

Infant Feeding

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Motion made, and Question proposed, That this House do now adjourn.—(Martin McCluskey.)
7.30pm

Jess Brown-Fuller
(Chichester) (LD)

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It is a pleasure to bring this Adjournment debate to the Chamber on a topic close to my heart. I refer hon. Members to my entry in the Register of Members' Financial Interests as the Chair of the all-party parliamentary group for infant feeding. I am pleased as always to see the Minister in her place. I look forward to her response on behalf of the Government just days before the long awaited 10-year plan for the NHS.

When the Secretary of State for Health promised to create the “healthiest generation ever”, it was a bold and admirable ambition, and certainly one that I share with him. Every child deserves the opportunity to thrive regardless of their wealth or their postcode. When the Government talk of building a better future for children, their policies and schemes often start with school—with free school meals and breakfast clubs—or providing Government support for nurseries and early years settings, but there is little substance in the critical years from birth to three, and even less when it comes to policy around infant feeding, whether that is breastfeeding, formula feeding or a combination of the two.

I had my son nearly 11 years ago, and I remember with fondness the lactation consultant coming on to the ward in the maternity unit and showing me how best to hold my son to feed him and what to expect in the first few weeks after taking him home. I did not have an easy journey with breastfeeding: I suffered with pain when he latched, I had multiple bouts of mastitis and swelling—the list went on. My husband and I ran our own restaurant at the time, so he took approximately three hours of paternity leave before returning to work.

Maya Ellis
(Ribble Valley) (Lab)

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I am grateful to the hon. Member for the work we are doing together on the all-party parliamentary group for infant feeding and for her passion in this space. Breastfeeding is a full-time job. Only last week, Carrie Johnson, the wife of one of our former Prime Ministers, highlighted how easy it is to neglect your own needs as a mother while breastfeeding. Does the hon. Member agree that it is essential that the Government establish six weeks of paid paternity leave, so that breastfeeding mothers can focus on feeding their baby and partners can focus on looking after mum?

Jess Brown-Fuller

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I thank the hon. Member for her intervention. I was so pleased to hear the statement in the House earlier today. I know that she has been a tireless advocate for making sure that parental leave for all parents is improved dramatically. I thank her for her advocacy in that area.

Jim Shannon
(Strangford) (DUP)

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I commend the hon. Lady; I spoke to her before the debate. In the last Parliament, one of the Scots Nats MPs was chair of the APPG. I was supportive of that as a man, as I thought that was important. My wife was an example of where breastfeeding is so important. Is the hon. Lady aware that Northern Ireland had the top score—69.5 out of 100—among UK nations? That may be because Northern Ireland has already put policies in place and is the only nation to have completed updated resources on infant

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feeding and HIV. Will she join me in urging the Northern Ireland health trust to share best practice with the other devolved nations and with the Minister to help encourage breastfeeding among those mothers who are able to do so?

Jess Brown-Fuller

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I thank the hon. Member for his intervention. He is right that Northern Ireland scored the highest in the report card format on the World Breastfeeding Trends Initiative, which I will come to. In comparison, England scored a paltry less than 50, which was very much due to scoring zero on infant feeding and HIV.

Mr Connor Rand
(Altrincham and Sale West) (Lab)

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I thank the hon. Member for securing this Adjournment debate on such an important topic. She spoke of some of the difficulties she had at the start of her breastfeeding journey, which my partner Catherine also experienced. When my partner had those difficulties, she accessed a breastfeeding support clinic in my constituency at Meadway health centre, which was a huge source of support and benefit to her. Does the hon. Member agree that it is important to protect and support access to such services, ensuring they are there for every woman who wishes to breastfeed?

Jess Brown-Fuller

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It is as if the hon. Member has lifted my words directly off the page in a timely manner. The reason I managed to carry on was that I attended a peer support group in my local church hall every Monday morning, aptly called Milk. It was not about the professional support that I had while I was there—although that was great, and I give a shout-out to the wonderful Julie who supported all the mums—it was meeting the other mums who were going through the same things and the ability to ask each other questions and offer advice, as well as the amazing trained peer supporters, who were volunteers. I give a quick shout-out to Holly, who showed us that we could and would survive those difficult first few months and come out the other side, just like she had.

