Understanding Women’s Interpretations of Infant Formula Advertising

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ABSTRACT: Background: Exclusive breastfeeding for 6 months and continued breastfeeding for at least 1 year is recommended by all major health organizations. Whereas 74.6 percent of mothers initiate breastfeeding at birth, exclusivity and duration remain significantly lower than national goals. Empirical evidence suggests that exposure to infant formula marketing contributes to supplementation and premature cessation. The objective of this study was to explore how women interpret infant formula advertising to aid in an understanding of this association. Methods: Four focus groups were structured to include women with similar childbearing experience divided according to reproductive status: preconceptional, pregnant, exclusive breastfeeders, and formula feeders. Facilitators used a prepared protocol to guide discussion of infant formula advertisements. Authors conducted a thematic content analysis with special attention to women’s statements about what they believed the advertisements said about how the products related to human milk (superior, inferior, similar) and how they reported reacting to these interpretations. Results: Participants reported that the advertisements conveyed an expectation of failure with breastfeeding, and that formula is a solution to fussiness, spitting up, and other normal infant behaviors. Participants reported that the advertisements were confusing in terms of how formula-feeding is superior, inferior or the same as breastfeeding. This confusion was exacerbated by an awareness of distribution by health care practitioners and institutions, suggesting provider endorsement of infant formula. Conclusions: Formula marketing appears to decrease mothers’ confidence in their ability to breastfeed, especially when provided by health care practitioners and institutions. Therefore, to be supportive of breastfeeding, perinatal educators and practitioners could be more effective if they did not offer infant formula advertising to mothers. (BIRTH 40:2 June 2013)

Key words: advertising, breastfeeding, infant formula, maternity care, perinatal education

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Exclusive breastfeeding for 6 months and continued breastfeeding for at least 1 year is the standard recommendation by all major health organizations as the optimal way to nourish most infants (1). The hazards of not breastfeeding include increased risk of acute ear and respiratory infections, diarrhea, asthma, obesity, sudden infant death syndrome, leukemia, diabetes, and necrotizing enterocolitis (2). For the mother, exclusive breastfeeding reduces her risk of breast and ovarian cancer (2), myocardial infarction, and type II diabetes (3). In addition to the reduced risks of disease, there are immeasurable psychosocial benefits to breastfeeding (4). The United States Surgeon General recently issued a “Call to Action to Support Breastfeeding,” inviting mothers and families, communities, health care workers, employers, researchers, and public health professionals to do their parts to improve breastfeeding rates in the nation (5).

Despite the abundance of supportive evidence, breastfeeding rates in the United States continue to lag behind recommendations. Among those women whose children were born in 2008, 74.6 percent initiated breastfeeding, yet only 34.3 percent of infants continued to be exclusively breastfed at 3 months, and just 14.6 percent were exclusively breastfed at 6 months (6). Many reasons are suggested to explain these rates. Although intention to breastfeed is closely tied with breastfeeding initiation, it is known that many women do not achieve their breastfeeding goals because of various barriers. These barriers are enumerated clearly in the Surgeon General’s “Call to Action to Support Breastfeeding” and include unsupportive hospital birthing practices (7), unsupportive workplace and childcare policies, poor family and peer support, lack of knowledge, and unfavorable social norms (5).

Contributing to these important barriers is the widespread marketing of infant formula. Although most women who intend to breastfeed initiate the practice (4), they often begin supplementing with infant formula or cease breastfeeding altogether well before they intended, largely resulting from extensive exposure to breastmilk substitutes (5). Evidence shows that infant formula advertising is far-reaching and increasing (8,9). The Government Accountability Office report on formula marketing data trends states that annual expenditures on advertisements grew from 29 million dollars to over 46 million dollars in the United States alone between 1999 and 2004 (8).

