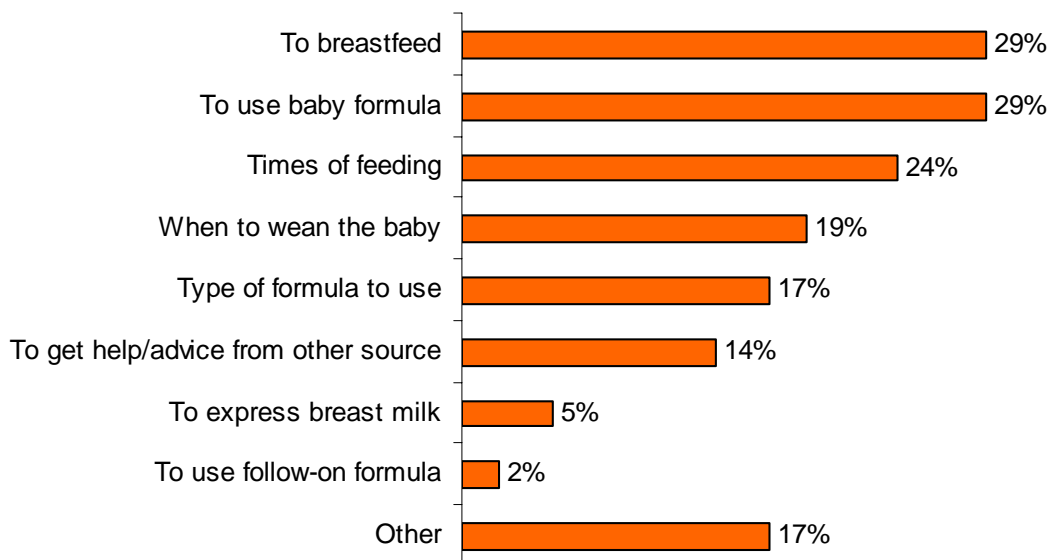
## 5.4 Unpaid and informal carers

Only a very small number of unpaid and informal carers were asked any questions on influences on feeding since only 15 of the 143 carers interviewed made any decisions on what to feed the baby in their care. All were asked about advice they had offered.

### 5.4.1 Unpaid and informal carers – Advice given

Less than half the carers had been asked for advice by parents (45%). Slightly more (57%) had offered advice. The most common type of advice was what to feed the baby (formula or breast milk) followed by times of feeding, when to wean the baby and the type of formula to use.

Chart 20: Advice given (unprompted)



Base: all who have been asked for, or have offered, advice (83)

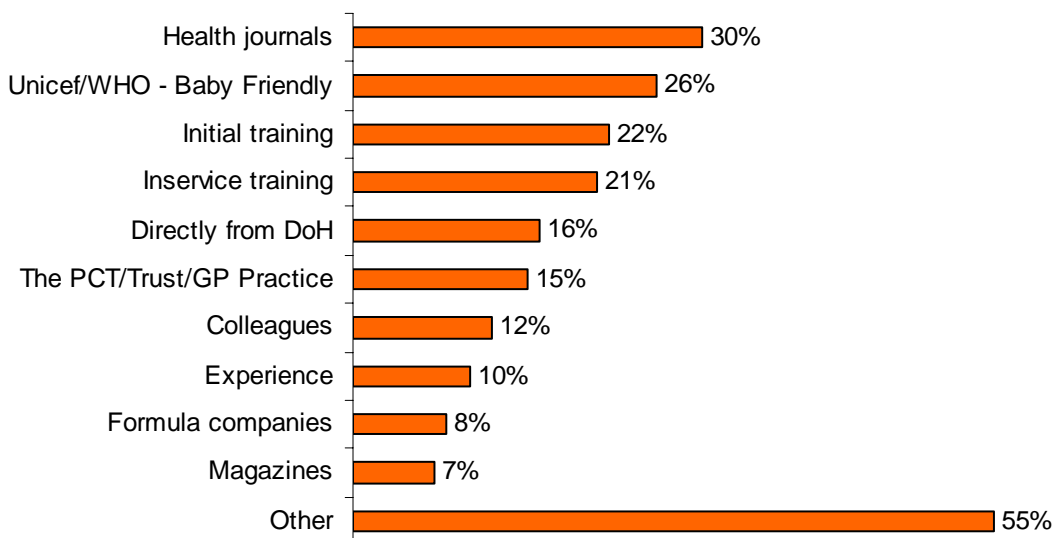
Those who had given advice to use formula milk were asked why they had done so. Note that the findings are based on only 34 respondents so should be treated with caution, but 44% of them said it was because the baby was still hungry after feeding, 15% that the mother was finding breastfeeding painful and 12% that the baby wasn't sleeping through.

## 5.5 Health professionals

### 5.5.1 Health professionals – Source of information to give parents

The midwives and health visitors were asked where they get information from about what to tell parents. The main sources as the chart below indicates are health journals, Unicef/WHO-Baby Friendly, initial training and inservice training.

Chart 21: Source of information to give parents (unprompted)



Base: All. NB findings of less than 5% not shown.

The 'others' included such things as study days, research (unspecified), Royal College of Midwives, internet (unspecified), NICE guidelines and government guidelines.

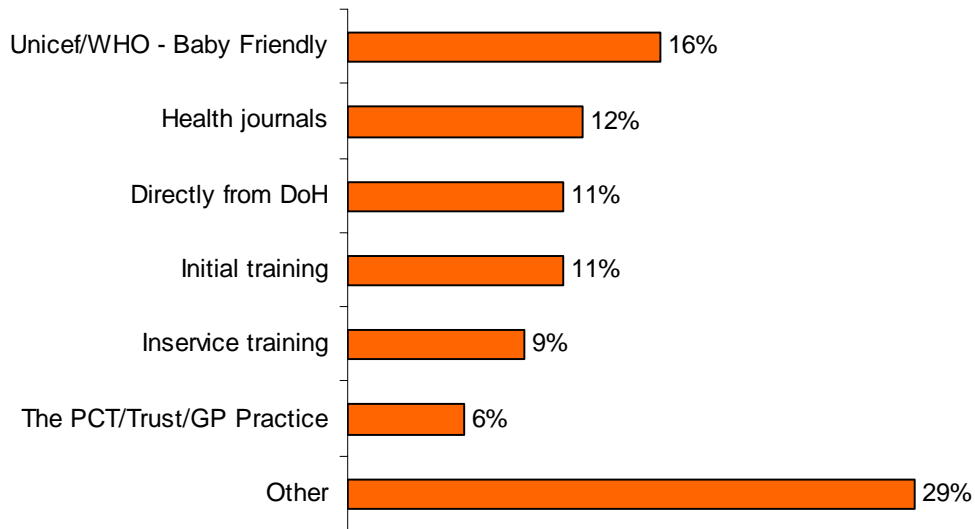
Health visitors are more likely to use health journals and midwives in hospitals more likely to use Unicef/WHO.

Table 13: Source of information to give parents, by type of professional and location

	Total (200) %	Type		Location		
		Midwives (100) %	Health visitors (100) %	Hospital (66) %	Clinic (54) %	GP Surgery (32) %
<i>Base: all</i>						
Health journals	30	20	<b>39</b>	20	31	41
Unicef/WHO	26	<b>32</b>	19	<b>38</b>	20	16

When then asked to name their most important source of information on what to tell parents the emphasis shifts slightly with UNICEF/WHO appearing as the most important before health journals.

Chart 22: Most important source of information to give parents (unprompted)



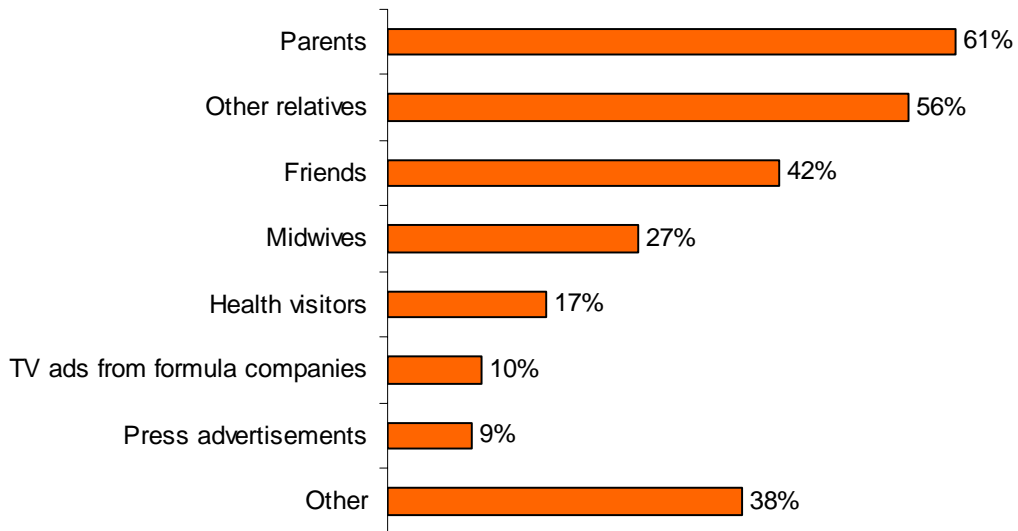
Base: All. NB findings of less than 5% not shown.

Hospital based midwives were again more likely to use UNICEF/WHO than health visitors.

### 5.5.2 Health professionals – Main influences on parents on how to feed their baby

Health professionals consider parents as the main influence, which backs up the findings earlier that parents and prospective parents trust their mother's advice above that of health professionals. Parents are followed by relatives and friends as primary influences on how parents feed their babies.

Chart 23: Main influences on parents on how to feed their baby (unprompted)

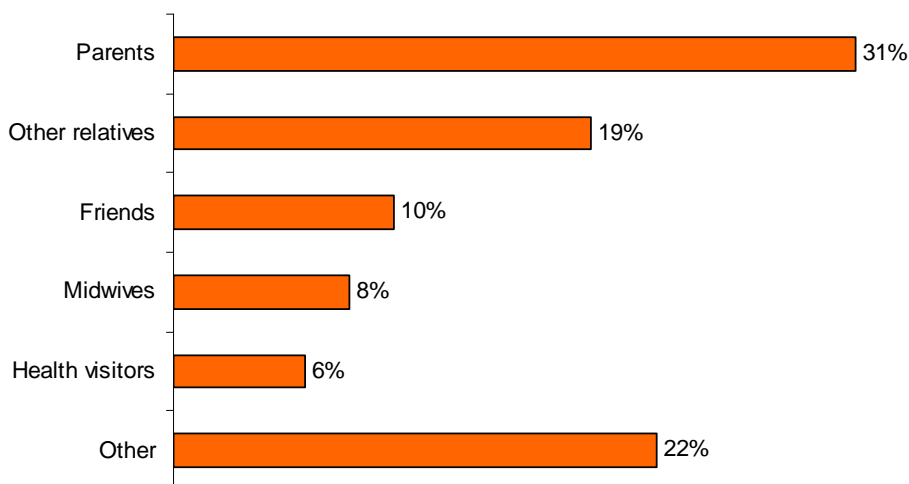


Base: All. NB findings of less than 5% not shown.

Health visitors were much more likely to consider themselves a main influence (26%) than midwives (7%).

The greatest proportion of respondents thought that parents are the most powerful influence

Chart 24: Most powerful influence on parents on how to feed their baby

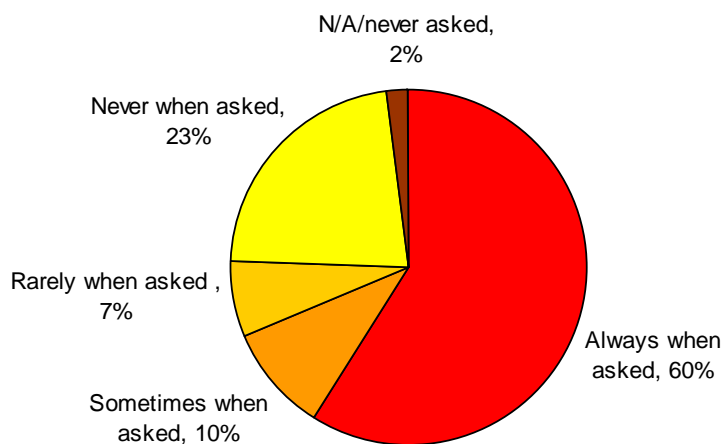


Base: All. NB findings of less than 5% not shown.

5.5.3 Health professionals – Whether health professionals provide advice on formula

In its discussion of the existing literature, the Literature Review indicated that some research has raised concerns about an ‘information deficit’. It is claimed that mothers are often not provided with information about formula feeding by health professionals. This study found that almost 40 per cent of health professionals do not always give advice when asked for it about different baby formulas mothers may use and that 60 per cent always give advice. No assessment was made of whether there is evidence of routine provision of information about this feeding method.

Chart 25: Whether health professionals provide advice about different formulas mothers can use



Base: All

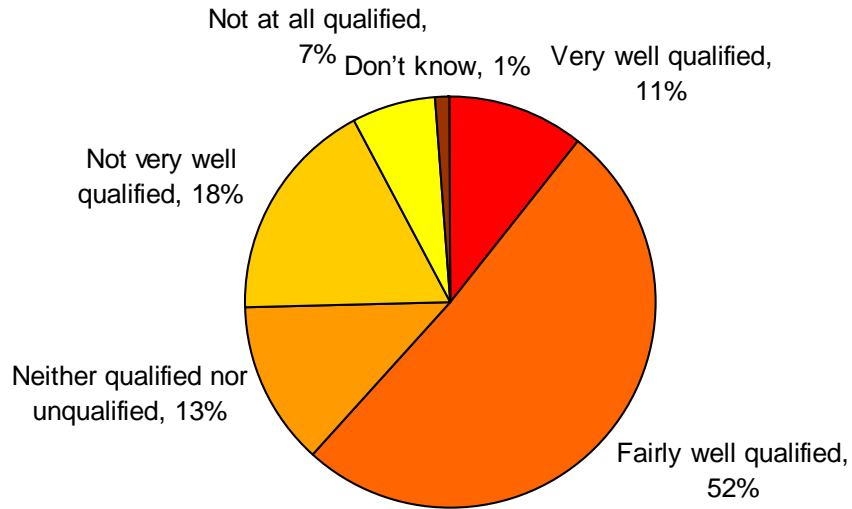
While roughly 60% of midwives and health visitors said they would always provide advice if asked for it, thereafter the picture differs with health visitors more likely to say they sometimes provide advice, or rarely provide advice but midwives much more likely to say that they would never give such advice.

Table 14: Whether health professionals provide advice on formula, by type

<i>Base: all</i>	Total (200) %	Midwives (100) %	Health Visitors (100) %
Always when asked	60	58	61
Sometimes when asked	10	5	<b>14</b>
Rarely when asked	7	2	<b>11</b>
Never when asked	23	<b>32</b>	13
N/A	2	3	1

A majority of health professionals feel qualified to give such advice.

Chart 26: Whether health professionals' feel qualified to give advice about formulas



Base: All

Health visitors are more likely to consider themselves qualified (72% very/fairly) than midwives (52%).

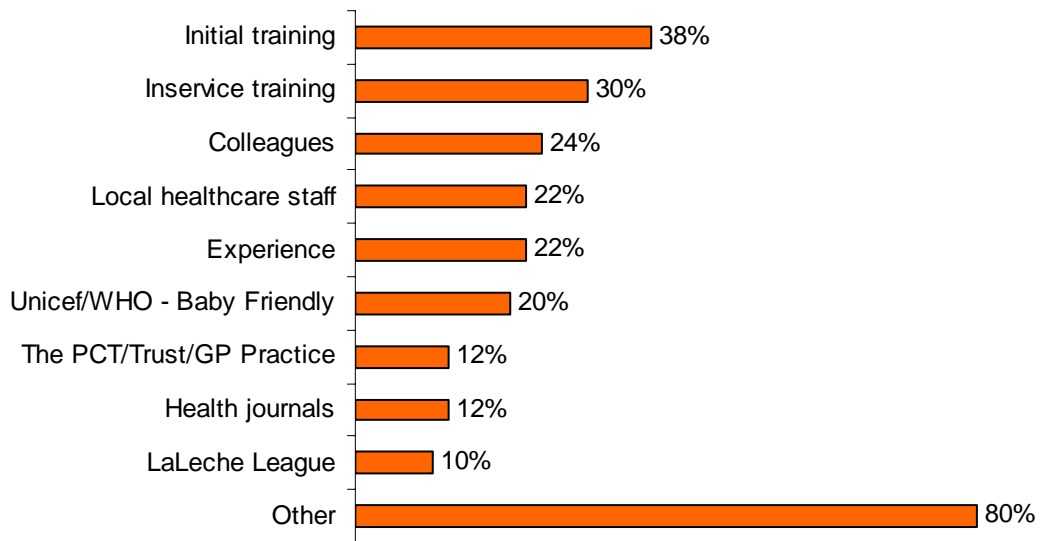
## 5.6 Peer supporters

Peer supporters were asked a similar set of questions to those asked of health professionals.

### 5.6.1 Peer supporters – Source of information to give parents

Peer supporters were more likely to suggest initial training and inservice training as main influences on what they tell parents. The 'other' category includes a number of mentions of the Breast Feeding Network, various websites and research (unspecified).

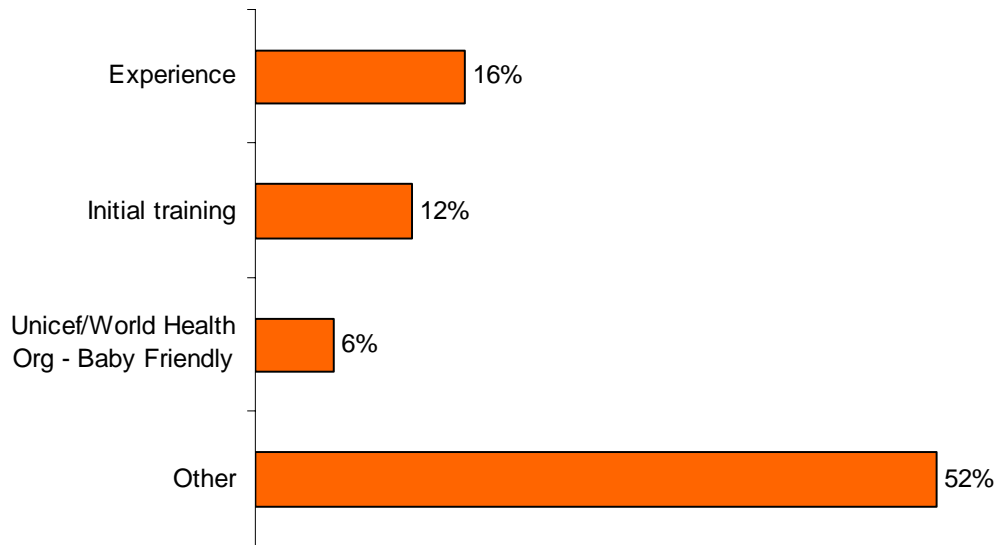
Chart 27: Source of information to give parents (unprompted)



Base: All. NB findings of less than 7% not shown.

When then asked to name their most important source of information on what to tell parents, experience comes out top followed by initial training.

Chart 28: Most important source of information to give parents



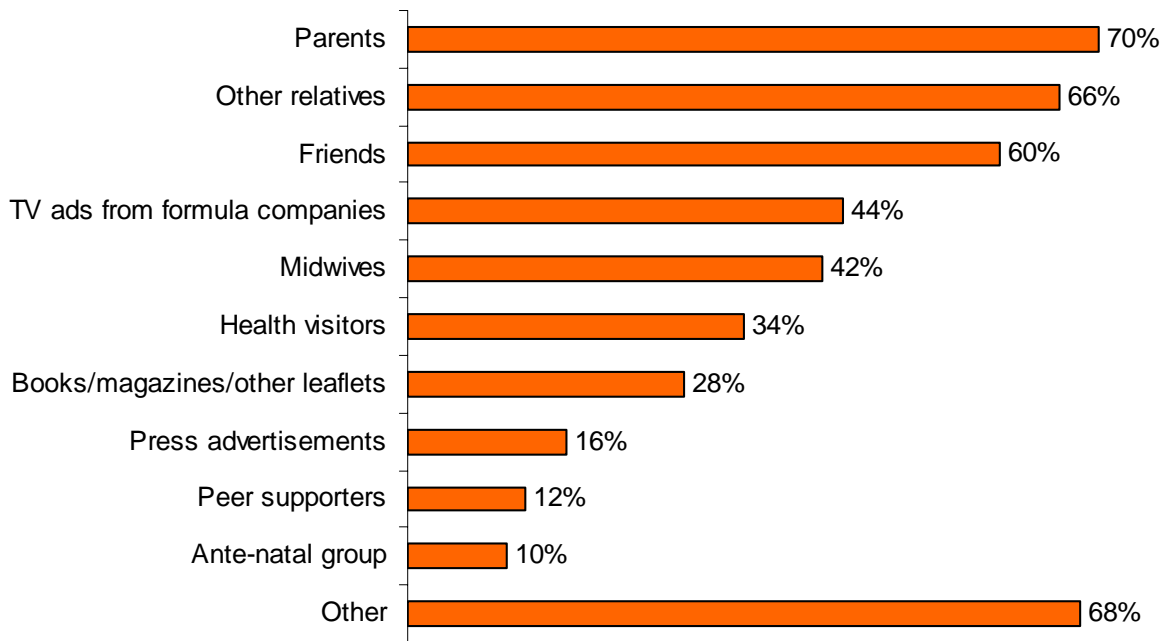
Base: All. NB findings of less than 5% not shown.

The 'Other' category is large but is made up of a range of different influences none of which are mentioned by more than 5% of respondents.

5.6.2 Peer supporters – Main influences on parents on how to feed their baby

Peer Supporters agreed with health professionals that parents followed by relatives and friends are the main influences on how parents feed their babies. TV ads from formula companies appear next on the list, followed by midwives and then health visitors.

