

The role of pharmacists and pharmacy in rebuilding trust in early-life nutrition in the context of infant formula recalls

Report from a FIP insight board

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International
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Federation

Colophon

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Disclaimer

Breastfeeding is one of the most effective ways to ensure child health and survival and is best for babies.¹ A healthy maternal diet is important during breastfeeding. Infant formula should only be used on the advice of a healthcare professional, and the financial implications should be considered. This insight board report is intended for healthcare professionals only and should not be distributed to the general public.

¹ World Health Organization (WHO). Breastfeeding [Internet]. [accessed: 04 June 2026]. Available at: <https://www.who.int/health-topics/breastfeeding>

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1 Introduction

Background on early-life nutrition

Early-life nutrition, from conception to a child's second birthday (1,000 days), plays a critical role in supporting healthy growth and brain development and, subsequently, long-term health outcomes.^{1,2} Adequate nutrition during this critical window is associated with improved cognitive development, stronger immunity, and reduced risk of non-communicable diseases later in life.

Breastfeeding, initiated as soon as possible after birth and continued whenever possible, is recognised as a cornerstone of optimal early nutrition. The World Health Organization (WHO) and UNICEF recommend exclusive breastfeeding for the first six months of life, followed by the introduction of appropriate complementary foods while continuing breastfeeding up to two years of age or beyond.^{3,3}

In cases where breastfeeding is not possible, insufficient or not chosen, nutritionally adequate infant formula can be used. Ideally, this should be under the guidance of a healthcare professional to ensure correct preparation, safe handling and appropriate use.^{4,6} In such situations, parents and caregivers should be supported with clear, evidence-based and unbiased information to enable informed decisions about feeding options, while prioritising the infant's nutritional needs and safety.

Background to the 2025-2026 infant formula recalls

Between December 2025 and January 2026, multiple infant formula manufacturers announced precautionary recalls affecting specific batches of infant formula products distributed across several European countries. The recalls were prompted by concerns regarding potential contamination with cereulide, a toxin produced by *Bacillus cereus*, and generated significant public attention due to the vulnerability of the infant population concerned.^{7,8}

While the scope and management of the recalls varied between countries, the event raised important questions regarding risk communication, access to trusted information, product availability, and the role of healthcare professionals in supporting parents and caregivers. Given their accessibility and frequent contact with families, pharmacists were often approached for advice and reassurance during the recall period.

These events are considered collectively in this report as part of broader infant formula recall scenarios, rather than a single isolated incident. This report uses these events as a case study to explore broader lessons for pharmacists' roles in communication, trust-building and early-life nutrition support.

Role of pharmacists in rebuilding trust

Trust-building in this context refers to the process of maintaining and restoring confidence among parents, caregivers and healthcare professionals in the safety, quality and appropriate use of infant nutrition products, particularly during and after safety-related incidents.

Pharmacists, working across both community and hospital settings, are trusted and accessible healthcare professionals and often a first point of contact for parents and caregivers seeking advice on infant and young child feeding. They provide evidence-based guidance on breastfeeding support, infant formula use and complementary feeding, while also signposting families to other healthcare services when needed.

Product recalls are an essential component of systems for product safety, quality assurance and regulatory compliance, designed to protect consumers and ensure product quality. However, such events may generate uncertainty and concern among parents, caregivers and healthcare professionals, particularly when they involve products intended for vulnerable populations such as infants, and may impact trust in the category more broadly.

In these situations, pharmacists play a sensitive and pivotal role, balancing the need to provide reassurance, communicate accurate information, and support informed decision-making under conditions of uncertainty.

Following the recalls, manufacturers implemented corrective and preventive actions,^{9,10} strengthened quality and safety processes, and issued communications to authorities and healthcare stakeholders. However, the way these messages were received, interpreted and operationalised at pharmacy level varied across countries and practice settings, influencing how information was communicated to parents and caregivers.

Despite this important role, there is limited structured insight into how pharmacists experienced these events in practice, how they affected their interactions with parents and caregivers, and what support, tools or guidance they require to respond confidently to similar situations in the future.

FIP insight board

In this context, and recognising the important role of pharmacists in rebuilding trust and ensuring continuity of care in early-life nutrition, the International Pharmaceutical Federation (FIP) convened an insight board, held virtually in May 2026. The meeting brought together pharmacists from several European countries, representing diverse regulatory environments, practice settings and professional experiences in both community and hospital pharmacy.

The aim was to gather insights into pharmacists' experiences during and after infant formula recalls, and to identify opportunities to inform future professional guidance, education and support initiatives. The ultimate goal was to strengthen pharmacists' capacity to support parents and caregivers and contribute to rebuilding and maintaining trust in early-life nutrition.

Specifically, the insight board aimed to:

- Identify how pharmacists across different European countries experienced the infant formula recalls and their impact on parental behaviour and trust in infant formula products.
- Explore pharmacists' perceptions of their role in reassuring and supporting parents and caregivers during and after such events.
- Identify the information, tools and resources needed by pharmacists to confidently advise on infant formula and young child nutrition.
- Explore barriers and enablers affecting pharmacists' ability to play this role effectively.
- Identify opportunities for professional bodies such as FIP to support pharmacists in strengthening practice and rebuilding trust in early-life nutrition.

This report summarises the insight board discussion and highlights the key perspectives shared by participants. The views expressed reflect the expertise and experiences of the contributors and do not represent FIP's formal policy positions. The insights gathered will inform future professional guidance, education and support initiatives, contributing to strengthening the role of pharmacists in early-life nutrition and supporting efforts to rebuild trust following product-related recalls.

2 Insight board participants

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3 Experience and perceptions of the infant formula recalls

This chapter explores how pharmacists among participating European countries first became aware of the infant formula recalls, how information was communicated through different channels, and how they described the concerns raised by parents and caregivers during this period. The European focus reflects the fact that the recalls originated in Europe, allowing for reflection on how national regulatory systems, communication pathways and professional roles operated in parallel during the events.