Numerous studies have demonstrated the detrimental effects on breastfeeding rates of providing infant formula advertising to new mothers who are being discharged from the hospital (10–16). Little information is available in the research literature on the impact of other types and times of formula marketing on breastfeeding rates (8). Measuring the effect of multiple types and timing of marketing of formula feeding is difficult, because of both the unquantifiable effect that years of cumulative exposure may have and the difficulty of teasing out the extent to which the marketing is reflecting societal values (17).

Despite difficulties in measurement, expert consensus suggests the existence of an inverse relationship between the marketing of infant formula and breastfeeding rates, which was the basis for the drafting of the World Health Organization’s International Code of Marketing of Breast-milk Substitutes in 1981 (18) and the American Academy of Pediatrics resolution “Divesting from Formula Marketing in Pediatric Care” in 2011 (19). The 2005 American Academy of Pediatrics policy statement on breastfeeding states that media messages portraying bottle use as “normal,” have likely hindered breastfeeding rates (20). Research comparing print media content with breastfeeding trends supports this association (17,21). For example, as the frequency of advertisements increased, the percentage change in breastfeeding rates reported the next year tended to decrease significantly (21). A randomized controlled trial demonstrated that providing infant feeding information supplied by a formula company at the first prenatal visit, as compared with breastfeeding promotional material, significantly increased breastfeeding cessation within 2 weeks, and among those with uncertain feeding intentions, was associated with shorter breastfeeding duration (22). This association was also found in a recent mixed-methods study conducted in the Philippines showing that those who could recall an infant formula message were twice as likely to feed their children infant formula (23).

Advertising may contribute to formula introduction by shaping false beliefs about the merits of infant formula, the adequacy of breastmilk, or both. A considerable number of incorrect beliefs about infant feeding can be found in an annual national survey licensed by the Centers for Disease Control and Prevention for health communication planning and reported in HealthStyles. Trend data from this survey reveal that as recently as 2010, 21 percent of the United States population surveyed believed that “infant formula was as good as breastmilk,” up from 14 percent in 1999 but down from 28 percent in 2005 (24). The instability in these percentages suggests confusion among those respondents who did not disagree definitively with the statement (hovering around 50 percent in most years).

These data also highlight that in those same years, only one-fourth of respondents believed the factual statement that feeding infant formula would increase an infant’s risk of getting sick (24). The 2005 Infant Feeding Practices Survey II revealed further evidence of false beliefs about infant feeding in the United States; 33 percent of pregnant women surveyed did not believe...
nulliparous women who had not yet conceived a child, but who were planning to conceive within the following 3 years. Group 2 (n = 8) consisted of nulliparous pregnant women. Group 3 (n = 10) consisted of primiparous or multiparous women at less than 3 years postpartum who fed any amount of infant formula to their most recent child. Group 4 (n = 6) consisted of primiparous or multiparous women who were less than 3 years postpartum and had exclusively breastfed their most recent child, either to the current infant age or until introduction of complementary foods (i.e., no formula ever given). We chose a sample size of 6–10 people per focus group to promote meaningful interaction, theoretical saturation, and thorough case-oriented analysis (29).

Participants were recruited from the Raleigh, Durham, and Chapel Hill/Carrboro areas of North Carolina during a 4-week period from May 25 to June 25, 2011. Flyers and informational e-mails were used to encourage all women of reproductive age to help researchers learn how advertising directed at pregnant women and new mothers was interpreted. Flyers and e-mails were distributed through multiple channels, including daycare centers, baby stores, churches, coffee shops, schools, mother-to-mother support groups, childbirth education classes, and university and neighborhood Listservs. Those who expressed interest were notified of the nature of the particular advertisements to be discussed in the focus groups (infant formula) and screened for eligibility and group assignment. Of the close to 100 interested respondents, 40 were eligible and able to attend the scheduled date and time of their respective focus group. Six participants cancelled or did not present on the day their group was scheduled.