Chart 29: Main influences on parents on how to feed their baby (unprompted)

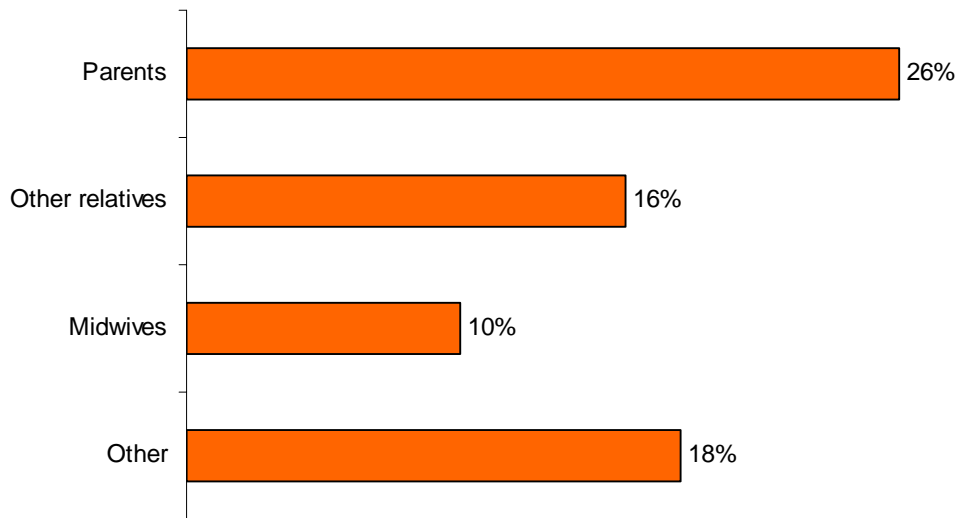


Base: All. NB findings of less than 7% not shown.

The 'Other' category is large but is made up of a range of different influences none of which are mentioned by more than 5% of respondents.

The greatest proportion of peer supporters think that parents are the most powerful influence on how people feed their babies.

Chart 30: Most powerful influence on parents on how to feed their baby



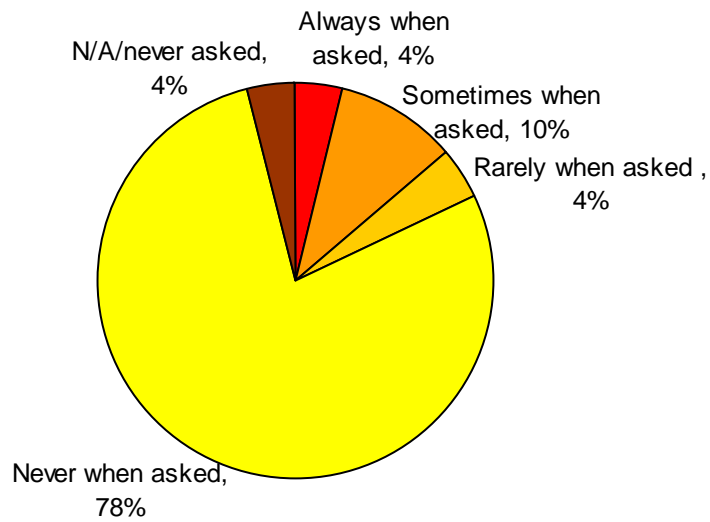
Base: All. NB findings of less than 10% not shown.

The 'Other' category is large but is made up of a range of different influences none of which are mentioned by more than 5% of respondents.

5.6.3 Peer supporters – Whether peer supporters provide advice on formula

Very few peer supporters provide any advice about different formulas, presumably because their role is to support and encourage breast feeding.

Chart 31: Whether peer supporters provide advice on formula



Base: All

Not surprisingly, most (82%) considered themselves unqualified to give advice to parents about the different types of formula available.

## 6 Early Use of Follow-on Formula

This section of the report looks at the different types of formula being fed and the extent to which follow-on formula was being used early (i.e. before an infant was 6 months of age). Before these findings are discussed, it is worth taking note of the way in which the terms 'infant formula' and 'follow-on formula' were understood by users of these products.

### 6.1 Note on terminology

The qualitative work showed that the term 'follow-on' formula was not universally understood. While most recent and expectant parents believed it meant 'following-on from breast feeding', they did not always automatically associate this with a point in time (i.e. six months). The term 'infant formula' was even less well understood. Very few respondents (including health professionals) claimed to have heard it before or could accurately define it. We believe this shows that there is a disconnection between the regulatory language used to describe formula products and the language used by consumers and professionals.

Parents tended to come into contact with formula products at point of purchase (i.e. in the supermarket). Their knowledge of them was therefore shaped by the products themselves rather than by the regulatory definitions. Given this, the choice parents perceived themselves to be facing with was not between 'infant formula' and 'follow-on formula' but between a variety of different brands (SMA, Cow & Gate, Aptamil, Hipp, etc.), and within those brands, between three stages of formula – as this was how most manufacturers were seen to structure their products. Almost all of the respondents spoken to during the qualitative stage who were purchasing formula were able to identify that: stage one (e.g. Aptamil 1, SMA Gold) could be fed to children from birth; stage two (e.g. Aptamil 2, SMA White) was for hungrier children and could be fed from birth; stage three (e.g. Aptamil 3, SMA Progress) was for children older than 6 months.

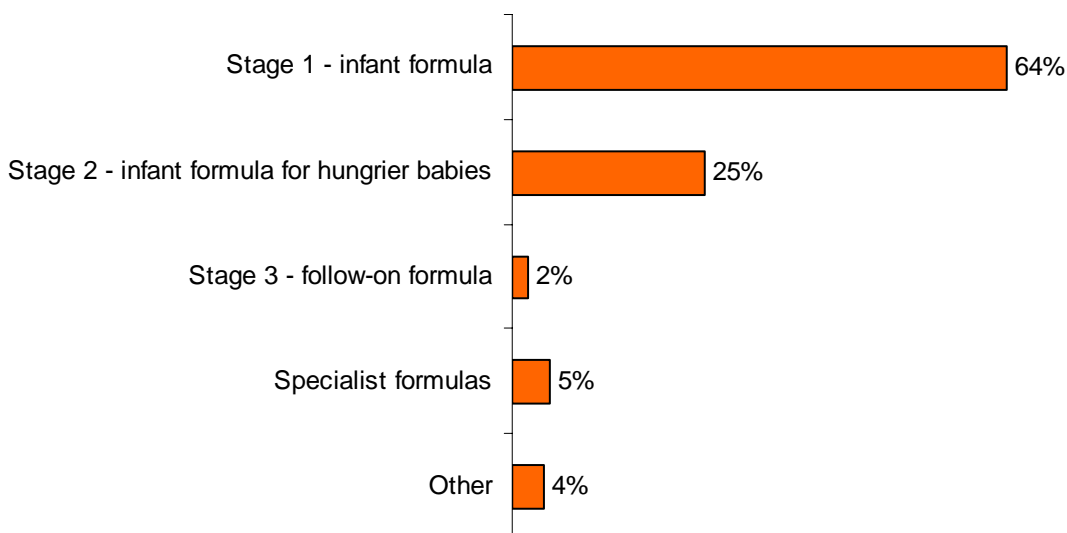
These findings had implications for the quantitative research. It was important that respondents clearly understood the kind of products interviewers were asking them about when referring to infant or follow-on formula. Therefore, when asking about 'follow-on formula' in the quantitative survey, we explicitly stated that this was formula, 'designed for babies of six months or more'.

## 6.2 Parents of babies aged under 6 months

### 6.2.1 Parents of babies aged under 6 months – Type of formula used

All parents who had ever fed their babies on formula milk were asked what the baby was most recently fed. The chart below shows the proportions by type of formula.

Chart 32: type of formula fed most recently



Base: all parents who have ever fed their babies formula milk (561).

There is a clear distinction between the type of formula given to babies under 16 weeks compared to those aged 16 weeks or more as table 15 demonstrates.

Table 15: Type of formula fed most recently, by age of baby

	Total (561) %	Age of baby	
		0-15 weeks (281) %	16 weeks plus (280) %
Stage 1 – infant formula	64	<b>81</b>	49
Stage 2 – infant formula hungrier baby	25	19	<b>33</b>
Stage 3 – follow-on formula	2	0	<b>5</b>
Specialist formulas	5	4	6
Other	4	1	<b>7</b>

A second question checked to see if the usual formula was different from that last fed to their baby but only 15 respondents said that it was different and any analysis of this number of respondents would be meaningless.

During the focus groups with recent parents, we found that only a small minority of infants under 6 months were being fed follow-on formula. During the qualitative research, we spoke to 84 mothers and fathers of children under 6 months. Of these, 15 had exclusively breastfed, 23 had exclusively bottle fed and 46 had used both breast and bottle milk. 6 had fed follow-on formula within the first 6 months (though none had done so before the child was 4 months of age).

Amongst the 6 parents feeding follow-on to children under 6 months, there was little confusion about the product and its proper use. 5 of the 6 knew the product they were using was intended for children over 6 months and had made a considered decision to feed follow-on early with this in mind. The exception was a father in Edinburgh who knew the follow-on formula he was feeding (Aptamil Stage 3) was for older babies but could not place a definite age on when it should be introduced. It should be noted that this respondent shared responsibility for feeding with his wife.

*"After 4 months, (the baby) was pretty hungry so we just jumped up to 6 months (i.e. follow-on formula)."*

*(Recent Father, Edinburgh)*

*"Stage 3 formula is when you're weaning to solids – six months plus."*

*(Recent Mother, Belfast)*

In fact, incidence of weaning (i.e. introduction of solids) in the first 6 months were much higher than incidence of feeding follow-on formula. Of 84 recent parents, 40 had weaned within the first 6 months. Early weaning was also seen as a more significant problem by health visitors and midwives, for whom early use of follow-on formula was not a major concern.

### 6.2.2 Parents of babies aged under 6 months – Knowledge of the recommended age

Knowledge of the age the formula being fed to their babies was suitable for was generally accurately relayed although in all cases a small minority claimed lack of knowledge. Of the 14 parents who were using follow-on formula 2 said that they did not know what the recommended age was. Note that table 16 uses a mixture of proportions and numbers depending on the base size.

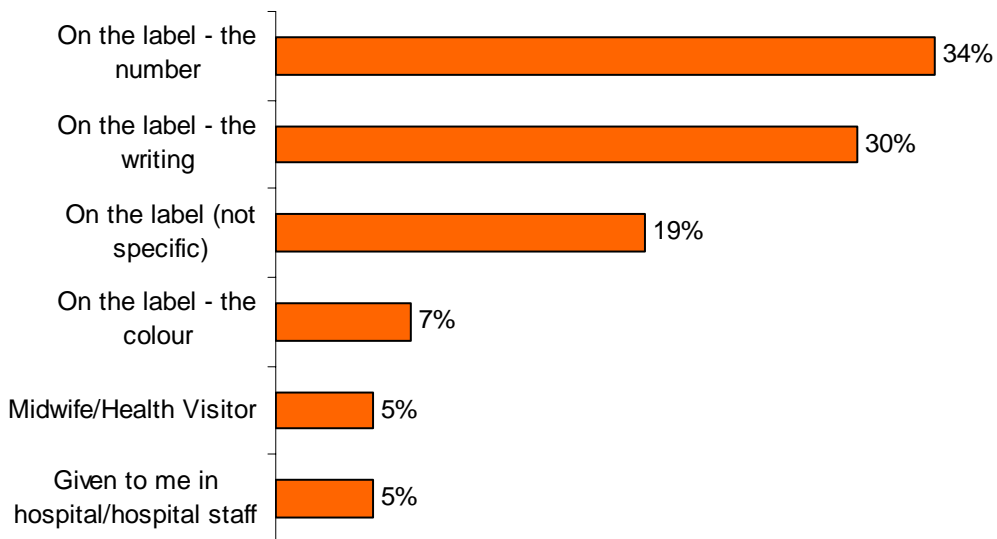
Table 16: Knowledge of recommended age of formulas used, by type of formula

<i>Base: all whose baby has ever had formula</i>	Stage 1 (359) %	Stage 2 (143) %	Stage 3 (14) Numbers	Specialist (22) Numbers	Other (23) Number
0 months	83	63	-	19	15
4 months	2	15	-	1	3
6 months	3	7	12	1	2
12 months	3		-	-	-
Don't know	10	15	2	1	3

### 6.2.3 Parents of babies aged under 6 months – How the recommended age was known

Those who knew the age the formula was recommended for were asked how they knew that. As the chart below shows, the most common reply was that the label told them from the number or the writing on it. A fifth just mentioned the label without saying what it was about it that told them. Other ways of knowing were mentioned by much smaller proportions.

Chart 33: How the recommended age was known (unprompted)



Base: all who named a recommended age (498). NB findings of less than 5% not shown.

This accords with findings from the qualitative research. Parents' awareness of formula products (whether infant formula or follow-on formula) came primarily from seeing products and packaging in supermarkets. Labelling on packaging was perceived to be very clear about the age of child for which follow-on was intended. Other sources of product awareness included previous use (i.e. with older children) and friends and family. Advertising was not regarded as a major source of product knowledge. During the qualitative work, parents rarely said that they had received any information about follow-on formula (or any other formula) from health professionals.

*"If you know the colours you'll know that the gold one is for younger babies (i.e. under 6 months). And the numbers tell you as well."*

*(Recent Mother, Glasgow)*

*"I look for the three on the packet, I do. That's what I look for."*

*(Recent Mother, Manchester)*

#### 6.2.4 Parents of babies aged under 6 months – Reasons for using follow-on formula early

The only evidence available prior to this study about reasons for early use of follow-on comes from the most recent DH Infant Feeding Survey (Literature Review p10). This study aimed to clarify the extent to which confusion and misunderstanding accounted for the practice.

Most of the respondents to the qualitative research who were feeding follow-on formula early were not doing so because they were confused about the product they were using. Rather, they were clear about the product and the suggested age of use and were using it intentionally. In the qualitative research, those feeding follow-on formula gave three distinct reasons for doing so:

- **Hunger**
  - > Three recent parents said they had intentionally moved to follow-on formula because they were concerned that their infant was not getting enough food. These parents worried that the infant formula they were feeding was not filling up their child and therefore switched to follow-on which was seen as richer, heavier and more nutritious.

- **Health visitor's advice**

- > One recent mother said she had used follow-on formula at five months, based on her health visitor's advice. She believed her child was not getting as much food as it needed and the health visitor agreed with this, recommending use of follow-on.

- **Natural progression**

- > Two recent mothers said they saw use of follow-on as being a 'natural progression' from infant formula. They felt they knew when their baby was ready to move on to a 'heavier' milk based on the baby's size and the volume of milk it was consuming and introduced follow-on when they felt it was right to do so, based on these observations

*"He's a very hungry baby. I think you know when they need to move on."*

*(Recent Mother, Manchester)*

*"[Follow-on should be fed] whenever they're ready for it. Just when you feel your own child's ready because I feel like every child is different in their own way. Some children start earlier, some children start a bit later."*

*(Recent Mother, Glasgow)*

*"I asked the health visitor and she said to put her on [follow-on] and to try it. You feel that if the health visitor says it they've got to give the right advice."*

*(Recent Mother, Bridgend)*

This was explored further in the quantitative survey. The 2% of parents feeding their babies on follow-on formula is made up of only 14 respondents, 13 of them with babies of 21 weeks or more. Nine of them were using follow-on formula because they thought it was what the baby needed or was ready for, six suggested that their baby was hungry and not getting sufficient food from infant formula. One said they thought it was a natural progression, another that they had been advised to use it and the last that they hadn't realised that they were using something only suitable for babies of 6 months or more.

Therefore, taking the qualitative and quantitative results combined, the full range of reasons provided for early use of follow-on formula includes:

- Fulfilling the baby's needs
- Hunger

- Health visitor's advice
- Natural progression

Recent parents were asked to complete a task prior to attending the qualitative research. For each month of their baby's life, they were asked to document what they had fed and their reasons for this. The table below shows the response of one recent mother from Belfast and is included as it highlights in detail a mother's journey from breastfeeding to feeding follow-on formula and illustrates some of the wider factors determining feeding behaviour and the early use of follow-on formula (such as physical complications, difficulties breastfeeding and the desire to settle and calm the baby).

<b>Feeding behaviour: Recent Mother, Belfast, 30-39, ABC1</b>		
<b>Month</b>	<b>What fed?</b>	<b>Why?</b>
1	I breastfed at first but my baby was tongue-tied and therefore it was difficult for her to latch on. In hospital I expressed milk and bottle fed.	I had breastfed my previous child. I wanted to breastfeed my baby but midwives were worried that my baby wasn't getting enough food which was why I had to express milk to feed.
2	After much perseverance my baby was able to latch on and I breastfed exclusively.	I wanted to give my baby the best possible start so I was determined to try to feed exclusively myself. I had breastfed my previous baby and wanted to do this again.
3	Due to the adverse effect of the tongue-tie it was difficult for my baby to feed for any length of time. I therefore introduced formula at this stage.	I felt that my baby was becoming impatient and frustrated at times when I was breastfeeding. I decided to introduce formula in addition to breast milk to see if she became more settled.
4	I began to breastfeed less and give more formula (Milupa Aptamil no 1).	I felt my baby was more settled and satisfied. I also needed to create a more consistent routine in order to have more time for my other child and for myself.

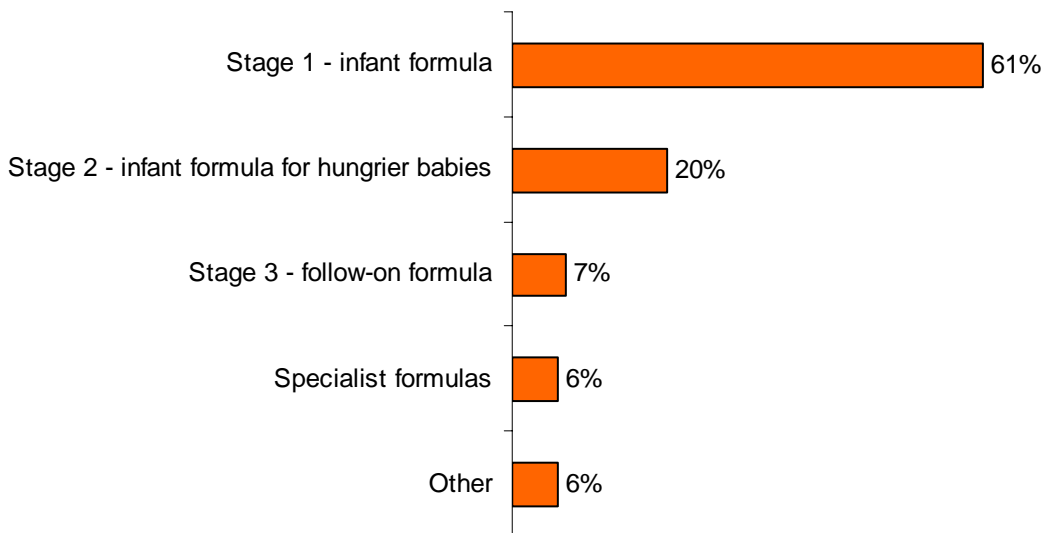
5	I continued to feed my baby completely with formula (Milupa Aptamil 2).	My baby was happy, contented and very settled. I had an established routine and family life was much easier and my husband was more hands on.
6	I continued to feed my baby formula and I also began weaning to solids (Milupa Aptamil 3 + solids).	I felt my baby was ready for solid food – it was a natural progression as she began showing interest when other family members were eating.

### 6.3 Informal and unpaid carers

#### 6.3.1 Informal and unpaid carers – Type of formula used

Carers who had ever fed formula milk to the baby they look after received the same set of questions asked of parents. The chart below shows the proportions by type of formula which are similar to what we saw with parents. Fourteen respondents did not know what they were giving and have been excluded from the chart below.

Chart 34: type of formula fed most recently (unprompted)



Base: all carers who have ever fed their babies formula milk and know what it is (114)

Most carers (88% of those who gave formula) said that the type of formula fed was the parent's decision.

The size of sample is too small to detect significant differences by the age of the child cared for but all stage 3 formula is fed to older babies.

### 6.3.2 Informal and unpaid carers – Knowledge of the recommended age

Knowledge of the age the formula being fed was suitable for was generally accurately relayed although in all cases a small minority claimed lack of knowledge. Of the 8 who were using follow-on formula 2 said that they did not know what the recommended age was. Note that table 17 uses a mixture of proportions and numbers depending on the base size.

