

Bipasha Mondal,
Department for Health and Social Care,
Obesity, Food and Nutrition,
Global and Public Health Directorate,
39 Victoria Street,
6th floor North,
London,
SW1H OEU

cc. Ana Sanchez,
Food Policy Advisor-Foodborne Disease Control,
Food Policy Division,
Food Standards Agency,
Clive House,
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London,
SW1H 9EX

May 18th 2021

Dear Bipasha,

I am writing to you on behalf of the Baby Feeding Law Group-UK, which as you know is an association of 30 members including health professional organisations and NGOs who work together to protect infant feeding in the UK.

We are increasingly concerned about the emergence of unregulated, for profit, private, human milk companies; for example Best Milk (<a href="www.bestmilk.co.uk">www.bestmilk.co.uk</a>), NeoKare (<a href="https://neokare.co.uk/about-us-hcps.php">https://neokare.co.uk/about-us-hcps.php</a>) and Vyarna (<a href="www.vyarna.com">www.vyarna.com</a>).

## **Baby Feeding Law Group UK Members:**

Association of Breastfeeding Mothers (ABM), Association for Improvements in the Maternity Services (AIMS), Baby Milk Action, Best Beginnings, Breastfeeding Network (BfN), the Centre for Lactation, Infant Feeding and Translational research (LIFT), Code Monitoring Northern Ireland, Community Practitioners and Health Visitors Association (CPHVA), Doula UK, The Fatherhood Institute, First Steps Nutrition Trust, GP Infant Feeding Network (GPIFN), HENRY, Hospital Infant Feeding Network (HIFN), Human Milk Foundation, Institute of Health Visiting, Lactation Consultants GB (LCGB), La Leche League GB (LLLGB), Leicester Mammas, Local Infant Feeding Information Board (LIFIB), Midwives Information and Resource Service (MIDIRS), National Breastfeeding Helpline, NCT, Royal College of Midwives (RCM), Save the Children, UK Association of Milk Banking (UKAMB), Unicef UK Baby Friendly Initiative, Unison, Women's Environmental Network (WEN), and World Breastfeeding Trends Initiative.

Secretariat: vicky@firststepsnutrition.org.



Our concerns include, but are not limited to, the following factors:

- The safety of the products to those babies who are fed them: breastmilk may be diluted with
  other liquids to increase volume given that providers are paid by volume and penalised for
  not supplying sufficient milk; potential harms from lack of appropriate breastmilk provider
  screening; and with respect to products made with breastmilk, lack or absence of
  appropriate safety data, infant growth data and data on clinical effectiveness, and lack of
  minimum nutritional standards;
- The absence of or minimal lactation support for those women selling their milk in order to help establish supply, prevent oversupply and manage any infant feeding issues;
- The potential risk to the baby of the woman selling her milk, if he/she is deprived of it as a result;
- Lack of equity of access given the high cost of human milk/milk products to those buying them;
- Advertising includes product claims which are inaccurate and lack substantiation;
- Company marketing falsely suggests adherence to NICE guideline 93 on 'Donor milk banks: service operation', which cannot be the case given that the milk is not donated and the milk that is sourced is pooled; furthermore we believe these statements may mislead parents and clinicians in to assuming the safety of the products;
- The potential undermining of breastfeeding and public health message that donor milk should only be given in the absence of maternal milk;
- The potential undermining of NHS and non-profit milk banks which provide donated human milk under healthcare professional oversight and to recipient parents for free at point of use, recruiting donors without financial transaction.

We believe that a fundamental issue underpinning these concerns is that human milk is not regulated in the UK as a Medical Product of Human Origin, under MHRA, and rather is classified as a food stuff falling under the remit of the Food Standards Agency. As such, the only assurance is that the human milk being sold meets the requirements for food safety. On the contrary, EU guidelines, although not yet passed into law, classify breastmilk in the same category as blood cells and tissues, which are protected by an ethical code. As far as we are aware, and in order to protect the general public, no other bodily fluids or parts are allowed to be sold in the UK, and we believe that breastmilk should be no different.

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Private companies dealing in human milk and human milk products have set-up in the UK in recent years with very few barriers to doing so and there appears to be a perceived need for their products. A pressing concern is that those that are already active are now paving the way for more, similar companies, exacerbating the issues outlined above, especially if they practice in a less ethical manner.

We are therefore writing because we are keen to understand if you have any plans for creating new legislation or extending existing legislation to provide much needed and urgent protection from commercial exploitation by companies trading in human milk and human milk products for all involved; i.e. the women selling their milk and their babies, the parents purchasing the milk and their babies, as well as those babies receiving products made from human milk through NHS services. We understand that one of our members, UKAMB (a charity that supports human milk banking in the UK), has asked you these questions previously but has yet to receive a response. We feel it is imperative that this new industry is appropriately regulated as a matter of urgency, and look forward to an update on your work in this regard as soon as possible.

Torward to all update off your work in this regard as soon as possible.
Yours sincerely
Dr Victoria Sibson

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