Three focus groups were held on Saturday, June 25, 2011, in a conference room at a local library, and one focus group was conducted on Sunday, June 26, 2011, at a community education center affiliated with the Duke University Department of Medicine in Durham, North Carolina. The facilitation team consisted of one professionally trained facilitator and one graduate student trainee. All sessions met for up to 90 minutes and used the same prepared protocol to guide facilitation. The focus group protocol was developed to move from general to specific concepts and to encourage reflection or “present moment” thought (i.e., discouraging discussion of the future and hypothetical concepts). The facilitators probed for clarification using participants’ words to encourage elaboration, taking care to avoid leading.

No monetary compensation was given to participants, but a small reusable tote bag with World Health Organization Code-Compliant, and family-friendly coupons were provided, along with refreshments. Participants, on completion of the focus group, were also given a copy of Spangler’s booklet Breastfeeding: Your
**Guide to a Healthy, Happy Baby,** which provides accurate and evidence-based information about infant feeding (30). This research was approved by the Office of Human Research Ethics at the University of North Carolina at Chapel Hill on December 13, 2010 (IRB #10 2198).

The Advertisements

All four focus groups were shown the same infant formula marketing materials as follows:

1. Abbott Laboratories’ Similac brand hospital breastfeeding discharge bag containing ready-to-feed formula bottles, rings and nipples, a cooler bag with ice packs for stored milk, breastmilk storage bottles, and dozens of promotional materials, samples, and coupons for Similac and other brand infant products. Special attention was drawn to two inserts: 1) “Parent’s Guide to Infant Stools,” an 8.5-by-11 inch sheet showing three different color photographs of infant stools: breastfed stools, Similac Advance EarlyShield™ stools, and formula-fed stools; and 2) “Nutrition for Extraordinary Milestones,” a small pamphlet featuring eight of Similac brand infant formulas.

2. Mead Johnson Nutrition & Company’s Enfamil brand hospital breastfeeding discharge bag containing one can of powdered formula, a cooler for stored milk, Snappie brand breastmilk storage bottles and dozens of inserts, including promotional materials and coupons for Enfamil and other infant products. Participants were directed to focus on two inserts: 1) A card introducing Newborn, Infant and Toddler Enfamil Staged Formulas with the tagline, “Individually tailored to meet your baby’s changing needs”; and 2) a pamphlet advertising Enfamil home delivery and toll-free number for infant feeding questions with the tagline, “Not Just Products. Answers.”

3. A color image of Abbott Laboratories’ Similac Advance EarlyShield™ package, a ready-to-feed infant formula 6-pack.

4. An image from a Mead Johnson Nutrition & Company Enfamil brand web advertisement with the caption, “Feeding issues are tough. Addressing them can be easy.” Below the caption, three different Enfamil formulas are pictured, each one with a text box. The first says, “Quiets colic symptoms* fast, often within 48 hours.” The second says, “Designed for babies with fussiness or gas,” and the third reads, “Clinically proven to reduce spit-up by more than 40 percent*.” Below the text boxes, a banner reads, “For a free formula sample click here.” In small print, the asterisks are explained: “*Due to cow’s milk protein allergy. **Based on clinical studies of the same formula before the addition of LIPI."”

5. A magazine advertisement by Abbott Laboratories that does not mention a brand, showing only an image of a baby in male hands with the text, “You’ll feed his imagination. We’ll help feed his immune system.” The text is shaped within the familiar shield that Abbott Laboratories uses to promote their Similac brand EarlyShield™ additive.

Data Collection and Analysis

The focus groups were recorded digitally and transcribed verbatim by a professional transcriptionist. The transcriptions were checked for accuracy. Data were then coded by the second moderator/graduate student using Atlas.ti and manual methods for identifying coding families (by theoretically based hypothesis and observation of emergent themes). Inter-coder reliability was found to be high (coefficient = 0.85). In addition, quotations were excerpted to illustrate main themes.

Results

All demographic information, except for that necessary for group assignment, was collected retrospectively by means of an e-mail survey to increase anonymity, given the small sample sizes. The education level of the sample was higher than that of the national average; household income level was widely distributed, but was generally skewed to the upper end of the income quartiles defined by the United States Census; the sample was representative of black and Asian populations in North Carolina, but overrepresented whites and underrepresented Latinas (Table 1).

