

Toddler Drink Marketing: Opportunities to Address Harmful Practices

Healthy Eating
Research

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Introduction

The first three years of a young child's life is a critical period for developing positive eating habits and preferences for healthy foods and beverages, such as plain milk and unsweetened drinks.¹ However, most toddlers' diets in the United States are not healthy because they include high consumption of sugar, including sugar-sweetened beverages (SSBs), which can lead to long-term health risks.

In recent years, formula manufacturers have stepped up their advertising of toddler drinks, a relatively new product category, and sales are increasing rapidly.² Marketing promotes these drinks as the "next step" after infant formula, using claims that imply unproven benefits for children's nutrition and health,³ but these drinks raise substantial concerns among health and nutrition experts.⁴ Toddler drinks contain added sugar and serving them to young children may condition them to prefer sweet drinks over healthier options, including plain milk or water.⁵ For this reason, health professionals do not recommend serving transition formulas or toddler drinks. At around 12 months, plain whole milk should replace infant formula.¹ Plain whole milk is also less expensive than these toddler drinks.

This brief presents the current evidence on toddler drink marketing trends and their impact, and potential policy actions to address problematic marketing practices. The brief is based on a recent literature review that examined infant and toddler food and beverage marketing.*

Toddler drinks are typically offered by infant formula manufacturers and promoted as beneficial for young children (12 months and older).⁴ They include two types of products:

Transition formulas are marketed for older infants and young toddlers (9-24 months), although they typically follow labeling and formulation requirements for infant formula.⁴ This type of product appears to be unique to the United States. In other countries, "follow-up" or "follow-on" formulas are marketed for older infants (6-12 months). Examples of transition formulas include Enfagrow Toddler Transitions and Gerber Good Start 3 Soy.

Toddler milks are marketed for young children (12-36 months). They consist primarily of powdered low-fat milk, corn syrup solids or other caloric sweeteners, and vegetable oil.⁴ Outside of the United States, they are also known as "growing up milks." Examples of toddler milks include Enfagrow, Nido 1+, Similac Go & Grow, and Gerber Good Start 3 Grow.



* The full literature review and list of citations can be found at: Harris JL, Pomeranz JL. Infant formula and toddler milk marketing: opportunities to address harmful practices and improve young children's diets. *Nutr Rev.* 2020 Jan 22. pii: nuz095. doi: [10.1093/nutrit/nuz095](https://doi.org/10.1093/nutrit/nuz095).

The Evidence

- U.S. volume sales of toddler milks increased by 133% from 2006 to 2015, while infant formula sales declined by 7% during the same time.³ Worldwide, toddler milk is the fastest growing “formula” category, with sales increasing by 53% from 2008 to 2013.⁶
- In 2015, U.S. manufacturers spent \$17 million to advertise toddler milks in all media, compared to \$10 million spent on infant formula advertising.⁷ From 2011 to 2015, advertising spending for toddler milk increased by 74%, whereas spending on infant formula declined by 68%.
- Toddler milk packages average 4.0 nutrition-related and 2.6 child development messages per package, with many claims that link nutrients or ingredients to young children’s health and/or development.⁴ The FDA does not require manufacturers to provide scientific evidence supporting these types of claims for foods and drinks, but has published draft guidance to require scientific evidence for these types of claims on infant formulas.⁸
- Sixty percent of U.S. caregivers surveyed (n=1,090) believed that claims on toddler milk packages mean that these products provide nutrition that toddlers do not get from other foods and drinks, and this belief was associated with increased odds that they served formula to their child.⁹ Approximately one-third or more believed that the claims mean that toddler milks are “necessary for toddlers to have correct nutrition” and “better for toddlers than plain whole milk.”
- Formula manufacturers often cross-promote their toddler drink and infant formula products using similar brand names, colors and packaging, which implies that toddler drinks are the appropriate “next” formula for children over 12 months.⁴ Toddler milks and infant formula are often stocked side-by-side on retail shelves, but toddler milk costs less than infant formula.⁷
- Infant formula is highly regulated by the FDA, including the definition of “infant” (i.e., children up to 12 months), the requirement for a specific infant formula nutrition panel, requirements for permissible and impermissible claims, and a required statement to “use as directed by physicians.”⁴
- There are no specific requirements for toddler milk labels, product names or product formulations.⁴ Furthermore, there is no consistent statement of identity for these products. Different manufacturers use various terms to designate toddler milks, including referring to them as a “toddler formula,” “milk drink,” and “toddler drink.”
- Transition formulas were found to use the infant formula nutrition facts panel and formulations, even though they are also marketed for children older than 12 months.⁴
- Toddler milk marketing practices confuse caregivers about the appropriate ages to serve these products,^{10,11} and they present a health risk if served to infants in place of infant formula or breastmilk. In a survey of 544 caregivers of infants under 12 months, 14% reported serving a toddler milk to their child most often.⁸
- The World Health Organization (WHO) has deemed toddler milks to be “unnecessary” and includes these products in its definition of breastmilk substitutes (BMS).¹² The WHO’s International Code of Marketing Breastmilk Substitutes (the Code) calls on member countries to enact regulations to prohibit advertising and promotion of BMS (including follow-up formulas and toddler milks) to the general public.

