



COMMERCIAL BABY FOODS

Addressing Health, Marketing and Inequalities

IN CRISIS

COMMERCIAL BABY FOODS IN CRISIS: Addressing Health, Marketing and Inequalities
SUMMARY REPORT

WITH THANKS

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FOREWORD

By Dr Diane Threapleton, Ali Morpeth & Professor Janet Cade

The commercial baby food sector shapes early childhood nutrition in the UK and around the world. Despite their trusted image, we found a raft of concerns relating to the nutrition and marketing of commercial foods aimed at young children under three years (referred to as baby foods in this report)¹.

Our work has shown that over half of products contain inappropriate levels of sugar, with a quarter so excessive they would warrant warning labels under World Health Organization (WHO) guidelines². High sugar intake brings with it multiple harms - one in five children starting primary school in the UK are already living with overweight or obesity and every year, 12,000 preschool children are hospitalized for tooth extractions^{3,4}.

We found one in five first weaning foods are too low in energy to support healthy growth and some vegetable based meals (14%) don't contain adequate protein. **Parents are also being misled by labelling such as "nutritionally balanced" and "organic" that obscure such poor nutritional profiles.** Many products are also marketed as suitable from 4 months of age, undermining UK and international public health recommendations.

Meanwhile, household budgets are stretched and the cheapest babyfood products are the least nutritious. Access to healthy and affordable infant food varies greatly by region and impacts low-income families the most⁵.

In the UK, our current infant feeding regulations are insufficient and out-dated. **Parents unanimously told us they are surprised commercial baby foods are not regulated for high sugar content:**

"That's pretty bad [having no laws on sugar regulation], I didn't know that." Parent, Leeds

To protect children's health, the World Health Organization (WHO), non government organisations (NGOs) and health campaigners have called for regulations on baby food nutrition and marketing. In the UK, commercial baby foods fall through cracks into a policy black hole outside of regulations for high fat, salt, and sugar foods⁶, regulation is therefore required².

Our report provides new and robust evidence of the commercial baby food sector in the UK, uniquely exploring the challenges relating to their nutrition, marketing, price and the wider implications for public health. Perhaps most importantly, we include the voice of parents who have shared their challenges, perceptions and beliefs about commercial baby foods. Unanimously, parents agreed with the view we heard from this parent in Leeds:

"Baby food makers ... should focus on health."

Parent, Leeds

This report is a wake-up call for policymakers, manufacturers, and retailers. The commercial baby food aisle is not fit for purpose, and without decisive action, it risks worsening health inequalities, poor diets, and preventable health issues for the next generation.



POLICY CONTEXT

There is a fundamental mismatch with products for the most vulnerable group having the weakest regulations:

- High fat, salt, sugar (HFSS) rules don't apply to baby foods (and would be a poor fit).
- Existing baby food regulations are outdated and no longer fit for purpose.

This **policy gap** means the market is **out of control** with manufacturers able to sell products that appear healthy but that have poor nutritional profiles, putting children's health at risk.

The **UK draft guidelines for commercial baby foods** were published in 2020⁷

- The **scope was narrow (focusing only on sugar and salt)**.
- The impact of any finalised *voluntary* guidelines is likely to be limited.

The WHO Nutrient & Promotion Profile Model NPPM:

- Experts have been calling for improvements in baby food regulation for over a decade and the World Health Organization developed the NPPM to address this gap.^{2, 8, 9}
- The NPPM is a ready-made tool for classifying babyfoods. It provides both **broad nutritional standards and sensible marketing rules**.
- It is endorsed by WHO Europe and other public health professionals around the world^{10, 11, 12} and by the Obesity Health Alliance and First Steps Nutrition, among others, in the UK¹³.

OPPORTUNITY FOR ACTION: leadership is needed to address long-standing policy gaps

- Government commitment to creating a comprehensive food strategy provides a timely opportunity to prioritize infant nutrition.
- The recommendations from the House of Lords report on food—which highlighted the need for improved regulations for infant products—offer a clear roadmap for action¹⁴.
- Replacing weak regulations would both fulfill the recommendations of the House of Lords report and resonate with this Government's values of protecting the vulnerable to improve public health.





The market is dominated by **HIGH SUGAR** purees, **SNACKS**, products that **PROMOTE WEANING TOO EARLY + POOR QUALITY** purees

Baby food regulations are **OUT-DATED & INSUFFICIENT**. Products in the baby food aisle have **NO LIMITS** for total or added sugar levels



Frequent use of inappropriate products contributes to **OVERWEIGHT, DENTAL DECAY** and **LIFELONG PREFERENCES** for sweet foods²



THE CURRENT STATE OF PLAY

The government's advisory group on nutrition says commercial baby foods are **NOT NEEDED FOR GOOD NUTRITION**¹⁵



