

The majority of baby and toddler food products offered by companies in this report are nutritious options for young children. However, many of the products and marketing messages documented in this report do not support expert recommendations for encouraging lifelong healthy dietary preferences and eating habits. Policy makers, health professionals, and the public health community should do more to counteract these marketing practices and support parents in their efforts to feed their infants and young children a healthful diet.

In the context of the entire food industry, the market for baby and toddler food and drinks is relatively small: \$6.5 billion in sales annually.¹ By comparison, the market for food and beverages aimed at children 2 to 14 years old has been estimated at \$23 billion, approximately 4% of the total U.S. food and beverage market.² The amount of marketing to promote baby food sales is also relatively low. In 2015, companies spent \$77 million to advertise baby and toddler food, infant formula (also known as breastmilk substitutes), toddler milk (also known as toddler or follow-up formula), and nutritional supplements for young children in all media. By comparison, bottled water and fruits

and vegetables were the least advertised food products intended for consumption by all ages, and these categories spent \$92 million and \$98 million respectively in 2015.³

The number of companies and brands marketing products in the baby and toddler food and drink market is also relatively small. Eight brands from three companies were responsible for 99% of advertising spending and all TV advertising exposure in 2015: Gerber, Gerber Graduates, Gerber Good Start, and Nido from Nestle S.A.; PediaSure and Similac from Abbott; and Enfagrow and Enfamil from Mead Johnson Nutrition. One brand dominated advertising in each category: Gerber baby food, Gerber Graduates toddler food, Gerber Good Start infant formula, Enfagrow toddler milk, and PediaSure nutritional supplement. Four additional baby and toddler food brands spent \$100,000 or more in advertising in magazines and online, including Plum Organics (Campbell Soup Company), Beech-Nut (Hero A.G.), and Happy Baby and Happy Tot (Nurture Inc.).

Nonetheless, the marketing of products intended for babies and toddlers has the potential to impact the diets and eating habits of very young children, and should support health professionals and the public health community in their efforts to encourage parents to feed their children a healthful diet.

Table 36 summarizes recommendations from nutrition, medical, and public health experts – including the Academy

Table 36. Expert recommendations for feeding infants and young children

Birth to 6 months

- Breastmilk is the optimal choice for infants under 6 months old.^{5,6,7}
- The WHO recommends that newborns be fed breastmilk exclusively for the first six months.⁸ AAP and the Academy of Nutrition and Dietetics recommend exclusive breastfeeding until around 6 months, but also advise that solid food (e.g., iron-fortified infant cereal) may be introduced between 4 to 6 months, if the baby is developmentally ready.^{9,10}

6 to 12 months

- Around 6 months, infants should be introduced to solid food, beginning with foods rich in iron and zinc, such as fortified infant cereal. From 6 to 8 months, babies should be introduced to pureed or mashed foods and gradually transition to lumpy foods and soft finger foods.¹¹
- Between 8 to 12 months, babies may start eating minced, chopped foods and harder finger foods, including table foods. Encouraging babies to self-feed when ready is recommended.¹²
- Optimally, breastfeeding should continue for at least 1 year.¹³ Infant formula is the only acceptable alternative to breastmilk for babies under 12 months old.
- During this time, babies' diets should include varied and positive exposures to the taste, flavors, and textures of fruits and vegetables.¹⁴ The Academy of Nutrition and Dietetics recommends against adding sugar, salt, or honey to babies' food.¹⁵

1 to 2 years

- Toddlers' diets should help them transition to the family diet by supporting development of gross and fine motor skills, such as self-feeding, and preferences for the taste, flavors, and texture of table food. During this time, they should learn to enjoy the foods eaten by the rest of the family.¹⁶
- For all children, a healthy diet should consist of a variety of fruits and vegetables every day and limited consumption of added sugar, saturated fat, and sodium.¹⁷ The American Heart Association recommends against serving products with added sugar to children under age 2.¹⁸
- The WHO and AAP recommend that toddlers continue breastfeeding until age 2.^{19,20} Whole milk should replace infant formula at 12 months.^{21,22} The American College of Family Physicians and the AAP do not recommend serving toddler milk.^{23,24}

of Nutrition and Dietetics, the American Academy of Pediatrics (AAP), and the World Health Organization (WHO) – regarding feeding young children. Following these recommendations encourages children to acquire healthy dietary preferences, supports healthy growth, and can prevent obesity and other diet-related diseases.⁴

