



**Written feedback on: DRAFT PROPOSALS: Voluntary industry guidelines for commercial baby foods and drink aimed at children up to 36 months**

**14<sup>th</sup> March 2024**

## **Overview**

Thank you for inviting comment on the proposed voluntary industry guidelines for commercial baby foods and drink aimed at children up to 36 months. Improvements in the composition, marketing and labelling of the foods and drinks aimed at infants and young children are long overdue, and are vital in order to create an environment in which parents/carers are better enabled to follow public health recommendations on feeding their babies and young children. Our responses to the consultation questions are below. We also provide additional comments and suggestions, based on our view that **the guidelines need to:**

1. Better **align with the** stricter recommendations of **WHO Europe** in their **Nutrient Profile and Promotion Model**;
2. Be strengthened to **address the wider range of issues highlighted in the PHE 2019 evidence review<sup>1</sup>**, and **align with UK public health recommendations on feeding infants and young children**;
3. **Include formula milks which are not currently subject to any specific legislation on composition, marketing or labelling**; i.e. those marketed for use from 12 months +

Lastly, our long standing view is that while voluntary guidelines are better than no guidelines, the **guidelines will need to be mandatory** to elicit the changes needed to improve the commercial baby food and drink offer and protect infant and young child health.

## **Responses**

1. **Do you agree with the draft proposed sugar and salt guidelines? Do you consider the guidelines to be broadly achievable? Do you have any alternative proposals?**

There are three proposed changes for feedback, as follows:

1. *Reducing the sugar level in the desserts and breakfasts category from 12g per 100g to 10g per 100g*
2. *Reducing the sodium guidelines from their current levels of 75mg per 100kcal to 60mg/100kcal*

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<sup>1</sup> [Commercial infant and baby food and drink: evidence review - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/evidence-reviews/commercial-infant-and-baby-food-and-drink-evidence-review)



3. *Reducing the sodium guidelines from their current levels of 125mg per 100kcal to 100mg/100kcal if cheese is mentioned in the front of pack product name*
- We agree with reducing the sugar level in the desserts and breakfasts category from 12g per 100g to 10g per 100g.
    - In addition we expect these specific criteria from the 2020 Draft Guidelines (shown in Table A1 of the shared draft proposal) to apply within the final guidance: ≤10% limit on processed fruit ingredients by weight in dry cereals; ≤5% limit on processed fruit ingredients by weight in main meals; <10% of energy per 100g from total sugar in sweet and savoury finger foods aimed at infants 12 months +. We do not agree with the other specific criteria, which are not sufficiently strict. See our recommended changes below.
  - We agree with a limit of 100mg sodium/100kcal if cheese is mentioned in the front of pack product name; although we recommend that it be made clear in the guidance that cheese should not be mentioned in the front of pack product name unless it is a primary ingredient, to avoid misleading labelling.
  - We agree that a limit of 75mg sodium/100kcal for other products was too high and it needed to be reduced but would like to see it brought down to 50mg/kcal to be in alignment with the recommendations of WHO Europe.

In our view, additional changes that are necessary to reduce the sugar and sweetness of the products on offer are as follows:

- No added sugars or sweetening agents should be included in ANY foods marketed for use under 36 months, and this should include fruit powders and pastes.
  - The guidance states (page 8): *no added sugars or sweetening agents are permitted in finger foods/snacks aimed at infants under 12 months.*
  - It also states: *Products aimed at infants aged 12 months and over are subject to fewer restrictions in relation to sugar (limit on total sugar only) compared with those aimed at infants aged under 12 months (no added sugars/sweetening agents and limit on total sugar). This is because reformulation to completely remove added sugars/sweetening agents isn't feasible for many product types due to the need for sugar/fruit juice/fruit juice concentrate as an ingredient.*
  - We do not find the provided justification to only limit added sugars/sweetening agents in snacks/finger foods marketed to infants <12 months to be sufficiently transparent. As per the recommendations of WHO Europe in their NPPM our view is that no added sugars or sweetening agents should be included in any foods marketed for use under 36 months, and this should include fruit powders and pastes. This is necessary to reduce sugar intakes and sweet taste preference that is cultivated by exposure to lots of sweet foods both in infancy and early childhood.
- Not more than 15% of energy in fruit and vegetable-based finger foods/snacks should come from total sugar
  - The guidance states (page 8): *Not more than 25% of energy in fruit and vegetable-based finger foods/snacks should come from total sugar.*