PARENT PERCEPTION is that baby foods are well regulated and healthy



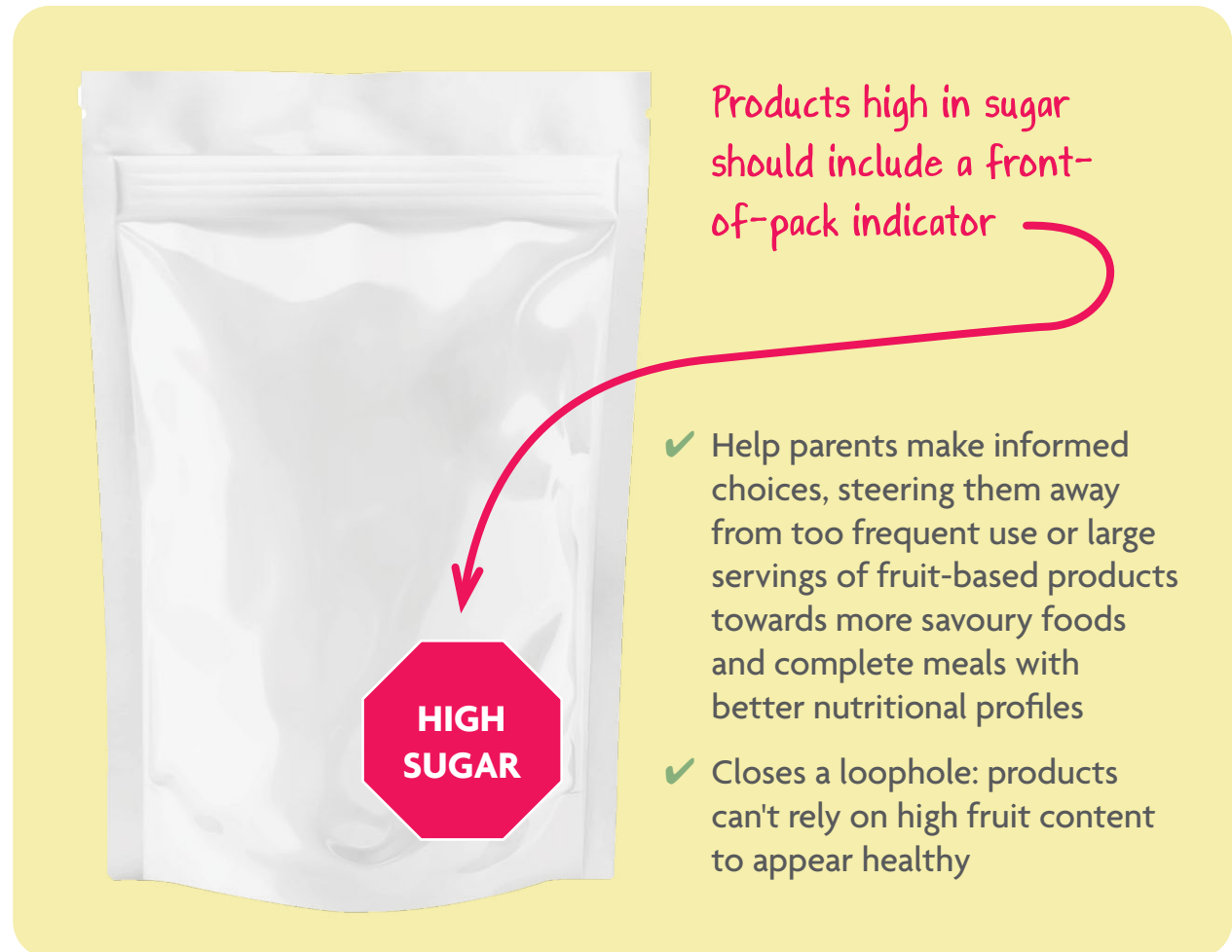
Brands use **MISLEADING** 'halos' in **MARKETING** - including messages about health + sustainability - to **ENCOURAGE PARENTS TO TRUST THEM**



WHAT DOES GOOD LOOK LIKE?

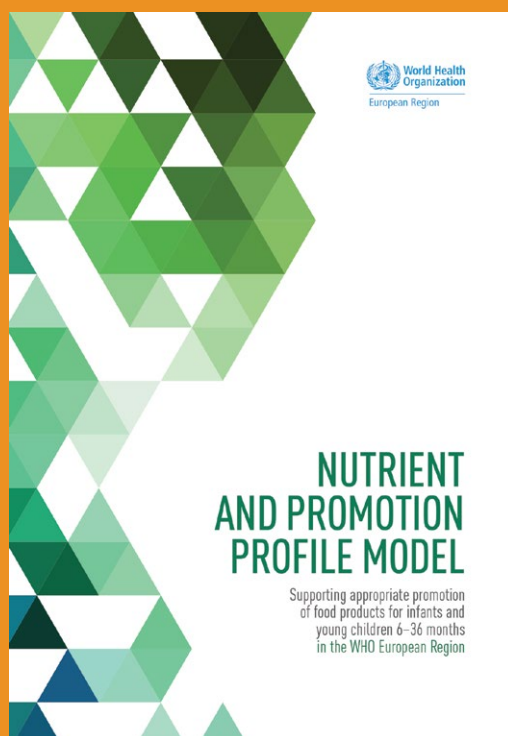
Using the international best practice guidelines from the World Health Organization – the baby food NPPM

- ✓ Meets nutritional standards
- ✓ No added sugars or fruit juice
- ✓ Rip/seal pouches or jars for purees
- ✓ Statements not to drink via spout
- ✓ Clear product name
- ✓ A focus on savoury foods including grains, legumes, vegetables, nuts/seeds, healthy fats and protein sources
- ✓ No sweet snacks and small snack portions
- ✓ Minimum age 6 months+
- ✓ Purees only for age 6-12m
- ✓ Free from confusing, persuasive and misleading marketing



PART 1

This briefing and our methodology



Using the baby foods NPPM (Nutrient & Promotion Profile Model)

This briefing focuses on analysing commercially available baby foods for their **nutritional adequacy and alignment with global best practice guidelines for marketing**. We also evaluated affordability and how price relates to product quality.

We limited the scope to **products marketed to children under the age of three**, as these years are crucial for growth and development, and feeding practices during this period have lifelong health implications².

To evaluate products we used the **World Health Organization Nutrient & Promotion Profile Model (NPPM)**².

The NPPM is an internationally recognised standard developed by nutritional experts using baby food product data from across Europe, including the UK. Development took several years and included Europe-wide consultations with WHO member states^{2,9}. **The WHO NPPM represents best practice guidelines, providing a tool to identify issues requiring regulatory amendment.**

TABLE 1: Summary of the World Health Organization Nutrient and Promotion Profile Model (NPPM)

NUTRITIONAL GUIDELINES	MARKETING AND PACKAGING GUIDELINES
<ul style="list-style-type: none">• No added sugars (including fruit juice)	<ul style="list-style-type: none">• Minimum age 6 months for all products
<ul style="list-style-type: none">• No drinks or confectionery	<ul style="list-style-type: none">• Max. age for purees 12 months
<ul style="list-style-type: none">• Keep meals and snacks savoury (low in total sugar)	<ul style="list-style-type: none">• Front-of-pack warnings on products with high sugar levels
<ul style="list-style-type: none">• No watery (low energy) cereals or purees	<ul style="list-style-type: none">• Clear product naming
<ul style="list-style-type: none">• Small snack portions	<ul style="list-style-type: none">• Proportions of key ingredients listed on pack
<ul style="list-style-type: none">• Minimum protein content in meals	<ul style="list-style-type: none">• Overt warnings not to drink via spouts
<ul style="list-style-type: none">• No high fat or high salt products	<ul style="list-style-type: none">• No nutrition, health or marketing claims
<ul style="list-style-type: none">• Limited fruit content in meals (to avoid sweetness)	<ul style="list-style-type: none">• Include a statement to protect and promote breastfeeding
	<ul style="list-style-type: none">• Products for older children should include 3 year+ labels

OUR APPROACH

Delivering a practical evaluation of commercial baby foods in the UK

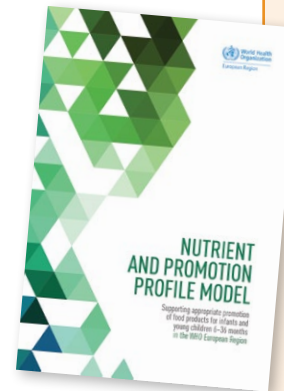
PRODUCT SAMPLING



Websites of the 5 largest grocery retailers were accessed in June-August 2024 for foods and drinks marketed to babies and toddlers under 3 years

QUALITY & AFFORDABILITY ANALYSIS

Products were compared to the international best practice standards (NPPM) to evaluate levels of sugar, fat, protein and calories and identify inappropriate marketing practices.