3.1 Pharmacists' awareness of the recalls

Pharmacists reported variation in the ways in which information about the infant formula recalls reached community and hospital pharmacy settings. Communication pathways differed across countries and typically involved multiple stakeholders rather than a single coordinated source. Awareness was commonly built through a combination of press coverage, wholesaler alerts, email systems and notifications from food safety authorities. In several cases, participants also noted limited follow-up communication following the initial notification, particularly regarding operational aspects of the recalls and subsequent actions required at pharmacy level.

In Wales, recalls and safety alert communications are integrated within the NHS infrastructure and are sent to registered pharmacists via NHS email systems. The participant noted that this system represented the primary formal route through which pharmacists became aware of the recalls. It was also noted that the UK includes separate health systems (NHS Wales, NHS England, NHS Scotland and HSC Northern Ireland), which may operate with different communication processes and timelines.

“Pharmacists were notified via an NHS email system.”

In Belgium, recall communication for medicines is managed by the Belgian Pharmaceutical Association (APB) in coordination with the Federal Agency for Medicines and Health Products (FAMHP). Under this system, the FAMHP requests companies to route medicine recall communications through the APB, ensuring structured dissemination of information to pharmacists across community and hospital settings.

“In the case of a recall of a medicine distributed in pharmacies, the Federal Agency for Medicines and Health Products asks companies to go through us [Belgium Pharmaceutical Association], which ensures that we inform pharmacists first with neutral and clear information on all different aspects (products recalls and the reasons, logistics flow, reimbursement).”

However, infant formulas fall under the responsibility of the Federal Agency for the Safety of the Food Chain, as they are classified as food products. This means that the regulatory pathway for communicating recalls is different compared with medicines, despite infant formulas being widely distributed through pharmacies.

In Greece, recall information for infant formula was received through multiple channels, including wholesalers' online ordering platforms, delivery documentation and email communications from distributors. For infant formula up to six months of age, regulatory oversight is provided by the Greek Medicines Agency (EOF), meaning that recall processes are managed within a medicine's regulatory framework. The participant described that these channels enabled timely notification of the recall to community pharmacies. However, a key gap identified was the lack of guidance on actions to be taken following receipt of the recall notice.

*“We have a very effective way for community pharmacists to get informed about this recall... However, we do not get information on the next steps. I know there is a problem and it should be recalled, but what happens next?
I don't have the information on what to do next.”*

In the Netherlands, infant formula falls under the oversight of the Ministry of Agriculture, Fisheries, Food Security and Nature rather than the medicines regulatory authority. The participant reported that community pharmacists were informed about the recalls through news outlets and notifications from wholesalers. Information on the recalls was also made available through the national food safety authority, which provided updates to the public. As infant formula is not commonly dispensed in Dutch community pharmacies, pharmacists reported limited direct interaction with caregivers in relation to the recall.

“We don't really have formulas for infants anymore in community pharmacies. They are mostly sold in drugstores and supermarkets.”

In Germany, the formula recalls were overseen by the Federal Office of Consumer Protection and Food Safety rather than the medicines regulator. The participant reported that initial awareness was disseminated through the purchasing group, aligning with the information communicated in the manufacturer's press release.

“The information we received from the purchasing group was basically the same as the press release from the manufacturer's company.”

The participant from Spain explained that awareness of the recalls was initially driven by media and social media coverage, which rapidly amplified public concern. Although infant formula can be found in many places other than pharmacies, people tend to go to pharmacies when concerns arise, even if the formula was purchased elsewhere. The supply chain was effective, with the affected products being identified and withdrawn promptly.

“I first became aware of the recall through the media coverage in Spain.”

3.2 Concerns and questions raised by parents and caregivers in the pharmacy

Participants reported that the concerns raised by parents and caregivers during the infant formula recalls were broadly consistent. Families sought clarity on which specific products were affected, why multiple formulas had been recalled simultaneously, what risk the contamination posed to their child's health, and what practical steps they should take next.

A recurring challenge was that many parents turned to online sources and social media before consulting a healthcare professional, which in some cases exposed them to misinformation and contributed to anxiety or precautionary product switching.

Participants also noted that infant formula is commonly purchased outside community pharmacies, including supermarkets and other retail outlets. However, in situations of concern, parents and caregivers were reported to seek advice from pharmacists, which increased both the visibility and volume of queries received in pharmacy settings during the recalls.

Where pharmacists were accessible, they played a key role in addressing concerns, correcting misinformation, and providing reassurance. However, in countries where infant formula is not routinely distributed through pharmacies, direct exposure to caregiver concerns was more limited.

The participant from Wales highlighted that families turned to pharmacies with questions and concerns, particularly when they were using or had purchased affected products. Community pharmacists played a key role in helping parents and caregivers understand whether the products and batches they were using were affected and what subsequent actions were needed.

“Pharmacies fielded calls from concerned parents who had used affected products or similar products not explicitly stated in the recall.”

The participant from Belgium emphasised that the pharmacist role extended beyond answering questions, helping parents and caregivers navigate concerns, avoid inappropriate feeding decisions and feel reassured during periods of uncertainty.

“Pharmacists should provide trusted, accessible and evidence-based information, clarify what is known and unknown, and help correct misinformation, especially from social media or informal sources.”

In Greece, parents and caregivers mainly expressed concerns about product safety and guidance on appropriate formula substitutes.

“Mainly concerns were about safety and appropriate formula substitution with alternative brands.”

The participant from Spain explained that many parents had doubts and concerns not only about the recalled products but also about infant formula more broadly, including other brands. Many families approached the pharmacy seeking reassurance and advice, even when they had not purchased the products there.

“The main emotions and concerns were fear, insecurity, and uncertainty.”

The participant from Germany reported limited exposure to caregiver concerns related to the infant formula recalls. As the affected products were not used in the participant’s hospital, the focus of the team was on relaying relevant information to hospital nutrition professionals rather than direct engagement with parents or caregivers.

“Since we are not using the affected products in our pharmacy, we were not confronted with any questions or concerns from caregivers or parents.”

In the Netherlands, the participant reported that parents predominantly sought information online during the recalls, rather than through community pharmacies. Key concerns included identification of affected products, perceived risk, scale of impact, and appropriate protective actions.