Importantly, parents who follow these recommendations would not need to purchase many of the commercially available baby and toddler food and drink products in this analysis. Furthermore, manufacturers are constrained by a limited number of children younger than age 3 to consume these products. Therefore, to grow their sales companies must find new strategies to encourage parents to purchase products that, in effect, compete with breastmilk, whole milk (for toddlers), and homemade or table food from the family diet, and in many cases are not consistent with expert recommendations on a healthy diet and feeding practices. As this examination reveals, marketing for baby and toddler food, infant formula, and toddler milk and nutritional supplements may encourage parents to feed their young children products that do not contribute to a healthy diet or optimal feeding practices.

Baby and toddler food nutrition and marketing

Our analysis found that the nutritional quality of most baby and toddler foods examined was high. We used NPI score to measure the overall nutritional composition of foods; foods with a score of 64 or higher qualify as nutritious. An impressive 100% of all fruit, vegetable, and meal products offered by all brands qualified as nutritious according to NPI score, including all pureed and textured single food group (i.e., fruits and vegetables) and mixed food products for babies (typically fruits and vegetables plus grain or dairy ingredients), as well as bitesize food and meals for toddlers. Furthermore, the majority of fruit, vegetable, and meal products had very high NPI scores of 76 or more.

On the other hand, just four of the 80 snack food products in our analysis had a nutritious NPI score. These snacks included grain-based products, such as cookies, cereal bars, and puffs, as well as fruit-based snacks, including yogurt melts and fruit snacks. With a median NPI score of 36, Happy Baby fruit-based snacks (Coconut Creamies and Yummy Yogis) had the lowest nutrition scores in our analysis. Notably, one-half of snacks for babies and 83% of toddler snacks contained added sweeteners, including high fructose corn syrup in some Gerber Graduates snacks. Furthermore, these products were no better in nutritional quality than snack foods aimed at older consumers, such as Kashi cereal bars, Cheetos reduced fat puffs, and animal crackers. Original Cheerios, with an NPI score of 70, remains a better choice of early finger foods for babies. Despite their lower nutritional quality, baby and toddler snacks also featured many nutrition-related messages on packages, averaging 7.3 messages per

package for snack foods versus 5.6 per package for the more nutritious fruit, vegetable, and meal products in our analysis.

Beyond providing nutrients, foods offered to babies and toddlers must support development of healthy eating behaviors and habits. However, many of the products in our analysis did not meet these developmental standards. For example, serving toddlers pureed food in pouch form does not promote the development of eating skills or allow them to experience the different textures or varying tastes, flavors, smells, and colors that occur naturally in food. Experts do not recommend serving toddlers pureed food,²⁵ yet 45% of the nutritious toddler food products in our analysis were pureed foods in pouches. In addition, the majority of baby and toddler snacks, as well as 31% of the nutritious baby and toddler foods examined, either failed to list main ingredients in the product name (e.g., Happy Tot Super Foods Coconut Mixed Berry includes apple puree as the first ingredient and pear juice as the fourth, while coconut milk is the sixth) or included ingredients in the product name that were not listed as one of the first five ingredients on the nutrition facts panel (e.g., in Gerber Lil' Beans white cheddar and broccoli, cheddar and broccoli are the 8th and 10th ingredients on the nutrition facts panel). This practice may mislead parents about the content of the products they serve their children.²⁶ In addition, Nestle's corporate policy on responsible marketing of breastmilk substitutes states that it will support the WHO's recommendation for exclusive breastmilk feeding until 6 months, followed by the introduction of nutritious complementary foods,²⁷ but the company's Gerber brand offered 1st Foods for "supported sitters" (4-6 months).

Notably, there was wide variation between brands in the nutrition content and marketing of their baby and toddler food products (see **Table 37**). Beech-Nut baby food stood out as the brand with the most nutritious products – 100% had a nutritious NPI score, 84% had a high score of 76 or more, and not one contained added sweeteners. The company also had the most responsible marketing practices. Beech-Nut products averaged just 2.5 nutrition-related messages on their packages, and product name and main ingredients matched for 93% of its products. In addition, 100% of Gerber baby food products had nutritious NPI scores, and the brand did not offer any baby snack foods.