- We would like to see UK guidelines adopt WHO Europe/NPPM recommendations, which in this instance are stricter than proposed. WHO guidance in the NPPM states that if a meal or snack product contains more than 15% energy from total sugars it should not be permissible for sale.
- Lower total sugar content of these foods is important to reduce sugar intakes and sweet taste preference, as outlined above. This is especially important given these products are typically marketed as alternatives to fresh/whole fruits (with claims such as ‘1 of your 5 a day’), and because it is not known the extent to which the recommendations on labelling made in this voluntary guideline will be acted on. Companies may reduce sugar content to between 25% and 15% and still maintain their current misleading marketing strategies.
- Fruit content in dairy products should be restricted to <5% of product weight.
  - As per recommendations in the WHO NPPM. This will help ensure that products, including those within the desserts and breakfast category, are less sweet, and manufacturers do not use the categorisation of a product as ‘dairy’ to sell inherently sugary or sweet products.
- Maltodextrin should not be permitted in any foods marketed for under 36 month olds.
  - Page 20 includes a dry cereal product example which contains maltodextrin. This is an example of permitted sweetener use under the proposed guideline, which as above only states that added sugars and sweeteners are not permitted in snacks/fingers foods marketed for under 12 months.
  - The guidelines should state that maltodextrin should not be added to any foods or drinks marketed for use under 36 months old.

Lastly, in our view, additional changes are also necessary to address the appropriateness of the protein and fat content of the products on offer, as per the recommendations of WHO Europe in the NPPM.

**2. Do you agree with the revised timeframe for delivery of the guidelines? Do you have alternative proposals?**

The proposal is: *reducing the timeframe for delivery of the guidelines from 2 years to 18 months from the month the final guidelines are published e.g. if the final guidelines were published in March 2024, these would need to be delivered by September 2025*

- We agree that the timeframe for delivery should be shortened and 18 months seems reasonable. However, we strongly recommend initial assessment of compliance should be undertaken by OHID at 12 months, and if no tangible progress is observed that the guidelines should be made mandatory with fines for non-compliance.

**3. Do you agree with the points included in the section titled “Additional considerations – food labelling”? Do you consider these to be deliverable? Do you have any alternative proposals? Are these deliverable within an 18 month timeframe?**



These points and our feedback on each are as follows.

*Businesses are asked to:*

*Ensure product marketing is consistent with scientific advice and NHS guidance to introduce solid foods at around 6 months of age*

- We agree.
- An additional recommendation should be made to add an upper age for use of 12 months on puréed foods. This would speak to the acknowledgement on page 9 of the guidelines that texture progression is important, and would support complementary feeding as per public health guidelines which advise incremental diversification of texture as child ages. It would also help reduce excess intakes of free sugars. This recommendation is informed by the WHO Europe/NPPM.

*Ensure honest labelling so that product names are not misleading and are aligned with the primary ingredients*

- We agree with the sentiment, but this recommendation needs clarification, e.g. product names must indicate contents in descending order (and not hide sweet tastes or high fruit content, above the recommended thresholds given in the WHO NPPM). This recommendation is informed by the WHO Europe/NPPM.

*Restrict use of implied nutrition and health claims and health halo statements*

- We agree with the sentiment but this recommendation needs expanding and a list of varied examples should also be provided to aid adherence.
- As per the recommendations of WHO Europe/NPPM we suggest making explicit:
  - No statements should be made related to sweetness or sugar content, including “no added sugar” claims, as well as “only natural sugar” claims.
  - No statements should be made about texture, including those implying idealism in smoother products.
  - No statements should be made implying idealism in, or the need for, convenience foods, snacks or dessert products.
- To restrict the use of implied nutrition and health halo statements we would like to see the WHO guidance followed which states: No compositional, nutritional, health or marketing claims are permitted on packs or related marketing materials (promotional communications, websites, etc.). (Refer to Table 3 in WHO’s NPPM for examples of non-permitted claims) .
- The only composition statements we would like to see permitted are: i. statements relating to common allergens (such as containing or being “free from... [gluten, dairy/lactose, or nuts]” etc.) ii. statements relating to religious or cultural requirements (such as “meat-free”, “vegetarian”, “contains meat”, “Kosher”, “Halal”, etc.) iii. descriptive words used within the context of the ingredient list (such as “organic carrots” and “wholegrain wheat flour”)
- To ensure that industry has clear understanding of restrictions, we would like to see rigorous guidance and examples communicated so manufacturers understand the extent of restrictions and understand clearly the changes they need to make to their product packaging and marketing. We would suggest OHID includes a table and list within the final guidelines, based on Table 3 in the WHO NPPM. This can be given within an appendix so there is a clear list of claims and health halos that are not appropriate