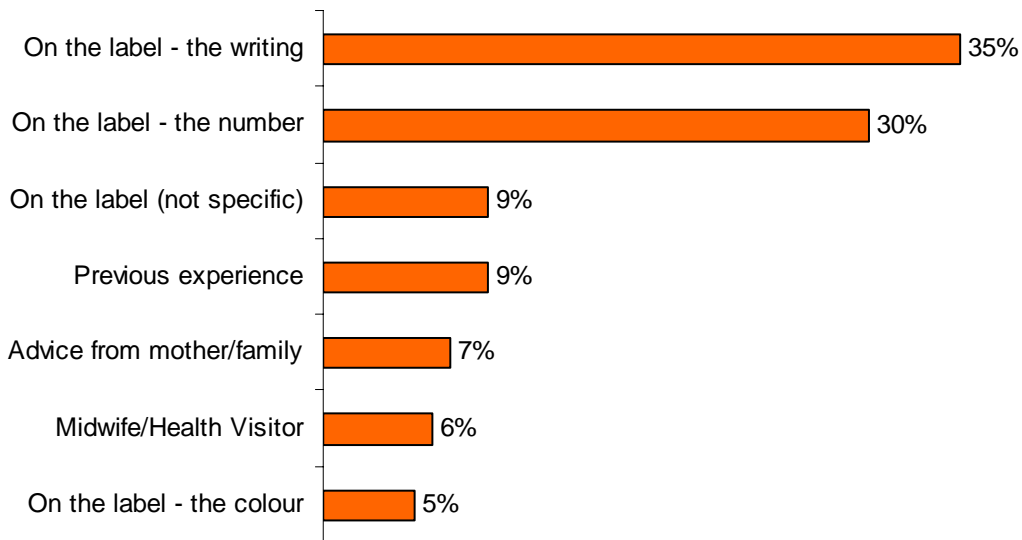
Table 17: Knowledge of recommended age of formulas used, by type of formula

Base: all carers who have ever given formula	Stage 1 (69) %	Stage 2 (23) Numbers	Stage 3 (8) Numbers	Special (7) Numbers	Other (7) Number
0 months	77	14	-	4	6
4 months	7	8	-	2	-
6 months	1	-	6	1	-
12 months	4	-	-	-	1
Don't know	10	1	2	-	-

### 6.3.3 Informal and unpaid carers – How the recommended age was known

Those who knew the age the formula was recommended for were asked how they knew that. As the chart below shows, the most common reply was that the label told them from the number or the writing on it. A fifth just mentioned the label without saying what it was about it that told them. Other ways of knowing were mentioned by much smaller proportions.

Chart 35: How the recommended age was known (unprompted)



Base: all carers who named a recommended age (104). NB findings of less than 5% not shown.

### 6.3.4 Informal and unpaid carers – Reasons for using follow-on formula

There were 8 carers feeding the babies they look after on follow-on formula. Half (4) did so because the baby was hungry and not getting sufficient food from infant formula. Three felt it was what the baby needed, two said the child's parents had given it to them so they had no choice in the matter; one said they thought it was a natural progression, another that they had been advised to use it.

We feel that these findings should be treated with some caution. The qualitative research showed that informal and unpaid carers had a very limited influence over whether and when follow-on formula was fed. While many informal carers did sometimes purchase formula on behalf of parents, it was clear that they were not making decisions about the kind of formula purchased and that they were told what to buy by parents.

*“Mums talk to everyone they meet and they get various advice from the clinic and books and in the end they’re bombarded with advice and in the end I think you just follow your instinct. I don’t decide what she feeds the baby, I just follow what Mum does!”*

*(Informal Childminder, London)*

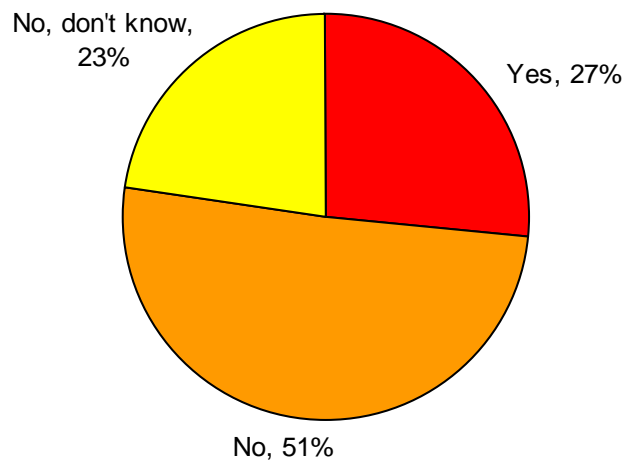
This is clearly at odds with the quantitative findings above (e.g. that half the informal carers feeding follow-on formula spoken to in the quantitative survey were feeding this because the baby was hungry, rather than because the child’s parents had given it to them or advised them to use it). This discrepancy may warrant further investigation. It may be that those informal carers (responding to the quantitative survey) who were feeding follow-on formula because the baby was hungry were actually doing so on the instruction of the baby’s parents.

## 6.4 Health professionals

### 6.4.1 Health professionals – Knowledge of follow-on formula feeding

Health professionals were asked if they knew if any of the babies they had dealt with had been fed follow-on formula when the baby was under 6 months of age. Overall a quarter said that they did know some cases where this was happening, half said they had not had any cases like that and another quarter did not know whether or not this was happening.

Chart 36: Knowledge of follow-on formula feeding



Base: all (200)

Health visitors were more likely to know that follow-on formula feeding was not happening compared to midwives, more of whom did not know.

Table 18: Knowledge of follow-on formula feeding, by type of professional

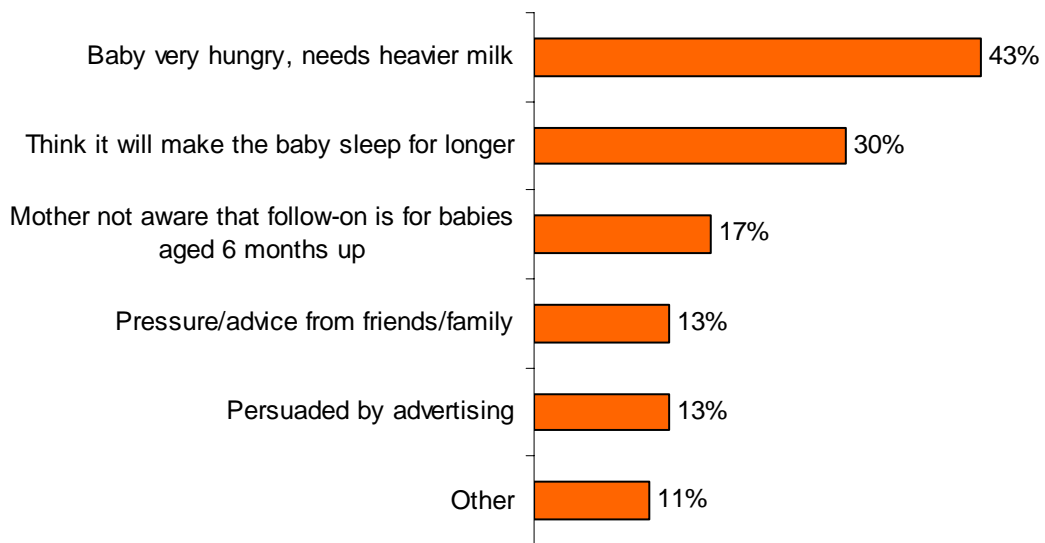
Base: all	Total (200) %	Midwives (100) %	Health Visitors (100) %
Yes	27	26	28
No	51	37	<b>64</b>
No, don't know	23	<b>37</b>	8

Those who said it was happening were asked how frequently and less than a quarter (22%) said 'all the time' or 'very often' compared to three quarters (74%) who said it happened only occasionally, or rarely.

6.4.2 Health professionals – Reasons for feeding follow-on formula

The 54 health professionals who said they had cases of follow-on feeding were asked why they thought it was happening. The most common reasons given were that the baby was very hungry and so needed a heavy formula, that parents think it will make their baby sleep longer and at a lower level that the mother is not aware that the follow-on formula is designed for older babies.

Chart 37: Reasons for feeding follow-on formula (unprompted)



Base: all who deal with mothers who feed their baby follow-on formula (54). NB findings of less than 10% not shown.

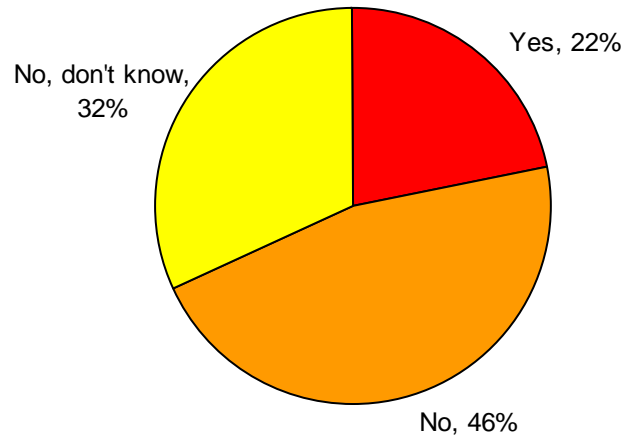
Most (89%) advised parents that what they were doing was not recommended.

## 6.5 Peer supporters

### 6.5.1 Peer supporters – Knowledge of follow-on formula feeding

Peer Supporters were asked similar questions to the health professionals, the first of which was if they knew if any of the babies they had dealt with had been fed follow-on formula when the baby was under 6 months of age. Just over a fifth said that they had.

Chart 38: Knowledge of follow-on formula feeding



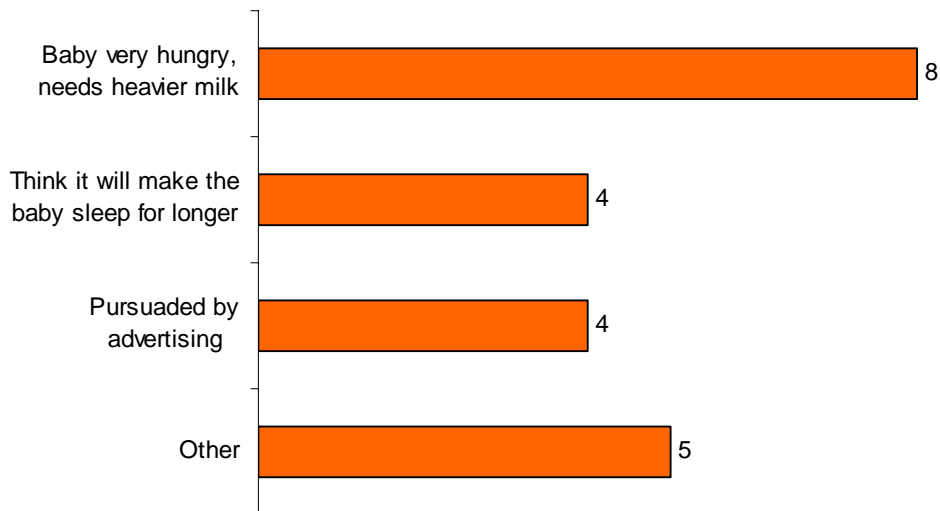
Base: all (50)

Those who said it was happening were asked how frequently and of the 11 respondents questioned 7 said 'all the time' or 'very often' compared to 3 who said it happened only occasionally, or rarely.

### 6.5.2 Peer supporters – Reasons for feeding follow-on formula

The 11 peer supporters who said they had cases of follow-on feeding were asked why they thought it was happening. As with health professionals the most common reason given was that the baby was very hungry and so needed a heavy formula. At a lower level it was also thought that parents think it will make their baby sleep longer or that they are persuaded by advertising. Note: due to the small base size the chart below is in numbers rather than percentages.

Chart 39: Reasons for feeding follow-on formula (unprompted)



Base: all who deal with mothers who feed their baby follow-on formula (11). NB codes given by less than 4 respondents not shown.

Four of the eleven respondents always advised parents that what they were doing was not recommended, 2 sometimes did so and 5 never did.

## 7 Clarity of Advertising

This study perhaps makes its most distinct contribution to the available evidence base by providing findings about perceptions of follow-on formula advertising. This is an area that has so far been under-researched (see Literature Review pp11-14).

### 7.1 Findings from the qualitative research

During the qualitative research, all press and TV adverts for follow-on formula published in 2008 were shown to respondents and their clarity (particularly the clarity of the age of child for which the product was intended) was discussed. Please see Appendix B for a catalogue of all adverts shown. Adverts were drawn from a study carried out for the Independent Review Panel simultaneously by the University of Leicester – ‘The Nature of Infant Formula and Follow-on Formula Advertising and Presentation’ – which identified all advertising for 2008. Adverts were shown for the following products:

- TV adverts for Aptamil 3, Cow & Gate 3, SMA Progress
- Press adverts for Aptamil 3, Cow & Gate 3, Cow & Gate ‘good night milk’, SMA Progress, Heinz Nurture, Hipp follow-on milk

This enabled us to identify the various characteristics that made an individual advert more or less clear. Respondents noted that none of the adverts explicitly stated that the product advertised was aimed at children aged six months and over beyond small print either at the bottom of the advert or on the packaging displayed in the advert. Despite this, most respondents were able to identify that all of the adverts displayed were for children aged six months and over. Crucially, all but one respondent amongst those feeding follow-on early could identify that all adverts were for children aged six months and over. The exception was a father who acknowledged that his wife (who was responsible for choosing which formula was purchased) may have been able to identify them correctly.

A minority of respondents were unable to identify all adverts as being for products intended for children over 6 months. This minority included mainly first time parents with limited knowledge of child development (and were not able to say how old the children in the adverts were with much confidence) and with less knowledge of the formula market (having never purchased any kind of formula before).

Those who could identify the age of the children the products advertised were aimed at did so based on two pieces of information:

- **Product knowledge** – Most recent and expectant parents had bought formula in the past and were aware of the different types of products on offer and the suggested age limits for these. Given this, the presentation of packaging in each of the adverts enabled them to identify the product shown and the age of child for which it was intended.
- **Child development** – All the adverts included images of babies. This enabled most parents to identify the age of child for which the product advertised was intended, by drawing on their knowledge of child development. Good head control, arm movement, an upright posture, the presence of hair and teeth, infants self-feeding, the presence of emotional facial expressions, and an outdoor setting all served to indicate that a product was aimed at children aged six months and over.

*"Baby with a spoon, more appropriate for Progress ... Using a spoon – eight, nine, ten months. I had a ten month old here today who wouldn't have a notion how to put a spoon in his mouth!"*

*(Registered Childminder, Belfast)*

*"If you know the colours you'll know that the gold one is for younger. And the numbers as well."*

*(Recent Mother, Glasgow)*

*"I look for the number three, I do. That's what I look for."*

*(Recent Mother, Manchester)*

Given the confusion around the terms 'follow-on formula' and 'infant formula' discussed previously, the presence of the term 'follow-on formula' on advertising did not clearly indicate that a product was intended for children aged six months and over to most respondents. In addition, the small print stating that the product was intended for children of this age positioned at the bottom of an advert or on the packaging displayed was not usually read.

Based on these observations, we were able to identify the characteristics of a clear advert as being one in which product packaging was prominently and boldly displayed and in which any children shown were unambiguously aged six months or over. The qualitative research found the following adverts to be most clear / unclear:

Medium	Clear	Unclear
TV	Aptamil, Cow & Gate	SMA
Press	Cow & Gate 'Complete Care'	Aptamil

These conclusions fed into development of the quantitative survey. Those adverts that were found to be clear displayed their products more prominently and clearly than those which were not and contained images of children who were clearly and unambiguously over the age of six months.

*"The Aptamil one was alright with me. I think that was acceptable ... It's talking about formula following-on from breastfeeding." – Aptamil TV advert*

*(Health Visitor, Belfast)*

*"It looks like a toddler because it's playing in the park." – Aptamil TV advert*

*(Recent Mother, Glasgow)*

*"It was all about the feeds through the night and things that would've been relating to a younger baby." – SMA TV advert*

*(Informal Childminder, Glasgow)*

*"The baby's always being held, it's not sitting down. Most 6 month olds can sit up." – SMA TV advert*

*(Recent Mother, Edinburgh)*

Based on this (and because time did not permit us to show all the 2008 follow-on formula adverts) a sample of press and TV adverts were selected for the quantitative survey. These included adverts found to be clear and unclear in the qualitative work, as well as adverts for all the major brands. The adverts selected are shown below.

Brand	TV	Press
Aptamil		
Cow & Gate		
SMA		

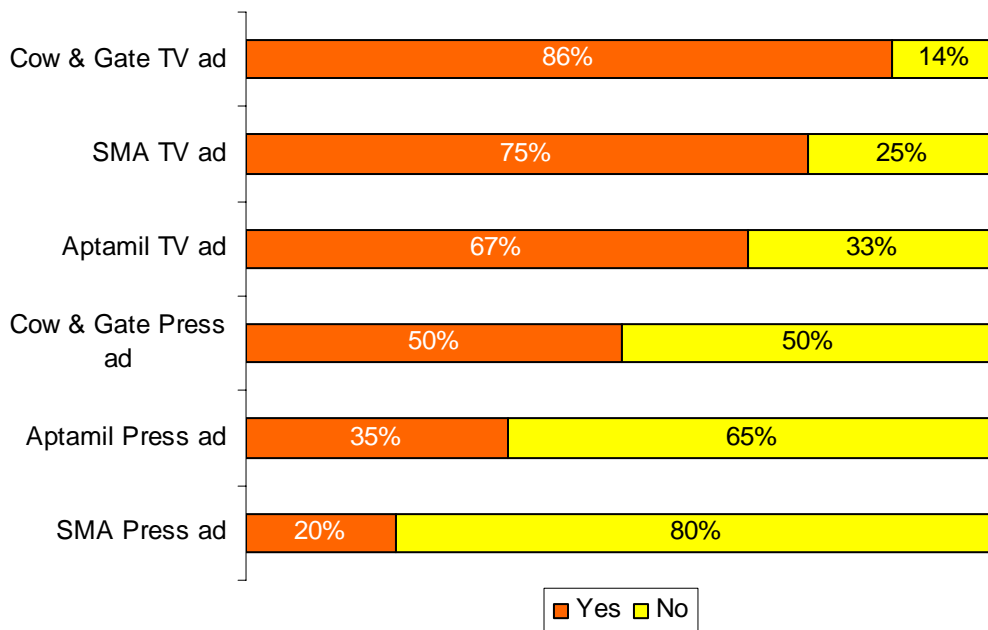
## 7.2 Face to face surveys

All of the respondents who were interviewed face to face (parents of children aged under 6 months, prospective parents and those who provide informal or unpaid care to children aged under 6 months) were finally asked a section of the questionnaire that tested the clarity of three television advertisements and three press advertisements. As the same questions were asked of each advertisement the report will examine them together to make comparison easier.

### 7.2.1 Face to face surveys – Previous awareness of ads

The first question sought to establish if respondents had seen the advertisements before as this may well have an impact on the clarity of the ad if people are used to it. The television advertisements were more likely to have been seen than the press ads and Cow & Gate had the highest recognition of TV ads and of press ads. It may well represent some over-claim.

Chart 40: Previous awareness of ads



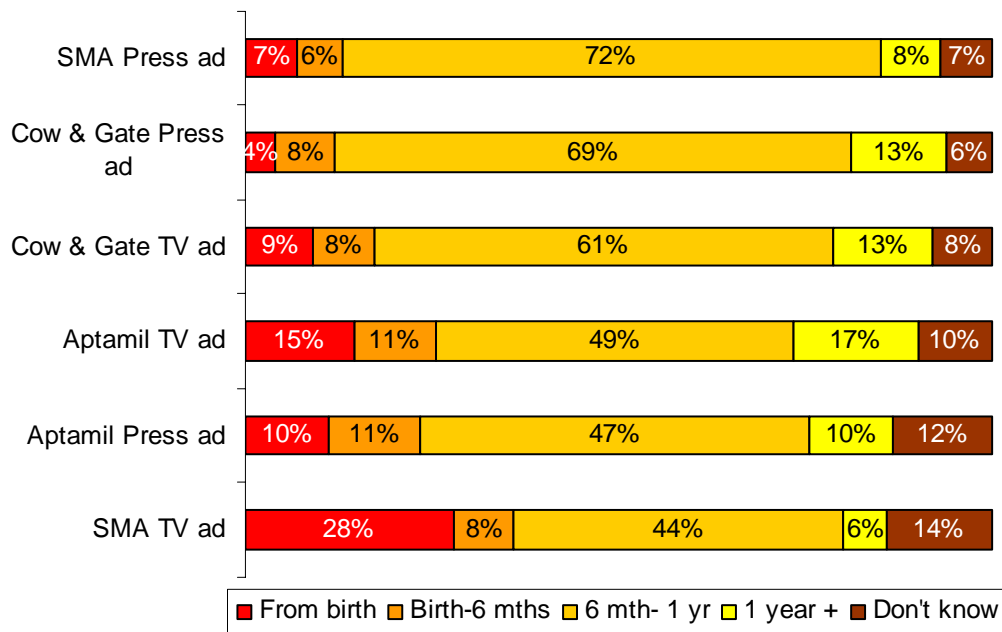
Base: all (1153)

In all cases women were more likely than men to have seen the ads.

7.2.2 Face to face surveys – Age the products are suitable for

For each ad respondents were asked to estimate from what age a child can use the product. It should be borne in mind at this stage that all the products advertised were follow-on formula. While the SMA television ad fares the worst with over a quarter thinking it suitable from birth, the same company's press ad is recognised by the most respondents as being suitable from 6 months of age.

Chart 41: Age the products are suitable for (unprompted)



Base: all (1153)

Table 19 on the next page gives a further summary of these results with numbers as well as percentages.

Table 19: From what age, would you say, can a child use the product just advertised?