Price data were also compared with product quality

PARENT INSIGHTS

UK-wide 1000-person survey

Small focus groups in Leeds

How and why are products used?
Parent's concerns?
Impact of financial pressures?

Engagement helped to contextualise understanding in our analysis, making recommendations meaningful to parents of young children



Evidence-based and actionable insights for policymakers, retailers and manufacturers

PART 2

Findings - A Marketplace Analysis



Headline results: Concerning trends in Nutrition & Marketing

One quarter of all products are so high in sugar they would require a front of pack sugar warning label according to WHO guidelines

Nearly nine in ten fruit products (89%) were high in sugar, and would require 'High Sugar' labels. 38% of meals and snacks were not savoury in flavour, with excessive sugar content. The use of added sugars was widespread (18%), especially in snacks, where over half of products (55%) included ingredients like concentrated fruit juices and syrups. These patterns conflict with public health guidance, which emphasises the need to reduce the sweet taste profile in baby foods to avoid setting early preferences for sugary diets.

25% of all products would require a front-of-pack warning label for high sugar content



89% calories from sugar

Substandard nutritional quality

Low energy (calorie) density (i.e. products being too watery) was a top concern. Nearly a third of fruit products (29%) and over one-fifth of meals (22%) were too low in energy because of excess added water or use of low-energy ingredients. Protein content was too low in some meals, particularly in some vegetarian options (14%), and some non-vegetarian products (7%) didn't include enough protein ingredients. Total fat levels were generally within acceptable limits and sodium levels were slightly above the recommended levels in almost one in 5 products (18%).

Portion sizes are incompatible with public health guidance

Portion sizes of snacks were consistently excessive (63%), often double the recommended maximum size (50 kcal per serving), which risks promoting unhealthy eating habits early in life, especially given the frequency that snacks are given to infants - we found around two thirds of parents give commercial baby snacks daily or several times per week.

Misleading product names and nutrition claims are widespread

This makes the commercial baby food offer worse, by masking the high sugar content in some products with names that suggest healthfulness. On pack claims such as “nutritionally balanced by experts” and “no bits” often mislead parents, fostering unrealistic views of the suitability of these products. Health, nutrition or marketing claims serve to obscure poor nutritional content or perpetuate perceptions of idealism in commercial baby food products.

Price and baby food quality

Findings indicate that families shopping on a budget, who seek out cheaper snacks or vegetarian meals, are more likely to take home products with poorer nutrition and with misleading marketing. Children of families choosing cheaper products will be exposed to higher levels of sugar in snacks and and more watery meals (lower energy density).

Poor quality baby foods could exacerbate health inequalities

Half of all parents we surveyed told us they use commercial baby foods most of the time. Parents in more deprived areas of the UK are more likely to depend on these products regularly, underscoring how socioeconomic challenges can shape feeding habits and contribute to health inequalities in children.

Public health guidance is not followed

Many products were marketed as suitable for infants younger than six months, contrary to NHS and WHO recommendations. 20% of cereal products and 33% of fruit and vegetable products had age suitability labels of ‘4months+’.

41% of main meals had high sugar levels

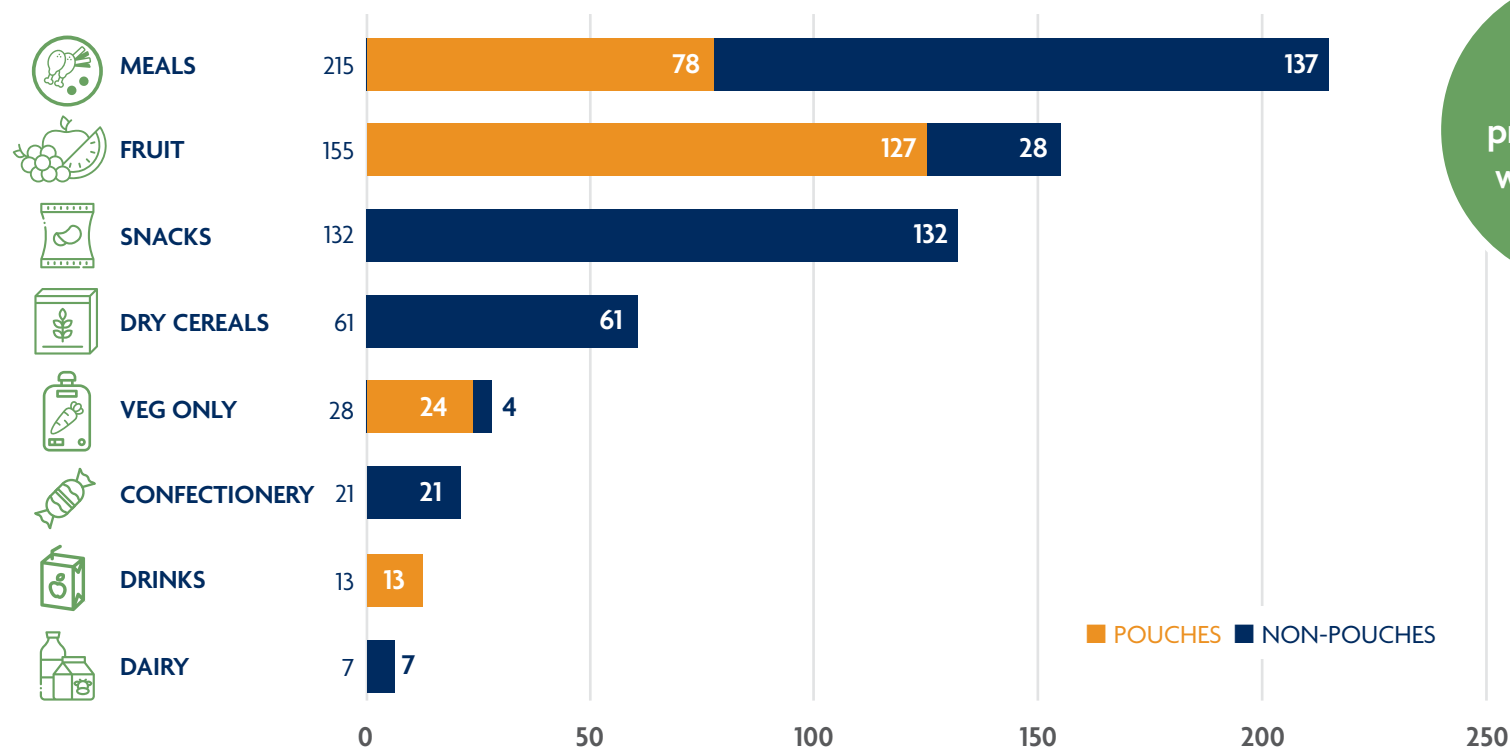
100% of products included nutritional or marketing claims