*Ensure that clear feeding instructions (use a spoon/do not suck) are present on the front of pack of products packaged in pouches with a nozzle*

- We agree.

*Ensure that products high in sugars are labelled as not being suitable for eating between meals*

- We agree.

In our view the following should also be stipulated:

- Snacks ('finger foods') should NOT be marketed for use under 12 months of age. This would speak to the acknowledgement on page 9 of the guidelines of the need to consider promoting the development of good eating habits, which includes age-appropriate healthy snacking. It would support complementary feeding as per public health guidelines which advise ["Babies under 12 months do not need snacks. If you think your baby is hungry in between meals, offer extra milk feeds instead"](#). In addition it speaks to the content on page 9 about parents making informed choices at the point of purchase. They should NOT be marketed unnecessary products as if they are an-age appropriate choice.
- Font-of-pack indicator labels should be used on products with high total sugar content: a. > 30% energy in fruit or vegetable purées, desserts and dry fruit snacks b. > 40% energy in dairy foods. This recommendation is informed by the WHO Europe/NPPM.
- Drinks should NOT be marketed for infants and young children for the same reason snacks should not be marketed for infants; public health advice on drinks for under 36 months olds is that milk and water should be the main drinks and sweet drinks should be avoided, [including baby and toddler drinks](#). This recommendation is informed by the WHO Europe/NPPM.
- Child-directed marketing techniques, like the use of cartoon characters and games on labels/labelling, should NOT be allowed on products which do not meet the guidelines. This is especially important if companies choose to remove a recommended age of use of products currently being marketed for use under 36 months of age to avoid scrutiny in relation to these guidelines.
- Cross-branding of commercial baby foods with formula milk products (e.g. [Cow & Gate Creamy Porridge Baby Cereal 125g - Boots](#)) should NOT be allowed as the promotion of infant formula is illegal.

**We believe that all of the above are deliverable within an 18 month time frame and OHID should monitor progress and assessment impact, starting with an assessment of compliance at 12 months after publication of the guidelines.**



The draft guidelines also contain a section on page 9 advising food producers. The wording is as follows, with our comments.

- *Food producers may wish to consider* – this language is very weak and if action is desired as a consequence of these guidelines alternative wording would be appropriate, such as ‘food producers should’:
- *produce more vegetable and savoury foods than fruit based and sweet foods* – we agree.
- *use more bitter vegetables as ingredients* – we suggest edit to ‘use more less sweet or bitter vegetables’.
- *refrain from masking the flavour of vegetables* – we agree.
- *produce more single-flavour first foods* – we suggest edit to add, ‘...particularly vegetables’.
- *produce fewer highly blended foods* – we agree.
- *reduce the total and free sugar contents of foods wherever possible* - the words ‘wherever possible’ create a loophole and without clarification such a recommendation will be ineffectual. This also relates to the justification to only limit added sugars/sweetening agents in snacks/finger foods marketed to infants <12 months which needs to be made more transparent.
- *consider appropriate portion sizes, particularly for finger foods/snacks, and products aimed at children aged under 12 months* – we disagree with advice to industry to address appropriate portion sizes of snack foods (‘finger foods’) for babies given that UK public health recommendations are [“Babies under 12 months do not need snacks. If you think your baby is hungry in between meals, offer extra milk feeds instead”](#). As above, the guidelines should make clear that snack foods should NOT marketed for babies under 12 months of age.
- *avoid producing treats or desserts* – we recommend that ‘sweet’ is used to clarify the treats.