“They really wanted to understand why so many baby formulas were being recalled, which specific products were affected, how dangerous the contaminant is, and what action they should take next to protect their children.”

Participants reported broadly similar concerns among parents and caregivers, particularly related to product safety, identification of affected products and appropriate guidance on next steps. Pharmacists consistently described responding with clear, neutral and evidence-based information during the recalls.

4 Assessment of responses and communication

The infant formula recalls exposed significant variation in how information reached pharmacists in different countries and highlighted the complexity of recall management when products sit at the intersection of food regulation and pharmaceutical practice. Insight board participants reflected on what worked well during the recall period, what was less effective, and what would have better equipped them to support parents and caregivers at the point of need. Communication challenges were described across multiple sources, including regulators, manufacturers, wholesalers, and professional organisations. Pharmacists expressed they were often required to respond to concerns for which they had not been formally prepared, relying on information that was frequently incomplete, delayed, or not tailored to the community pharmacy setting.

4.1 Information or actions from manufacturers or authorities

Participants identified several information sources that were useful during the recalls, although access and utility varied. Where official channels functioned effectively, they provided pharmacists with the essential information needed to begin managing the recalls and responding to parents and caregivers. Batch numbers, press releases, wholesaler alerts and manufacturer communications were consistently cited as key initial reference points.

Pharmacists also noted that, even when communication was not always optimal in terms of timing or level of detail, the activation of recall systems itself signalled that product safety mechanisms were functioning. When communicated appropriately, this was considered helpful in supporting reassurance and trust among parents and caregivers. However, the usefulness of the information for pharmacists was often limited by its level of detail, timing, or focus on general consumer communication rather than professional practice needs.

Communication from regulatory authorities and professional organisations

In Wales, pharmacists received notification of the recalls through the NHS Wales alert system, which distributed communications to registered NHS email accounts across community pharmacy. Batch numbers included in the alert were highlighted as particularly useful for identifying affected products quickly.

“The alert system tells most of what pharmacists need to know in terms of basic information on what the reason for recall is.”

The participant from Belgium noted that, in contrast to medicines, the recall process for infant formula was subject to different communication pathways and timing constraints due to its classification as a food product. As a result, the APB was only able to communicate recall information to pharmacists after publication by the Federal Agency for the Safety of Food Chain and subsequent media coverage. This sequencing meant that information was sometimes already available through public channels before reaching community pharmacy systems. The participant also highlighted that several operational aspects of the recall process were not clearly communicated at the outset by companies, including logistics processing, reimbursement procedures, and whether patients should be contacted individually. These elements therefore required case-by-case management at pharmacy level, creating additional workload and limiting the ability to communicate rapidly and consistently with patients and caregivers.

“Communication was therefore chaotic at the pharmacy level, and the APB was only able to communicate these recalls to pharmacists after they had already been published by the Federal Agency for the Safety of Food Chain (on their website) and by the press.”

Communication from manufacturers and supply chain actors

In Greece, pharmacists benefitted from a multi-channel notification system. Alerts were generated through manufacturer online platforms that pharmacists consulted at the start of each working day, supplemented by notifications carried by wholesaler delivery drivers, who presented documentation for pharmacists’

acknowledgement upon receipt. Public statements from the Greek Medicines Agency provided an additional formal layer of communication. The participant noted that infant formula up to six months of age is regulated as a medicinal product in Greece, meaning that the Greek Medicines Agency holds formal responsibility for such recalls.

“Every morning I log in to my manufacturer’s online platform, and if a recall has been issued, an alert is displayed immediately upon login.”

In Spain, the most useful actions during the recall were the establishment of clear communication channels and the dissemination of consumer-oriented messages with practical and understandable content. The supply chain infrastructure connecting manufacturers to community pharmacies through wholesalers was identified as a particular strength, enabling efficient tracking and retrieval of affected units. However, the participant also noted that, beyond formal circulars and written communications, short digital resources such as videos and practical training materials would have further supported pharmacists in managing the recall in a high-pressure, consumer-facing context.

“The most useful actions were the establishment of clear communication channels and consumer-oriented communication campaigns with practical and understandable messages.”

In Germany, the consumer advice centre was identified as one of the most useful sources of clear and accessible information for obtaining a rapid overview of the situation. Manufacturer press releases, together with the accompanying product website, were considered useful resources for understanding whether they were affected by the recalls. In addition, the early-stage risk assessment published by the European Food Safety Authority was noted as helpful during the initial phase of the recall.²¹

“The information provided from the Verbraucherzentrale [consumer advice centre] were most useful to get a quick overview.”

4.2 Lack of pharmacist-specific communication

A lack of pharmacist-specific communication was reported by insight board participants, particularly in relation to three recurring and interconnected areas: the absence of clear guidance on what pharmacists should do once a recall was announced; the lack of detailed clinical and scientific information to support conversations with concerned families; and, the lack of structured communication regarding alternative products or feeding options. Participants also highlighted systemic frustrations regarding the financial implications of the recall for pharmacies, particularly when products had been purchased in good faith and the pharmacy itself was responsible for the cost of refunds or replacements. Underlying these gaps was a broader concern that the information provided during the recall had been designed primarily for food safety and consumer protection systems, with the specific professional needs of pharmacists largely absent from consideration.

In Wales, the participant noted that, although the NHS alert system provided essential information, it lacked the depth required to support pharmacists in subsequent conversations with parents and caregivers. Official communications often directed parents and caregivers to the manufacturer's website, introducing additional steps and potential barriers for families already anxious about their baby's nutrition. Another issue highlighted was the lack of clarity around the logistics of the recall at pharmacy level, including how pharmacies could claim back the cost of recalled stock, whether purchased directly or returned by consumers who had originally bought it elsewhere.

“Photos, clearer information on what to do next, particularly for pharmacies, in terms of how to claim back the cost of recalled stock.”

In Greece, the information provided during the recall was considered adequate in volume, but guidance on substitution was conspicuously absent. Once a product was recalled, pharmacists were given little structured support on how to advise parents about suitable alternatives. The main recommendation made to families

was to consult a paediatrician, leaving pharmacists without a clear clinical role to play in supporting the transition to an alternative product.