Exposure to Commercial Infant Formula Promotion versus Breastfeeding Promotion

Participants were asked to recall any promotional or informational materials about infant formula, breastfeeding, or both that they had seen. The discussion was unanimous that infant formula advertising is ubiquitous and almost impossible not to have seen. Sources of exposure to infant formula advertising were difficult to pinpoint, given its ubiquitous nature, but was said to be provided from health care clinics and hospitals, and found on social media, pregnancy, and infant care websites, pregnancy and parenting magazines, and direct-to-consumer mailings. In contrast, it was difficult for participants to recall having seen any breastfeeding promotion outside an infant care or childbirth education class. Sources of
Participants reported that the advertisements inspired doubts about the superiority of human milk over formula. Although initially expressing confidence that “breast is best,” after having reviewed the advertisements, participants reported concern that the featured scientific ingredients of infant formula may not be found in human milk.

But it still makes me wonder, then, is my breastmilk doing all those things too? Like I’m starting to feel a little bit of doubt because this is just...this covers everything. You know? I’m like “Well, actually I don’t know if my breastmilk will provide strong bones and brain and eye.” I don’t know. I’m feeling a little bit of doubt when I look at this. (Pregnant Group)

I don’t know how much DHA [docosahexaenoic acid] goes through breastmilk, and so it almost makes me feel like, “Wow. That’s something that the formula has that I don’t even know. I have to be maybe eating fish or be taking supplements myself in order for that to get through to my baby, probably.” I don’t really know how all that...works. (Pregnant Group)

It’s like “Closer than ever to breastmilk and we provide immune support, strong bones, and brain and eye.” … It doesn’t seem clear that breastmilk does all that too. (Pregnant Group)

Participants also expressed doubts that their milk would change in response to the changing needs of a growing infant, whereas the advertisements purport that this development is achieved with Staged Formulas.

I was thinking, “OK. So I wonder if my breastmilk changes. The baby’s going to get the same breastmilk all the time but this [formula] is going to change with my baby.” (Exclusive Breastfeeders’ Group)

With breastfeeding you can’t go and get a Gentle Ease formula or an A.R. [acid reflux]...you know. What you get is what you get and with this [formula] there are different options based on the need that your baby might have. (Pregnant Group)

Other responses indicated that advertisements led participants to believe that infant formula is nutritionally equivalent or “close enough” to human milk, and even led one participant to think “it’s powdered breastmilk!” (Formula Group) This type of statement elicited strong support in the form of nods and affirmative utterances (“mmmhhmm,” “yes,” “exactly”) from other participants.

I think at one point breastfeeding was hands down, far and above, better than any formula that was out there. But I think with all the research that’s been done and knowing more and more of what’s in breastmilk, I think the formula companies are getting closer to breastmilk. There’s not as big of a discrepancy between formula and breastmilk as there used to be. (Formula Group)

Knowing that I could find a formula that was close to my breastmilk was very comforting. It’s like, “OK. He may not have my breastmilk but he’s going to have something that’s close to it to choose from.” (Formula Group)

It’s talking about the stools and it shows breastfed [stools] and then formula [stools] and then right in the middle there’s Similac [stools]. And so it’s saying there’s this nice “in between.” You’re...you know, if you don’t want to go formula but you’re having a tough time with breastfeeding… (Pregnant Group)

**Treatment for Feeding-Related Problems**

Participants reported that the advertisements gave them the impression that their own milk could not solve common infant problems as well as formula would. Respondents frequently noted that the advertisements offer solutions for breastfeeding women that encourage formula use (e.g., if your breastfed baby has this issue, purchase this formula product to fix it), and a few
participants understood these advertisements as offering solutions for those already feeding formula (i.e., switch to the advertised formulas if the detailed feeding issue is encountered). One participant pointed out that the “feeding-related problems” mentioned in some of the advertisements are normal infant behaviors, such as colic, gas, fussiness, and spitting up:

It also makes you think that … if your baby has one of these issues, it’s due to what they’re eating. And, you know, a fussy baby can be due to many things. Colic can be…it’s not necessarily what the baby’s eating or what you’re eating even, and sometimes they just don’t know. But this makes it seem like “Oh. It’s something that they’re ingesting that’s making them behave like this.” (Pregnant Group)

Participants reported that the advertisements made them think that infant formula was being presented as a medical solution to these so-called problems. This perception was exemplified in statements about the infant formula packaging itself, for example, “[seems] like I’d pick it up in a pharmacy,” “like it’s the magic pill for babies,” “seems very medical,” and “looks like a drug box.” In the words of some participants:

It seems like maybe this is making use of modern science and technology, the best that we have to promote healthy babies. (Preconception Group)

You can’t change your milk, but I can change my formula and maybe that will solve my problem… That I probably can go [on] trying until I find one that fits right. Or it’s sort of, you know, when you’re going down the cold medicine aisle. You’re like, “OK. I’ve got fussiness and spit-up, so which one can I use?” so to speak. (Formula Group)

I think it’s sort of providing you these options of “This is something that formula can do that your breastmilk necessarily can’t do.” (Pregnant Group)

I feel like it does imply that these can be solutions to problems caused by breastfeeding. (Pregnant Group)

Several participants stated that the advertising message indicating that mothers need to look externally to care properly for their infant was disempowering.

Well, to me, it says that you’re doing something wrong. That feeding issues are tough and addressing them can be easy — like the solution is easy if you use this. But if you’re not using this and your baby has this issue, then it’s kind of your fault because you’re not feeding the right thing. (Preconception Group)

Expectation of Failure

Many participants reported that the advertisements conveyed an expectation that breastfeeding mothers would need to supplement or wean earlier than expected. The discharge bags were labeled for breastfeeding mothers, but had samples of infant formula in them; according to the participants, this information implied that they would need it.

I’m feeling…I mean the message I got…I don’t know if this is what they’re trying to send, but it’s “You can’t manage on your own,” and “We will step in.” That is the impression I get from…overall when I think about everything that I looked at today. You know? [Utters of agreement] And I should be grateful too because…Thank God they’re there [formula companies]. (Pregnant Group)

I’m getting the impression that there’s a pretty good chance that I might want to use formula at some point. (Pregnant Group)

It’s almost kind of like you know you want to breastfeed but eventually you’re going to go [to formula], so we’re going to go ahead and supply you. (Pregnant Group)

It’s kind of like they expect you to breastfeed. But then they’re almost sort of expecting you to fail, and so when that time comes, you know, if you’ve got all this Similac stuff, well where are you going to go? What are you going to start using? (Pregnant Group)

When asked what message they take from the discharge bags, two participants stated the following:

That enough people have trouble with it [breastfeeding] that they need a bag of formula handed to them at the end of the hospital. (Pregnant Group)

That there’s potential…you know. There’s most…probably, I want to say more than likely, there will be an occasion where you will probably need to use formula, I guess. (Pregnant Group)

Participants noted how the formula advertising language translated into societal dialog, perpetuating the expectation of failure as exemplified in this exchange, from the pregnant group:

Respondent 1 Yeah. I know I’ve heard the breastfeeding horror stories. People like to say, “Just in case you can’t do it, it’s OK! I couldn’t.”… and you’re just like…

Respondent 2 Well, what if I just do fine?

Respondent 1 Yeah.

Respondent 2 Like what if…

But it’s very interesting to me that the formula companies, obviously, and then society, seems to assume that there will be a high failure rate. And I don’t mean to make this the most basic, but we are mammals. I mean there are small mammals that have to find some way to survive as soon as they start breathing. And it’s interesting to me that in this age where people are intelligent and we have education and all this support that there’s just this assumption that
breastfeeding won’t work. I mean everybody here has said, “We’re going to try it.” Like, “Well, I’ve got these two legs. I’m just going to see if I can get up and walk and I might need to use my gills later but I’m going to try the legs first.” We’re all even kind of tenuous about it. Like “Well, we’re just going to try. Don’t laugh at us if we don’t do well” instead of, “Well, of course we’ll do fabulous!” (Pregnant Group)

Health Care Practitioners Who Provide Advertisements

Participants repeatedly emphasized that formula advertisements provided by health professionals led them to believe that exclusive breastfeeding is not important, which was reported to cause confusion about infant feeding education and doubt about the importance of committing to exclusive breastfeeding.