55% of snack products contain added sugars



Our findings highlight the need for all actors to take action - including government, retail and manufacturers - to ensure baby foods provide appropriate nutrition and marketing. Without immediate improvements, the baby food aisle will continue to undermine the healthy growth of the next generation.

Product range within dataset



Over **one third** of products (38%) were pouches with spouts

4 in 5 fruit products were sold in pouches with spouts

Baby foods in pouches with spouts are increasingly popular but often have limited textures, high water content (meaning low nutrient/energy density) and high free-sugar content⁹.



WHAT FOLLOWS IS A SPOTLIGHT ANALYSIS ON SIX KEY AREAS OF CONCERN

Affordability

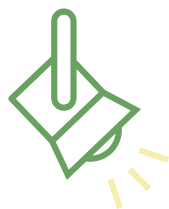
Confectionery
& Drinks

Snacks

Fruit
products

Marketing

Pouches



SPOTLIGHT ON Affordability

Financial pressures are having a noticeable impact on how parents purchase food for their children, with significant disparities based on household income. When asked about changes to their buying habits, nearly one in five parents we surveyed reported making significant adjustments to their household purchases because of financial strain. We also found a stark divide based on income levels.

In general, parents reported making changes by:

- **looking for discounts (45%)**
- **buying less expensive brands (40%)**
- **switching from complete meals to fruit and vegetable purees or snacks (21%)**
- **switching to other non-baby commercial foods (18%)**
- **making more homemade foods (34%)**

For some products such as snacks, meal pouches and fruit/vegetable pouches, higher price indicated better quality with cheaper price being linked to higher sugar levels and lower energy density (i.e. more watery products).

Parents choosing cheaper baby snacks are more likely to take home products with added sugars and that are generally poorer in quality: lower quality snacks (lower NPPM scores) were

on average over £2 cheaper per 100g than higher scoring products (£2.61 vs. £4.71).

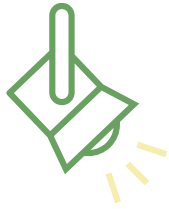
These findings highlight the greater vulnerability of low-income families, who are more reliant on commercial baby foods and are likely to choose cheaper options. As financial pressures increase, families in lower income brackets face challenges in maintaining stable and healthy diets for their children, particularly during critical developmental periods¹⁶. This troubling trend underscores the urgent need for policies that protect against health inequalities and food insecurity. Addressing these issues is especially important to shield families from the influence of unhealthy baby foods, masquerading as nutritious choices.

Among parents in the lowest income groups we surveyed, **1 in 3** reported making 'significant' changes to their purchasing habits—nearly double the rate of higher-income households

PRODUCT ANALYSIS REVEALED...

- **Cheaper fruit pouches were higher in sugar**
- **Cheaper snacks were higher in sugar**
- **Cheaper pouches were more watery**





SPOTLIGHT ON

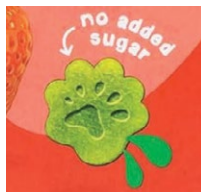
Inappropriate Confectionery and Drinks

Our analysis revealed major concerns with confectionery and drink products marketed as suitable under 3 years of age, which the WHO NPPM classes as inappropriate.* These products often have high sugar contents and are **frequently subject to misleading marketing claims that emphasise convenience, healthfulness, and sustainability to mask poor nutritional profiles.** The lack of existing guidelines on confectionery and drinks in the baby foods aisle underscores the urgent need for stronger policy to protect children's health.

We found 21 confectionery products getting 67% of their calories from sugar on average (compared to a recommended maximum of 15% for snacks), making them unsuitable for children under three years. These products include fruit gums and chews made from pulped and concentrated fruit, with or without added sugars.

We also found 13 drink products marketed as smoothies or squeeze drinks that are not recommended for sale for children under three years old².

The use of healthwashing, greenwashing and causewashing are prevalent tactics to distract consumers by drawing attention to health, sustainability or charitable narratives while downplaying excessive sugar levels and other nutritional inadequacies.



“







That's pretty bad [having no laws on sugar regulation], I didn't know that.”

PARENT, LEEDS



*Further classification details are available in the Technical Report and here: <https://babyfoodnppm.org/how-to/enter/categories>.

Hotspot confectionery examples

		Percent energy from sugar (recommended to be max 15%)	Sugar or sweetening ingredients? ⁱ	On pack age recommendation ⁱⁱ	Marketing claims: ⚠️ Implying idealism and masking poor nutrition
	BEAR PAWS Fruit Shapes, Apple & Blackcurrant	57%	None (made with concentrated fruit)	2+	⚠️ 100% real fruit, No added sugar ⚠️ We are BEAR and we make healthy snacks for kids just as nature intended. ⚠️ Bear is growing a better tomorrow
	Freddie's Farm Blueberry Berry Bars	73%	None (made with concentrated fruit)	No minimum age recommendation	⚠️ No Added Sugar ⚠️ the ONLY kids' snack that is NOT ultra-processed and IS kerbside
	Fruit Bowl Strawberry yogurt flakes	55%	Sugar, Fructose-Glucose syrup, concentrated Aronia juice	No minimum age recommendation	⚠️ Ideal as a snack. ⚠️ Fruit made fun. ⚠️ Yummy, yummy yogurt coated fruit flakes.
	Kiddylicious Raspberry Crispy Tiddlers	75%	Fruit juice concentrates	12 months	⚠️ 1 of 5 a day ⚠️ Great for little ones learning to self-feed ⚠️ No artificial additives
	Organix Apple & Date fruit bars	75%	None (made with concentrated fruit)	12 months	⚠️ No junk promise ⚠️ Nothing artificial ⚠️ Contains naturally occurring sugars
	Piccolo Apple, Banana, Yoghurt & Strawberry Melties	79%	Apple juice	12 months	⚠️ Source of vit C ⚠️ Nutritionist Approved, Always Organic, Nothing Artificial, ⚠️ We donate 10% of profits to charities supporting local families

ⁱ The NPPM classifies added sugars as any sweetening ingredient including sugar, honey and fruit juice etc. but excludes concentrated fruit though this is functionally similar to other added sugars

ⁱⁱ NPPM recommends all foods aimed at children under 3 years include a minimum age label of 6 months and those aimed at older children should use a 3 year+ label.