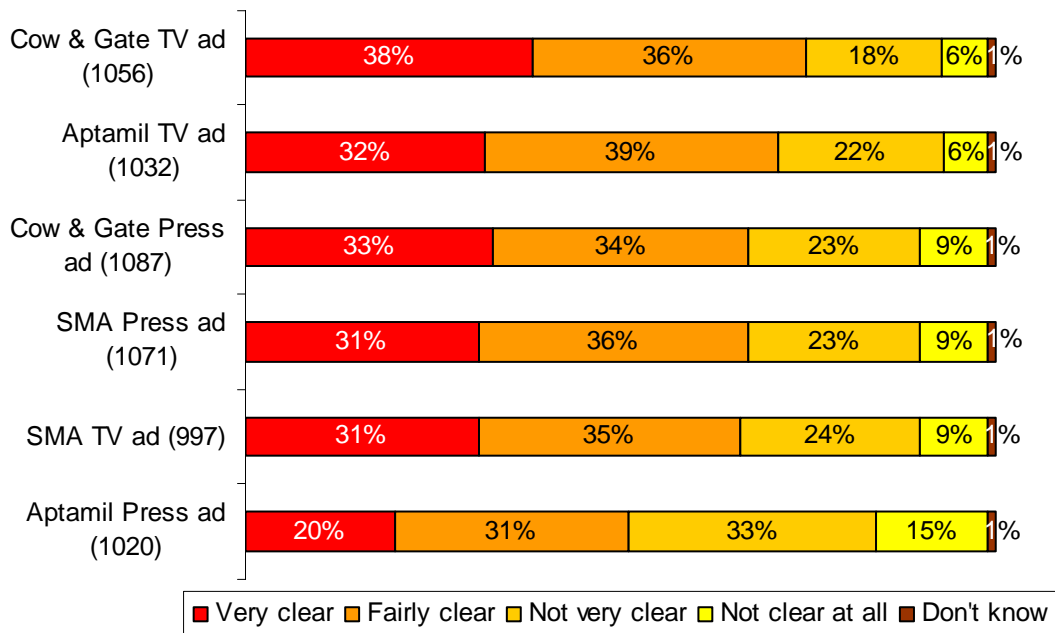
Base: All (1153)	Correctly identified the suitable age (6 months plus)	Did not identify the suitable age (less than 6 months)	Didn't know
SMA Press ad	919	150	83
	80%	13%	7%
Cow & Gate Press ad	946	140	66
	82%	12%	6%
Cow & Gate TV ad	860	196	97
	75%	17%	8%
Aptamil TV ad	732	298	121
	63%	26%	10%
Aptamil Press ad	776	241	133
	67%	21%	12%
SMA TV ad	570	424	156
	49%	37%	14%

With the exception of both Aptamil ads, women were more likely to say 6 months to a year than men and in all cases except the SMA TV ad, parents and expectant parents were more likely to say 6 months to a year than carers, who were more likely than others to think the products suitable from birth or birth to 6 months.

7.2.3 Face to face surveys – Clarity of what age the formula is suitable for

Respondents were asked how clearly they felt the impression of the age the formula was suitable for was given in the advert. For every advertisement shown, a majority who had specified an age thought it clear (very or fairly). The Aptamil press ad fared worst with nearly half thinking it not clear. In all other cases a quarter to a third of respondents thought the adverts not clear.

Chart 42: Clarity of what age the formula is suitable for



Base: all who specified an age

The most interesting way to look at this question is by what age respondents said they thought the product was suitable for. For all but two of the adverts those who thought the formula was suitable from birth were the most likely to say that the impression they had of this was clear.

Table 20: The proportion who thought each ad clear, by impression of age – all clear (very/fairly)

	Birth	Birth – 6 mths	6 mths to 1 yr	1 yr plus
Cow & Gate TV	83%	71%	75%	68%
Aptamil TV	82%	64%	70%	68%
SMA TV	71%	65%	65%	57%
Cow & Gate press	87%	66%	68%	63%
Aptamil press	55%	58%	50%	46%
SMA press	54%	61%	69%	61%



#### 7.2.4 Face to face surveys – What it was about the adverts that made respondents think it suitable for a certain age

Respondents who specified an age they thought the formulas were suitable for were asked an unprompted question about what it was in the advert that made them think the formula was designed for children of the age they had specified. In all but the case of the SMA press ad, the picture of the child was the most likely thing to give the impression of an age the product is suitable for, that is, the age of the child on the pack. Packaging was important for the SMA press ad along with text on the advert. Interestingly the SMA press advertisement's packaging had high impact compared to others. For the Aptamil TV ad it was the voiceover that was important.

Table 21: What it was about the adverts that made respondents think it suitable for a certain age?

<i>Base: all who specified an age</i>	Cow & Gate TV (1056) %	Aptamil TV (1023) %	SMA TV (997) %	Cow & Gate press (1087) %	Aptamil press (1020) %	SMA press (1071) %
Perceived age of child in advert	52	44	37	45	45	32
Text/writing on ad	21	14	8	28	30	33
Packaging told me	12	8	23	28	15	36
Voiceover said it was follow-on	15	22	8	-	-	-
I'm not sure why – just the impression	6	8	15	5	9	5

While those who thought the ads were for formula for babies from birth or birth to 6 months were still most likely to get that impression from the child in the advert the next most likely reason was that they weren't sure – that it was just the impression they got, much more so than for those who thought the product suitable for older children.

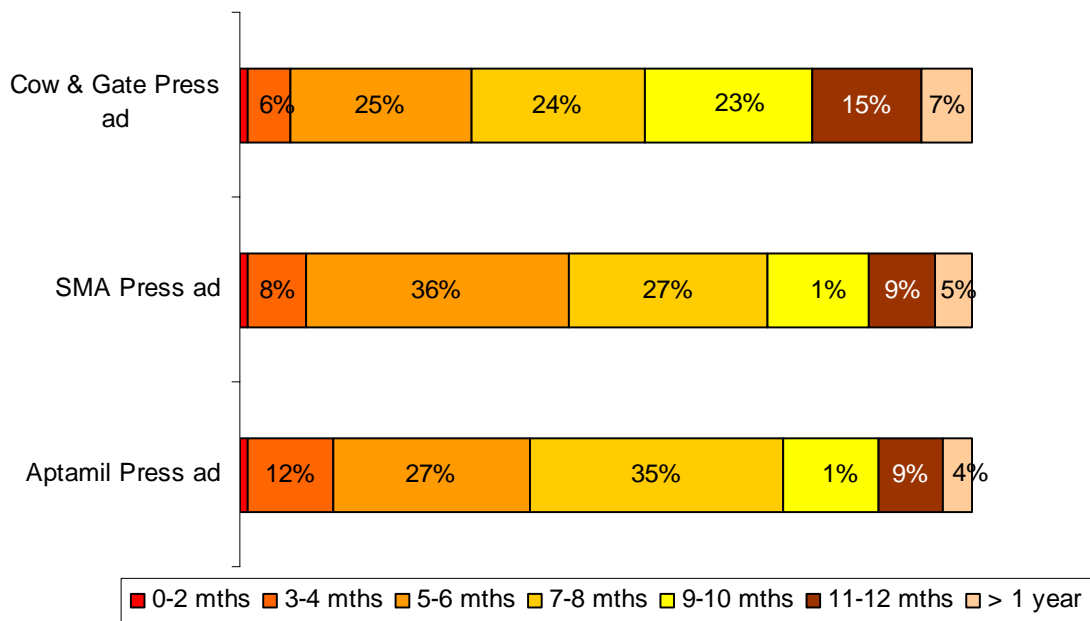
7.2.5 Face to face surveys – Perceived age of the child in the press adverts

The television ads tended to have a number of different children in them so for the press ads only, a further question was asked about how old respondents thought the child in the advert was.

As chart 43 shows for the Cow and Gate press ad there is an even distribution from 3 to 10 months.

The SMA press ad has a majority in the 5-6 month group and although Aptamil has a majority in the 7-8 months it also has the greatest proportion suggesting 3-4 months.

Chart 43: Perceived age of the child in the press adverts (unprompted)



Base: all (1153)

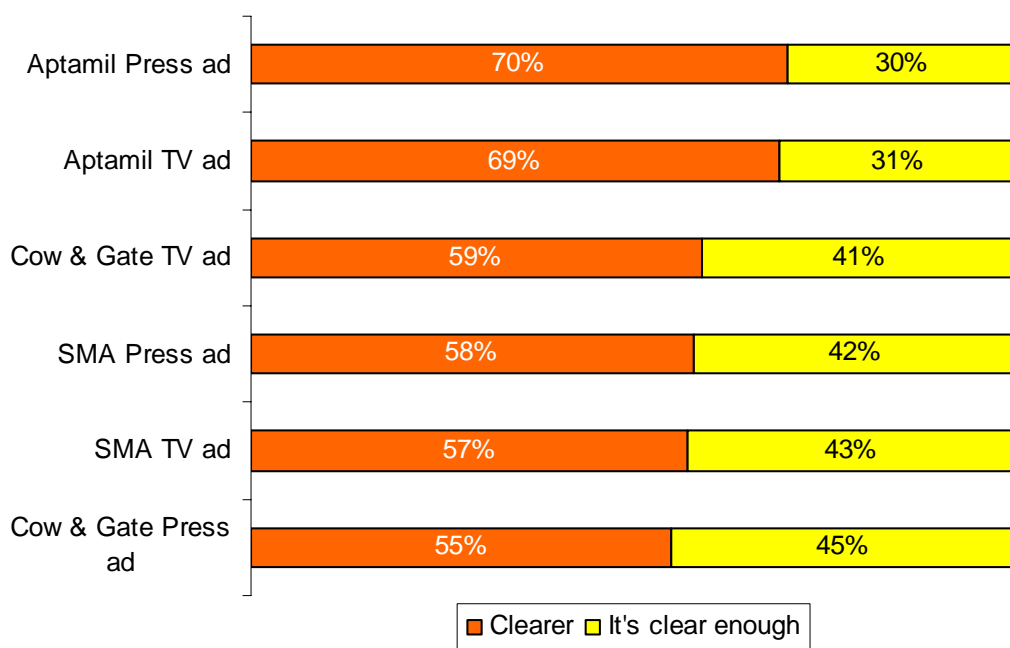
Those who thought the product was aimed at children from birth were no less likely than others to suggest the child in the advert was 5-6 or 7-8 months so it must have been something other in the advert which persuaded them which age it was for. As we saw in the earlier question many did say it was just an impression they had from the advert rather than any particular clue.

7.2.6 Face to face surveys – Whether adverts should be clearer that they are advertising follow-on formula

Having told respondents that all the advertisements they had seen were for follow-on formula, they were asked whether they thought the adverts were clear enough or should be clearer that the formula they were advertising was for babies aged 6 months or over.

As the chart below indicates the Aptamil ads are the most in need of clarification but all have a majority of respondents saying that they should be clearer.

Chart 44: Whether adverts should be clearer that they are advertising follow-on formula



Base: all (1153)

7.2.7 Face to face surveys – Changes to be made

The final question asked respondents who thought the ads could be made clearer to recommend ways that could be achieved. For the TV advertisements it is the voiceover that respondents think is important and for the press ads it is making the text larger or bolder.

Table 22: What changes could be made

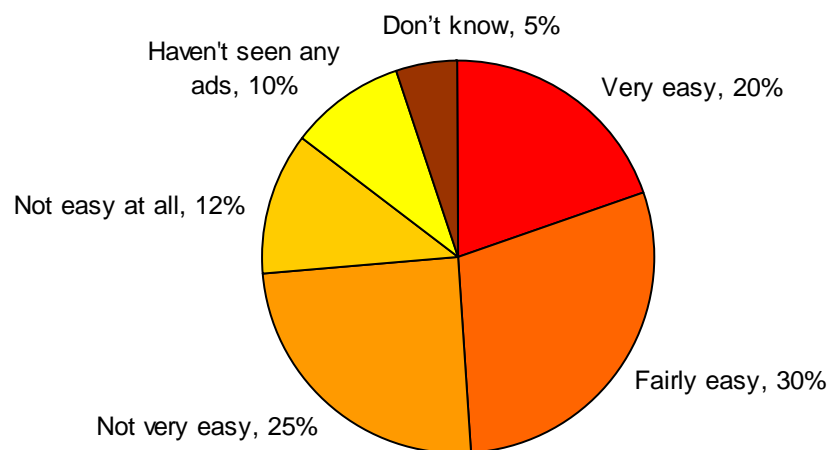
<i>Base: all who thought the adverts could be clearer</i>	Cow & Gate TV (685) %	Aptamil TV (790) %	SMA TV (655) %	Cow & Gate press (635) %	Aptamil press (1020) %	SMA press (1071) %
Say in clearly in the voiceover	62	59	61	-	-	-
Make the text larger/bolder	43	42	37	70	71	65
Make the child look older	8	12	12	9	14	16
Make the packaging bigger	6	6	5	9	13	12
State suitable age (do not use 'stage')	2	4	2	9	6	7

### 7.3 Health professionals

#### 7.3.1 Health professionals – Ease of understanding from advertising which formulas are follow-on and which are not

Health professionals were also asked about the clarity of adverts but they did not see anything since the interview was conducted by telephone, and had to remember ads that they had seen on television, in the national media or in journals. While this means they are not responding to adverts they have just seen as parents, carers and expectant parents did, they are likely to encounter a range of adverts for follow-on and infant formula in health journals as well as public ads so we considered their views worth collecting. Overall more thought it was very or fairly easy to work out which formulas are suitable for babies under 6 months and which are suitable for babies over six months.

Chart 45: Ease of understanding from advertising which formulas are follow-on and which are not

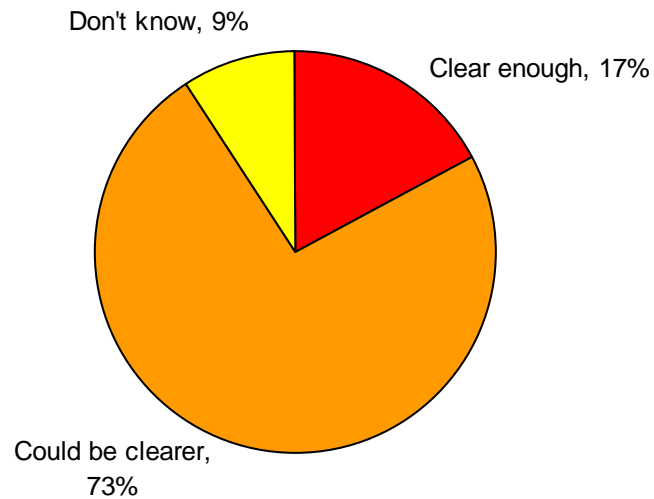


Base: all (200)

### 7.3.2 Health professionals – Clarity of advertising

All except those who claimed not to have seen any formula milk advertising were asked whether the advertising was clear enough that the product should not be fed to babies under 6 months old or whether it could be made clearer. Three quarters felt that it could be made clearer.

Chart 46: clarity of advertising

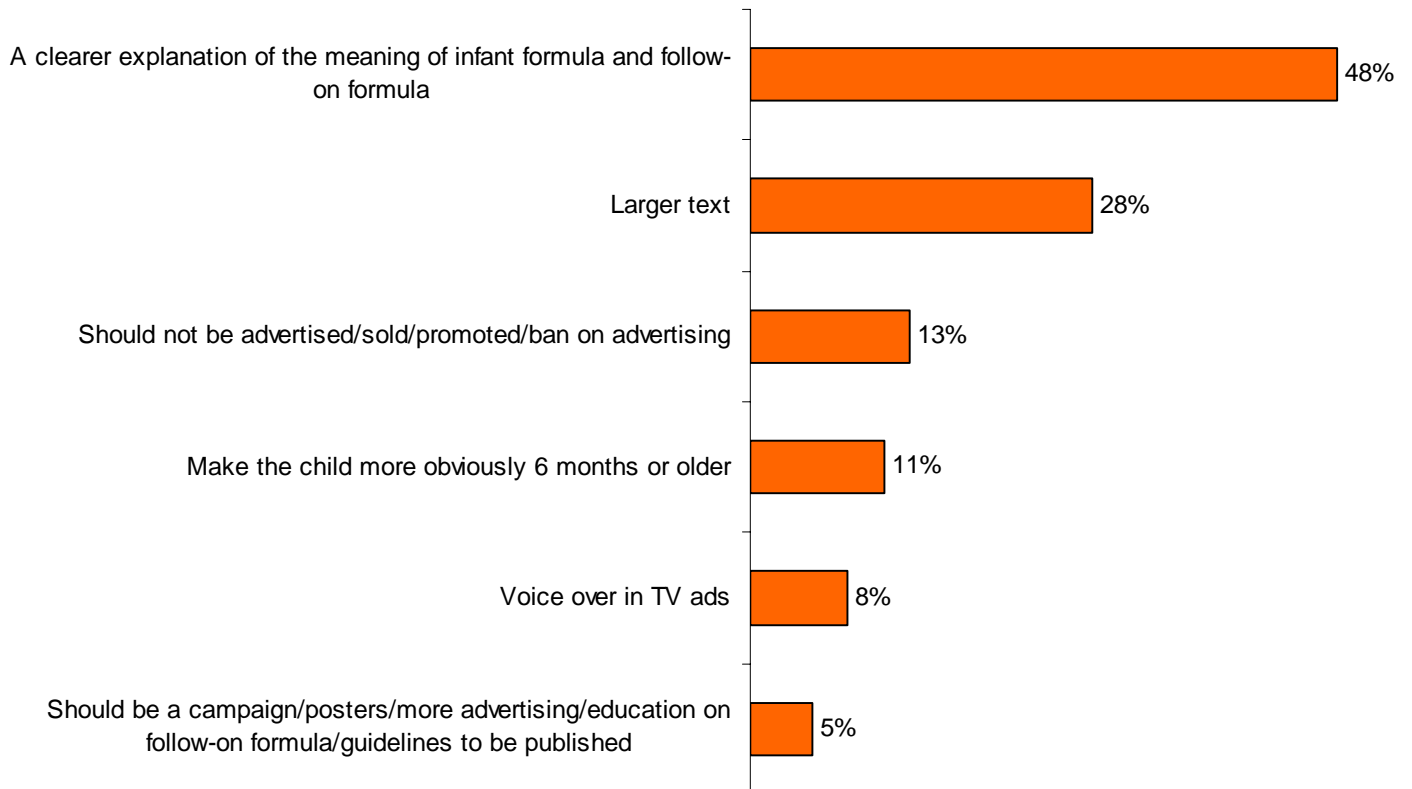


Base: all except those who had not seen any advertising (181)

7.3.3 Health professionals – Changes to be made

Health visitors who thought advertisements could be made clearer were asked in what way. As the chart below demonstrates the key point was a clearer explanation of what infant formula and follow-on mean. This was followed by making the text larger. All other mentions were at a much lower level starting with a complete ban on formula advertising at just over one in ten.

Chart 47: Changes to be made

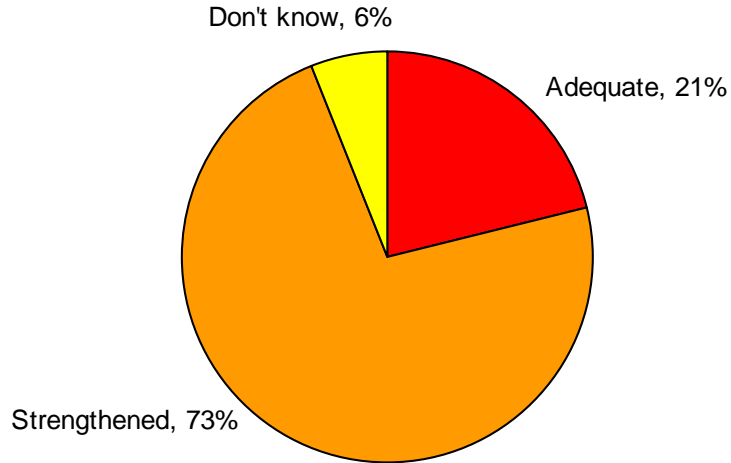


Base: all who think the advertising should be made clearer (133). NB codes given by less than 5% not shown.

7.3.4 Health professionals – Whether the regulation’s prohibition on advertising is adequate

Three quarters of health professionals think that the regulations prohibiting the advertising of infant formula to the public should be strengthened.

Chart 48: Whether the regulation’s prohibition on advertising is adequate



Base: all (200)

Health visitors were more likely to suggest that the regulation’s prohibition on advertising should be strengthened than midwives.

Table 23: Whether the regulation’s prohibition on advertising is adequate, by type of health professional

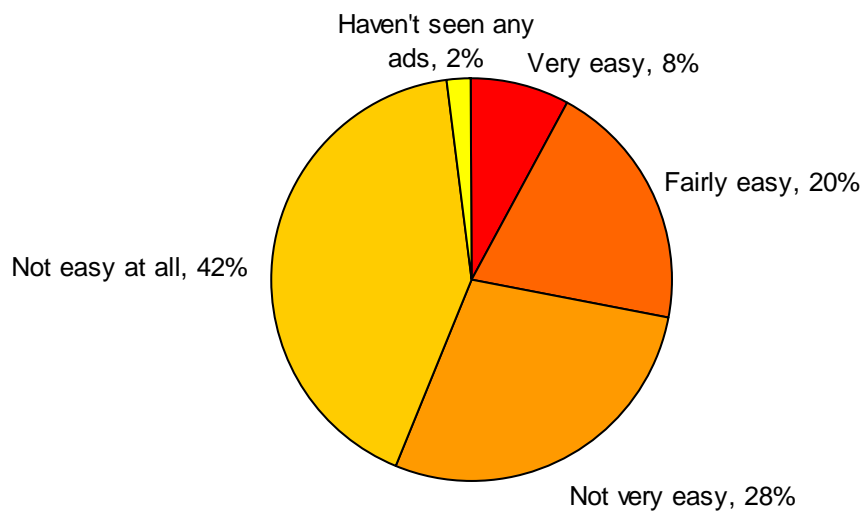
	Total (200) %	Type	
		Midwives (100) %	Health visitors (100) %
Adequate	21	26	16
Strengthened	73	66	<b>80</b>
Don't know	6	8	4

## 7.4 Peer supporters

### 7.4.1 Peer supporters – Ease of understanding from advertising which formulas are follow-on and which are not

Peer supporters were asked a similar set of questions to health professionals. They were not as likely as health professionals to suggest that adverts for formula milk were clear. Overall a majority thought it not easy to work out which formulas are suitable for babies under 6 months and which are suitable for babies over six months.

Chart 49: Ease of understanding from advertising which formulas are follow-on and which are not



Base: all (50)

7.4.2 Peer supporters – Clarity of advertising

All except the respondent who claimed not to have seen any formula milk advertising were asked whether the advertising was clear enough that the product should not be fed to babies under 6 months old or whether it could be made clearer. Most felt that it could be made clearer.