Conclusions

In response to increased breastfeeding rates in the United States and corresponding declines in infant formula volume sales, formula manufacturers appear to have refocused their marketing efforts towards toddler milks.^{2,3} Yet these milk-based drinks contain added sugars and are more expensive than plain whole milk, the recommended milk option for toddlers beginning at one year of age.

The marketing practices used to promote toddler drinks also raise concerns. Advertising and package claims imply that these products are beneficial, even necessary, for toddlers’ nutrition, cognitive development and growth. These messages may lead caregivers to believe that family meals are nutritionally inadequate, and their child requires these products. Furthermore, cross-promotion of toddler drinks and infant formulas by the same manufacturers, using similar branding and packaging, confuses caregivers about the differences between these product categories and the appropriate product for someone of their child’s age.

In the United States, there are no specific regulatory requirements for toddler milks, resulting in inconsistent and confusing labeling practices. However, the U.S. Food and Drug Administration (FDA) has the authority to establish a statement of identity, labeling requirements and reasonable standard of quality for toddler milks.¹³

Policy Recommendations

These findings indicate a number of potential actions that can be taken by key U.S. policymakers, health professionals, and private industry to address problematic toddler drink marketing practices.² These policy options are discussed in greater detail in the recent literature review examining infant and toddler food and beverage marketing practices on which this brief is based.

U.S. Food and Drug Administration (FDA)¹³

- The FDA should establish a statement of identity and labeling requirements for toddler milks. It should consider regulating these products on par with infant formula, such as designating permissible and impermissible claims and requiring that packages clearly state these products should not be provided to infants under 12 months.
- The FDA should take enforcement actions against transition formulas, which are labeled as infant formula but do not comply with the law defining infants as children less than 12 months of age.
- The FDA should consider establishing stricter requirements for claims and nutrition content of all food and drinks intended for children under age 3, including regulating claims expressly comparing all breastmilk substitutes to breastmilk (claims like “closest to breastmilk”).

U.S. Federal Trade Commission (FTC)¹³

- The FTC should consider enforcement action against unfair and deceptive marketing practices by manufacturers of toddler drinks.

State and local governments

- State attorneys general could use their consumer protection authority to address misleading and deceptive marketing and labeling practices of toddler drinks.

- States and municipalities could regulate toddler drink retail practices, such as requiring items to be sold from behind the counter or not placed next to infant formula on product shelves.
- States and municipalities should include toddler milks in their definitions of sugar-sweetened beverages in tax and pricing laws.

Healthcare and nutrition-related professional organizations

- Professional organizations should issue a clear statement that toddler milks are not necessary for children’s nutrition or development and educate parents on preferable feeding practices.
- Healthcare providers and organizations should also follow the WHO Code and discontinue accepting financial and material support from the BMS industry.

Industry, including formula manufacturers and distributors and media companies

- Manufacturers should comply with the WHO Code and cease marketing of breastmilk substitutes, including toddler drinks and infant formula, to the general public
- Media companies should set strong nutrition standards for children’s foods and beverages to ensure that products advertised to parents through their media properties (e.g., TV, magazines) represent nutritious options for young children.

Suggested Citation

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About Healthy Eating Research

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