For a full list of inappropriate confectionery products, see Technical Report.



SPOTLIGHT ON Snacks

Snacks make up a major share of baby food products, accounting for a fifth of the whole market, although many don't meet nutritional guidelines for young children. A large proportion of snacks in the baby food aisle are overly sweet, - **one third get more than 15% of their energy from sugar** which means that, according to the World Health Organization, they are unsuitable for this age group and should not be available on supermarket shelves.

Over half (55%) of snacks contained added sugars from ingredients such as concentrated apple or grape juice, or malted barley extract. These sugars were often disguised by misleading claims like "naturally occurring sugars" or "no added sugars," distracting consumers from the products' inappropriate contents and masking their unsuitability for young children.




Families choosing cheaper snack products are exposed to poorer quality products, high in sugar. High sugar snacks (those that contain more than the recommended 15% energy from sugar) were less than half the price of lower sugar options: £1.86 vs. £4.53 per 100g.

1000 PARENTS TOLD US...

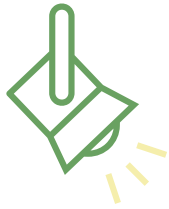
- 64% use savoury babyfood snacks (including crackers, crisps and puffs) daily or several times per week
- 57% feed their young children sweet babyfood snacks daily or several times a week
- Daily use of sweet babyfood snacks was significantly higher for parents in more deprived areas: 24% reported daily use vs. 17% in less deprived areas.



Hotspot snack examples

		Excessive portion (defined as >50Kcal)	Excessive sugar (defined as >15% energy)	Sugar or sweetening ingredients?	Marketing claims: ⚠️ implying idealism and masking poor nutrition
	Kiddylicious Peach & Banana Fruity Bakes	Yes 83kcal in 22g	34%	Apple juice concentrate	<ul style="list-style-type: none"> ⚠️ Encourages self-feeding ⚠️ Made with whole wheat flour ⚠️ Filled with a real fruit filling ⚠️ Contain no added sugar whatsoever
	Piccolo Kids Fruit & Grain Strawberry Bakes	Yes 85kcal in 22g	28%	Apple juice concentrate	<ul style="list-style-type: none"> ⚠️ No lower age limit¹ ⚠️ Whole Fruit Goodness ⚠️ Nutritionist Approved ⚠️ No Added Sugar ⚠️ Nutritious snacks
	Organix Strawberry & Apple Organic Jammie Monsters	No 35kcal per biscuit	19%	Apple juice concentrate, Grape juice concentrate	<ul style="list-style-type: none"> ⚠️ Only the good stuff ⚠️ The perfect snack to explore and play ⚠️ Snacks that little ones love and parents can rely on
	Aldi Mamia Organic Strawberry Fruity Bars	Yes 58kcal in 20g	46%	Apple juice concentrate	<ul style="list-style-type: none"> ⚠️ Made with real fruit ⚠️ No artificial preservatives ⚠️ Fun, finger food ⚠️ Great for self feeding
	Farleys original rusk	Yes 70kcal in 17g	28%	Sugar	<ul style="list-style-type: none"> ⚠️ A great finger food to keep with you when you're out and about as a nutritious snack between meals ⚠️ No artificial colours, flavours or preservatives ⚠️ Heinz Farley's Rusks are an ideal weaning food for your baby

¹NPPM recommends all foods aimed at children under 3 years include a minimum age label of 6 months and those aimed at older children should use a 3 year+ label. For a full list of snacks with excessive portion sizes see Technical Report



SPOTLIGHT ON Fruit products

Fruit-based products account for a quarter of the baby food aisle (155 of 632 products). Products come in ready-to-eat fruit or fruit and vegetable pouches, as breakfast items with fruit, and as dairy items including fruit.

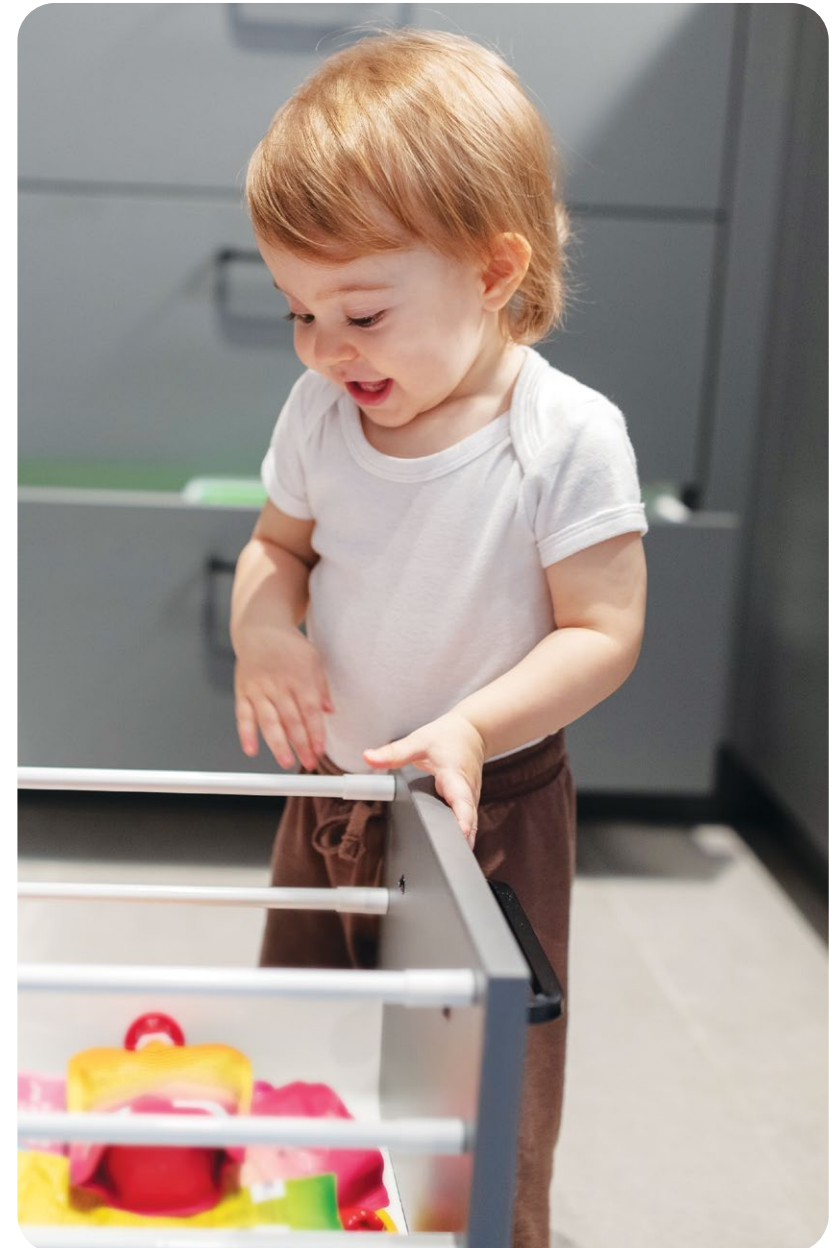
Many fruit-based products (defined as those with majority fruit) are excessively high in sugar. **9 out of 10 fruit products are so high in sugar that, according to WHO, they should have a front of pack sugar warning label on them to alert parents.**






