The Royal College of Midwives
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Written evidence submitted by the Royal College of Midwives to the All-Party Parliamentary Group on Infant Feeding

Executive Summary

- The RCM has particular concerns over women with nil recourse to public funds and the affordability of formula milk.
- Breastfeeding is best for babies and has health benefits for women too. But women may be unable to breastfeed and/or do not wish to breastfeed.
- Women who are asylum seekers, failed asylum seekers and all those with nil recourse to public funds (NRPF) because of their immigration status are extremely vulnerable. It is likely they will have challenging and unmet health needs.
- Women in this group have no entitlement to the Healthy Start programme, which provides nutritious food and formula milk to women on benefits and low incomes, and their babies and young children.
- The subsistence allowance of vouchers to which people with NRPF are entitled, is equivalent to £35 per week, which is not sufficient to cover the cost of formula milk.
- The RCM believes there could be a direct impact on the long-term wellbeing of children of migrants as a result of this deficiency.
- Healthy Start is an existing scheme which, were it to be extended to cover this group of women and children, could make a significant contribution to the overall and long term health of this vulnerable group.

The Royal College of Midwives (RCM) is the professional organisation and trade union representing the majority of midwives and staff working in maternity services. We welcome the opportunity to submit evidence in relation to the costs of infant formula milk and the impact that the choice of infant formula and the purchase of infant formula is having on the health, well-being and financial situation of families.

The RCM has received evidence from specialist midwife members who are caring for migrant women, asylum seekers and failed asylum seekers with nil recourse to public funds. These midwives have told us that such women often struggle with the costs of feeding themselves and their babies.

On arrival in the UK, migrants are usually given emergency accommodation in designated centres or hostels, where food and provisions are all catered for. Formula milk, bottles, teats and sterilizing equipment are made available to mothers on request, however, staff involved in distribution are not

necessarily qualified or tasked to advise mothers on infant feeding or the appropriate use of formula and safe ways to make up bottles.

Ideally, women in these circumstances would always breastfeed their babies and where possible this is always encouraged in line with World Health Organisation and Unicef guidance, which recommends exclusive breastfeeding until 6 months and up to 2 years and beyond with complementary and appropriate solid food[1]. However, many migrant women have had little or no antenatal care, may not fully understand the implications of formula feeding and other priorities and needs may be viewed as more important[2]. They may come from countries where breastfeeding is not encouraged and the evidence of its benefits can be unfamiliar. It is also the case that this group of women are at greater risk of HIV infection and that actual and perceived risk of infection will lead to the decision to give formula milk[3].

A dependency can be created on formula milk that is not sustainable once the family leave the hostel centre because of specific government policies. A dispersal policy operates in the UK to allow the burden of accommodating newly arrived migrants to be shared across local authorities. Once re-housed in the community, the allocated subsistence allowance amounts to £35 per week, given in the form of vouchers. There is no eligibility to other benefits, including Healthy Start vouchers, and therefore these women miss out on the food, milk and vitamin supplements that this vital scheme provides.

This presents a risk to these women and their babies, should they need or choose to bottle feed. Without sufficient resources to meet the ongoing nutritional needs of their babies, midwife members have reported to us that women in their care have been found watering down formula feeds to make supplies last longer. Others have gone without food themselves to ensure their children are fed.

While foodbanks are an invaluable resource for families to turn to in times of need, formula milk is not distributed by these charitable organisations for reasons of reliable supply (dependent on donation) and consistent quality and brand[4].

Furthermore, reports of have been received of mothers breastfeeding each other's babies and while shared feeding is culturally appropriate for some women, it is not always advisable in certain circumstances. The infectious disease status of these mothers may be unknown and no virology screening carried out.

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[1] W rld Health Organisation. 2003. Global Strategy for Infant and Young Child Feeding.
[1] Zoe Renton, Emily Hamblin, Keith Clements. May 2016. Delivering the Healthy Child Programme for young refugee and migrant children. National Children's Bureau.
[1] The Migration Observatory. 2014. Health of Migrants in the UK: What Do We Know.
[1] Baby Feeding Law Group UK. 2015. Information for Food Banks: Supporting pregnant women and families with infants.
[1] Michael Marmot, Peter Goldblatt, Jessica Allen, et al. February 2010. Fairer Society Healthy Lives (The Marmot Review). orld Health Organisation. 2003. Global Strategy for Infant and Young Child Feeding.
[2] Zoe Renton, Emily Hamblin, Keith Clements. May 2016. Delivering the Healthy Child Programme for young refugee and migrant children. National Children's Bureau.
[3] The Migration Observatory. 2014. Health of Migrants in the UK: What Do We Know.
[4] Baby Feeding Law Group UK. 2015. Information for Food Banks: Supporting pregnant women and families with infants.

The RCM recommends existing Healthy Start scheme is extended to include asylum seekers, failed asylum seekers and others with nil recourse to public funds. Health outcomes for this vulnerable group are relatively poorer than for the general population and the cost of not doing this will be far higher in the long term[5]. Significant numbers of vulnerable women and children would benefit from this change in policy.

Royal College of Midwives
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[5] Michael Marmot, Peter Goldblatt, Jessica Allen, et al. February 2010. Fairer Society Healthy Lives (The Marmot Review).