But seeing it [infant formula advertising] out of context in the hospital, given to you by your doctor, that’s where it gets really confusing for me. (Pregnant Group)

“Oh. OK, this is…” You know, I don’t think the doctor would give it to me if it wasn’t recommended or if they thought the information in it was wrong. (Pregnant Group)

I think it’s crazy because they…the doctors encourage you to breastfeed, but then, you know, “Enter to win $100 free formula here and there” and it’s everywhere. And I don’t know where everyone else goes, but I love my doctors and I feel great about them. (Pregnant Group)

Participants frequently reported feeling disappointed in their practitioners and, often, a loss of trust in pediatricians providing infant formula samples.

I know from experience that it takes an incredibly supportive community in the immediate vicinity when you’re trying to breastfeed, especially in the first week, and to have someone standing there saying, “Well, just give them this formula.” That just devastates me because I felt like I wasn’t getting the support. (Exclusive Breastfeeding Group)

Discussion

The results of these four focus groups provide insight into how women interpret infant formula advertising, and enhance our understanding of the negative correlation between exposure to infant formula advertising and optimal breastfeeding. Given the ubiquity of infant formula advertising, it is of great concern to find that, after exposure to these materials, women expressed doubt about the superiority of their own human milk, regarded infant formula as a clinical solution to normal infant issues, and believed that infant formula is now very much like human milk. Furthermore, it is important to note women’s expressions of self-doubt, dis-empowerment, and lack of support after considering the advertisements.

The likelihood of women believing that infant formula was equivalent or even superior to human milk was heightened when they considered that the exposure to infant formula advertising occurred in a doctor’s office or in the hospital. Participants reported looking to the health care industry for unbiased feeding information and naturally trusting any information distributed by health care practitioners as accurate. We found that participant awareness that specific advertisements were distributed in health care settings promoted an expectation of failure with breastfeeding. This self-doubt led participants to comfort themselves with the idea that perhaps formula is “close enough,” which is a worrisome and prevalent concept, with about one-fourth of Americans sharing this belief (24,25). Our finding that doctors’ offices providing medical care to mothers and their families do influence feeding practices supports previously published work (22), and yet providing formula marketing materials is still a common practice (31,32). The prenatal period is a very important time for decision-making, with most women deciding how they will feed their baby in the third trimester (33,34). Therefore, pediatricians and obstetricians who see patients prenatally play an important role in women’s decision-making process (34–36). Their full support can positively influence initiation, exclusivity, and planned continuation of breastfeeding despite barriers that may arise, such as returning to work.

Formula manufacturers have been accused of making false and misleading claims in their advertisements (37–39). Many advertisements now reference research studies to support their claims. This aspect of the advertisements increased participant confusion and doubt about the superiority of human milk over formula. Only two participants expressed questions about the validity of the research cited, both of whom were in the exclusively breastfeeding group. Thus, it may be reasonable to hypothesize that increased questioning of research offered in formula advertisements may mitigate the deleterious impact of infant formula advertising on breastfeeding practices.

Difference of the Pregnancy Group from Other Groups

Perceptions of the advertisements were similar in the breastfeeding group and formula-feeders group. Women from these groups also prefaced their responses to the advertisements with long explanations about their personal infant-feeding decisions, alluding to the emotionality of the topic. Most statements about self-doubt, confusion, and disempowerment came primarily from two groups: pregnant women and formula-feeding
women. From this sample it appears that women were less influenced by infant formula advertisements before they became pregnant, but began to doubt what they knew about breastfeeding and get confused about infant feeding during pregnancy. This finding suggests that pregnant women may be particularly susceptible to the confusion and self-doubt that occurs with exposure to advertisements. The reported inundation of infant formula marketing during this time is especially problematic if pregnant woman are more vulnerable to being misled as a result of their hormonal milieu. These same experiences of confusion and self-doubt may have contributed to the feeding decisions made by those in the formula-feeding group.