On the flip side, and confusing for parents, a considerable number of **high sugar fruit-based products were also low in calories (energy)** and contain less essential nutrients like fat and protein. These products may not be suitable for the critical early stages of solid food introduction^{2,9}.

21% of cereals, meals, and fruit products were too watery, with low energy density

1000 PARENTS TOLD US...

- **30% use fruit products daily**
- **38% use these products a few times per week**
- **40% of parents with babies under 6 months use these products daily**
- **Use of fruit-based purees and pouches drops off with increasing child age but 1 in 5 parents still use these daily with their children aged 2-3 years**



Hotspot fruit product examples		Percent of calories from sugar (label recommended if >30%)	Calories per 100g (low if <60kcal)	Minimum age (recommended as 6 months)	Misleading name?	Marketing claims: ⚠️ implying idealism and masking poor nutrition
	Ella's Kitchen Pear & Peach Baby rice	60%	55 kcal	4	Yes only 3% rice	⚠️ No added sugar ⚠️ I'm a handy baby rice and fruit mix, ideal for first tastes and also great for hungrier babies ⚠️ My ingredients are suitable from 4 months. The Government advises that you don't need to wean your little one until they are 6 months. Every baby is different! ⚠️ Perfect for little ones from 4+ months
	Piccolo Organic Blushing Berries	92%	43 kcal	4	Yes 54% pear and banana, 46% berries	⚠️ Weaning Advice: Ingredients suitable from 4 months. Government guidelines advise weaning from 6 months. Every baby is different. ⚠️ Packed with goodness ⚠️ Nutrient-rich recipes to be better than best. ⚠️ Immune support ⚠️ No added sugar
	Heinz fruity banana custard	71%	85 kcal	6	Yes 95% fruit content, 4% milk powder	⚠️ Absolutely No Artificial Flavours, Colours, or Preservatives. ⚠️ 1 of Your Baby's 5 a Day. ⚠️ Absolutely no added sugar
	Aldi Mamia Pears	92%	52 kcal	4	No	⚠️ Organic (on pack front)*
	Little Freddie Prunes and Apples	70%	57 kcal	6	Yes 54% apple and 46% prune	⚠️ Organic (on pack front)* ⚠️ Our prunes are slowly kiln-dried in small batches for a deeper, more rewarding flavour. We blend with apple to balance the flavour and reduce the intensity.

*While organic is permitted within the ingredient list (legally) it is not recommended to be used elsewhere on pack as it implies idealism, obscuring undesirable nutritional features. For the full list of products with low energy density refer to the Technical Report.



SPOTLIGHT ON Marketing

Marketing practices in the commercial baby food aisle present substantial challenges to public health by promoting misleading messages that shape decision making in unhelpful ways. Marketing tactics often undermine public health guidance, such as introducing solid foods no earlier than six months, encouraging age-appropriate textures, and limiting reliance on snack foods.

“If you see that (claim on pack) and you didn't know the government's advice and just think, okay, well, four months, they're telling you that it's fine.”

PARENT, LEEDS

Claims like “nutritionally balanced by experts” or “organic” give products a misleading ‘health halo’, implying they are inherently good for young children, although so often these products are not nutritionally adequate. Such tactics distort parents’ perceptions and steer decisions around feeding practices.

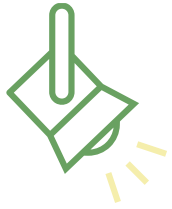
An unintended consequence of the high in fat, salt and sugar location regulations (HFSS) could be that infant foods, which are out of scope of the restrictions, find their way into prominent in-store positions. We have anecdotally observed this shift with baby snacks and fruit pouches being promoted at store entrances and end-of-aisle bays. Exploiting this HFSS loophole both undermines the intent of guidelines and risks families buying more poor quality products for their babies and toddlers.



1000 PARENTS TOLD US...

- 7 in 10 parents agree with a front of pack warning label on high sugar babyfoods
- Two thirds of parents think foods should not be sold as being suitable from 4 months
- Feelings on packaging reforms were universal: there was no difference among parents with different ages, household income, deprivation category, UK country, or ethnicity.





SPOTLIGHT ON Pouches

High levels of pureeing in baby foods is a concern. Ingredients are unrecognisable and purees have uniform flavours and textures. Foods that flow easily from spouts can be eaten quickly without chewing, which might encourage overeating.

Pureeing releases sugars from within plant cell walls and the increase in readily available sugar strengthens preferences for sweet foods, exposes teeth to higher sugar levels and creates spikes in blood glucose.⁶

The issue of released sugar is a particular problem for fruit-based pouches. **Over half of baby food pouches were fruit-based.**

51%
of products
with a spout did
not include any
**recommendation not
to drink via the
spout**

POUCH PROBLEMS...

- **34%** were too watery and didn't meet minimum calorie standards
- **58%** of meals were too sweet with an average of **20%** of calories coming from sugar (compared to the recommended max 15%)
- **Almost a quarter of pouches (24%)** were sold as suitable from **4+ months**. These had even worse nutritional profiles than products aimed at older babies, they were both higher in calories from sugar and more watery (lower in calories)
- **71%** of calories in fruit pouches (majority fruit) came from sugar
- **30%** had misleading names, often masking the use of cheap fruit fillers (apple, pear and banana).