Additional recommendations for producers, informed by the WHO Europe NPPM should include:

- Lowering fruit content of products, particularly puréed fruit.
  - Reformulating to remove free sugars (including fruit juice and concentrated juice.
  - Producing fewer breakfasts with high fruit content.
- Improving nutrient density
  - More early weaning foods (6-12 months) should be nutrient dense and include cereals, legumes, protein sources and fats rather than be simple watery vegetable purées or sugar-rich fruit purées. Avoid the unnecessary addition of water/stock to purées (for instance to facilitate easy serving through a spout) to maintain higher nutrient and energy density.





- No marketing of confectionery – should include high sugar dried fruit-based snacks.
- Removal of flavourings and colours in foods marketed for use under 36 months of age (this is not a recommendation of WHO Europe but one we think pertinent given the potential to disrupt developing preferences including taste preferences in infancy and early childhood, and limited data on their safety).

We would like to make the following additional comments on the draft guidelines for consideration.

- The Aim of the guidelines (page 4) is stated to be *“to address the nutrient compositional issues highlighted in PHE’s evidence review by reducing the sugar content and sweetness of products and limiting salt content”*. This does not include any mention of what the guidelines are trying to achieve vis a vis promotion given the included content on labelling and marketing. We would like to see the aim expanded to encompass control of inappropriate marketing as highlighted in PHE’s evidence review.
- Additional recommendations to address digital marketing are needed, including not using influencers, parent reviews and ambassadors, competitions and baby clubs.
- Baby drinks are covered in these guidelines, including sweetened milk / milk alternatives, but similar formula milks are not. This means that sweetened milk-based formula milks marketed for use from 1 year of age as ‘growing up’ and ‘toddler milks’ are not considered in scope. This is one example: [Alpro Soya Growing Up Drink 1-3+ Years 1L - Boots](#). It remains unclear why this distinction has been made. At present these formula milks are not subject to any specific regulations as regards their composition, marketing and labelling, whereas infant formula, follow-on formula and infant milks marketed as foods for special medical purposes are covered by other specific legislation. Formula milks marketed for use from 1 year plus are widely used and contribute excess free sugars to the diets of young children; as analysis in the [SACN guideline feeding young children aged 1-5](#) highlights (s.43 page 25). SACN recommends (paragraph S.52, page 27) that UK dietary recommendations on average intake of free sugars (that free sugars intake should not exceed 5% of total dietary energy intake) should apply from age 1 year, and (paragraph S.64, page 28) that Government considers strategies to reduce consumption of free sugars in children aged 1 to 5 years. Controlling the marketing of growing up and toddler milks would therefore be appropriate. In addition, page 6 acknowledges that these proposed guidelines cover other products also not covered in other regulations, such as finger foods and snacks marketed for infants and young children. For all of the above reasons, it remains our view that growing up and toddler milks should be included in these guidelines and their exclusion is indefensible.

Our final four recommendations are:

- OHID should make public the process by which they are safeguarding against conflict of interest with the baby food and formula industry in the development and implementation of these important guidelines, in order that the health of infants and young children are put before company profits. Industry should not have any role to play in defining health-related policies and initiatives.



- Food products marketed for infants and young children under 36 months of age should be subject to the same food promotion and placement regulations applied to HFSS foods (marketed for the general population) so as to avoid the abuse of existing legal loopholes.
- As above, we are concerned that to circumvent these guidelines, companies may remove the age of recommended use from the packaging. This would make the products eligible for assessment using the NPM which seeks to identify HFSS products and due to the higher nutrient thresholds in this model (designed for the general population), products may be more likely to 'pass'. As a part of the recommended 12 month compliance review, we suggest OHID assesses which products have age labels and any change in labelling practice, and uses this to inform changes in the guidelines to address any arising issues.
- We are concerned that the proposed guidelines will result in nutrient-poor, ultra-processed products 'passing through' the assessment process and being marketed as suitable for children under 36 months of age when they do not align with public health recommendations. For example these products current pass the propose guidelines: on page 22 'cheese puffs' and 'cheesy cracker shapes', and on page 25 'strawberry fruit puffs', and 'blueberry rice sticks'. As above, as a part of the recommended 12 month compliance review, we recommend OHID assesses the availability of such products, and uses this to inform changes in the guidelines to address any arising issues.