



LETTERS

CALLING TIME ON FORMULA MILK ADVERTS

When does a breast milk substitute become an essential medicine?

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BMJ recently made the decision to stop publishing adverts from formula milk companies.¹ This is an appropriate strategy to help with national and international initiatives to promote breastfeeding, but it has potentially complex and far reaching ramifications. This includes a potential vulnerability for the small group of infants for whom breastfeeding is not possible or appropriate because of underlying medical conditions.

In this highly selected group the promotion and advertising of specialist formula could be considered the same as the advertisement of any other drug that (like specialist feeds) needs to be prescribed, such as epilepsy drugs, monoclonal antibody therapy, treatment for attention deficit/hyperactivity disorder, antibiotics, and treatments for asthma, all of which are regularly featured in adverts in *The BMJ* and other medical journals. We agree that the decisions around advertising specialist products manufactured by formula milk companies are fraught with difficulties given the understandable perception of “over promotion” of specialist feeds such as breast milk substitutes. In the infants we mention, however, specialist feed is not a substitute but a prescribed necessary alternative to breast milk, as continuing with breast milk exclusively would have an adverse effect on their health.

We are not convinced that the World Health Organization (WHO) code covers this group of infants fully in its guidance, so these cases require further consideration.² WHO recognises that a small cohort of infants (such as those with certain inherited metabolic disorders) will require specialist infant feeds, but we think that this list excludes other infants with congenital or acquired diseases that preclude breast milk as a sole source of nutrition in the first six months of life. We think that specialist feeds given in these circumstances, like those infants with inherited metabolic disorders, are not a breast milk substitute

but a prescribed necessary alternative or essential addition to a feeding regimen.

All conditions have a range of severity and complexity and are undoubtedly influenced by the perceptions of family, clinicians, and other healthcare professionals. Infants with severe inherited metabolic disease are perhaps at the severe end of the spectrum of disorders for which specialist formula is necessary, but other conditions include intestinal failure, complex food allergy, enterocolitic syndromes, complex neurodisability, and severe gastro-oesophageal reflux, in which breastfeeding might not be the optimal strategy that leads to the best clinical, growth, and long term outcomes. In addition, several patient groups—such as those born prematurely, those with congenital cardiac lesions, and those with chronic medical disorders—need a breast milk fortifier or other nutrient or energy dense feeding strategy to facilitate adequate growth and development to improve clinical outcomes.

Healthcare professionals must keep up to date with medical advances for these groups in a similar way to keeping informed about new epilepsy drugs or monoclonal antibody therapies. Prescribed specialist formulas should be re-categorised and considered as medicines with the same rules about advertising and promotion as other drugs. Not doing this has the potential to trivialise the medical issues of this vulnerable patient group and leave them at a disadvantage. Similar to drugs, the ongoing development and advancement of specialist feeds, including their reformulation and evaluation when nutritional recommendations or disease knowledge changes, requires engagement from expert clinicians and service users. By failing to engage with specialist formula manufacturers in the same way as we do with drug companies, we risk losing opportunities to improve the treatments available to these vulnerable patients.

We must also consider the many other nutritional supplements produced for older children and adults who, often for complex medical conditions, need additional nutritional support. This includes nutrition during cancer care, in the elderly, and in the intensive care unit. These supplements can be essential to achieving adequate nutrition and health, but in some cases, such as elemental feeds for inflammatory bowel disease, they are treatments with proved efficacy. This also supports the concept of specialist feeds and nutritional supplements as essential medicines.

We wholeheartedly support BMJ's decision to stop carry advertising from formula milk companies promoting breast milk substitutes. But careful consideration should be given to when a specialist formula milk is not a breast milk substitute but an essential medicine. Essential medicinal milks and feeds should be categorised, prescribed, supported, and marketed with the

same rules, regulations, and transparent and robust processes as any other prescription medication.

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- 1 Godlee F, Cook S, Coombes R, El-Omar E, Brown N. Calling time on formula milk adverts. *BMJ* 2019;364:l1200. 10.1136/bmj.l1200 30880279
- 2 World Health Organization. Acceptable medical reasons for use of breast-milk substitutes 2009. https://apps.who.int/iris/bitstream/handle/10665/69938/WHO_FCH_CAH_09.01_eng.pdf;jsessionid=89AADE02B612313630EB6A475CCEAFE2?sequence=1

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