“There was a lot of information regarding the recall, but [little] guidance regarding the substitution of the formula. The main advice given was to consult a paediatrician.”

In Germany, the participant highlighted a gap in the level of detail and clinical relevance of information provided to healthcare professionals. The communication was perceived as not sufficiently differentiated from consumer-facing materials, limiting pharmacists’ ability to provide informed counselling to parents and caregivers on the scientific basis of the recall, the nature of the contamination, and its potential implications for infants. A more structured communication format tailored to healthcare professionals, similar to established medicines safety alerts, was suggested as a potential model for future recalls.

“Information given to healthcare professionals should be more detailed and concrete than just the press release from the manufacturer, so we can advise parents and caregivers better. Maybe a similar concept like “drug safety news” can be used therefore.”

In Spain, the participant identified a lack of concise and practical digital resources as a significant gap. Standard circulars and written communications through official channels were received, but there was nothing designed to help pharmacists quickly orient themselves in a time-sensitive operational context. Additionally, manufacturers' responses were largely limited to opening a telephone line and an email address for consumer queries, with no specific communication strategy directed through or in partnership with pharmacies.

“Manufacturers could rely more on community pharmacies to address situations like this, viewing them as partners in solving a public health issue rather than only as a distribution channel. In Spain, manufacturers were largely limited to providing an email address and a telephone contact, without specific guidance on how pharmacies could support the response to the recall as a public health concern.”

5 The role of pharmacists in rebuilding trust

While the infant formula recall provided the context for discussion, participants highlighted a broader role for pharmacists in supporting parents and caregivers through a range of early-life nutrition challenges and situations of uncertainty in infant feeding. Even in countries where infant formula is not routinely stocked or dispensed in community pharmacies, pharmacists were frequently viewed as trusted and accessible sources of advice and reassurance. Among the participating countries, pharmacists were seen as well positioned to provide evidence-based guidance, address misinformation, support informed decision-making and help families navigate concerns related to infant feeding and nutrition. However, participants also highlighted the need for greater recognition of this role, stronger integration within relevant communication and care pathways, and more consistent professional support and resources.

5.1 Pharmacists' role in supporting parents and caregivers

Participants consistently described pharmacists as a natural first point of contact for parents and caregivers during periods of uncertainty such as product recalls. This role extends beyond confirming whether a product is affected to include providing accurate interpretation of information, addressing misinformation circulating through informal and digital channels, advising on appropriate alternatives where relevant, and offering reassurance to concerned families.

Pharmacists were also described as operating within a broader continuum of early-life nutrition support, where recall events represent only one, albeit highly visible, point of intervention. Participants highlighted that pharmacists are not always formally recognised as key stakeholders in infant nutrition pathways and are often insufficiently integrated into communication structures that would enable more effective and timely responses.

In Wales, the participant emphasised that pharmacists could play a valuable role in helping parents and caregivers understand manufacturing standards and quality assurance processes related to infant formula. However, this was described in the context of limited transparency and insufficient structured information to support such discussions in practice. Broader systemic constraints were also noted, including the withdrawal of some pharmacists from supplying infant formula due to low commercial margins and the wide range of available products, which makes comprehensive stocking impractical. The participant further reflected on perceptions within pharmacy practice that commercial priorities within the sector may, at times, outweigh support for consistent, evidence-based provision. Concerns were also raised regarding the appropriateness of infant formula use in some contexts, particularly specialist products, alongside broader questions about breastfeeding support and health equity. In areas of higher deprivation, inappropriate or premature use of formula was seen as potentially contributing to additional financial burden for families.

“There is a feeling that encouraging the use of formula milks prematurely or without sound clinical reasons, therefore, puts disproportionate strain on mothers and families from areas of higher deprivation due to the cost associated with it.”

In Belgium, pharmacists were described as among the most accessible healthcare professionals, particularly during events that generate uncertainty or concern such as product recalls. Their role was framed around providing trusted, evidence-based information, clarifying what is known and unknown, and addressing misinformation circulating through informal or digital channels. Beyond information provision, the participant emphasised that the effectiveness of pharmacists' communication depends on its clarity and accessibility for parents and caregivers. This includes the ability to translate complex information into simple, understandable messages and to support families in identifying practical solutions to their concerns. Pharmacists were also seen as playing an important role in engaging more effectively with families during periods of uncertainty, combining accurate information provision with emotional reassurance to strengthen trust in stressful situations such as product recalls. This was seen as essential in preventing inappropriate responses, including unsafe substitutions or unsuitable feeding practices during periods of heightened concern among parents and caregivers.

“This helps reduce panic-driven decisions, such as unsafe formula substitutions or inappropriate feeding practices.”

In the Netherlands, although pharmacists were not directly involved in managing the recall, participants highlighted an unmet need for accessible professional guidance. Parents purchasing infant formula through alternative retail channels often lacked direct access to healthcare professionals at the point of decision-making and frequently relied on online sources for information. This highlighted a gap in structured, professional support during recall situations, reinforcing the potential role of community pharmacy as a trusted source of advice, even when not the primary point of sale.

In Greece, the participant described three distinct but complementary roles for pharmacists: as providers of accurate information, as educators in community health due to their accessibility within the community, and as navigators who guide parents and caregivers to appropriate healthcare professionals when needed. The participant noted that pharmacists are often required to clarify misunderstandings regarding the scope of recalls, as many parents assume that all products from a given brand are affected rather than specific batches.

“Many caregivers may misunderstand recall information and assume that all infant formula products are affected. Pharmacists must help clarify this and provide accurate interpretation.”

In Germany, rebuilding trust in evidence-based infant nutrition products was identified as a central responsibility for pharmacists during and after a recall. Parents who lose confidence in a recalled product may turn to unproven or unsafe alternatives, with potential consequences for infant health. Pharmacists, as highly accessible healthcare professionals, were seen as playing a critical role in addressing this uncertainty and providing calm, evidence-based guidance.

“In my opinion, rebuilding trust in the provided products is the most important task a pharmacist should do, because not using evidence-based nutrition could also affect the health of the newborn.”