In contrast, the other baby and toddler food brands engaged in marketing practices that raise concerns. The product name and ingredients did not match for one-third or more of all Plum Organics baby and toddler food products and Happy Tot fruit, vegetable, and meal products. Three-quarters to 100% of Gerber Graduates, Plum Organics, and Happy Tot foods for toddlers came in pouches, and Gerber Graduates spent \$3.6 million in 2015 to advertise its Grabbers toddler pouches. Gerber Graduates also spent \$5.3 million to advertise its Puffs toddler snack foods; with a median NPI score of 56, these products fell below the cut-off of 64 to qualify as nutritious and all contained added sugar. Furthermore, Happy Baby, Happy Tot, and Plum Organics snack foods averaged more

Table 37. Nutrition content and marketing of baby and toddler food brands

Company	Brand	Category	# of products	2015 ad spending (\$000)	Product nutrition		Concerning marketing practices		
					% nutritious products (NPI ≥ 64)	% above median nutrition (NPI ≥ 76)	Avg # of related nutrition-messages per package	% pouches	% name/ingredient mismatch
Fruits, vegetables, and meals*									
Hero AG	Beech-Nut	Baby food	129	\$286.0	100%	84%	2.5	12%	7%
Nurture Inc.	Happy Baby	Baby food	41	\$63.3	100%	73%	7.1	100%	12%
Nestle S.A.	Gerber	Baby food	132	\$15,832.7	100%	65%	7.2	33%	18%
Campbell Soup Company	Plum Organics	Baby food	41	\$419.4	100%	93%	7.4	90%	49%
Nestle S.A.	Gerber/Gerber Graduates	Toddler food	53	\$7,665.4	100%	74%	5.9	43%	28%
Campbell Soup Company	Plum Organics	Toddler food	18	\$0.0	100%	94%	7.3	78%	67%
Nurture Inc.	Happy Tot	Toddler food	25	\$91.8	100%	80%	7.4	100%	36%
Snack foods**									
Nurture Inc.	Happy Tot	Toddler food	5	\$0.0	40%	20%	8.0	0%	60%
Nurture Inc.	Happy Baby	Baby food	21	\$0.0	10%	0%	8.1	0%	76%
Nestle S.A.	Gerber/Gerber Graduates	Toddler food	40	\$5,294.5	0%	0%	6.3	0%	42%
Campbell Soup Company	Plum Organics	Baby food	7	\$0.0	0%	0%	8.5	0%	100%
Campbell Soup Company	Plum Organics	Toddler food	7	\$0.0	0%	0%	9.5	0%	100%

Highlighted cells identify products and practices that raise potential concerns

*Includes products in the pureed single food group, pureed mixed food, and textured mixed baby food and pureed single food group, pureed mixed, and bitesize food and meals toddler food sub-categories

**Includes grain-based and fruit-based snack sub-categories

than eight nutrition-related messages on product packages, while the product name did not match its main ingredients on 100% of Plum Organics snack foods.

Infant formula marketing

On a positive note, there was a substantial reduction in traditional advertising for infant formula from 2011 to 2015. Advertising for infant formula declined by two-thirds during this period, from more than \$30 million in 2011 to less than \$10 million in 2015. Just two brands – Gerber Good Start and Similac – spent more than \$1 million in advertising in 2015. On TV, women viewed on average less than two infant formula ads in 2015, a decline of 85% versus 2011. However, infant formula brands also had the most advertising on the internet compared to other brands in our analysis, and they were among the most active users of social media. For example, one video from Similac’s #EndMommyWars social media campaign garnered 4.5 million views on Facebook and another video in the campaign received 8.5 million views on YouTube. The brand also received 321 mentions on mom blogs, more than any other brand in our analysis.