Vulnerable young babies may not be getting good nutrition at critical developmental periods when families rely on pouches, particularly fruit-based and low-energy meal pouches



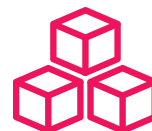
PART 3

The Parent Voice: Challenges and Expectations



Our research with parents has highlighted a gap between the actual quality of baby food and the high standards parents expect. Parents place a great deal of trust in brands, but they often struggle to see past marketing claims on packaging.

Parents are concerned about high sugar levels and support regulation including front-of-pack labels for high sugar foods.



Sugar content and regulation

High sugar content in baby foods was a unanimous concern among all the parents we spoke to, with universal support for tighter regulation.

“Sugar levels in baby food should be regulated”

“My opinion is that food should be sugar-free for children”

“Sugar in food for a child is not good...they don't need the extra sugar”

“Absolutely I would want a front of pack label to tell me if a food is high in sugar”



Concerns with commercial baby foods

Some parents we spoke to in Leeds fed their babies home-cooked food and distrusted commercial baby foods due to high sugar content, telling us they thought commercial brands prioritised profit over quality. One parent told us:

“Baby food makers shouldn't just think of profit—they should focus on health”





Health washing

The parents all agreed that labels like "organic" on baby food packaging, creates the perception that the food is healthier, and expected organic items to be healthier, including lower in sugar.

“When I see organic, I expect it to be healthy, nutritious and free of all the preservatives or sugar”



Misleading age guidance and claims

Parents told us they feel confused over conflicting advice given on food labels compared to government guidelines, with some brands suggesting their foods are suitable for babies to eat from four months old.

“It's kind of like you've got two different sets of advice”

“It's pretty bad... you sort of trust packaging if you don't know the government's advice”

“If you see that (claim on pack) and you didn't know the government's advice and just think, okay, well, four months, they're telling you that it's fine”

“They're not regulated to the extent yet, as it could be, so it's pretty misleading”

“They should write it on the box [what age the smooth puree should be eaten up to], so it's clear”



Trust in brands and product reassurance

Parents expressed feeling overwhelmed by options in the supermarket, seeking products that provided reassurance through clear labelling and smooth textures. Parents were less worried about smooth pureed food. Also, branding heavily influenced buying decisions, with familiar names like Heinz and Nestle inspiring confidence.

“You're looking for anything that makes you feel reassured”

“I trust the name before I trust the product”

“Some brands have years of trust and experience”



Affordability and homemade foods

Among the parents we spoke to in Leeds, homemade food was sometimes preferred due to cost and health benefits. Some parents shared that they would buy their baby yoghurts or use jarred baby food as a convenient item if they were out of the house, but fed their babies home cooked meals at home.

“Store-bought baby food can be expensive and unnecessary when you can cook at home”

“It's cheaper to give your baby what you're cooking at home”

PART 4

Recommendations & Conclusion



Our evidence demonstrates systemic concerns across the baby foods market with many manufacturers failing to provide nutritionally appropriate products marketed in a responsible way.

These issues cannot be satisfactorily addressed through narrow or voluntary guidelines.

The baby foods market is also large, making an important contribution to what the nation's very young children are eating. Many families rely on commercial baby foods for some or all meals and reasonably expect to be able to easily choose and buy healthy nutritious foods to support good growth and development.

For policy makers

➤ **REGULATE THE MARKETPLACE FOR FOODS FOR UNDER-THREES**

By the end of 2025 commit to legislation to set strong mandatory compositional and marketing standards for commercial infant foods. This policy must be determined free from industry influence, in line with the House of Lords recommendation¹⁴ and include monitoring and enforcement mechanisms.

➤ **ADOPT A STANDARDISED NUTRIENT PROFILE MODEL FOR UNDER-THREES**

Implement the WHO Europe Nutrient and Promotion Profile Model (NPPM) to classify foods for infants and toddlers. This ready-made tool will enable regulation based on appropriate baby food nutritional and promotional standards, addressing the shortcomings (scope and applicability) of the existing UK Nutrient Profile Model other commercial foods.

➤ **INTEGRATE INFANT FOODS INTO THE GOVERNMENT COMPREHENSIVE FOOD STRATEGY**

Recognise infants as one of the most vulnerable populations and address the systemic failure to protect them from unhealthy foods. Include infant foods in wider public health policy, such as the Government food strategy, to ensure young children's nutritional needs are safeguarded.



For retailers

Retailers have the power to affect system change through product placement, limiting promotions and stocking better quality products:

- **PRIORITISE HEALTHIER PRODUCTS ON SHELF**
Ensure healthier baby food options take up shelf space, while limiting prominence of high-sugar or lower quality items. Do not stock unsuitable drinks and confectionery marketed for children under 3 years.*
- **RESTRICT PROMOTION OF INAPPROPRIATE PRODUCTS**
Restrict promotions and discounts on products that do not meet nutritional standards, particularly foods with added sugars (including fruit juice), high sugar contents, low nutrient density and oversized or high sugar snacks.
- **RESTRICT LISTINGS THAT ARE NOT AGE-APPROPRIATE**
De-list foods that are marketed from 4 months +, ensuring compliance with NHS and WHO guidelines. Ensure products with no pack age recommendation are not promoted as baby foods, including on website menus/searches.
- **DO NOT SITUATE BABY FOODS IN PROMOTIONAL BAYS**
Although baby foods are outside of the high fat salt sugar regulations (HFSS) products which do not meet WHO guidance should not be situated in high traffic areas previously given over to HFSS items, such as end of aisle, near store entrance or in branded promotional bays.



*Data tables are freely available for use by retailers in the Technical Report.