Samantha Niblett
(South Derbyshire) (Lab)

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I thank the hon. Member for securing this important Adjournment debate this evening. In South Derbyshire, I hear stories of services to support breastfeeding women being cut. I speak as a mum who breastfed to eight months, although I had that moment where I almost did not, and it was my community midwife who saved the day for me. Does the hon. Member agree that as well as having services to support breastfeeding women, whether they are successful in doing so, they decide not

to or they cannot, we should create safe spaces for them? I have done exactly that in my constituency surgery, but I would like to see it in other venues.

Jess Brown-Fuller

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I thank the hon. Member for sharing her personal story and for advocating for other breastfeeding and formula-feeding parents in her constituency. She highlights that there is a postcode lottery when it comes to that support. We need to see safe spaces across the board for all parents who are feeding.

In the group I attended, there were not just breastfeeding mums, but mums who were combination feeding, in the process of introducing solids or planning their feeding journey as they navigated returning to work. Some of those women became my closest friends and I still have them in my life all these years later.

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David Reed
(Exmouth and Exeter East) (Con)

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I thank the hon. Member for bringing this important issue to the Chamber. My wife and I are expecting our first in the coming weeks, so as hon. Members will expect, this is an important subject in which I am quickly upskilling myself. In my constituency, I have a similar group called Exmouth Bosom Buddies, which does a fantastic job that we know relieves pressure on the NHS. What more does the hon. Member think can be done to allow such groups to grow, thrive and flourish so that they can continue their vital work?

Madam Deputy Speaker
(Ms Nusrat Ghani)

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Before the hon. Member gets to her feet, I am just reminded of the midwifery-led Crowborough birthing unit, which helps the lovely mums in my constituency.

Jess Brown-Fuller

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The hon. Gentleman highlights how important it is to have that community-based support in an area. Unfortunately, not every mother across the UK can say the same. There are areas where they have to travel up to an hour by car to attend that sort of group, and I will come on to that point.

When I had my daughter, five years after my son, the support that I had relied on had all but vanished. The Milk group was now being run out of, in effect, a broom cupboard at my local leisure centre, with no opportunity to socialise with other mums. Only six months later, the pandemic hit and my daughter's health visitor reviews were done via Zoom, often without my daughter even on the screen. The local children and family centre in my constituency never reopened in the same way after the pandemic.

I was one of the lucky ones because I had already built my village around me five years earlier and I had a network of friends and family that I could call on. However, for those who have become new mothers in the last decade, that support has been all but vaporised, with community support groups patchy and often delivered by volunteers or those wonderful midwives in their time off.

It is essential to acknowledge and support those parents who cannot or choose not to breastfeed, to ensure that they feel empowered and confident in the decisions they make for their children's

nutrition and wellbeing. I am a proud advocate of every parent having choice, but that choice should be an informed one. Currently, it is not a level playing field, with formula companies preying on the vulnerability of parents.

The Competition and Markets Authority launched a market study into the formula industry in February 2024 and published its results earlier this year. The study provided a comprehensive, in-depth and up-to-date exploration of the infant formula market in the UK through a consultative process that has offered unique insights into the industry. A short extract from the CMA's overview of its findings states:

“parents are often in vulnerable circumstances when they first make choices about whether and which infant formula to use, their brand choice is often based on incomplete or unclear information, and they are typically then reluctant to switch brands. Against this backdrop, manufacturers place significant emphasis on building their brands—including through their willingness to supply the NHS below cost—and differentiating their products to attract parents, rather than competing strongly on price. And price competition between retailers has typically been weak...Our analysis indicates that these features, in combination, are leading to poor outcomes for parents in terms of the choices they make and prices they pay for infant formula.”

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In short, a vulnerable, extremely tired new parent is making choices on which formula to buy, but the claims on boxes of commercial infant formula are often unfounded. Parents have to choose between a £7 tin of formula and a £14 tin of formula, even though they are nutritionally equivalent. At a recent event, we heard the testimony of parents who had purchased the more expensive brand with the bold claims on its packaging, believing that they were doing the best for their child, only to then use fewer scoops when making a bottle to make the tin last longer. We have only to look at our supermarket shelves and see the formula milk locked in glass cabinets to understand that we have a crisis in families being able to feed their babies.