Chart 50: Clarity of advertising

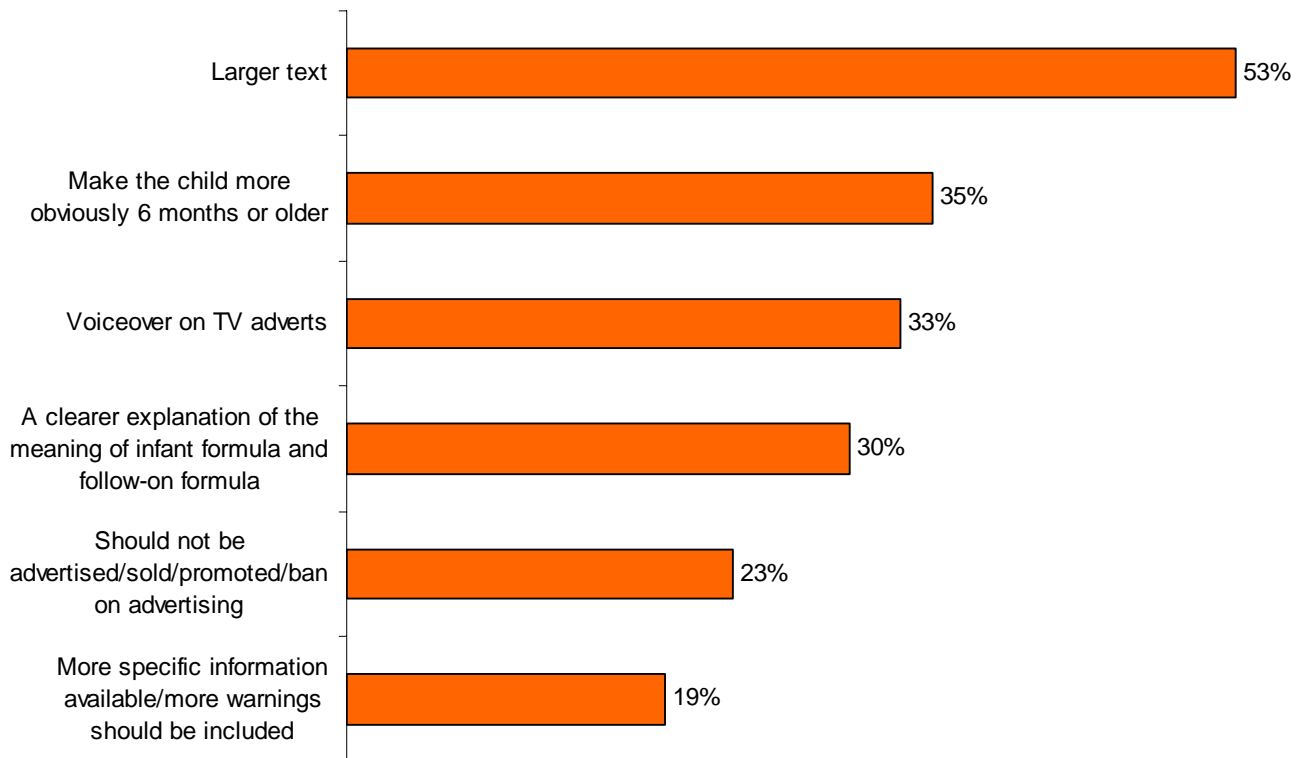


Base: all except those who had not seen any advertising (49)

### 7.4.3 Peer supporters – Changes to be made

Peer supporters who thought advertisements could be made clearer were asked in what way. Replies were not as clear cut as health visitors where one or two things stood out. Here there are a variety of things peer supporters think could be improved. Making the text larger is the most popular response but around a third in each case also mention making the child look older in the advertisements/packaging, the voiceover on TV ads and a clearer explanation of the meaning of infant versus follow-on formula.

Chart 51: Changes to be made

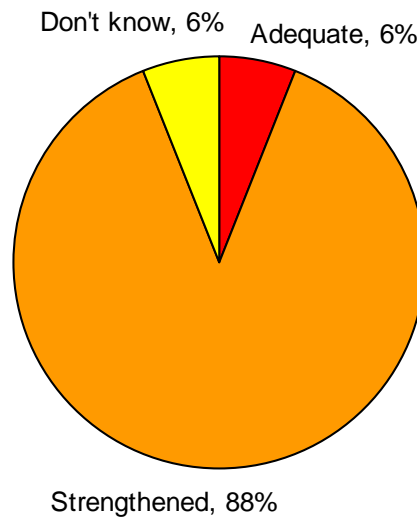


Base: all who think the advertising should be made clearer (43). NB small base. Codes given by less than 19% not shown.

7.4.4 Peer supporters – Whether the regulation's prohibition on advertising is adequate

Nine out of ten peer supporters think that the regulations prohibiting the advertising of infant formula to the public should be strengthened. This is more than the three quarters of health visitors.

Chart 52: Whether the regulation's prohibition on advertising is adequate



Base: all (50)

## 8 Recommendations for Clarity of Future Advertising

Both the quantitative and qualitative research found that very few parents of children under 6 months were feeding follow-on formula. Of the 816 respondents to the quantitative research who could have been feeding formula (i.e. mothers, partners and carers) only 22 (2.6%) were feeding follow-on formula to children in their care. In the qualitative work we spoke to 84 mothers and fathers of children under 6 months. Of these, 6 had fed follow-on formula within the first 6 months.

None of the parents (in either the quantitative or the qualitative research) feeding follow-on formula early were doing so before 16 weeks. Furthermore those feeding follow-on early showed very little confusion about the proper use of this product. All but 1 respondent to the quantitative work and 1 to the qualitative work knew the product they were using was intended for children over 6 months and had made a considered decision to feed follow-on early with this in mind.

Given these findings, it is difficult to support the view that changes should be made to the current presentation and advertising of follow-on formula and infant formula, as it does not appear that current advertising has led those feeding follow-on formula before 6 months into any confusion about the minimum age at which the product should be fed.

Nevertheless, to the extent that the current controls on formula advertising are intended to make it clear to *all* those likely to be involved in child care that adverts for follow-on formula relate only to babies 6 months and over, it could be argued that current advertising is not in compliance. As the quantitative research shows, advertisements for follow-on formula were not seen as clear by all respondents. A minority were mistaken about the age of child for which the product advertised was intended (the size of this contingent varied depending on the advert shown and ranged from 13% to 36%), while a majority of all parents and carers thought all the adverts shown should have been clearer than they were.

If, based on this evidence, it was felt necessary to place additional controls on the advertising of follow-on formula, a number of approaches could be taken simultaneously. These follow:

- The age of the child could be made clearer in the voiceover for the television adverts
- The age of the child could be made clearer in the text of the press adverts
- Children shown in all adverts could be clearly and unambiguously aged 6 months and over (by demonstrating features such as good head and arm control, emotional expression, an outdoor environment and even self-feeding)

- The size and clarity of product images (i.e. packaging) could be enhanced
- A clearer explanation of the meaning of infant formula and follow-on formula could be provided to consumers

## Appendices

### Appendix A: Qualitative Topic Guides

#### DISCUSSION GUIDE 1 – RECENT MOTHERS / FATHERS

##### OBJECTIVES:

- To assess whether infants under 6 months are being fed follow-on formula and if so, the reasons why;
- To assess whether the new controls upon the ways in which follow-on formula are presented and advertised have been effective in making it clear to all those likely to be involved in child care including parents, formal and informal carers, health professionals and parents-to-be, that advertisements for follow-on formula relate to formula only for older babies (6 months plus), and are not perceived as, or confused with infant formula advertising, which is prohibited and;
- Based upon this evidence, to draw conclusions about what changes, if any, could be made to the presentation and advertising of infant / follow-on formula, for consideration by the review panel.

#### 1. INTRODUCTION 15 mins

##### Moderator

- Thank respondents for taking part in the research.
- Introduce self, GfK NOP, any observers, discussion will last 1½ hours
- Explain purpose of research – *On behalf of Food Standards Agency / Department of Health, to understand how you are feeding your baby, why you have made the decisions you have and your view of different types of baby milk advertising.*
- Reassure re: confidentiality, recording and MRS Code of Conduct
- Explain importance of everyone being able to say what they think, no right or wrong answers, need for honesty, validity of all opinions, any questions?

##### Respondents

- Name, number of children, age of youngest baby
- Overall, what have you most enjoyed / least enjoyed since your baby was born?
- To all: thinking about your baby, what are the main things on your mind at the moment?

#### 2. FEEDING BEHAVIOUR 20 mins

- Thinking about feeding your baby, what are the main things on your mind at the moment?
- What have been your sources of information / advice about how to feed your baby?
  - > What information / advice have you received from these sources?
  - > Which have been most / least helpful?
  - > What information / advice have you followed?
  - > Overall, how clear do you think current feeding information / advice is?

- Fathers only: what role have you had in feeding your child since it was born?
  - > How did you decide what role you would play?
  - > What has influenced your decision?
- *Moderator: draw timeline on flipchart, split into 6 months. Ask questions below, recording feeding behaviour of all respondents on timeline. Respondents may refer to pre-tasks:*
  - > How have you fed your baby since it was born?
  - > How did you arrive at the decisions you have made?
  - > How did you feel about these decisions?
  - > What were the things that influenced your decisions?
  - > How happy are you with the decisions you have made?
- What might you do differently if you were to have another baby in the future?
- Ideally, how would you have liked to feed your baby during the first six months?

### 3. **INFANT FORMULA & FOLLOW ON FORMULA** **15mins**

- *Moderator: it may be appropriate to ask these questions earlier if infant formula and follow-on formula are specifically mentioned in Section 2*
- What do you know about the different types of baby milk available?
  - > What are the different types?
  - > How are they different?
  - > How clear is the difference between them?
  - > Where / how have you found out this information?
- What do you know about infant formula / follow-on formula?
  - > What are they?
  - > How are they different?
  - > How clear is the difference between them?
  - > Where / how have you found out this information?
- *Moderator: show supermarket photos showing displays of infant formula and follow-on formula:*
  - > What is your view of the way follow-on formula products are displayed in stores?
  - > In your experience, how easy is it to tell which products are infant formula and which are follow-on formula?
  - > What is it that tells you which product is infant formula and which is follow-on formula?
- To parents who have fed bottle milk to their baby:
  - > Have you used follow-on formula?
    - When? How old was your baby?
    - How did you arrive at this decision?
    - What information / advice did you receive? Where from?

#### 4. FOLLOW-ON FORMULA ADVERTISING **30 mins**

- What influence do you think advertising has had on your feeding decisions?
- *Moderator, rotate order in which TV and press ads are shown*
- **TV ads:**
  - > *Moderator: show all three TV ads back-to-back (rotate order each time), ads may be show multiple times if necessary*
  - > Have you seen any of these TV ads before? Which?
  - > What do you think of them? Good / bad points
  - > What are these adverts saying / what is their message?
  - > Who are these ads aimed at?
  - > What kind of children do you think the products are aimed at?
  - > What age of child are they aimed at?
    - How clear is this?
    - What gives you this impression?
  - > Thinking about the age of the child, at which they are aimed, which ads are more / less clear?
  - > How comfortable would you feel feeding these products to your children? Why?
- *Moderator: repeat line of questioning for press ads, direct mail*
- For each medium, which ads would you say are most / least clear about the age of the child? Why?
- *Moderator: if necessary, tell participants that adverts are for follow-on formula. There are rules governing the advertising of follow-on formula. The government recommends that follow-on formula is only fed to babies over six months. All advertising must make clear that follow-on formula is for children over six months.*
  - > Which ads do you think are in line with the rules? Which are not?

#### 5. IMPROVEMENTS TO ADVERTISING & CLOSE **10 mins**

- Overall, how do you feel about the ads shown?
- What improvements, if any, should be made to these ads to bring them in line with the rules?
- Finally, in your view, if one thing could be done to help parents in feeding their babies what would this be?

THANK & CLOSE

## DISCUSSION GUIDE 2 – EXPECTANT MOTHERS / FATHERS

### OBJECTIVES:

- To assess whether infants under 6 months are being fed follow-on formula and if so, the reasons why;
- To assess whether the new controls upon the ways in which follow-on formula are presented and advertised have been effective in making it clear to all those likely to be involved in child care including parents, formal and informal carers, health professionals and parents-to-be, that advertisements for follow-on formula relate to formula only for older babies (6 months plus), and are not perceived as, or confused with infant formula advertising, which is prohibited and;
- Based upon this evidence, to draw conclusions about what changes, if any, could be made to the presentation and advertising of infant / follow-on formula, for consideration by the review panel.

### 1. INTRODUCTION 10mins

#### Moderator

- Thank respondent for taking part in the research.
- Introduce self, GfK NOP, any observers, interview will last 1 hour
- Explain purpose of research – *On behalf of Food Standards Agency / Department of Health, to understand how you intend to feed your baby, the information and advice you have received and your view of different types of baby milk advertising.*
- Reassure re: confidentiality, recording and MRS Code of Conduct
- Explain importance of being able to say what they think, no right or wrong answers, need for honesty, validity of opinions, any questions?

#### Respondents

- Name, stage of pregnancy, when due, any other children?
- Overall, how are things going with the pregnancy at the moment?
  - > What have been the best / most difficult moments so far?
  - > What are the main things on your mind at the moment?

### 2. FEEDING INTENTIONS 15mins

- Thinking about how you will feed your baby, what comes to mind?
  - > How much thought have you given feeding so far?
  - > What do you know about the different options available?
  - > Have you made any decisions yet? What have these been?
- What information / advice have you received about feeding your baby?
  - > *(Moderator: respondents may refer to pre-task)*
  - > What have been your sources of information / advice?
  - > What information / advice have you received from each of these?
  - > How has this advice made you feel – worried, confident, etc.?

- > What information / advice has been most / least helpful?
- > Is there any advice you think you will follow?
- > Overall, how clear do you think current feeding information / advice is?
- Expectant fathers only:
  - > What role do you think you will have in feeding your child?
  - > How do you feel about this?
  - > How did you arrive at this decision / How do you think you will make decisions around feeding?
- To all: ideally, how would you like to feed your baby?
  - > During the first six months
  - > After the first six months

### **3. INFANT FORMULA & FOLLOW ON FORMULA **10mins****

- *Moderator: it may be appropriate to ask these questions earlier if infant formula and follow-on formula are specifically mentioned in Section 2*
- What do you know about the different types of baby milk available?
  - > What are the different types?
  - > How are they different?
  - > How clear is the difference between them?
  - > Where / how have you found out this information?
- What do you know about infant formula / follow-on formula?
  - > What are they?
  - > How are they different?
  - > How clear is the difference between them?
  - > Where / how have you found out this information?
- When would you use infant formula and when would you use follow-on formula?
- Have you seen baby milk displays in the supermarkets?
  - > *(Moderator: show supermarket display photos to prompt if necessary)*
  - > How clear is it which products are infant formula and which are follow-on formula?
  - > How can you tell the difference?

### **4. FOLLOW-ON FORMULA ADVERTISING **20mins****

- *Moderator, rotate order in which TV and press ads are shown*
- **TV ads:**
  - > *Moderator: show all three TV ads back-to-back (rotate order each time), ads may be show multiple times if necessary*
  - > Have you seen any of these TV ads before? Which?
  - > What do you think of them? Good / bad points

- > What are these adverts saying / what is their message?
- > Who are these ads aimed at?
- > What kind of children do you think the products are aimed at?
- > What age of child are they aimed at?
  - How clear is this?
  - What gives you this impression?
- > Thinking about the age of the child, at which they are aimed, which ads are more / less clear?
- > How comfortable would you feel feeding these products to your children? Why?
- *Moderator: repeat line of questioning for press ads, direct mail*
- For each medium, which ads would you say are most / least clear about the age of the child? Why?
- *Moderator: if necessary, tell participants that adverts are for follow-on formula. There are rules governing the advertising of follow-on formula. The government recommends that follow-on formula is only fed to babies over six months. All advertising must make clear that follow-on formula is for children over six months.*
- > Which ads do you think are in line with the rules? Which are not?

**5. IMPROVEMENTS TO ADVERTISING & CLOSE 5mins**

- Overall, how do you feel about the ads shown?
- What improvements should be made to these ads to bring them in line with the rules?
- Finally, in your view, if one thing could be done to help parents in deciding how to feed their babies what would this be?

THANK & CLOSE

## DISCUSSION GUIDE 3 – CHILDMINDERS (FORMAL & INFORMAL)

### OBJECTIVES:

- To assess whether infants under 6 months are being fed follow-on formula and if so, the reasons why;
- To assess whether the new controls upon the ways in which follow-on formula are presented and advertised have been effective in making it clear to all those likely to be involved in child care including parents, formal and informal carers, health professionals and parents-to-be, that advertisements for follow-on formula relate to formula only for older babies (6 months plus), and are not perceived as, or confused with infant formula advertising, which is prohibited and;
- Based upon this evidence, to draw conclusions about what changes, if any, could be made to the presentation and advertising of infant / follow-on formula, for consideration by the review panel.

### 1. INTRODUCTION 10/15mins

#### Moderator

- Thank respondent for taking part in the research.
- Introduce self, GfK NOP, any observers, interview will last 1 hour / focus group will last 1½ hours
- Explain purpose of research – *On behalf of Food Standards Agency / Department of Health, to understand how babies under 6 months are being fed and your views of different types of baby milk advertising.*
- Reassure re: confidentiality, recording and MRS Code of Conduct
- Explain importance of being able to say what they think, no right or wrong answers, need for honesty, validity of opinions, any questions?

#### Respondents

- Formal childminders:
  - > Name, length of time registered, how became a childminder, children looked after – age, frequency?
  - > Overall, what's it like being a childminder at the moment?
- Informal childminders:
  - > Name, children looked after – whose, age, frequency?
  - > Overall, how do you find it looking after these children?

### 2. FEEDING BEHAVIOUR 15/20mins

- I understand you have some responsibility for feeding child(ren) under the age of 6 months. Please tell me about that:
  - > What is the arrangement?
  - > How does it work?
  - > How are you feeding the child(ren) you look after?
    - What type of milk?

- Which products / brands?
- > What influence do you have over what the baby is fed while you are looking after it?
- > Do you ever purchase baby milk for the child(ren) you are looking after?
- > How do you feel about this arrangement?
- What are your sources of information / advice about how babies should be fed?
  - > What information / advice have you received from these sources?
  - > Which have been most / least helpful?
  - > What information / advice have you followed?
  - > Overall, how clear do you think current feeding information / advice is?
- Do you ever give feeding information / advice to parents?
  - > In what situations?
  - > What information / advice do you give?
  - > How is this received?
- *Moderator: split focus group into pairs. Each pair to consider the following question, coming up with four or five suggestions.*
  - > *Ideally, how do you think babies should be fed?*
    - *During the first six months*
    - *After the first six months*
  - > *Reconvene group and discuss views...*

### **3. INFANT FORMULA & FOLLOW ON FORMULA 10/15mins**

- *Moderator: it may be appropriate to ask these questions earlier if infant formula and follow-on formula are specifically mentioned in Section 2*
- What do you know about the different types of baby milk available?
  - > What are the different types?
  - > How are they different?
  - > How clear is the difference between them?
  - > Where / how have you found out this information?
- What do you know about infant formula / follow-on formula?
  - > What are they?
  - > How are they different?
  - > How clear is the difference between them?
  - > Where / how have you found out this information?
- When would you use infant formula and when would you use follow-on formula?
- Have you seen baby milk displays in the supermarkets?
  - > *(Moderator: show supermarket display photos to prompt if necessary)*
  - > How clear is it which products are infant formula and which are follow-on formula?

- > How can you tell the difference?
- Thinking about the child(ren) you look after aged under 6 months, have you ever fed them follow-on formula?
  - > When? How old was the baby?
  - > How did you arrive at this decision?
  - > And how did you feel about this?

#### 4. FOLLOW-ON FORMULA ADVERTISING 20/30mins

- *Moderator, rotate order in which TV and press ads are shown*
- **TV ads:**
  - > *Moderator: show all three TV ads back-to-back (rotate order each time), ads may be show multiple times if necessary*
  - > Have you seen any of these TV ads before? Which?
  - > What do you think of them? Good / bad points
  - > What are these adverts saying / what is their message?
  - > Who are these ads aimed at?
  - > What kind of children do you think the products are aimed at?
  - > What age of child are they aimed at?
    - How clear is this?
    - What gives you this impression?
  - > Thinking about the age of the child, at which they are aimed, which ads are more / less clear?
  - > How comfortable would you feel feeding these products to your children? Why?
- *Moderator: repeat line of questioning for press ads, direct mail*
- For each medium, which ads would you say are most / least clear about the age of the child? Why?
- *Moderator: if necessary, tell participants that adverts are for follow-on formula. There are rules governing the advertising of follow-on formula. The government recommends that follow-on formula is only fed to babies over six months. All advertising must make clear that follow-on formula is for children over six months.*
  - > Which ads do you think are in line with the rules? Which are not?

#### 5. IMPROVEMENTS TO ADVERTISING & CLOSE 5/10 mins

- Overall, how do you feel about the ads shown?
- What improvements should be made to these ads to bring them in line with the rules?
- Finally, in your view, if one thing could be done to help parents and childminders in deciding how to feed their babies what would this be?

THANK & CLOSE

## DISCUSSION GUIDE 4 – HEALTH VISITORS / MIDWIVES

### OBJECTIVES:

- To assess whether infants under 6 months are being fed follow-on formula and if so, the reasons why;
- To assess whether the new controls upon the ways in which follow-on formula are presented and advertised have been effective in making it clear to all those likely to be involved in child care including parents, formal and informal carers, health professionals and parents-to-be, that advertisements for follow-on formula relate to formula only for older babies (6 months plus), and are not perceived as, or confused with infant formula advertising, which is prohibited and;
- Based upon this evidence, to draw conclusions about what changes, if any, could be made to the presentation and advertising of infant / follow-on formula, for consideration by the review panel.