Infant formula manufacturers have pledged that they will not discourage breastfeeding in their educational and promotional materials,^{28,29} which they have implemented by placing disclaimers on product packages, websites, and TV

and magazine advertising noting that breastfeeding is best for babies. These materials also include disclaimers that caregivers should consult with a pediatrician before use, as required by law.³⁰ However, marketing for infant formula on social media and banner advertising on third-party websites *did not* include these disclaimers. Furthermore, infant formula brands engaged in most of the practices that the WHO has identified as “aggressive and inappropriate” marketing of breastmilk substitutes that effectively serve to discourage breastfeeding.³¹ For example, the WHO calls for infant formula labels to only provide necessary information, yet our analysis showed that infant formula packages averaged 5.9 nutrition-related and 3.1 child development messages each. Gerber Good Start, Enfamil, and Similac all offered expert advice on children’s nutrition, development, and breastfeeding, featuring access to experts on packages, websites, and social media. They also focused their internet and social media promotion on loyalty programs offering money-saving deals that enabled brands to maintain ongoing relationships with pregnant women and new mothers. Notably, the WHO specifically discourages both practices in its latest guidelines for ending inappropriate promotion of foods for infants and young children.³² As one market research company noted, “Positioning formula brands as a go-to source for parenting and breastfeeding represents a type of oblique marketing that can help keep the spotlight on formula brands even when moms decide to breastfeed.”³³

Other common marketing strategies may normalize infant formula use or even present it as the best choice for babies. For example, infant formula companies frequently engaged “real” moms to promote their brands by sharing pictures and experiences through social media and enlisting mom bloggers to write about their support, which may help reinforce mothers’ decision to begin feeding infant formula to their babies. Gerber Good Start and Enfamil also frequently promoted their “scientific” formulas, and all brands devoted the majority of their advertising to specialty formulas, which the American Academy of Family Physicians does not recommend for most babies due to their higher cost and lack of evidence to support their advertised benefits.³⁴ Despite this recommendation, companies advertised their specialty infant formula products the most in 2015, including Gerber Good Start Soothe (“for babies experiencing excessive crying, colic, fussiness, and gas”) and Gentle (“inspired by the complete nutrition and the gentleness of breastmilk”), Similac Sensitive (“complete nutrition for fussiness, gas or mild spit-up”) and Advance (“designed to be closer than ever to breast milk”), and Enfamil Reguline (“designed to help babies produce soft comfortable stools”). Advertising for these products presents infant formula as the “scientifically proven” solution to problems common to nearly all babies and may lead parents to believe that formula would be better for their babies than breastmilk. We also found many examples of structure/function claims that the FDA has expressed concerns about on infant formula labels.³⁵ These claims linked ingredients in infant formula to children’s development, including brain and eye health, enhanced vocabulary, IQ, and milestones like grasping and walking. Of note, under proposed new guidelines from the FDA, companies would be required to provide well-designed clinical trials to substantiate all such structure/function claims on infant formula product labels.³⁶

Toddler milk and nutritional supplements

Toddler milk brands (Enfagrow and Nido) spent almost \$17 million in 2015, an increase of 74% compared with 2011. At the same time that Mead Johnson reduced advertising spending on its Enfamil infant formula by 92%, it more than doubled advertising for Enfagrow toddler milk. Of note, the American Academy of Family Physicians and the AAP specifically recommend against “toddler formula” stating, “There is no evidence of advantage over whole milk in terms of growth or development; head-to-head trials are needed. Because toddler formulas are significantly more expensive than whole milk, family physicians can counsel parents against routine use. Parents who remain concerned about picky eaters could be directed toward a multivitamin instead.”³⁷ Furthermore, most toddler milk products contain added sugars, including sugar, glucose syrup solids, honey, and corn syrup, which are not recommended for children of this age and could condition a preference for a greater level of sweetness.³⁸

Similarly, the nutritional supplement products aimed at toddlers (PediaSure and PediaSure Sidekicks) average 17 to 18 grams of sugar per serving, which is comparable to an 8-ounce sports drink.³⁹ PediaSure contains 240 calories per serving and is formulated for children with acute malnutrition, failure to thrive, and those who cannot consume a normal diet due to illness.

However, advertising for PediaSure implies that the product will resolve common concerns for parents of many young children: picky eating and that their child is “behind the growth curve.” PediaSure spent almost \$21 million on advertising to consumers in 2015 – more than any other brand in our analysis – and the brand was responsible for more than one-third of TV ads for all baby and toddler food and drink products viewed by women. Abbott discontinued advertising for PediaSure Sidekicks in 2014 after the company settled with the NY State Attorney General for a misleading claim in its advertising. However, it increased advertising for PediaSure by 85% from 2011 to 2015.