Across Spain, the pharmacist’s role was framed in terms of promoting self-care, empowering patients and caregivers, and providing accessible, evidence-based health advice. The participant highlighted that stressful situations such as recalls represent a valuable opportunity for pharmacists to re-engage with families who may otherwise obtain infant formula through other retail channels. The importance of maintaining close collaboration and communication with manufacturers was also noted, as this positioning may support pharmacists in contributing to the timely dissemination of accurate and consistent information during recall events.

“I believe the main added value of pharmacists is promoting self-care, empowering patients and caregivers, and providing evidence-based health advice in an accessible and trustworthy way.”

5.2 Moments requiring reassurance and guidance

Participants reflected on the moments in a child's early life when parents and caregivers need the most support from a pharmacist. Situations that were recalled as acute moments of high need were identified, but participants made it clear that these events occur within a much broader continuum of early-life nutrition decisions, in which pharmacists could and should play a greater role. These moments range from the prenatal period, when families begin to prepare for feeding choices, to managing feeding difficulties, allergies and intolerances, and decisions about supplementary feeding and complementary nutrition. Participants from all countries agreed that the volume and inconsistency of advice available to parents from digital sources, informal networks and healthcare professionals, who may offer conflicting guidance, means that pharmacists can play a valuable role in providing stable, trustworthy and accessible advice.

According to the participant from Wales, there are multiple types of infant formula available alongside a significant amount of inconsistent or poor-quality healthcare advice, making it difficult for parents and caregivers to make informed decisions across several domains. These include:

- a. selecting the most appropriate feeding method for their circumstances (breastfeeding versus formula feeding);

- b. recognising signs and symptoms that may indicate the need for specialised infant formulas, including conditions such as lactose intolerance, gastro-oesophageal reflux disease (GORD), or cow's milk protein allergy (CPMA);
- c. understanding how to select an appropriate formula and deciding how long a formula should be trialled before considering an alternative brand;
- d. understanding expected differences between breastfed and formula-fed infants, such as variations in weight gain and bowel habits;
- e. identifying what nutritional supplementation may be required depending on the feeding method used, such as vitamin D supplementation; and,
- f. accessing information on what local or national schemes may assist families in navigating these decisions or help alleviate the financial burden associated with infant formula.

While the participant emphasised the important role of pharmacists in this area, it was noted that the UK healthcare system currently lacks the capacity to accommodate an additional workload without dedicated funding, particularly in community pharmacy settings. Nevertheless, the potential cost savings for governments resulting from consistent, high-quality nutritional advice across healthcare systems strengthen the case for greater investment in this area.

Participants noted that pharmacists are often consulted at the point when parents are uncertain, confused, or anxious, whether that is because of a recall, conflicting advice, or the emergence of a feeding difficulty. These are moments requiring not just clinical knowledge but also communication skills and emotional sensitivity. The importance of adapting communication to the needs and health literacy of individual families was highlighted across all countries, as was the value of pharmacists being able to signpost appropriately to other healthcare professionals, including paediatricians, midwives, and general practitioners, when queries fall outside the scope of pharmacy practice.

In Spain, these moments were described as opportunities for pharmacists to provide reassurance, guidance and continuity of care during emotionally demanding situations, reinforcing their role in supporting families through structured counselling and professional advice.

“Especially during complicated or stressful situations [...] these moments represent an important opportunity for pharmacists to support, guide, and reconnect with families and patients through professional counselling and reassurance.”

Finally, participants highlighted that if pharmacists are expected to deliver this level of support consistently, appropriate recognition and remuneration are essential to ensure sustainability and value within the healthcare system.

6 Support, tools and training needs

A clear and consistent message emerged from insight board participants: pharmacists are willing and able to support parents and caregivers in the area of early-life nutrition, including during recall situations, but require more practical tools, accessible training, and clearer guidance to do so with confidence. Participants were not calling for extensive new qualifications or lengthy formal courses. Instead, they emphasised the value of practical, layered and easily accessible resources that build on existing professional competencies and support pharmacists to respond effectively in time-sensitive, real-world situations. The overarching expectation was that support tools should be simple to engage with, yet sufficiently robust and reliable to ensure high-quality, consistent practice across settings.

6.1 Information and guidance needs

Participants identified a range of information and guidance needs to strengthen pharmacists' ability to support early-life nutrition and manage recall situations. These broadly fell into four interrelated thematic areas: clinical knowledge and guidance; practical recall management tools; communication and counselling support; and, education and professional development.

Clinical knowledge and guidance

On the clinical side, participants called for clear, expert-endorsed guidance covering key areas such as recommended feeding practices and durations, appropriate use and composition of infant formula, allergy management, and identification of foods or ingredients to avoid. They also highlighted the need for clearer direction on when and how to recommend specific formula types for infants with additional needs or feeding difficulties.

The participant from Germany emphasised that the most valuable starting point for supporting early-life nutrition counselling would be an expert committee-endorsed guideline. Such a guideline was described as needing to provide a structured foundation covering key aspects of infant feeding and nutrition, including diet progression, appropriate use of infant formula, and the management of allergies and dietary safety considerations.

“The guideline should include time periods for recommended diets (breastfeeding and infant feeding), guidance on when to use infant formula, which ingredients and quantities should be included, which foods are safe or should be avoided, and how to manage allergies.”

Participants also noted that guidance must reflect the evolving reality of infant formula supply and distribution, where products are increasingly purchased outside community pharmacy settings, requiring pharmacists to advise on brands and formulations they may not routinely stock. This further reinforces the need for guidance that is brand-independent and practically applicable across different retail environments.

The complexity of early-life nutrition decision-making was highlighted particularly in relation to Wales, where the participant described the need for clear and consistent guidance across key areas such as feeding choices, specialist formula use, supplementation, and access to support schemes.

Practical recall management tools

Participants emphasised the importance of operational and recall-specific guidance, including how to interpret and explain product labels, how to determine and communicate the scope of a recall, how to advise on suitable alternative products, and how to refer families appropriately to other healthcare professionals when necessary.

This included the need for quick-reference materials and structured tools to support decision-making during recall situations, ensuring consistency in practice across different pharmacy settings. Short, clearly structured resources outlining recall procedures, product identification and appropriate next steps were considered particularly valuable for day-to-day practice.