- Explain purpose of research – *On behalf of Food Standards Agency / Department of Health, to understand how babies are being fed, why parents make the decisions they do and your view of different types of baby milk advertising.*
- Reassure re: confidentiality, recording and MRS Code of Conduct
- Explain importance of everyone being able to say what they think, no right or wrong answers, need for honesty, validity of all opinions, any questions?

### Respondents

- Name, role, responsibilities, hospital / clinic based in
- Thinking about patient care generally, what are the things on your mind at the moment?

## 2. FEEDING BEHAVIOUR 20 mins

- Thinking about infant feeding, what are the main issues for you at the moment?
- In your experience, how are parents feeding their babies during the first six months?
- *Moderator: draw timeline on flipchart, split into 6 months. Ask questions below, recording range of feeding behaviours reported:*
  - > What is the range of feeding patterns you encounter?
  - > What is fed during each month – type of milk, range of products, etc.?
  - > Why is feeding being done in this way?
  - > Who is doing the feeding at this stage?
- What information / advice do you provide to parents about feeding their babies?
  - > When do you provide them with this information / advice – at what stages during pregnancy, motherhood, etc.?
  - > How do you provide them with this information / advice?
  - > How do you advise that parents feed their babies during the first six months?
  - > What factors affect the advice you give – e.g. age, health?
  - > How much discretion do you have in the advice you provide?

- In your experience, where else do parents get information / advice on feeding?
  - > What would you say are the most influential sources?
- Where do you receive information / advice from?
  - > What do you consider to be the most authoritative sources of information? Why?

### **3. FOLLOW-ON FORMULA 15mins**

- *Moderator: it may be appropriate to ask these questions earlier if infant formula and follow-on formula are specifically mentioned in Section 2*
- Thinking about follow-on formula:
  - > How is this being used by parents at present?
  - > Do you encounter mothers who are feeding follow-on formula in the first six months?
    - Why does this happen?
    - How do you feel about this?
- What advice do you provide to parents about use of follow-on formula?
  - > How does your advice vary in different situations?
  - > Are there times when use may be recommended in the first six months?
- How clear is the advice / information given to parents about use of follow-on formula?
- How aware are parents of the difference between follow-on formula and infant formula?
- *Moderator: show supermarket photos showing displays of infant formula and follow-on formula:*
  - > What is your view of the way follow-on formula products are displayed in stores?
  - > In your view, how easy is it to tell which products are infant formula and which are follow-on formula?
  - > What is it that tells you which product is infant formula and which is follow-on formula?
  - > How could product information be improved?

### **4. FOLLOW-ON FORMULA ADVERTISING 30 mins**

- Overall, what are your views on the way follow-on formula is advertised?
- *Moderator, show journal ads first (infant formula). Then show TV and press ads (follow-on formula), rotating order.*
- **Journal ads:**
  - > Have you seen any of these ads before? Which / where?
  - > What do you think of them? Good / bad points
  - > What are these adverts saying / what is their message?
  - > What is the product being advertised?
  - > Who are these products aimed at?
  - > What kind of children are they aimed at?

- > What age of child are they aimed at?
  - How clear is this?
  - What gives you this impression?
  - Which ads are more / less clear?
- *Moderator: repeat line of questioning for TV and press ads*
- Overall, how clear is the age of child these ads are aimed at?
- For each medium, which ads would you say are most / least clear? Why?
- Which ads do you think are in line with the rules? Which are not?

**5. IMPROVEMENTS TO ADVERTISING & CLOSE **10 mins****

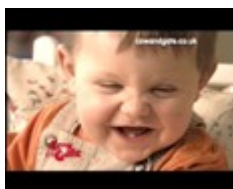
- Overall, how do you feel about the ads shown?
- What improvements should be made to these ads to bring them in line with the rules?
- Finally, in your view, if one thing could be done to help parents in feeding their babies what would this be?

THANK & CLOSE

## Appendix B: Adverts Used in the Qualitative Research

### 1. Television adverts for 2008

#### Cow & Gate



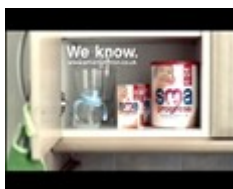
**Name** Lots of different babies laughing  
**Product** Cow & Gate Complete Care  
**First Recorded Date** 09/06/2008

#### Aptamil



**Name** Mums bonding with their babies by doing different things with them  
**Product** Aptamil Follow On Milk  
**First Recorded Date** 25/04/2008

#### SMA



**Name** Men making different promises to their children about what they will not do in regard to their children - For infant nutrition, trust that  
**Product** SMA Progress  
**First Recorded Date** 27/08/2007

## 2. Press Adverts for 2008

### Aptamil

 DETAILS



**Market** Food - Ready To Eat Meals  
**First Recorded Date** 01/08/2008  
**Image Details** lady  
**Slogan** Mum-to-be? it's normal to be different  
**Holding Company** Danone

 DETAILS



**Market** Food - Ready To Eat Meals  
**First Recorded Date** 01/07/2008  
**Image Details** Woman, baby, product  
**Slogan** Your baby's natural immune system. We've done the research, he's doing the de  
**Holding Company** Danone

 DETAILS



**Market** Food - Ready To Eat Meals  
**First Recorded Date** 01/06/2007  
**Image Details** toddler, product  
**Slogan** Aptamil Follow on milk- to support your baby's natural immune system  
**Holding Company** Danone

## Cow &amp; Gate




**Market** Food - Ready To Eat Meals  
**First Recorded Date** 01/04/2008  
**Image Details** Baby, product  
**Slogan** Shhhh DO NOT DISTURB  
**Holding Company** Danone




**Market** Food - Ready To Eat Meals  
**First Recorded Date** 15/03/2008  
**Image Details** Sleeping baby, door tag  
**Slogan** Do not disturb!  
**Holding Company** Danone




**Market** Food - Ready To Eat Meals  
**First Recorded Date** 28/06/2008  
**Image Details** Baby  
**Slogan** Do I look like I need more vitamins  
**Holding Company** Danone

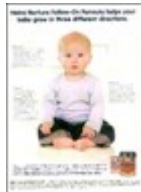



**Market** Food - Ready To Eat Meals  
**First Recorded Date** 19/02/2008  
**Image Details** Baby, Product  
**Slogan** Immune system under construction  
**Holding Company** Danone




**Market** Food - Ready To Eat Meals  
**First Recorded Date** 01/04/2008  
**Image Details** Babies  
**Slogan** night NIGHT  
**Holding Company** Danone

## Heinz

**Market** Food - Ready To Eat Meals  
**First Recorded Date** 01/09/2008  
**Image Details** Baby  
**Slogan** Heinz Nurture Follow-On Formula helps baby grow in three different directions.  
**Holding Company** Heinz




**Market** Food - Ready To Eat Meals  
**First Recorded Date** 01/09/2008  
**Image Details** Baby, milk  
**Slogan** It's all grow  
**Holding Company** Heinz

## SMA



**Market** Food - Ready To Eat Meals  
**First Recorded Date** 27/10/2007  
**Image Details** Baby in toilet paper  
**Slogan** With ready-made SMA Progress, you can get the door in no time. (okay. 3 hours.)  
**Holding Company** John Wyeth & Brother Limited



**Market** Food - Ready To Eat Meals  
**First Recorded Date** 10/07/2007  
**Image Details** baby  
**Slogan** You gave up your career, your social life, your figure. Then came Baby's first word: "Dada."  
**Holding Company** John Wyeth & Brother Limited



**Market** Food - Ready To Eat Meals  
**First Recorded Date** 09/07/2007  
**Image Details** Baby, product  
**Slogan** Baby in your arms. Love in your heart. Hair in your hair  
**Holding Company** John Wyeth & Brother Limited



**Market** Food - Ready To Eat Meals  
**First Recorded Date** 01/08/2008  
**Image Details** Baby, woman, product.  
**Slogan** your fun family holiday  
**Holding Company** John Wyeth & Brother Limited



**Market** Food - Ready To Eat Meals  
**First Recorded Date** 01/06/2008  
**Image Details** Mother and baby  
**Slogan** Out and about  
**Holding Company** John Wyeth & Brother Limited

NB. 2008 adverts for Heinz Nurture and Hipp were also shown.

Appendix C: Parents/Expectant Parents/Carers questionnaire

**Infant Formula Survey – Final face to face questionnaire**

Good morning, afternoon, evening. My name is ... from GfK NOP Research Ltd, an independent research agency. We're carrying out a short survey on behalf of the Food Standards Agency and Department of Health looking at the ways in which babies are being fed. Everything you say will be kept in strict confidence so that no-one will be able to relate your answers back to you and you do not have to answer any questions that you don't wish to.

SHOWCARD A

QA. Does anyone who fits any of these descriptions live in this household?

1. Mother of a child aged less than 6 months ASK QB.
  2. Partner of a mother with a child aged less than 6 months ASK QB.
  3. Expecting a child of your own SKIP TO SECTION 2
  4. Partner of someone expecting a child SKIP TO SECTION 2
  5. An unpaid or informal carer of a child/ren aged less than 6 months, at least twice a week for more than 4 hours at each occasion SKIP TO SECTION 3
- No, none of these – THANK AND CLOSE

IF SOMEONE IN THE HOUSEHOLD FITS ONE OF THE DESCRIPTIONS AT QA CHECK QUOTA SHEET AND IF INTERVIEW NEEDED ATTEMPT TO GET AN INTERVIEW OR MAKE AN APPOINTMENT TO RETURN WHEN THE PERSON YOU WISH TO INTERVIEW IS IN.

**QA CODES 3 OR 4 GO TO SECTION 2, CODE 5 GO TO SECTION 3**

**SECTION 1: PARENTS OF CHILD AGED LESS THAN 6 MONTHS**

QB. Do you have twins or triplets?  
IF YES ASK RESPONDENT TO CONSIDER ONLY THE BABY BORN FIRST.

Q1. What is the baby's first name?

WRITE IN

Q2. How old is (NAME OF BABY FROM Q1)?

WRITE IN WEEKS AND DAYS OR MONTHS

Weeks:

Days:

OR

Months:

Q3. Is (NAME OF BABY FROM Q1) your first baby?

Yes – GO TO Q5

No – ASK Q4

Q4. How many other children do you have in total, excluding any step or foster children?  
(EXCLUDE ANY CHILDREN WHO DIED AT BIRTH)



WRITE IN NUMBER:

ASK Q5 IF ONE OR MORE AT Q4. OTHERS GO TO Q6.

Q5. How old is your (FIRST, SECOND, THIRD, FOURTH ETC) child? REPEAT FOR EACH CHILD AT Q4.

ENTER AGE

ASK ALL

Q6. Thinking about the milk that (NAME OF BABY FROM Q1) has been given over the last 7 days has he/she had... READ OUT

Only breast milk – ASK Q7

Only formula milk – GO TO Q8

Breast milk and formula milk – GO TO Q12

ASK Q7 IF BREAST MILK ONLY AT Q6.

Q7. Has (NAME OF BABY FROM Q1) EVER been given formula milk, even if this was only once?

Yes – GO TO Q12

No – GO TO Q14

ASK Q8 IF FORMULA MILK ONLY AT Q6.

Q8. Has (NAME OF BABY FROM Q1) ever been given breast milk or ever been put to the breast, even if this was only once?

Yes – GO TO Q9

No – GO TO Q12

ASK Q9 IF YES AT Q8. OTHERS GO TO Q14.

Q9. How old was (NAME OF BABY FROM Q1) when he/she was last given breast milk or put to the breast?

WRITE IN WEEKS AND DAYS OR MONTHS

Weeks:

Days:

OR

Months:

ASK Q10 IF YES AT Q8.

Q10. There are many reasons why people stop breastfeeding. What were the reasons in your case? DO NOT PROMPT

Baby not latching on  
Baby rejected the breast  
Insufficient milk/baby very hungry  
Breast or nipples too painful  
Took too long  
Was tiring  
Not getting enough sleep/waking in the night  
Lack of support  
Medical or health advice  
Separated from baby in hospital  
Wanted to go out (drink alcohol)  
Wanted partner to have a greater role  
Work  
Older children needed looking after  
Midwife/health visitor advice  
Other (WRITE IN)

ASK Q11 IF YES AT Q8.

Q11. Which of the following best describes your view about how long (NAME OF BABY FROM Q1) was breastfed for? ROTATE FIRST AND LAST STATEMENTS. READ OUT

I would have liked the baby to have been breastfed for longer  
The baby was breastfed for as long as was intended  
The baby was breastfed for longer than intended

ASK Q12 IF EVER HAD FORMULA (CODES 2,3 AT Q6 OR YES AT Q7).

Q12. How old was (NAME OF BABY FROM Q1) when he/she was first given formula milk?

WRITE IN WEEKS AND DAYS OR JUST DAYS

Weeks:

Days:

ASK Q12 IF EVER HAD FORMULA (CODES 2,3 AT Q6 OR YES AT Q7). OTHERS GO TO Q14. SHOWCARD B

Q13. Since (NAME OF BABY FROM Q1) was born how often has he/she been fed formula milk? If the pattern of using formula milk has varied, please select the answer you feel comes closest to describing your situation.

All or almost all feeds  
About half of all feeds  
One or two feeds a day  
A few feeds a week, but not every day  
A few feeds since he/she was born, but not every week  
Only once or twice since he/she was born

ASK ALL

Q14 Where did you get information about how to feed (NAME OF BABY FROM Q1) DO NOT PROMPT

Your mother  
Your father  
Partner's mother  
Partner's father  
Your partner  
Grandparents  
Other relatives  
Midwife at hospital  
Other hospital staff  
Community midwife  
Health visitor  
GP/Practice nurse  
National Childbirth Trust (NCT)  
Other support groups  
Other advisory organisations  
Friends  
Website of a company that makes formula  
Website of the Department of Health  
Website of the National Childbirth Trust (NCT)  
Other website (spec)  
Advertisements/leaflets from formula companies  
Books/magazines/other leaflets  
Other (spec)  
No information sought/know from experience

ASK Q15 FOR EACH CODED AT Q14. OTHERS GO TO Q16.

SHOWCARD C

Q15. How much did you trust the information you received from (ANSWER AT Q14)?

A great deal  
Quite a lot  
Some  
Very little  
Not at all  
DK

ASK ALL

Q16 Other than the sources of information we have already talked about, have you seen, read or heard any information in the last 6 months about feeding babies in.. READ OUT. CODE ALL THAT APPLY. IF ADVERT MENTIONED AT ALL, CODE UNDER ADVERT

Books  
Magazines  
TV  
Radio  
Adverts  
Leaflets  
DVDs  
Or packaging of products in store  
DO NOT READ No, none of these

IF CODE 2 AT Q7 SKIP TO SECTION 4.

Q17. What brand of formula milk was (NAME OF BABY FROM Q1) most recently fed? DO NOT PROMPT. IF DON'T KNOW READ OUT AND CODE.

Aptamil

Cow & Gate

Heinz

Hipp

Nestle

SMA

Other (specify)

Don't know – only given once or twice at birth SKIP TO SECTION 4

Q18. And which particular type of (ANSWER AT Q17)? DO NOT PROMPT. IF DON'T KNOW READ OUT AND CODE. IF AT ALL UNSURE ASK RESPONDENT TO CHECK IF THEY CAN OR SHOW IT TO YOU. CAPI – ONLY DISPLAY BRAND FROM Q17.

1. Aptamil 1 (Blue)
2. Aptamil 2 (Purple)
3. Aptamil Easy Digest
4. Aptamil 3
5. Cow & Gate 1
6. Cow & Gate 2
7. Cow & Gate 3
8. Cow & Gate Good Night Milk
9. Cow & Gate Comfort
10. Cow & Gate Growing Up Milk
11. Cow & Gate Nutriprem 1
12. Cow & Gate Nutriprem 2
13. Cow & Gate Pepti/Pepti Junior
14. Cow & Gate Infasoy
15. Heinz Nurture 1
16. Heinz Nurture 2
17. Heinz Nurture 3
18. Heinz Nurture Gentle Infant
19. Heinz Nurture Gentle Follow-on
20. Heinz Nurture Soya
21. Hipp Organic Infant Milk
22. Hipp Organic Follow-On Milk
23. Hipp Organic Growing-Up Milk
24. SMA Gold
25. SMA White
26. SMA Progress (RED)
27. SMA Special Feeds
28. SMA Wysoy
29. Nestle Nan HA1
30. Nestle Nan HA2
31. Other (please specify)

Q19. From where did you first get information about which formula milk to use? DO NOT PROMPT

Just looked at what was on the shelves in the shop/supermarket  
Previous experience  
Your mother  
Your father  
Partner's mother  
Partner's father  
Partner  
Grandparents  
Other relatives  
Midwife at hospital  
Other hospital staff  
Community midwife  
Health visitor  
GP/Practice nurse  
National Childbirth Trust (NCT)  
Other support groups  
Other advisory organisations  
Friends  
Website of a company that makes formula  
Website of the Department of Health  
Website of the National Childbirth Trust (NCT)  
Other website (spec)  
Advertisements/leaflets from formula companies  
Books/magazines/other leaflets  
TV/radio ads  
Other advertisements  
Just went with a name I knew  
Tried different ones until right  
Other (spec)

Q20. Do you know what the recommended age of the child should be to use this formula?  
DO NOT PROMPT

0 months  
4 months  
6 months  
12 months  
Don't know

IF AGE GIVEN AT Q20 ASK Q21. OTHERS GO TO Q22.

Q21. How do you know that? DO NOT PROMPT

On the label – the number  
On the label – the colour  
On the label – the writing  
On the label (not specific)  
Advertising  
The shopkeeper/assistant said so  
A friend told me  
Other (spec)  
Don't know

Q22. You said that you gave (NAME OF BABY FROM Q1) (Q18 RESPONSE) most recently. Is this the formula you give (NAME OF BABY FROM Q1) usually or is this a formula you only use occasionally?

Usual – SKIP TO FILTER BEFORE Q27

Occasional – ASK Q23

Not applicable – only given once or twice at birth – SKIP TO FILTER BEFORE Q27

ASK Q23 IF OCCASIONAL AT Q22. OTHERS GO TO FILTER BEFORE Q27.

Q23. What brand of formula milk is (NAME OF BABY FROM Q1) usually fed? DO NOT PROMPT. IF DON'T KNOW READ OUT AND CODE.

Aptamil

Cow & Gate

Heinz

Hipp

Nestle

SMA

Other (specify)

Don't know – only given once or twice at birth SKIP TO FILTER BEFORE Q27

Q24. And which particular type of (ANSWER AT Q23)? DO NOT PROMPT. READ OUT IF DON'T KNOW. CAPI – ONLY DISPLAY BRAND FROM Q23.

1. Aptamil 1 (Blue)
2. Aptamil 2 (Purple)
3. Aptamil Easy Digest
4. Aptamil 3
5. Cow & Gate 1
6. Cow & Gate 2
7. Cow & Gate 3
8. Cow & Gate Good Night Milk
9. Cow & Gate Comfort
10. Cow & Gate Growing Up Milk
11. Cow & Gate Nutriprem 1
12. Cow & Gate Nutriprem 2
13. Cow & Gate Pepti/Pepti Junior
14. Cow & Gate Infasoy
15. Heinz Nurture 1
16. Heinz Nurture 2
17. Heinz Nurture 3
18. Heinz Nurture Gentle Infant
19. Heinz Nurture Gentle Follow-on
20. Heinz Nurture Soya
21. Hipp Organic Infant Milk
22. Hipp Organic Follow-On Milk
23. Hipp Organic Growing-Up Milk
24. SMA Gold
25. SMA White
26. SMA Progress (Red)
27. SMA Special Feeds
28. SMA Wysoy
29. Nestle Nan HA1
30. Nestle Nan HA2
31. Other (please specify)

Q25. And do you know what the recommended age of the child should be to use this formula? DO NOT PROMPT

- 0 months
- 4 months
- 6 months
- 12 months
- Don't know

IF AGE GIVEN AT Q25 ASK Q26. OTHERS GO TO Q27.

Q26. How do you know that? DO NOT PROMPT

- On the label – the number
- On the label – the colour
- On the label – the writing
- On the label (not specific)
- Advertising
- The shopkeeper/assistant said so
- A friend told me
- Other (spec)
- Don't know

ASK Q27 IF USING FOLLOW-ON FORMULA (Q18 OR Q24 CODES 4, 7, 10, 17, 19, 22, 23, 26, 30). OTHERS GO TO SECTION 4.

Q27. The formula you are using is known as follow-on formula and is designed for babies of 6 months or more. Why did you choose it? DO NOT PROMPT

- I thought it was what the baby needed/baby ready for it
- A natural progression
- Baby was hungry/not getting sufficient food from infant formula
- Baby would sleep better on follow-on formula
- I was advised that it was suitable\*
- I didn't realise it was follow-on/for babies 6 months or older
- Other (specify)

IF ADVISED TO USE FOLLOW-ON FORMULA (CODE 5 AT Q27)  
Q28 Who provided this advice? DO NOT PROMPT

Looked on the web  
Your mother  
Your father  
Partner's mother  
Partner's father  
Partner  
Grandparents  
Other relatives  
Midwife at hospital  
Other hospital staff  
Community midwife  
Health visitor  
GP/Practice nurse  
National Childbirth Trust (NCT)  
Other support groups  
Other advisory organisations  
Friends  
Website of a company that makes formula  
Website of the Department of Health  
Website of the National Childbirth Trust (NCT)  
Other website (spec)  
Advertisements/leaflets from formula companies  
Books/magazines/other leaflets  
TV/radio ads  
Other advertisements  
Other (spec)  
Can't remember/don't know

**NOW GO TO SECTION 4**

## SECTION 2: EXPECTANT PARENTS

ASK ALL EXPECTANT PARENTS (CODES 3 OR 4 AT QA)

Q1. Do you currently have any children?

Yes

No

ASK Q2 IF ONE OR MORE AT Q1. OTHERS GO TO Q3.