For manufacturers + brands

Brands and manufacturers have the power to be proactive in following NPPM guidelines, embracing this opportunity to meaningfully improve the diets of very young children:

- **UPHOLD PUBLIC HEALTH RECOMMENDATIONS FOR FOOD INTRODUCTION FROM 6 MONTHS** by re-labeling products, redefining 'stage 1', and not using undermining statements e.g. 'every baby is different'
- **SUPPORT GOALS TO REDUCE SUGAR INTAKE, IMPROVE QUALITY AND SUPPORT TASTE DEVELOPMENT** by removing added sugars, lowering fruit content and producing fewer sweet snacks, fruit pouches and desserts
- **FIRST WEANING FOODS (6-12 MONTHS) SHOULD INCLUDE MORE VEGETABLE AND SAVOURY FLAVOURS AND BE NUTRIENT-DENSE**, including cereals, legumes, protein sources and fats rather than simple watery vegetable purées or sugar-rich fruit purées
- **AVOID UNNECESSARY PURÉEING, INCREASE PRODUCT TEXTURES** and don't market pureed foods beyond 12 months
- **CLEAN UP PACK AND ONLINE MARKETING TO AVOID MISLEADING AND PERSUASIVE CLAIMS AND OTHER ASSOCIATED HEALTHWASHING AND GREENWASHING LOGOS/INFORMATION** by removing "no added sugar" claims and removing meaningless and misleading statements that play on the assumption that baby foods are inherently healthy and ideal e.g. 'approved by nutritionists', 'selected ingredients', 'one of 5 a day', 'healthy choice', 'organic'*
- **INCLUDE A STATEMENT TO PROTECT AND SUPPORT BREASTFEEDING.**



*Refer to the NPPM Part B table 2 and 3: <https://iris.who.int/handle/10665/364678>

CONCLUSION

This report highlights the urgent need for policymakers to address the critical challenges in the commercial baby food sector. High sugar levels, poor nutritional standards, and misleading marketing practices are undermining public health and putting children's health at risk.

Parents are left to navigate a confusing and poorly regulated marketplace, often relying on products that fail to meet their children's nutritional needs. The opportunity to improve the health outcomes for babies rests with policymakers who have the power to implement robust, mandatory regulations to protect young children during their most formative years.

By enforcing mandatory regulations, policymakers can hold manufacturers accountable for reformulating products, removing misleading claims, and providing transparent labelling. Without decisive government action, the commercial baby food sector will continue to fail families now and in the future.



References

1. WHO. (2022). Foods for infants and young children: a matter of concern.
2. World Health Organization, Regional Office for Europe. (2022). Nutrient and promotion profile model: Supporting appropriate promotion of food products for infants and young children 6–36 months in the WHO European Region. Available from: <https://www.who.int/europe/publications/item/WHO-EURO-2022-6681-46447-67287>
3. UK Government, Office for Health Improvement and Disparities. (2024). National Child Measurement Programme: information for schools 2024.
4. Public Health England. (2024). Hospital tooth extractions of 0 to 19 year olds. Data for 0-5 year olds in 2019-2020. Available from: <https://www.gov.uk/government/collections/hospital-based-tooth-extractions-in-0-to-19-year-olds>
5. The Food Foundation. (2022). Food Insecurity Tracking – UK. January 2022. The Food Foundation. Available from: <https://foodfoundation.org.uk/initiatives/food-insecurity-tracking>
6. Hashem, K. M., Burt, H. E., Brown, M. K., & MacGregor, G. A. (2024). Outcomes of sugar reduction policies, United Kingdom of Great Britain and Northern Ireland. *Bulletin of the World Health Organization*, 102(6), 432–439.
7. Public Health England. (2020). DRAFT PROPOSALS: Commercial baby food and drink guidelines. Available from: <https://www.babymilkaction.org/wp-content/uploads/2020/11/DRAFT-PHE-proposals-for-2023-commercial-baby-food-and-drink-guidelines.pdf>
8. Sixty-Ninth World Health Assembly WHA69.9. (2016). Ending inappropriate promotion of foods for infants and young children. Available from: https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r9-en.pdf
9. World Health Organization. (2019). Ending inappropriate promotion of commercially available complementary foods for infants and young children between 6 and 36 months in Europe. Available from: <https://iris.who.int/bitstream/handle/10665/346583/WHO-EURO-2019-3590-43349-60813-eng.pdf?sequence=1>
10. Scully, M., Jinnette, R., Le, L., Martin, J. and Schmidtke, A. (2024). Compliance of Australian commercial foods for young children (<36 months) with an international nutrient and promotion profile model. *Australian and New Zealand Journal of Public Health*. Available from: <https://www.sciencedirect.com/science/article/pii/S1326020024000335>
11. FOOD SAFETY AUTHORITY OF IRELAND. (2024). Food Reformulation Task Force: Reformulation Targets for Commercially Available Complementary Foods. Available from: <https://www.fsai.ie/getattachment/f486b328-a396-497b-bf74-89c9668240c7/reformulation-targets-for-commercially-available-complementary-foods-final-v1-1.pdf?lang=en-IE&ext=.pdf>
12. Bassetti, E., Blankenship, J., White, J.M., Mulder, A., Threapleton, D. and Pries, A.M. (2023). Benchmarking the nutrient composition and labelling practices of commercially produced ready-to-eat purées and meals for older infants and young children across seven Southeast Asian countries. *Maternal and Child Nutrition*. Available from: <https://onlinelibrary.wiley.com/doi/10.1111/mcn.13585>
13. Obesity Health Alliance. (2024). Healthy Early Years Diets: Achieving the Best Start in Life. Available at: <https://obesityhealthalliance.org.uk/2024/02/28/early-years/>
14. House of Lords, Food Diet and Obesity Committee. (2024). Recipe for health: a plan to fix our broken food system.
15. UK Government, SACN. (2024). Feeding young children aged 1 to 5 years - summary report.
16. The Food Foundation. (2023). Child food insecurity doubles fueling calls for urgent expansion of Free School Meals. Available from: <https://foodfoundation.org.uk/publication/child-food-insecurity-doubles-fueling-calls-urgentexpansion-free-school-meals>
17. Koletzko B, Lehmann Hirsch N, Jewell JM, Caroli M, Da Silva Breda JR, and Weber M. (2018). Puréed fruit pouches for babies: child health under squeeze. *J Pediatr Gastroenterol Nutr*. 2018;67(5):561–3. doi: 10.1097/MPG.0000000000002061.
18. Monteiro CA, Cannon G, Levy RB, Moubarac JC, Louzada ML, Rauber F, Khandpur N, Cediel G, Neri D, Martinez-Steele E, Baraldi LG, Jaime PC. (2019). Ultra-processed foods: what they are and how to identify them. *Public Health Nutr*. doi: 10.1017/S1368980018003762.
19. First Steps Nutrition Trust. (2023). Ultra-processed foods (UPF) in the diets of infants and young children in the UK. Available from: https://static1.squarespace.com/static/59f75004f09ca48694070f3b/t/6481134fd3b065bf460fe05/1686180705852/FSN_UPF+Report_Digital+for+web%2C+June+2023.pdf
20. UK Government, SACN. (2023). SACN statement on processed foods and health. Available from: <https://www.gov.uk/government/publications/sacn-statement-on-processed-foods-and-health>
21. Food Standards Agency. (2024). Food Additives. Available from: <https://www.food.gov.uk/safety-hygiene/food-additives>

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