The cost of living challenges have spiralled into a food insecurity crisis, yet formula manufacturers increased prices by 24% in one year in 2023 and prices continue to rise well beyond inflation. Research shows that parents rarely switch brands once they have introduced a formula milk. This gives formula companies a clear incentive to offer their products to maternity wards at reduced prices, knowing that parents are likely to continue using the same brand when they go home. To address this, the CMA recommends standardised infant formula labelling in healthcare settings, which would eliminate this form of exploitative marketing.

Formula companies are also restricted from advertising newborn formula, but they get round this by advertising their follow-on, or stage 2, milk and making the packaging look exactly the same. The CMA recommendations ask for the Government to assess whether infant formula and follow-on milks are “clearly distinct”, then communicate that assessment to the manufacturers and enforcers. A Mintel report from 2016 reported that in 2015, for every baby born in the UK, companies spent a staggering £21 just on marketing follow-on formula. The CMA has made 11 recommendations to the Government, all of which aim to improve outcomes for parents. I am calling on the Government today to implement all 11 recommendations and finally to level the playing field for those parents who rely on formula to feed their babies.

This debate is timely, as last week I was delighted to host the World Breastfeeding Trends Initiative's launch of its 2024 report here in Parliament. I would be delighted to give the Minister a copy if she does not already have one. The key takeaway from the report is that the UK has one of the lowest breastfeeding rates in the world. The report not only highlights the gaps in policy but creates a report card system for each of the four nations. I want to highlight a few things that were mentioned in the report.

Importantly, data—though its collection is uneven across the four nations—shows that the majority of mothers do set out to breastfeed. Despite this, by six to eight weeks, around 70% of babies in the UK receive some formula, and by six months only 1% of babies are exclusively breastfed.

David Chadwick
(Brecon, Radnor and Cwm Tawe) (LD)

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I commend my hon. Friend for the great work she is doing to improve the relationship between a mother and her infant—the most important relationship in the world. Will she join me in paying tribute to the midwives

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of Powys teaching health board, who have the largest county in Wales to cover? Will she also join me in paying tribute to Susan Grounds, who, after being a midwife for over 20 years, retired in March and was elected as a Lib Dem councillor in April?

Jess Brown-Fuller

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My hon. Friend is absolutely right to say that these women have often been embedded in their communities for many years, helping women to raise their babies, and that they go on to do marvellous things in the community.

The majority of those who stop breastfeeding early wanted to breastfeed for longer, but did not receive the help they needed to resolve problems, all of which could be addressed with support from trained health workers, skilled peer supporters or specialist help in hospital, at home or in the community. The World Breastfeeding Trends Initiative report highlights the absence of national policy and governance in England. The devolved nations have pulled ahead on this front, with Scotland publishing a strategic framework, Wales having had an action plan since 2019 and Northern Ireland currently finalising its strategy. Support needs to be baked into policy and legislation because communities cannot do this alone. It being so early in this Parliament, the Government have all the opportunities to act. I was delighted to see today's announcement of a review of the parental leave and pay system, and I hope that infant feeding will play into the considerations of better support for parents on maternity and paternity leave.

Health visitor teams have also dwindled over recent years, and an estimated 54,000 GP appointments could be saved every year if a professional feeding service was available in every community. Any strategy must be properly funded and integrated with current programmes across communities and healthcare settings, such as family hubs and Start for Life, which should themselves be expanded, particularly Start for Life, which is funded only in half of England's local authorities. Some councils are choosing to make this an area to improve on, and I am pleased to see my local authority—West Sussex county council—include the early years as part of its health strategy for the next five years, even without the Start for Life funding, which it does not receive.

I would like to use an example of a mother who got in touch just last week to share her story. She had a traumatic birth with unexpected interventions. Her baby was quickly fed formula by hospital staff. The pump kit did not work in the hospital, and no meaningful help was available. She wants to feed her baby herself. She looked online when she got home to find help nearby, but there was nothing less than an hour away by car. She is struggling with which formula to use and does not understand the differences between them. She does not know other women with babies. She is feeling lost and isolated. Social media is full of conflicting advice, so she has gone out of the area for paid support, which she cannot afford on maternity pay, to help her try to regain a sense of reality. I am sure this lady's story is the same for parents across the country.