Furthermore, PediaSure, Enfagrow, and Nido were the only brands in our analysis to advertise on Spanish-language TV in 2015, spending \$16 million. Nido (a brand targeting Latinas) only advertised in Spanish, but Enfagrow and PediaSure outspent Nido and devoted a high percentage of their budgets – 54% and 25%, respectively – to Spanish-language TV. By comparison, a previous analysis showed that the most highly advertised food and beverage brands devoted on average 8% of their TV advertising budgets to Spanish-language TV.⁴⁰ Marketing that recognizes the importance of Hispanic consumers is laudable, but advertising for sugar-sweetened drinks targeted to Hispanic parents raises public health concerns due to higher rates of overweight and obesity among Hispanic children and may contribute to health disparities affecting Latino communities.⁴¹

The messages used to advertise drinks targeted to toddlers also raises concerns. As found with infant formula, messages in Enfagrow, Nido, and PediaSure ads promoted the products as beneficial for children’s development, especially growth and mental performance. For example, one Enfagrow ad states, “85% of brain growth happens in the first three years, which is why it’s important that children get DHA. Enfagrow Toddler has DHA, which toddlers may not be getting in their diets.” PediaSure claims to be “clinically proven nutrition to help kids grow” with the footnote “studied with children at risk for malnutrition.”⁴² These brands also promoted their products as a solution for picky eating, which is a common reaction from toddlers when introduced to new foods,⁴³ capitalizing on parents’ fears that their young children do not get adequate nutrition. Despite the AAP’s recommendation that toddlers do not need to drink toddler milk, Enfagrow claims to be the “#1 brand recommended by pediatricians” with the footnote, “among products labeled for toddlers under 2.” PediaSure also claims to be the “#1 brand recommended by pediatricians.” Finally, product packaging, design, and branding for toddler milk products are difficult to distinguish from infant formula

products offered by the same manufacturers. This finding supports concerns raised by the WHO and others that caregivers may not understand the difference and substitute less expensive toddler milk for infant formula.^{44,45} The introduction of “transition” formula for children from 9 to 18 months (e.g., Enfagrow Toddler Transitions) further obfuscates the difference. This practice also may lead parents to infer that toddler milk is the appropriate next stage of drink to serve their child who is too old for infant formula.

Recommendations

In summary, the nutritional quality of all baby and toddler foods in this analysis, with the exception of snacks, was very high. Beech-Nut and Gerber baby food also marketed their products in a way that supported most expert recommendations on best practices for feeding infants. In addition, traditional advertising for infant formula declined substantially from 2011 to 2015.

However, we also found many examples of marketing messages that imply that commercially prepared baby and toddler food, infant formula, toddler milk, and nutritional supplements are nutritionally superior and/or provide developmental advantages compared with breastmilk or whole milk and table food for toddlers. Common marketing themes also present commercial products as a “solution” to normal stages of children’s development, such as crying and not sleeping through the night for babies or picky eating for toddlers. Furthermore, this marketing often promotes products that experts do not recommend serving to young children – including sugar-sweetened snacks, toddler milk, and energy-dense nutritional supplements – and implies that these products are beneficial for most young children. Many do not support the development of dietary behaviors toward foods, the family’s diet, and healthy eating of nutritious foods, particularly fruits and vegetables.

Additional research is required to understand the impact of this marketing on parents’ purchases and their attitudes about serving commercially prepared products to their children. However, policy makers, health professionals, and the public health community have the opportunity to take action to address the misinformation that parents receive through marketing for baby and toddler food, infant formula, and toddler milk and nutritional supplements.

Further research

As a first step, studies are needed to understand how many parents serve the marketed products to their young children. The U.S. National Centers for Chronic Disease Prevention and Health Promotion (CDC) tracks breastfeeding rates for children 12 months and younger.⁴⁶ Similar monitoring of breastfeeding and formula use among toddlers would be beneficial. Studies should also examine infant and toddler consumption of commercially prepared baby food products. One market research study suggests that many parents

purchase these products, with almost two-thirds of mothers with children younger than age 2 serving store-bought baby snacks (e.g., puffs, yogurt drops) and/or baby treats (e.g., cookies).⁴⁷ This study also found that 44% of parents with children younger than age 1 use formula, as well as an estimated 24% of mothers with children between ages 1 and 2,⁴⁸ and that 16% of parents with children younger than age 2 serve them nutritional shakes (e.g., Pediasure). Studies should also examine whether parents serve these products only occasionally or whether they constitute a substantial portion of young children’s diets.