Communication and counselling support

Participants highlighted the importance of tools to support communication with parents and caregivers, particularly when families require reassurance, clarification, or guidance during recalls and other sensitive situations. This was described as a distinct need from operational recall management, focusing on how pharmacists translate technical or safety-related information into clear, accessible language during real-time interactions with families. Structured counselling resources were considered valuable, particularly those that support pharmacists in addressing concerns, correcting misinformation, and guiding informed decision-making in a calm and consistent manner across different settings.

Education and professional development

Among the participating countries, there was broad consensus that early-life nutrition is not sufficiently covered during undergraduate pharmacy education. Participants emphasised that this is a specialised area requiring structured post-graduate and continuing professional development to ensure pharmacists are adequately prepared to provide safe and evidence-based advice in practice. This gap was particularly relevant given the increasing expectation that pharmacists support families during complex early-life nutrition decisions, including recall situations and broader feeding-related concerns.

6.2 Preferred formats for support and education

Participants were clear that the starting point should not be an extensive formal course, but rather short, layered resources that allow pharmacists to build their knowledge progressively. Learning was described as most effective when it begins with a simple foundation and expands over time, enabling pharmacists to develop confidence gradually according to their needs, experience and level of engagement.

Participants expressed a strong preference for concise, practical and easily accessible resources within the flow of daily practice. The emphasis was on tools that support rather than burden pharmacists, enabling them to access relevant information quickly and apply it confidently in real-world situations.

Short-form digital resources were consistently identified as the preferred format. These included brief videos, continuing professional development (CPD) modules, and online learning materials that can be completed in short sessions and revisited when needed. Flexibility and modularity were considered essential, allowing pharmacists to engage progressively rather than through long, structured courses.

“Short guidance documents are really useful, people increasingly access training in bite-size chunks so short form or chaptered training videos, or podcast-style audio training guides would be useful.”

A layered approach to learning was strongly supported, in which foundational content provides essential baseline knowledge, with more advanced modules available for those requiring deeper expertise. This was seen as particularly appropriate for early-life nutrition, where all pharmacists require a basic level of competence, but more specialised knowledge is only needed in certain practice contexts.

Participants also highlighted the value of practical tools that can support communication with parents and caregivers. Short, clear digital materials explaining recall procedures, product identification, and appropriate next steps were seen as useful, both for professional use and for sharing with the public where appropriate.

“Extra training in early-life nutrition or access to online platforms with evidence-based information would be very helpful. Digital resources would be the most useful way to receive this support.”

Professional bodies, including FIP, were identified as key actors in developing and disseminating these resources, with emphasis on co-creation with practising pharmacists to ensure relevance and usability.

Finally, participants emphasised that effective educational materials should be simple to engage with, but sufficiently robust in content and quality to support safe and confident decision-making in practice, particularly in fast-moving, real-world pharmacy settings.

7 Looking ahead: strengthening early-life nutrition practice

The infant formula recall served as a catalyst for a broader reflection on the future of early-life nutrition within pharmacy practice. Insight board participants were clear that the issues raised by the recall—fragmented communication, inconsistent pharmacist knowledge, the displacement of professional guidance by market forces, and the lack of formal recognition of pharmacists' role in this area—are not unique to recall situations. Rather, they reflect a structural gap in how early-life nutrition is currently embedded within healthcare systems.

Looking ahead, participants described what a well-functioning and trustworthy early-life nutrition environment in pharmacy could look like, and how pharmacists can contribute to rebuilding and sustaining trust among parents and caregivers beyond individual recall events. Participants also reflected on the role of professional organisations such as FIP in supporting this development. The ambition is not to create a new specialist domain, but to ensure that pharmacists are appropriately equipped, recognised, and supported to deliver the guidance that parents and caregivers already seek from them in practice.

7.1 Characteristics of a trustworthy early-life nutrition environment

Participants described a well-functioning early-life nutrition environment in pharmacy as one built on three interdependent pillars: consistent, evidence-based guidance; accessible and knowledgeable pharmacists; and a healthcare system that positions community pharmacy as a recognised partner rather than a peripheral channel.

Participants described a shared vision of community pharmacy as a setting where parents and caregivers can access personalised, reliable, and non-judgemental advice. This extends beyond product selection to include breastfeeding support, formula choice and preparation, allergy and intolerance management, supplementation guidance, and appropriate referral pathways when specialist input is required.

Participants emphasised that trust in early-life nutrition is built through repeated interactions with knowledgeable and accessible healthcare professionals. In this context, pharmacists were seen not only as providers of information, but as trusted partners who can help parents and caregivers navigate uncertainty, make informed decisions, and maintain confidence in evidence-based nutrition practices, particularly during periods of heightened concern such as product recalls.

The participant from Wales described the ideal as a well-managed and trustworthy early-life nutrition category in which consistent advice is available across all healthcare settings, parents are well informed, and the sector works in partnership with pharmacies to provide expert care rather than focusing on the sale of an increasing range and volume of products. Strong emphasis was placed on the promotion of the benefits of breastfeeding first and foremost, with appropriate support for mothers to enable this. This was followed by the need for clear advice on supplementation, and practical support for families facing the cost of specialist milks not available on prescription where these are medically necessary for the child or the mother. Greater accountability from manufacturers in providing appropriate advice about their products was also highlighted.

“Consistent advice across healthcare settings, well-informed parents and a sector that seems to want to work with pharmacy to provide expert care as opposed to sell an increasing array and volume of products.”

In Belgium, the evolution of the pharmacist's role since COVID-19 was highlighted as a foundation to build on. Pharmacists have already expanded into vaccination and a growing range of healthcare services, and the participant saw early-life nutrition as a natural next step in that trajectory, an area where pharmacists could further demonstrate their value as clinical partners in community health.

“Since the COVID-19 crisis, the pharmacist's profession has undergone a notable transformation. Pharmacists are now engaged in an increasing number of healthcare services, including vaccination, and their role could be further strengthened in areas such as early-life nutrition.”