Q2. How old is your (FIRST, SECOND, THIRD, FOURTH ETC) child? REPEAT FOR EACH CHILD AT Q1.

ENTER AGE

Q3. What stage of pregnancy are you at?

ENTER WEEKS:

Q4. Have you given any thought yet to what you will feed your baby in the first six months of its life?

Yes – a lot

Yes - some

No

IF YES. OTHERS GO TO Q8.

Q5. As far as you are concerned what are the different options for milk for your baby?

Breast milk

Formula

Mixture of breast and formula

Other (specify)

Q6. Have you come to a decision about which milk you will feed your baby for the first six months?

Yes

No

ASK Q7 IF YES AT Q6. OTHERS GO TO Q8.

Q7. What have you decided?

Breast milk only

Formula only

Mixture of breast & formula

Other (spec)

ASK ALL

Q8. Have you had any information about feeding your baby (IF YES AT Q1 ADD: during this current pregnancy)? IF YES, Who from?

Your mother  
Your father  
Partner's mother  
Partner's father  
Partner  
Grandparents  
Other relatives  
Midwife at hospital  
Other hospital staff  
Community midwife  
Health visitor  
GP/Practice nurse  
Ante-natal group  
National Childbirth Trust (NCT)  
Other support groups  
Other advisory organisations  
Friends  
Website of a company that makes formula  
Website of the Department of Health  
Website of the National Childbirth Trust (NCT)  
Other website (spec)  
Advertisements/leaflets from formula companies  
Books/magazines/other leaflets  
No advice taken/know from experience – SKIP TO Q11b  
Haven't received any information – SKIP TO Q11b

ASK Q9 FOR EVERY RESPONSE AT Q8. IF NO INFORMATION GO TO Q11b

SHOWCARD D

Q9. Using a phrase from this card, how much trust do you have in the information you got from (RESPONSE AT Q8)

A great deal  
A fair amount  
Not very much  
None at all  
Don't know

SHOWCARD E

Q10. Which of the these best describes how you feel about the information you have received?

I am very happy with it  
I am fairly happy with it  
It's made me a little worried or confused  
It's made me very worried or confused  
DK

SHOWCARD F

Q11. Overall how clear do you think the information you've received is?

- Very clear
- Fairly clear
- Not very clear
- Not clear at all
- Don't know

ASK ALL

Q11b Other than the sources of information we have already talked about, have you seen, read or heard any information in the last 6 months about feeding babies in.. READ OUT.

CODE ALL THAT APPLY

- Books
  - Magazines
  - TV
  - Radio
  - Adverts
  - Leaflet
  - DVD
  - Or packaging of products in store
- DO NOT READ No, none of these

ASK Q12 OF PARTNER OF EXPECTANT PARENT (QA CODE 4). OTHERS GO TO Q15.

Q12. What role do you think you will have in feeding the baby?

- Nothing
- Occasional/some feeding with expressed or formula milk
- Sharing feeding with the mother of the child equally
- Doing most of the feeding
- Other (spec)
- Don't know

Q13. Is this a decision you have reached after discussion with your partner, or on your own?

- Discussion with partner
- On my own
- Don't know

SHOWCARD G

Q14. And how happy are you with this decision?

- Very happy
- Fairly happy
- Not very happy
- Not happy at all
- Don't know

ASK Q15 UNLESS CODES 1-3 AT Q7 WHO SKIP TO Q16.

Q15 Ideally, would you like your baby to be fed on breast milk or formula in the first six months?

- Formula
- Breast milk
- Mixture of the two
- Don't know

ASK ALL

SHOWCARD H

Q16. How much do you feel you know about the different formula milks available?

- A great deal
- A fair amount
- Not very much
- Nothing at all

ASK Q17 IF CODES 2-4 AT Q16. OTHERS GO TO Q18.

Q17. Do you feel you know enough about the different formula milks available or would you like to know more?

- Know enough
- Would like to know more
- Don't know

IF CODES 1-3 AT Q16. OTHERS GO TO Q20.

Q18. What are the different types of formula available DO NOT PROMPT

- From birth
- From 4 months
- From 6 months
- From 12 months
- Infant formula
- Follow-on formula
- Stage 1
- Stage 2
- Stage 3
- Gold
- White
- Progress
- Powdered formula
- Ready made liquid formula
- Other mentions
- Don't know

ASK Q19 IF ANYTHING EXCEPT DK AT Q18. OTHERS GO TO Q20.  
Q19. How did you get this information? DO NOT PROMPT

Your mother  
Your father  
Partner's mother  
Partner's father  
Partner  
Grandparents  
Other relatives  
Midwife at hospital  
Other hospital staff  
Community midwife  
Health visitor  
GP/Practice nurse  
Ante-natal group  
National Childbirth Trust (NCT)  
Other support groups  
Other advisory organisations  
Friends  
Website of a company that makes formula  
Website of the Department of Health  
Website of the National Childbirth Trust (NCT)  
Other website (SPECIFY)  
Advertisements/leaflets from formula companies  
Books/magazines/other leaflets  
Seen them in shops  
Used on previous children  
Other (spec)  
Don't know

ASK ALL

Q20. The key difference between the different types of formula is that one type is infant formula and the other follow-on formula. From what age do you think follow-on formula is suitable? DO NOT PROMPT

2 months  
4 months  
6 months  
8 months  
12 months  
Don't know

Q21. Have you had a look at baby milk displays or shelves at the supermarket or at a shop?

Yes  
No

ASK Q22 IF YES AT Q21.

SHOWCARD I

Q22. How clear was it which products were for babies aged under 6 months and which for babies aged six months and older?

Very clear

Fairly clear

Not very clear

Not clear at all

Don't know

### SECTION 3: UNPAID OR INFORMAL CARERS

ASK ALL UNPAID OR INFORMAL CARERS OF BABIES AGE LESS THAN SIX MONTHS (CODE 5 AT QA)

QB. How many babies under the age of 6 months do you look after?

IF MORE THAN ONE ASK RESPONDENT TO CONSIDER ONLY THE OLDEST BABY THEY LOOK AFTER UNDER 6 MONTHS.

QC. What is your relationship to the child's parents?

Mother/mother-in-law

Father/father-in-law

Brother/Brother-in-law

Sister/Sister-in-law

Other relative

Friend

Neighbour

Other (spec)

Q1. What is the baby's first name?

WRITE IN

Q2. How old is (NAME OF BABY FROM Q1)?

WRITE IN WEEKS AND DAYS OR MONTHS

Weeks:

Days:

OR

Months:

Q2b. What age was (NAME OF BABY FROM Q1) when you first took any care of him/her?

WRITE IN WEEKS AND DAYS OR MONTHS

Weeks:

Days:

OR

Months:

Q3. How many other children have you ever looked after?

WRITE IN

ASK Q4 IF ONE OR MORE AT Q3. OTHERS GO TO Q5.

Q4. What was the age of the oldest child you looked after?

ENTER AGE

Q5. Thinking about the milk that you have given (NAME OF BABY FROM Q1) over the last 7 days do you know if it was... READ OUT

Only breast milk – ASK Q6

Only formula milk – GO TO Q7

Breast milk and formula milk – GO TO Q9

DO NOT READ: Don't feed the baby at all – GO TO Q11

DO NOT READ: DK – GO TO Q11

ASK Q6 IF BREAST MILK ONLY AT Q5.

Q6. Do you know if you have ever given (NAME OF BABY FROM Q1) formula milk, even if this was only once?

Yes, have given formula milk – GO TO Q9

No, have never given formula milk – GO TO Q11

DK – GO TO Q11

ASK Q7 IF FORMULA MILK ONLY AT Q5

Q7. Do you know if you have ever given (NAME OF BABY FROM Q1) breast milk even if this was only once?

Yes, have given breast milk – GO TO Q8

No, have never given breast milk – GO TO Q11

DK – GO TO Q11

ASK Q8 IF YES AT Q7.

Q8. Which of the following best describes your view about how long (NAME OF BABY FROM Q1) was breastfed for? READ OUT. ROTATE FIRST AND LAST STATEMENTS

I would have liked the baby to have had breast milk for longer

I think the baby had breast milk for the right amount of time

I would have liked the baby to have given up breast milk earlier

Don't know

ASK Q9 IF BREAST & FORMULA OR ONLY FORMULA (CODE 2 OR 3) AT Q5 OR YES AT Q6.

Q9. Do you know how old (NAME OF BABY FROM Q1) was when you first gave him/her formula milk?

WRITE IN WEEKS AND DAYS OR JUST DAYS

Weeks:

Days:

DK

ASK Q9 IF BREAST & FORMULA OR ONLY FORMULA (CODE 2 OR 3) AT Q5 OR YES AT Q6. OTHERS TO Q11.

Q10. Since you first started caring for (NAME OF BABY FROM Q1) how often have you fed him/her formula milk? If the pattern of using formula milk has varied, please select the answer you feel comes closest to describing your situation. READ OUT

All or almost all feeds

About half of all feeds

Less than that

ASK ALL

Q11 Have (NAME OF BABY FROM Q1)'s parents ever asked you for advice about feeding him/her?

Yes  
No

Q12 And have you ever offered (NAME OF BABY FROM Q1)'s parents any advice about feeding him/her?

Yes  
No

ASK Q13 IF YES TO Q11 OR Q12. OTHERS GO TO Q14.

Q13. What advice did you give? DO NOT PROMPT

To breastfeed/start/continue breastfeeding  
Times of feeding/feeding on demand  
To use baby/formula milk  
To use follow-on formula/stage 3 formula  
Type of formula to use  
When to wean the baby  
To express breast milk  
To get help/advice from other source  
Other (spec)

ASK Q13b IF CODES 3,4 OR 5 AT Q13

Q13b Why did you advise this? DO NOT PROMPT. FIT TO PRECODE IF POSSIBLE.

Mother was finding breast feeding difficult/painful  
Baby was still hungry after feeding  
Mother was unhappy with existing formula  
Baby wasn't sleeping through the night  
Other (spec)

IF CODE 4 OR 5 AT Q5 OR CODE 2 AT Q6 SKIP TO SECTION 4.

Q14. Do you know what brand of formula milk you most recently fed (NAME OF BABY FROM Q1)? DO NOT PROMPT. IF DON'T KNOW READ OUT AND CODE.

Aptamil  
Cow & Gate  
Heinz  
Hipp  
Nestle  
SMA  
Other (specify)  
Don't know

ASK Q15 IF ANY CODED AT Q14. IF DK AT Q14 SKIP TO SECTION 4.

Q15. And which particular type of (ANSWER AT Q14)? DO NOT PROMPT. IF DON'T KNOW READ OUT AND CODE. CAPI – ONLY DISPLAY BRAND FROM Q14.

1. Aptamil 1 (Blue)
  2. Aptamil 2 (Purple)
  3. Aptamil Easy Digest
  4. Aptamil 3
  5. Cow & Gate 1
  6. Cow & Gate 2
  7. Cow & Gate 3
  8. Cow & Gate Good Night Milk
  9. Cow & Gate Comfort
  10. Cow & Gate Growing Up Milk
  11. Cow & Gate Nutriprem 1
  12. Cow & Gate Nutriprem 2
  13. Cow & Gate Pepti/Pepti Junior
  14. Cow & Gate Infasoy
  15. Heinz Nurture 1
  16. Heinz Nurture 2
  17. Heinz Nurture 3
  18. Heinz Nurture Gentle Infant
  19. Heinz Nurture Gentle Follow-on
  20. Heinz Nurture Soya
  21. Hipp Organic Infant Milk
  22. Hipp Organic Follow-On Milk
  23. Hipp Organic Growing-Up Milk
  24. SMA Gold
  25. SMA White
  26. SMA Progress (Red)
  27. SMA Special Feeds
  28. SMA Wysoy
  29. Nestle Nan HA1
  30. Nestle Nan HA2
  31. Other (please specify)
- Don't know

ASK Q16 OF ALL EXCEPT DK AT Q14 OR Q15. DK AT Q14 OR Q15 GO TO SECTION 4.

Q16. And do you know what the recommended age of the child should be to use this formula? DO NOT PROMPT

- 0 months
- 4 months
- 6 months
- 12 months
- Don't know

ASK Q17 IF AGE GIVEN AT Q16. OTHERS GO TO Q18.

Q17. How do you know that? DO NOT PROMPT

On the label – the number

On the label – the colour

On the label – the writing

On the label (not specific)

Advertising

The shopkeeper/assistant said so

A friend told me

Other (spec)

Don't know

Q18 Was it your decision to get this brand of formula or was it the parents decision?

My decision

Parents decision

ASK Q19 IF MY DECISION AT Q18 OTHERS GO TO Q20

Q19. Where did you get information about the type of formula to use? DO NOT PROMPT

Just looked at what was on the shelves in the shop/supermarket

Previous experience

Parents of child

Friends

Website of a company that makes formula

Website of the Department of Health

Website of the National Childbirth Trust (NCT)

Other website (spec)

Advertisements/leaflets from formula companies

Books/magazines/other leaflets

TV/radio ads

Other advertisements

Just went with a name I knew

Other (spec)

Q19a Other than the sources of information we have already talked about, have you seen, read or heard any information in the last 6 months about feeding babies in.. READ OUT.

CODE ALL THAT APPLY

Books

Magazines

TV

Radio

Adverts

Or packaging of products in store

DO NOT READ No, none of these

Q20. You said that you gave (NAME OF BABY FROM Q1) (Q15 RESPONSE) most recently. Do you know if this is the formula you give (NAME OF BABY FROM Q1) usually or is this a formula you only use occasionally?

Usual – SKIP TO FILTER BEFORE Q27

Occasional – ASK Q21

DK – SKIP TO FILTER BEFORE Q27



ASK Q21 IF OCCASIONAL AT Q20. OTHERS GO TO FILTER BEFORE Q27.

Q21. Do you know what brand of formula milk you usually feed (NAME OF BABY FROM Q1)?  
DO NOT PROMPT. IF DON'T KNOW READ OUT AND CODE.

Aptamil  
Cow & Gate  
Heinz  
Hipp  
Nestle  
SMA  
Other (specify)  
DK

ASK Q22 IF CODED AT Q21. IF DK AT Q21 SKIP TO FILTER BEFORE Q27.

Q22. And which particular type of (ANSWER AT Q21)? DO NOT PROMPT. READ OUT IF  
DON'T KNOW. CAPI – ONLY DISPLAY BRAND FROM Q21.

1. Aptamil 1 (Blue)
2. Aptamil 2 (Purple)
3. Aptamil Easy Digest
4. Aptamil 3
5. Cow & Gate 1
6. Cow & Gate 2
7. Cow & Gate 3
8. Cow & Gate Good Night Milk
9. Cow & Gate Comfort
10. Cow & Gate Growing Up Milk
11. Cow & Gate Nutriprem 1
12. Cow & Gate Nutriprem 2
13. Cow & Gate Pepti/Pepti Junior
14. Cow & Gate Infasoy
15. Heinz Nurture 1
16. Heinz Nurture 2
17. Heinz Nurture 3
18. Heinz Nurture Gentle Infant
19. Heinz Nurture Gentle Follow-on
20. Heinz Nurture Soya
21. Hipp Organic Infant Milk
22. Hipp Organic Follow-On Milk
23. Hipp Organic Growing-Up Milk
24. SMA Gold
25. SMA White
26. SMA Progress (Red)
27. SMA Special Feeds
28. SMA Wysoy
29. Nestle Nan HA1
30. Nestle Nan HA2
31. Other (please specify)
- DK

ASK Q23 OF ALL EXCEPT DK AT Q21 OR Q22. DK AT Q21 OR Q22 GO TO FILTER BEFORE Q27  
Q23. And do you know what the recommended age of the child should be to use this  
formula? DO NOT PROMPT

0 months  
4 months  
6 months  
12 months  
Don't know

ASK Q24 IF AGE GIVEN AT Q23. OTHERS GO TO Q25.  
Q24. How do you know that? DO NOT PROMPT

On the label – the number  
On the label – the colour  
On the label – the writing  
On the label (not specific)  
Advertising  
The shopkeeper/assistant said so  
A friend told me  
Other (spec)  
Don't know

Q25. Was it your decision to get this brand of formula or was it the parents decision?

My decision  
Parents decision

ASK Q26 IF MY DECISION AT Q25 OTHERS GO TO FILTER BEFORE Q27  
Q26. Where did you get information about the type of formula to use? DO NOT PROMPT

Just looked at what was on the shelves in the shop/supermarket  
Previous experience  
Parents of child  
Friends  
Website of a company that makes formula  
Website of the Department of Health  
Website of the National Childbirth Trust (NCT)  
Other website (SPECIFY)  
Advertisements/leaflets from formula companies  
Books/magazines/other leaflets  
TV/radio ads  
Other advertisements  
Just went with a name I knew  
Other (spec)

ASK Q27 IF USING FOLLOW-ON FORMULA (Q15 OR Q22 CODES 4, 7, 10, 17, 19, 22, 23, 26, 30). OTHERS GO TO SECTION 4.

Q27. The formula you are using is known as follow-on formula and is designed for babies of 6 months or more though it is not damaging if used before then. Why did you choose it? DO NOT PROMPT

Parents gave it to me to use - no choice  
I thought it was what the baby needed/baby ready for it  
A natural progression  
Baby was hungry/not getting sufficient food from infant formula  
Baby would sleep better on follow-on formula  
I was advised that it was suitable\*  
I didn't realise it was follow-on/for babies 6 months or older  
Other (specify)  
DK

IF ADVISED TO USE FOLLOW-ON FORMULA (Q27 \*)  
Q28 Who provided this advice? DO NOT PROMPT

Parents of child  
Looked on the web  
Community midwife  
Health visitor  
GP/Practice nurse  
National Childbirth Trust (NCT)  
Other advisory organisations  
Friends  
Website of a company that makes formula  
Website of the Department of Health  
Website of the National Childbirth Trust (NCT)  
Other website (spec)  
Advertisements/leaflets from formula companies  
Books/magazines/other leaflets  
TV/radio ads  
Other advertisements  
Can't remember/don't know

**NOW GO TO SECTION 4**

#### SECTION 4: ADVERTISING TESTING

SAY TO ALL

I'm now going to show you an advertisement that's been on TV recently. TURN LAPTOP SO THE RESPONDENT HAS A GOOD VIEW OF IT AND ALLOW TIME TO FETCH GLASSES, SORT OUT LIGHT OR WHATEVER IS NEEDED. RUN THE FIRST ADVERT. ONCE THE ADVERTISEMENT FINISHES ASK Q1.

Q1. Firstly have you seen that advertisement before?

Yes  
No

Q2. What age child would you say the product just advertised is designed for? DO NOT PROMPT

From birth  
From 4 months  
From 6 months  
From 1 year  
Other (specify)  
DK – SKIP TO Q5

SHOWCARD J

Q3. How clearly was that impression given in the advertisement?

Very clearly  
Fairly clearly  
It wasn't very clear  
Not clearly at all  
DK

Q4. What was it about the advert which makes you think that the product was designed for children (ANSWER AT Q2) DO NOT PROMPT

Perceived age of child in the advert  
Packaging told me  
Text/writing in the advert  
Voiceover said it was for weaning off the breast  
Voiceover said it was follow-on formula  
Voiceover said it was for 6 months up  
I'm not sure why, it's just the impression I got  
I already know the product/what age the product is aimed at  
Nothing  
Other (specify)

Please now look at this advert which has also been on television recently. RUN SECOND ADVERT.

Q5. Have you seen that advertisement before?

Yes  
No

Q6. What age child would you say the product just advertised is designed for? DO NOT PROMPT

- From birth
- From 4 months
- From 6 months
- From 1 year
- Other (specify)
- DK – SKIP TO Q9

SHOWCARD J AGAIN

Q7. How clearly was that impression given in the advertisement?

- Very clearly
- Fairly clearly
- It wasn't very clear
- Not clearly at all
- DK

Q8. What was it about the advert which makes you think that the product was designed for children (ANSWER AT Q6) DO NOT PROMPT

- Perceived age of child in the advert
- Packaging told me
- Text/writing in the advert
- Voiceover said it was for weaning off the breast
- Voiceover said it was follow-on formula
- Voiceover said it was for 6 months up
- I'm not sure why, it's just the impression I got
- I already know the product/what age the product is aimed at
- Nothing
- Other (specify)

Please now look at this advert which has also been on television recently. RUN THIRD ADVERT.

Q9. Have you seen that advertisement before?

- Yes
- No

Q10. What age child would you say the product just advertised is designed for? DO NOT PROMPT

- From birth
- From 4 months
- From 6 months
- From 1 year
- Other (specify)
- DK – SKIP TO Q13

SHOWCARD J AGAIN

Q11. How clearly was that impression given in the advertisement?

- Very clearly
- Fairly clearly
- It wasn't very clear
- Not clearly at all
- DK

Q12. What was it about the advert which makes you think that the product was designed for children (ANSWER AT Q10) DO NOT PROMPT

- Perceived age of child in the advert
- Packaging told me
- Text/writing in the advert
- Voiceover said it was for weaning off the breast
- Voiceover said it was follow-on formula
- Voiceover said it was for 6 months up
- I'm not sure why, it's just the impression I got
- I already know the product/what age the product is aimed at
- Nothing
- Other (specify)

SHOW AD A / B/ C

Q13. Now please look at this advertisement. Have you seen it before?

- Yes
- No

Q14. What age child would you say the product advertised is designed for? DO NOT PROMPT

- From birth
- From 4 months
- From 6 months
- From 1 year
- Other (specify)
- DK – SKIP TO Q17

SHOWCARD J AGAIN

Q15. How clearly is that impression given in the advertisement?