If the reasons I have highlighted are not compelling enough, maybe the economic impact is. UK research back in 2012 on the costs of four diseases showed that even reaching moderate breastfeeding levels could save the NHS millions, and that the implementation of proven breastfeeding support systems would pay for itself within

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a year. For babies, breastfeeding strengthens the immune system and significantly reduces the risk of infections, obesity, asthma and long-term conditions, such as type 2 diabetes. For the mother, breastfeeding lowers the risk of breast and ovarian cancers and cardiovascular disease, and supports post-natal mental health.

I could say much more, but instead I will move to my asks of this Government. When will the Government make their decision on whether they will accept the 11 recommendations from the Competition and Markets Authority? Will the Minister consider following the devolved nations and introduce a comprehensive national infant feeding strategy to end the postcode lottery and provide support to all parents in their feeding journeys? Can we expect to see something about infant feeding in the upcoming NHS 10-year plan? Finally, there is little about breastfeeding in most health professionals training, but primary care has successfully integrated assisted roles into services such as pharmacists and social prescribers. Could the same model be extended to lactation consultants?

I would like to finish by thanking all those tireless activists and campaigners who have been fighting for all women to have support, guidance and trusted information when they begin motherhood. I will not risk trying to name them all as I will no doubt miss some, but a special thank you goes to the World Breastfeeding Trends Initiative steering group, First Steps Nutrition Trust and the former hon. Member for Glasgow Central who chaired the APPG before the general election.

7.48pm

The Parliamentary Under-Secretary of State for Health and Social Care
(Ashley Dalton)

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I congratulate the hon. Member on securing the debate. Through her leadership of the all-party parliamentary group for infant feeding, she is working to ensure that families across the country get the right support. I thank all hon. Members who have contributed—my hon. Friends the Members for Ribble Valley (Maya Ellis), for Altrincham and Sale West (Mr Rand), for South Derbyshire (Samantha Niblett) and for Brecon, Radnor and Cwm Tawe (David Chadwick), the hon. Members for Strangford (Jim Shannon) and for Exmouth and Exeter East (David Reed), and yourself, Madam Deputy Speaker.

The number of interventions and contributions has shown how important the issue is and how deeply it is felt across the House. The hon. Member for Chichester asked about the 10-year plan. I will not go into detail about what is in it, but—tick, tock—she does not have to wait long as the plan will be launched on Thursday morning.

I look forward to working with colleagues across the House and the wider health landscape on how we deliver the plan. In that plan, they will see that children's early years are crucial to their development, health and life chances. That is why the Government are taking a mission-based approach to raising the healthiest generation of children ever and to ensuring that every child has a healthy, happy start to life.

Dr Danny Chambers
(Winchester) (LD)

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To reiterate the comments made by my hon. Friend the Member for Chichester (Jess Brown-Fuller) and the Minister about all children needing to have a healthy start, we cannot emphasise enough how important gestation and the first six months of life are. The factors that affect

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gestation and the first six months of life have a bigger impact on long-term health than anything we can do after that—any conscious decisions we make about our health are less impactful than what has happened to us during gestation and the first six months of life.

Ashley Dalton

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I agree. The hon. Member will see in the 10-year plan and some of the investments we are making—for instance, to reduce the number of women smoking in pregnancy—that the Government recognise that.

We recognise that infant feeding is critical to a baby's healthy growth and development, and we recognise the significant benefits of breastfeeding for both mothers and babies. We are fully committed to supporting families to breastfeed should they choose to do so. We know that most mothers want to breastfeed, but many stop before they would ideally like to. While it has been positive to see many more mothers continuing to breastfeed in recent years, we know that they can face complex barriers to achieving their infant feeding goals.

I recognise the concerns raised through the World Breastfeeding Trends Initiative report on the UK infant feeding policy landscape. Health is devolved, and I would like to commend Northern Ireland for its performance in this area, which was raised by the hon. Member for Strangford. However, we know through the report that England scores poorly, and we want to change that.