Reflecting the experience described by some participants, the recall underscored the importance of maintaining access to professional advice even when products are purchased outside community pharmacy settings. The participants emphasised the need for pharmacists to remain visible and accessible sources of trusted guidance across both physical and digital environments, helping to ensure that evidence-based advice remains available regardless of where products are obtained.

From a Greek perspective, a well-managed early-life nutrition environment would extend beyond product availability to encompass dedicated guidance materials for parents and caregivers, and a much stronger focus on maternal mental health. The participant noted that the stress experienced by parents during a recall has an emotional dimension that pharmacists are well placed to address, but which is rarely explicitly recognised as part of the pharmacist's role.

*“Apart from specific products such as formula, guidance documents should be given to parents and caregivers.
Also, much attention to mothers' mental health.”*

In Germany, a trustworthy early-life nutrition environment was described as one grounded in clear, expert-endorsed guidance and supported by well-trained pharmacists. The participant emphasised the importance of structured, accessible guidelines to ensure consistency in counselling and decision-making.

“A well-managed trustworthy early-life nutrition category should be built by pharmacists who are well educated in this topic, maybe trained to provide the best care for parents.”

The participant from Spain envisioned a community pharmacy environment in which early-life nutrition is recognised as a defined area of professional practice, supported by pharmacists with dedicated knowledge and training. This included the concept of a dedicated area within the pharmacy where parents and caregivers could access personalised counselling and guidance, reinforcing the pharmacy's role as a healthcare destination rather than solely a point of product supply. The participant also highlighted the importance of pharmacies and pharmacy organisations proactively developing strategies, protocols and response pathways to ensure they are prepared to communicate effectively, provide timely support, and maintain public confidence during situations such as product recalls.

“A differentiated area within the pharmacy, supported by a trained professional with expertise in early-life nutrition who can provide personalised counselling and guidance to parents and caregivers.”

Participants also recognised that expanding the clinical role of pharmacists in early-life nutrition would require appropriate system-level enablers, including workforce capacity, remuneration mechanisms, infrastructure, and access to training. Without these supporting structures, the sustainability of a more formalised role may be difficult to achieve and its potential contribution to rebuilding trust in early-life nutrition may not be fully realised.

7.2 Role of professional organisations

Participants were consistent in their view that professional organisations play a central role in enabling the development of trustworthy early-life nutrition practices within pharmacy, both nationally and internationally through bodies such as FIP. This role encompasses several areas, including developing and maintaining clinical guidelines, designing and delivering accessible training and continuing professional development (CPD), advocating to governments for the recognition and remuneration of pharmacists' contributions in this area, and ensuring the representation of practising pharmacists' voices in policy and regulatory discussions that shape the early-life nutrition landscape.

The development of expert committee guidelines on early-life nutrition was identified as a priority, providing pharmacists with a credible and consistent evidence base from which to advise. FIP was seen as well placed

to convene such a committee and to ensure that the resulting guidance is accessible, practical, and applicable across different countries and practice contexts. Training resources developed in partnership with professional bodies, spanning bite-sized CPD, online seminars, and layered learning pathways, were also highlighted as an area where FIP and national organisations could make a tangible contribution through practical implementation.

“Professional organisations such as FIP should provide guidance, practical recommendations and educational resources, while also representing and supporting the interests and professional development of pharmacists in this field.”

“Professional organisations such as FIP can organise the expert committee which is needed to develop and maintain guidelines or can provide training in early-life nutrition.”

Beyond education and guidelines, participants emphasised that advocacy is essential. In countries where community pharmacy is under significant financial pressure, there is a risk that new responsibilities, including a more formalised role in early-life nutrition, are added to an already overstretched workforce without the resources required to deliver them effectively. Professional organisations must therefore make the case to governments that this work has value, and that this value must be reflected in appropriate funding, workforce capacity, and remuneration structures.

The importance of formally recognising the role of both pharmacists and pharmacy technicians in early-life nutrition was particularly highlighted by the participant from Wales, who stressed that this should be embedded within scope of practice frameworks and actively promoted by regulatory bodies.

“Regulatory bodies should actively promote the role of pharmacists and pharmacy technicians in these areas and ensure appropriate recognition and support within scope of practice frameworks.”

The overarching objective, as described by participants, is to improve outcomes for parents and infants, ensuring they receive appropriate support, guidance, and reassurance throughout the early years of a child’s life. Achieving this requires pharmacists to be equipped, recognised, and empowered, highlighting the importance of system-level conditions and the role of professional organisations in enabling this practice.

The discussions highlighted how pharmacists and professional organisations can work together to rebuild and sustain trust in early-life nutrition. Professional organisations are uniquely positioned to communicate with governments, regulators, healthcare professionals, patients and the wider public, while also providing educational resources, practical support tools and advocacy on behalf of the profession. Together, these functions create the enabling environment required for pharmacists to act as confident, trusted and accessible sources of guidance for parents and caregivers navigating early-life nutrition decisions. In this sense, they operate as interconnected system functions that collectively strengthen professional practice and public confidence.

Participants described these elements as a hierarchy of support, in which effective communication forms the foundation, practical tools and educational resources strengthen professional capability, and advocacy promotes recognition and support for the profession. Collectively, these layers create the enabling conditions for pharmacists to act as confident, trusted and accessible sources of guidance for parents and caregivers navigating early-life nutrition decisions. This hierarchy is illustrated in Figure 1, summarising the system-level functions underpinning pharmacists’ role in early-life nutrition, from communication functions through enabling tools and advocacy, culminating in trust as both an outcome and a reinforcing element of the system.