It is also important to conduct research to understand why parents serve these products and whether the marketing affects their understanding and attitudes about feeding practices that contribute to their children’s good health and nutrition. Commercially prepared baby food products are generally more expensive than products recommended by pediatricians and nutritionists, including breastmilk, whole milk, fruits and vegetables, and family meals prepared for babies and toddlers. Therefore, it is important to understand whether parents purchase commercially prepared products primarily because of time and convenience, or whether they mistakenly believe the products are better for their young children. In its proposed guidance on structure/function claims on infant formula labels, the FDA also calls for consumer testing to “determine consumer understanding of each claim in context.”⁴⁹ Research to understand how parents interpret all the messages presented in marketing for baby and toddler food, toddler milk, and nutritional supplements, in addition to infant formula, will be important. Furthermore, this research would help determine whether marketing messages lead parents to believe that nutritionally poor products (e.g., baby and toddler snacks) and those that are not the best options for toddlers (e.g., toddler milk, pureed food in pouches) may actually benefit their children’s mental and physical development and/or help teach them good eating habits.

Additional research would also help inform the expansion of the Dietary Guidelines for Americans to include infants and toddlers to age 2 beginning with the 2020-2025 edition, as mandated by Congress in the 2014 Farm Bill.⁵⁰ For the first time, the Dietary Guidelines will provide an authoritative source to support or discourage the provision of specific food products to children under age 2, as well as recommend feeding practices that foster healthy food preferences and eating habits. Research into healthy nutrition and development of healthy food and dietary behavior messages is especially timely given this new United States Department of Agriculture (USDA) mandate.

Policy actions

An estimated 135 countries have adopted at least some key provisions of the WHO International Code of Marketing for Breast-Milk Substitutes to address “aggressive and inappropriate” marketing of infant formula and complementary foods, and 39 countries have passed legislation to adopt most

of the key provisions.⁵¹ The United States Congress could follow their lead and pass laws consistent with the WHO guidance. Provisions in the original WHO Code⁵² and the recent WHO Guidance⁵³ would curtail all marketing – including nutrition-related, child-development, and other marketing messages on product packages; marketing online and in social media; and expert guidance and loyalty programs offered by infant formula and baby food companies – for infant formula, toddler milk, and baby food for children under 6 months.

Recently, the U.S. Food and Drug Administration (FDA) has taken an important first step to ensure that all claims on baby and toddler food labeling are truthful and not misleading, issuing proposed guidance that structure/function claims on infant formula labels must be supported by high quality scientific evidence.⁵⁴ The FDA could also regulate structure/function claims on toddler milk products, as well as other types of claims that serve to discourage breastfeeding or mislead parents to believe that these products benefit their babies or toddlers in some way, including direct comparisons of infant formula to breastmilk. The U.S. Federal Trade Commission (FTC) should similarly regulate claims made in advertising. In addition, state attorneys general can take action to stop manufacturers from making misleading claims on product packaging and in their marketing messages.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) can also help address marketing practices that discourage breastfeeding and other recommended feeding practices for babies and toddlers through requirements for participating suppliers. WIC provides vouchers for nutritious foods to over 8 million low-income women, infants, and children annually,⁵⁵ and the program offers peer breastfeeding support, which has been effective at increasing breastfeeding rates among WIC participants.⁵⁶ WIC encourages breastfeeding as the best source of nutrition for infants, but also offers vouchers for WIC-approved formula and complementary foods to participating women. In federal fiscal year 2010, the program spent \$927 million on formula and \$328 million on infant fruits and vegetables and cereal.⁵⁷ State WIC programs use a competitive bidding process to select the formula and baby food providers for WIC participants for the state. WIC also allows states to include “toddler” formula (including Enfagrow and Similac toddler milk) in their WIC packages,⁵⁸ although research is needed to understand the extent and requirements for providing formula for children older than 12 months in individual state packages. The USDA could use WIC’s considerable purchasing power and leverage to encourage alternatives to infant formula provision through the retail grocery system. Current law already allows states the option to bulk-purchase formula from a manufacturer, create labels free from unnecessary marketing messages (similar to tombstone ads on tobacco products), and directly distribute the product to WIC families through a variety of shipping and delivery channels. This alternative should be tested.