Strengths and Limitations

The limitations of this study approach should be addressed in any future research on the subject. One limitation is that the collection of demographic data was done retrospectively and anonymously, so it is not possible to compare the demographics among groups. The differences found between groups’ responses therefore may be biased by unknown differences in demographics. In addition, the sample was not representative of the larger population of the recruitment area (the Triangle of North Carolina), the state of North Carolina, or the United States. Participants were wealthier and better educated than the average North Carolina and American population. This research question would be well served to be asked in a less-educated, lower income population. However, the fact that the advertisements incited such doubt and confusion among a group of well educated women is noteworthy, as less educated women arguably would be even less equipped to interpret the scientific information appropriately within the advertisements.

Another limitation is that focus group studies do not generally offer proof of causality. They do, however, add a unique layer of depth to the research question, because they allow the recording and interpreting of immediate reactions to the marketing materials, and offer an opportunity to further explore the emotions and beliefs that a particular advertisement may provoke.

An additional strength of the study is the variability in responses found among the groups, which allowed for a better understanding of the ways in which women of differing reproductive stages might interpret the marketing messages and materials.

Clinical Recommendations

It may not be possible to eliminate infant formula advertising in a capitalist society such as the United States. However, infant formula is a product that must be considered as unique from other consumer products because of its demonstrated association with negative health outcomes (2,3). This study underscores that some women may be misled by the statements made in infant formula advertisements, especially while pregnant. In the United States, the Federal Trade Commission is responsible for protecting consumers from false and misleading claims in advertising. This study shows clear justification for the Federal Trade Commission to enforce existing regulation and to develop more effective regulation of infant formula industry advertising. This action will help to prevent further misconceptions about infant feeding.

The elimination of all forms of infant formula advertising in health care settings is of paramount importance, as it is shown to increase false beliefs and decrease self-efficacy. Efforts currently underway include programs such as the Ten Steps to Successful Breastfeeding of the Baby Friendly Hospital Initiative, and Ban the Bags. These programs and similar efforts should be supported and expanded. Health care practitioners should be made aware of the impact of their distribution of commercial infant formula advertising on breastfeeding, and consequently, on maternal and child health. They should be called on to adhere to the Hippocratic Oath to “do no harm” by ceasing distribution of infant formula advertisements. The tendency of women to interpret infant formula advertising in specific ways as shown by this study is an important piece of knowledge for practitioners and other professionals as they develop anticipatory guidance for families who are considering infant feeding.

Conclusions

Many women remain confused about whether breastfeeding is the best way to feed an infant, despite clear evidence and decades of breastfeeding promotional and educational information made available to the public. Although this finding could be considered to be a failure on the part of health care professionals, media, or public health breastfeeding advocates, culpability lies with infant formula manufacturers whose pervasive advertising is shown to lead to doubts about human milk and confusion about infant feeding.

Infant formula marketing, therefore, has no place in hospitals or doctors’ offices, although evidence-based breastfeeding educational information, for pregnant women especially, should be ubiquitous. The Surgeon General’s “Call to Action to Support Breastfeeding” (5) and the American Academy of Pediatrics’ resolution that pediatricians are advised “not to provide” formula advertising (19) offer additional incentives for public
health practitioners, health providers, and hospital administration to work together to ensure clear infant feeding beliefs among caregivers. This study supports these efforts.

The multimillion dollar campaigns promoting infant formula threaten the progress the United States has made in educating the public about the risks of not breastfeeding, potentially undermining public health efforts to increase breastfeeding rates. Current regulation of the messages in infant formula advertisements is not sufficient to address this problem; additional regulation and enforcement are needed.

References