Families need quality services, trustworthy information, affordable options and systems that support them, not hinder them. Midwives and maternity services play a crucial role through the perinatal period in preparing and supporting families around infant feeding. We have committed to training thousands more midwives to better support women throughout their pregnancy and beyond, and there has been an increase of over 1,300 full-time equivalent midwives in the workforce since April 2024. We will publish a refreshed workforce plan to deliver the transformed health service that we will build over the next decade.

To drive forward improvement in maternity and neonatal services, we announced the launch of a national independent investigation into maternity and neonatal care. The investigation will recommend one set of national actions by December. A national maternity and neonatal taskforce, chaired by the Secretary of State, will then bring together independent experts to co-produce a national plan to drive improvement.

As families transition from maternity services to the community, it is important that they continue to receive the support they need, and health visitors are key to this. However, we know that health visitor numbers have decreased and there is variation in the level of services across the country, but it remains a universal service, and we are committed to that. In the plan for change, we committed to strengthening health visiting services so that all families can access their support.

We are investing in family hubs and the Start for Life programme, with £18.5 million this year to improve infant feeding support across 75 local authorities in England. Start for Life services are helping parents to access support where they need it and in a location that suits them, whether that is their home, their family hub, a hospital setting or through the many voluntary sector organisations that have been referred to today.

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Local authorities are working with partners to embed local infant feeding strategies, joining up services for seamless support and tailoring them to their community, with both universal and targeted support. They are building up the workforce, investing in infant feeding specialists, delivering high-quality training and expanding networks of peer supporters. Funding is also helping to train staff to identify complex needs early such as tongue-tie, and to offer timely support. Although long-term evaluation is needed to understand the full impact of the programme, some promising findings are emerging. For example, ambitious multi-layered integrated infant feeding

plans have led to increased breastfeeding rates in Coventry, and local health visitor data shows an increase in breastfeeding at six to eight weeks from 51% to 57% in just 18 months. We are also helping families across the UK to access breastfeeding support 24 hours a day through the National Breastfeeding Helpline.

Jess Brown-Fuller

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The Minister highlights some brilliant examples that are a gold standard in care, but does she recognise that the process the Government are currently undertaking, with only half of local authorities being funded, means that we still end up with a patchwork level of support for new mothers? They do not know where they are meant to go, because it is different when they cross a county border.

Ashley Dalton

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This is very much targeted through the family hub service and support for Start for Life, and through the universal health visiting offer and the National Breastfeeding Helpline we aim to offer all women who are breastfeeding the support that they need to do so. Parental leave has been touched on, and we know that supporting parents goes beyond services. Returning to work can influence how families choose to feed their babies, and in the plan to make work pay we have committed to a review of the parental leave system. As the hon. Member said, that review was launched by the Department for Business and Trade in the Chamber earlier today, and we are delighted to see that come forward.

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I have spoken a lot about breastfeeding, but we absolutely recognise that when families cannot or choose not to breastfeed, it is vital that they get formula that is safe, nutritionally complete and affordable. Infant formula regulations and Competition and Markets Authority recommendations are important, but we know that many families are struggling to afford infant formula. We welcome the report from the CMA into the UK infant and follow-on formula market. It highlighted some of the issues that the hon. Member raised, in particular by noting that families rely on brand reputation and price as a proxy for quality, often choosing more expensive products. However, specific regulations require all infant formula to comply with robust nutritional and compositional standards, so that all infant formula sold on the UK market meets the nutritional needs of babies, regardless of the price or brand.

The CMA has made 11 recommendations to the Government, with four aims: to eliminate brand influence in healthcare settings; to provide better information for parents in retail settings; to strengthen labelling and advertising rules; and to ensure effective enforcement of regulations. The Government are supportive of what the CMA is trying to achieve. We want parents to be confident enough to choose lower-priced products, and for manufacturers and retailers to compete more on price. The CMA recommendations are UK wide. We are considering them alongside colleagues in the devolved Governments, and aim to have a UK-wide response available as soon as possible.

In conclusion, I thank the hon. Member for raising this important matter. The Government are committed to giving children the best start in life, and we do not underestimate the challenge of getting this right for families. We will continue to strengthen key services, build on good practice, and identify where we can have the greatest impact for families. Tomorrow I will meet the all-party group on babies, and I look forward to discussing these issues further with them.

Question put and agreed to.

7.58pm

House adjourned.