- Very clearly
- Fairly clearly
- It wasn't very clear
- Not clearly at all
- DK

Q16. What is it about the advert which makes you think that the product was designed for children (ANSWER AT Q14). DO NOT PROMPT

Perceived age of child in the advert

Packaging told me

Text/writing in the advert

I'm not sure why, it's just the impression I got

I already know the product/what age the product is aimed at

Nothing

Other (specify)

Q17. What age do you think the child is in the advert?

0-2 months

3-4 months

5-6 months

7-8 months

9-10 months

11-12 months

Older than a year

SHOW AD A/ B/ C

Q18. Now please look at this advertisement. Have you seen it before?

Yes

No

Q19. What age child would you say the product just advertised is designed for? DO NOT PROMPT

From birth

From 4 months

From 6 months

From 1 year

Other (specify)

DK – SKIP TO Q23

SHOWCARD J AGAIN

Q20. How clearly was that impression given in the advertisement?

Very clearly

Fairly clearly

It wasn't very clear

Not clearly at all

DK

Q21. What was it about the advert which makes you think that the product was designed for children (ANSWER AT Q19). DO NOT PROMPT

Perceived age of child in the advert

Packaging told me

Text/writing in the advert

I'm not sure why, it's just the impression I got

I already know the product/what age the product is aimed at

Nothing

Other (specify)

Q22. What age do you think the child is in the advert?

0-2 months

3-4 months

5-6 months

7-8 months

9-10 months

11-12 months

Older than a year

SHOW AD 3

Q23. Now please look at this advertisement. Have you seen it before?

Yes

No

Q24. What age child would you say the product just advertised is designed for? DO NOT PROMPT

From birth

From 4 months

From 6 months

From 1 year

Other (specify)

DK – SKIP TO Q28

SHOWCARD J AGAIN

Q25. How clearly was that impression given in the advertisement?

Very clearly

Fairly clearly

It wasn't very clear

Not clearly at all

DK

Q26. What was it about the advert which makes you think that the product was designed for children (ANSWER AT Q24). DO NOT PROMPT.

- Perceived age of child in the advert
- Packaging told me
- Text/writing in the advert
- I'm not sure why, it's just the impression I got
- I already know the product/what age the product is aimed at
- Nothing
- Other (specify)

Q27. What age do you think the child is in the advert?

- 0-2 months
- 3-4 months
- 5-6 months
- 7-8 months
- 9-10 months
- 11-12 months
- Older than a year

ASK ALL

SHOW CARD RESUME OF ADS

Q28. In fact all the advertisements you've seen have been for follow-on formula designed for babies from 6 months up. Do you think each of the adverts should have made that clearer or do you think it was clear enough? *Clearer/ Clear enough*

- Cow & Gate TV Ad
- Aptamil TV Ad
- SMA TV Ad
- Cow & Gate press Ad
- Aptamil press Ad
- SMA press Ad

ASK Q29 FOR EACH AD THAT SHOULD BE MADE CLEARER

Q29. What changes would you make to (AD at Q28) to make it clearer about the age the follow-on formula is for? DO NOT PROMPT

- Say it clearly in the voiceover
- Make the text larger/bolder
- Make the child look older (more hair, crawling, sitting upright, facial expressions, teeth)
- Make the packaging bigger
- Other (specify)

Thank you. To finish we just need to ask a few questions about yourself to enable us to classify the data. I should remind you at this point that all the information you give will be held in strict confidence and only shown to third parties in aggregate form.

Q30. How old were you on your last birthday?

ENTER AGE  
REF

IF REF ASK Q31. OTHERS GO TO Q32.

SHOWCARD K

Q31. Which of these age ranges do you fall into?

16-24

25-34

35-44

45-54

55-64

65-74

75-84

85+

REF

Q32. INTERVIEWER CODE GENDER

Male

Female

Q33. Are you doing any paid work at the moment? PROBE FOR ACCURATE RESPONSE

Yes

On paid maternity leave

On unpaid maternity leave

No

ASK Q34 IF NO AT Q33. OTHERS GO TO Q35.

Q34. Do you plan to start work again within the next two years? IF YES PROBE FOR FULL OR PART-TIME

Yes, full-time

Yes, part-time

No

Don't know

ASK Q35 IF ANY OF CODES 1-3 AT Q33. OTHERS GO TO Q42.

Q35. What is the title of your job ADD IF CODES 2 OR 3 AT Q33 (or the job you're on maternity leave from)? SAY TO ALL: If you have more than one job please give details of your main job)

OPEN QUESTION

Q36. What do you mainly do in your job? CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

OPEN QUESTION

Q37. What does the firm or organisation you work for make or do at the site where you work?

DESCRIBE FULLY – PROBE MANUFACTURING OR PROCESSING OR DISTRIBUTING AND MAIN GOODS PRODUCED OR SERVICES PROVIDED

OPEN QUESTION

Q38. Are you.. READ OUT

Any employee  
Or self employed

ASK Q39 IF EMPLOYEE AT Q38. OTHERS GO TO Q40.

Q39. Do you have any managerial duties or do you supervise any other employees? IF YES,  
PROBE FOR CODE

Yes manager  
Yes supervisor  
No, neither

Q40. Do you work mainly at home or do you go out to work?

Mainly at home  
Go out to work

ASK Q41 IF GO TO WORK AT Q40. OTHERS GO TO Q49.

Q41. How many employees are there at the place where you work?

1-24  
25-499  
500 or more  
On own/with partners but no employees

ASK Q42 IF NO AT Q33. OTHERS GO TO Q49.

Q42. Have you EVER done any paid work?

Yes  
No

ASK Q43 IF YES AT Q42. OTHERS GO TO Q49

Q43. What was the title of your last job? (If you have more than one job please give details  
of your main job)

OPEN QUESTION

Q44. What did you mainly do in your last job? CHECK SPECIAL  
QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

OPEN QUESTION

Q45. What did the firm or organisation you worked for make or do at the place where you  
last worked?

DESCRIBE FULLY – PROBE MANUFACTURING OR PROCESSING OR DISTRIBUTING  
AND MAIN GOODS PRODUCED OR SERVICES PROVIDED

OPEN QUESTION

Q46. Were you.. READ OUT

Any employee  
Or self employed

ASK Q47 IF EMPLOYEE AT Q46. OTHERS GO TO Q48.

Q47. Did you have any managerial duties or did you supervise any other employees? IF YES, PROBE FOR CODE

Yes manager  
Yes supervisor  
No, neither

Q48. How many employees were there at the place where you worked?

1-24  
25-499  
500 or more  
On own/with partners but no employees

Q49. It's possible that the Food Standards Agency or the Department of Health may like to conduct further research at some point in the future. Would you be happy to be contacted again for research purposes only?

Yes - COMPLETE NAME, ADDRESS AND TEL NUMBER INFORMATION  
No - THANK AND CLOSE

IF YES SAY

Q50. It may be necessary for us to pass your details to another research agency to conduct future research with you. Are you happy for us to do that?

Yes  
No

## Appendix D: Midwives and Health Visitors questionnaire

Infant Formula – telephone survey amongst midwives and health visitors

Good morning/afternoon. My name is ... from GfK NOP Ltd an independent research agency. We are conducting a survey on behalf of the Food Standards Agency and the Department of Health among midwives and health visitors. The survey is designed to gauge your own understanding and experiences of the way babies are fed and how the advertising of some formula milk is understood by parents. Everything you say will be kept in strict confidence so that no-one will be able to relate your answers back to you and you do not have to answer any questions that you don't wish to.

QA. Firstly, can I just check, are you based in a hospital, or clinic, or some other setting?

Hospital  
Clinic  
GP surgery  
Other

QB. How long have you been a (MIDWIFE/HEALTH VISITOR – TAKEN FROM SAMPLE)?

0-5 months - CLOSE  
6-11 months  
1-2 years  
3-5 years  
6-10 years  
More than 10 years

QC. And how long have you been in your current role?

0-5 months  
6-11 months  
1-2 years  
3-5 years  
6-10 years  
More than 10 years

Q1. Do you ever provide advice, support, or information to parents regarding how they feed their baby?

Yes  
No – THANK AND CLOSE

Q2. Do you have any concerns about the way parents feed babies aged less than 6 months?  
IF YES ASK: What are they? DO NOT PROMPT. PROBE: Anything else? CODE ALL  
RESPONSES

Lack of information for parents about formula feeding  
Mothers feeling guilty about formula feeding  
Mothers using bottles  
Not enough breast feeding  
Mothers weaning children too soon  
Solids introduced too early  
People using wrong formula milk  
Parents don't get sufficient support  
Other (spec)  
No concerns  
Don't know

IF MORE THAN 1 AT Q2. OTHERS GO TO Q4.  
Q3. Which of those most concern you. READ OUT IF NECESSARY.  
DP ONLY DISPLAY THOSE CHOSEN AT Q2

ASK ALL  
Q4. Which of the following best describes your role with parents, when it comes to feeding babies? READ OUT

I provide information about breastfeeding  
I provide information about formula feeding  
I advise parents of how best to feed their babies  
Other (spec)  
Don't know

Q5. Where do you get your information from about what to tell parents? DO NOT PROMPT.  
ALLOW MULTICODES

Initial training  
The PCT/Trust/GP Practice  
Colleagues  
Directly from DoH  
Health Journals  
Magazines  
Unicef/World Health Organisation – Baby Friendly  
Conferences  
Formula companies  
Inservice training  
Experience  
Other (spec)

ASK Q6 IF MORE THAN 1 RESPONSE AT Q5. OTHERS GO TO Q7.  
Q6. Which of these is the most important source of information?  
DP ONLY LIST THOSE CHOSEN AT Q5.

ASK ALL

Q7. Are you aware of the Department of Health policy on the feeding of babies under 6 months? IF YES What is it? DO NOT PROMPT

Exclusive breast feeding to 6 months

Other (spec)

No, not aware

ASK Q8 IF YES AT Q7. OTHERS SKIP TO Q9.

Q8. To what extent do you agree with the Department of Health's policy on the feeding of babies under 6 months? Do you ... READ OUT

Agree strongly

Tend to agree

Neither agree nor disagree

Tend to disagree

Disagree strongly

Don't know

ASK ALL

Q9. At what stage do you mainly provide information or advice to parents about feeding their baby? Any other time? MULTICODE

Before birth

Directly after birth while still in hospital

1 week

2 weeks

3 weeks

4 weeks

2 months

3 months

4 months

5 months

6 months

Over 6 months

DK

Q10. Are parents mostly responsive to the advice or information or have they usually already decided what they are going to do?

Mostly responsive to advice

Usually decided what they're going to do

Varies

Don't know

ASK Q11 IF CODE 1 OR 3 AT Q10. OTHERS GO TO Q12.

Q11. Would you say that the advice you give is followed by...READ OUT

All parents and carers

Most parents and carers

Some parents and carers

Or none

DO NOT READ: Don't know

ASK ALL

Q12. Who or what would you say are the main influences on parents on how to feed their babies? PROBE: Anything else? DO NOT PROMPT. ALLOW MULTICODES

Health visitors  
Midwives  
Their parents  
Other relatives  
What they did with previous children  
National Childbirth Trust (NCT)  
Ante-natal groups  
Post-natal groups  
Other support groups  
Other advisory organisations  
Online forums/websites (e.g. Netmums)  
Friends  
TV advertisements from formula companies  
Press advertisements/leaflets from formula companies  
Formula company websites  
Books/magazines/other leaflets  
Other (specify)  
Don't know

ASK Q13 IF MORE THE 1 RESPONSE AT Q12. OTHERS GO TO Q14.

Q13. Which of these, in your opinion, is the most powerful influence on how they feed their babies? READ OUT IF NECESSARY

DP ONLY DISPLAY RESPONSES FROM Q12.

ASK ALL

Q14. If a parent asks you for advice about different baby formulas they may use, do you provide it....READ OUT

Always when asked  
Sometimes when asked  
Rarely when asked  
Never when asked  
DO NOT READ: N/A never asked

Q15. How qualified do you feel you are to answer questions about the different brands of baby formula. Would you say you are.. READ OUT

Very well qualified  
Fairly well qualified  
Neither qualified nor unqualified  
Not very well qualified  
Not at all qualified  
DO NOT READ: Don't know

Q16. In 2007 a regulation came into force that prohibited the advertising of infant formula (for children under 6 months) to the public and specified that follow-on formula (for babies of 6 months or over) should make it very clear that it was not for use under the age of 6 months. Were you aware of that regulation?

Yes

No

Don't know/not sure

Q17 Do you know if any of the babies you deal with or have dealt with, have been given follow-on formula (for babies of six months or over) by their mothers when they are under 6 months of age?

Yes they have

No they have not

No, don't know

ASK Q18 IF YES AT Q17. OTHERS GO TO Q21.

Q18 Would you say this happens... READ OUT

All the time

Fairly often

Occasionally

Only rarely

Or never?

DO NOT READ: Don't know

Q19 Why do you think mothers were feeding their under 6 month old babies on follow-on formula (designed for babies of six months or over)? DO NOT PROMPT. CODE ALL THAT APPLY

Mothers think their babies are ready for it before six months

Baby very hungry, needs heavier formula

Think it will make the baby sleep for longer

Mother not aware that follow-on formula for 6 months or older

Other (spec)

Don't know

Q20. Did you advise them that what they were doing was not recommended?

Yes always

Yes sometimes

No never

ASK ALL

Q21. If you have seen adverts for formula milk for babies, in national media, journals or on TV, how easy do you find it to work out which is suitable for babies under 6 months and which is suitable for babies aged 6 months or over?

Very easy

Fairly easy

Not very easy

Not easy at all

Haven't seen any ads\*

Don't know

ASK Q22 OF ALL EXCEPT THOSE WHO HAVEN'T SEEN ANY ADS(\*) WHO SHOULD SKIP TO Q24.

Q22. In your view does the advertising of follow-on formula make it clear enough that the product should not be given to babies under 6 months or do you think it could be made clearer?

Clear enough  
Could be clearer  
Don't know

ASK Q23 IF COULD BE CLEARER AT Q22. OTHERS GO TO Q24.  
Q23 How could it be made clearer? DO NOT PROMPT

Make the child more obviously 6 months or older  
Larger text  
Voiceover in TV adverts  
A clearer explanation of the meaning of Infant Formula and Follow-On Formula  
Other (spec)

ASK ALL

Q24. Do you think the regulations prohibiting the advertising of infant formula (for children under 6 months) to the public and specifying that follow-on formula (for babies of 6 months or over) should make it very clear that it is not for use under the age of 6 months, are adequate or should they be strengthened?

Adequate  
Strengthened  
Shouldn't be any regulations  
Don't know

## Appendix E: Peer Supporters' questionnaire

### Infant Formula – telephone survey amongst peer supporters

Good morning/afternoon. My name is ... from GfK NOP Ltd an independent research agency. We are conducting a survey on behalf of the Food Standards Agency and the Department of Health among peer supporters to gauge your own understanding and experiences of the way babies are fed and how the advertising of some formula milk is understood by parents. Everything you say will be kept in strict confidence so that no-one will be able to relate your answers back to you and you do not have to answer any questions that you don't wish to.

QA. How long have you been a peer supporter?

- 0-2 months - CLOSE
- 3-5 months
- 6-11 months
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

Q1. Do you ever provide advice, support, or information to parents regarding how they feed their baby?

Yes

No – THANK AND CLOSE

Q2. Do you have any concerns about the way parents feed babies aged less than 6 months?  
IF YES ASK: What are they? DO NOT PROMPT. PROBE: Anything else? CODE ALL RESPONSES

- Lack of information for parents about formula feeding
- Mothers feeling guilty about formula feeding
- Mothers using bottles
- Not enough breast feeding
- Mothers weaning children too soon
- Solids introduced too early
- People using wrong formula milk
- Parents don't get sufficient support
- Other (spec)
- No concerns
- Don't know

IF MORE THAN 1 AT Q2. OTHERS GO TO Q4.

Q3. Which of those most concern you. READ OUT IF NECESSARY.  
DP ONLY DISPLAY THOSE CHOSEN AT Q2

ASK ALL

Q4. Which of the following best describes your role with parents, when it comes to feeding babies? READ OUT

- I provide information about breastfeeding
- I provide information about formula feeding
- I advise parents about the best way of feeding their babies
- Other (spec)
- Don't know

Q5. Where do you get your information from about what to tell parents? DO NOT PROMPT. ALLOW MULTICODES

- Initial training
- The PCT/Trust/GP Practice
- Colleagues
- Local health care staff
- National Childbirth Trust (NCT)
- LaLeche League
- Directly from DoH
- Health Journals
- Magazines
- Unicef/World Health Organisation – Baby Friendly
- Conferences
- Formula companies
- In-service training
- Experience
- Other (spec)

ASK Q6 IF MORE THAN 1 RESPONSE AT Q5. OTHERS GO TO Q7.

Q6. Which of these is the most important source of information?  
DP ONLY LIST THOSE CHOSEN AT Q5.

ASK ALL

Q7. Are you aware of the Department of Health policy on the feeding of babies under 6 months? IF YES What is it? DO NOT PROMPT

- Exclusive breast feeding to 6 months
- Other (spec)
- No, not aware

ASK Q8 IF YES AT Q7. OTHERS SKIP TO Q9.

Q8. To what extent do you agree with the Department of Health's policy on the feeding of babies under 6 months? Do you ... READ OUT

- Agree strongly
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Disagree strongly
- Don't know

ASK ALL

Q9. At what stage do you mainly provide information or advice to parents about feeding their baby? Any other time? MULTICODE. INTERVIEWER: IF RESPONDENT SAYS FROM BIRTH TO 9 MONTHS CODE THROUGHOUT THE FIRST 6 MONTHS AND OVER 6 MONTHS.

Before birth

Directly after birth while still in hospital

1 week

2 weeks

3 weeks

4 weeks

2 months

3 months

4 months

5 months

6 months

Throughout the first 6 months

Over 6 months

DK

Q10. Are parents mostly responsive to the advice or information or have they usually already decided what they are going to do?

Mostly responsive to advice

Usually decided what they're going to do

Varies

Don't know

ASK Q11 IF CODE 1 OR 3 AT Q10. OTHERS GO TO Q12.

Q11. Would you say that the advice you give is followed by...READ OUT

All parents and carers

Most parents and carers

Some parents and carers

Or none

DO NOT READ: Don't know

ASK ALL

Q12. Who or what would you say are the main influences on parents on how to feed their babies? PROBE: Anything else? DO NOT PROMPT. ALLOW MULTICODES

Health visitors  
Midwives  
Their parents  
Other relatives  
What they did with previous children  
National Childbirth Trust (NCT)  
Ante-natal groups  
Post-natal groups  
Peer supporters (ourselves)  
Other support groups  
Other advisory organisations  
Online forums/websites (e.g. Netmums)  
Friends  
TV advertisements from formula companies  
Press advertisements/leaflets from formula companies  
Formula company websites  
Books/magazines/other leaflets  
Other (specify)  
Don't know

ASK Q13 IF MORE THE 1 RESPONSE AT Q12. OTHERS GO TO Q14.

Q13. Which of these, in your opinion, is the most powerful influence on how they feed their babies? READ OUT IF NECESSARY

DP ONLY DISPLAY RESPONSES FROM Q12.

ASK ALL

Q14. If a parent asks you for advice about different baby formulas they may use, do you provide it....READ OUT

Always when asked  
Sometimes when asked  
Rarely when asked  
Never when asked  
DO NOT READ: N/A never asked

Q15. Do you feel you are sufficiently familiar with the different brands of baby formula to be able to answer questions about them, if parents ask?

Yes  
No  
DK

Q16. In 2007 a regulation came into force that prohibited the advertising of infant formula (for children under 6 months) to the public and specified that follow-on formula (for babies of 6 months or over) should make it very clear that it was not for use under the age of 6 months. Were you aware of that regulation?

Yes  
No  
Don't know/not sure

Q17 Do you know if any of the parents you have supported or helped have given follow-on formula (for babies of six months or over) to a child under 6 months of age?

- Yes I know they have
- No I know they have not
- No, don't know

ASK Q18 IF YES AT Q17. OTHERS GO TO Q21.  
Q18 Would you say this happens... READ OUT

- Very frequently
- Fairly often
- Occasionally
- Only rarely
- Or never?
- DO NOT READ: Don't know

Q19 Why do you think mothers were feeding their under 6 month old babies on follow-on formula (designed for babies of six months or over)? DO NOT PROMPT. CODE ALL THAT APPLY

- Mothers think their babies are ready for it before six months
- Baby very hungry, needs heavier formula
- Think it will make the baby sleep for longer
- Mother not aware that follow-on formula for 6 months or older
- Other (spec)
- Don't know

Q20. Do you advise them that what they were doing was not recommended?

- Yes always
- Yes sometimes
- No never

ASK ALL

Q21. If you have seen adverts for formula milk for babies, in national media, journals or on TV, how easy do you find it to work out what age of baby the formula milk is suitable for?

- Very easy
- Fairly easy
- Not very easy
- Not easy at all
- Haven't seen any ads\*
- Don't know

ASK Q22 OF ALL EXCEPT THOSE WHO HAVEN'T SEEN ANY ADS(\*) WHO SHOULD SKIP TO Q24.

Q22. In your view does the advertising of follow-on formula make it clear enough that the product should not be given to babies under 6 months or do you think it could be made clearer?

- Clear enough
- Could be clearer
- Don't know

ASK Q23 IF COULD BE CLEARER AT Q22. OTHERS GO TO Q24.  
Q23 How could it be made clearer? DO NOT PROMPT

Make the child more obviously 6 months or older

Larger text

Voiceover in TV adverts

A clearer explanation of the meaning of Infant Formula and Follow-On Formula

Other (spec)

ASK ALL

Q24. Do you think the regulations prohibiting the advertising of infant formula (for children under 6 months) to the public and specifying that follow-on formula (for babies of 6 months or over), should make it very clear that it is not for use under the age of 6 months, are adequate or should they be strengthened?

Adequate

Strengthened

Shouldn't be any regulations

Don't know