Providing expert guidance and advocacy to empower parents of babies and toddlers

Policymakers, health professionals, and public health advocates can also do more to provide guidance to caregivers to help encourage the development of healthy eating habits and to counteract misinformation that may be communicated through marketing of baby and toddler products. Importantly, Healthy Eating Research (HER), a national program of the Robert Wood Johnson Foundation (RWJF), convened an expert panel to develop evidence-based recommendations for promoting healthy nutrition and feeding patterns for infants and toddlers from birth to 24 months. The panel has identified best nutrition and feeding practices, with an emphasis on healthy eating, dietary quality, portion sizes, and mealtime environments. These best practice recommendations are expected to be released in early 2017. The expansion of the Dietary Guidelines for Americans to include infants and toddlers to age 2 beginning with the 2020-2025 edition will also be an important step forward.⁵⁹ Government-sponsored child nutrition education programs through WIC, SNAP, CACFP, and Head Start could also strengthen their efforts to address the messages that parents receive through marketing for baby and infant food and drinks that may not conform with expert recommendations. In particular, WIC nutrition counselors meet individually with low-income mothers to counsel them on feeding their young children. The USDA should ensure that the information provided by counselors reflects the current science and expert recommendations on what and how to feed young children.

Pediatricians and other health providers can also ask caregivers about their provision of marketed products, such as toddler milk, baby and toddler snacks, nutritional supplements, and pureed food in pouches, in addition to discussions about breastfeeding and infant formula. In most cases, pediatricians will be able to counsel parents that these products are unnecessary for their child and not worth the added expense. Healthcare providers serving Hispanic communities in particular should be aware of the extensive marketing for toddler milk and nutritional supplement brands aimed at Latina mothers. Advice from trusted health professionals can help correct misperceptions that these products benefit their children’s growth and brain development, or that they are necessary to compensate for picky eating. Healthcare professionals can also file complaints through the Better Business Bureau’s National Advertising Division (NAD) system against infant formula and other manufacturers for misleading information in advertising,⁶⁰ including the lack of reliable scientific evidence to support claims about benefits for their children from consuming these products.

Advocates for children’s health can also help raise awareness about the marketing practices used to encourage purchases of baby and toddler food and drinks, including challenging the

nutrition advice provided by companies' paid experts, utilizing social media and parent blogs to help counteract these messages, and calling for consumer protection actions to address misleading information conveyed through marketing. Advocacy efforts aimed at counteracting this marketing and communicating best feeding practices for toddlers and babies upon introduction to complementary foods would help establish healthy eating practices for the next generation.

Food manufacturers

Participating members of the International Association of Infant Formula Manufacturers (IFM) and other manufacturers could also agree to abide by the WHO provisions on marketing of breastmilk substitutes in the United States, as they do in countries where many of their U.S. marketing practices are illegal. At a minimum, they should discontinue practices that position infant formula as equivalent to breastmilk and messages that may lead caregivers to infer that formula might provide advantages over breastmilk. Companies should also discontinue disproportionate marketing of products that health professionals have determined are not necessary for most young children, as well as nutritionally poor products

and those that do not promote development of healthy eating habits. Furthermore, manufacturers should discontinue the other potentially misleading claims and practices identified in this report. To accomplish these objectives, the food industry could expand the Children's Food and Beverage Advertising Initiative (CFBAI) self-regulatory program for improving food advertising to children⁶¹ to incorporate marketing of all products intended for children's consumption, including baby and toddler food and drinks.

Marketing of food and drinks intended for young children should help parents ensure that their children develop lifelong healthy food preferences and eating habits. However, many of the marketing practices documented in this report encourage parents to feed their young children "formulas," often positioning them as comparable or better than breastmilk or whole milk (for toddlers). Others imply that commercial baby and toddler foods – including nutritionally poor snack foods – may have benefits over foods that parents prepare themselves, such as mashed or cut-up whole fruits and vegetables or age-appropriate foods that the rest of the family are eating. This marketing undermines public health efforts to create a culture of health for our youngest and most vulnerable children.