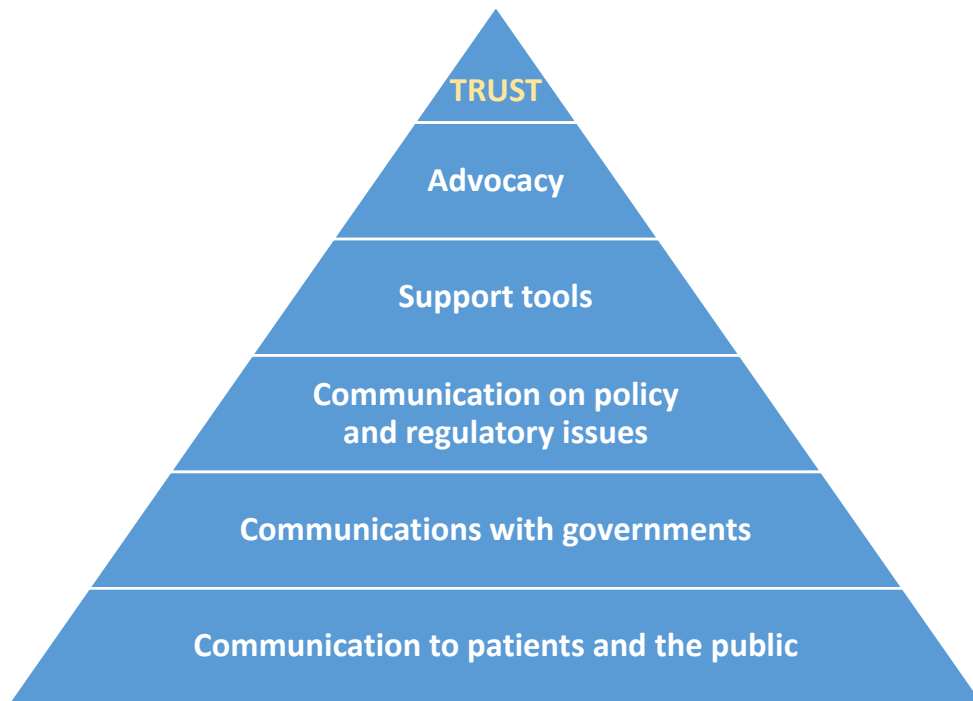


Figure 1. Hierarchy of system-level functions supporting trust in early-life nutrition pharmacy practice.

8 Insights from non-European countries

Although the insight board primarily focused on European contexts, supplementary perspectives were sought from pharmacists in China, India and Ethiopia in order to provide additional advisory insights from non-European settings. These inputs were not intended to extend the geographic scope of the insight board, but to enrich interpretation by highlighting similarities and differences in early-life nutrition and recall management across diverse healthcare systems. Infant formula recalls and related safety incidents are not geographically limited, and similar communication challenges have been observed internationally. Insights from these countries therefore provide complementary evidence, highlighting both shared professional realities and context-specific challenges in early-life nutrition and recall management.

Across these three countries, a consistent pattern emerged regarding how pharmacists first became aware of the recall. Information was typically obtained through informal channels such as social media, professional networks, distributors, or direct enquiries from parents, rather than through structured or timely official communication to community pharmacy. In China, a pharmacist first encountered the recall when parents presented messages circulating on social media and subsequently sought confirmation through the State Administration for Market Regulation's official website. In India, the initial signal was a product shortage identified by a distributor, with limited immediate explanation from official sources. In Ethiopia, delays in formal notification from the national regulatory authority meant that informal professional networks played a critical role in early awareness. This mirrors the experience reported by European participants and reinforces that gaps in timely communication between regulators and community pharmacy are not geographically isolated, but represent a broader systemic challenge.

The concerns raised by parents and caregivers were broadly consistent across settings, particularly in relation to product safety, batch identification, availability of affected products, and uncertainty about alternative feeding options. In China, questions focused on the specific reason for the recall, the batch numbers involved, the exact extent of the risk to their babies, the reliability of cross-border and e-commerce supply chains, and which brands could be trusted following the recall. In India and Ethiopia, these concerns were compounded by product shortages, affordability challenges, and limited availability of alternatives, making recalls not only a trust issue but also a direct access issue. This contrasts with the European context, where concerns were more strongly focused on communication clarity and trust in information sources rather than product availability.

Across all three countries, pharmacists were consistently positioned as trusted and accessible sources of advice during recall situations. In China, the pharmacist role was described in terms of acting as a "professional interpreter" of complex scientific and regulatory information, as well as an "anchor of trust" for parents navigating uncertainty. In India, pharmacists emphasised the importance of reinforcing breastfeeding where possible, alongside supporting informed decisions on suitable formula alternatives. In Ethiopia, the pharmacist role was strongly linked to counselling on safe preparation, hygiene, storage, and addressing concerns arising from supply constraints and product safety perceptions. Despite contextual differences, all three settings reflected a similar expectation that pharmacists provide reassurance, clarity, and practical guidance in moments of heightened parental anxiety.

Training and support needs were reported as broadly aligned among participants, with a strong emphasis on practical, easily accessible resources to support real-time decision-making. These included quick-reference guides, decision-support tools, structured counselling checklists, and up-to-date safety information. Digital solutions were particularly emphasised in China, where the participant highlighted mobile-accessible databases and structured electronic resources. In India, the participant emphasised the need for multilingual materials and regionally adapted training resources to ensure equitable access to information. In Ethiopia, printed reference materials were considered particularly important alongside digital tools, reflecting differences in infrastructure and access. Among the insight board participants, short CPD modules and modular training formats were preferred over lengthy formal courses.

Looking ahead, participants described a shared vision of a more transparent, better coordinated early-life nutrition environment in which pharmacists are fully integrated into communication and response systems for recall situations. In China, this included improved traceability, clearer product classification, and stronger digital infrastructure for real-time communication. In India, emphasis was placed on clearer labelling,

consistent product availability, and strengthened trust in retail pharmacy channels. In Ethiopia, availability, affordability, and consistent access to essential infant nutrition products were highlighted as fundamental requirements for a trustworthy system.

Despite contextual differences, participants across all three countries also expressed a consistent expectation that professional organisations, including international bodies such as FIP, have a key role to play. This includes the development of standardised guidance adapted to local contexts, strengthening pharmacist training in early-life nutrition, facilitating cross-country knowledge exchange, and advocating for stronger integration of pharmacists into maternal and child health systems. Taken together, these perspectives reinforce the importance of strengthening global alignment in how pharmacists are supported to respond to early-life nutrition challenges, while recognising the need for local adaptation.

9 Key opportunities for action

The discussions identified several opportunities to strengthen pharmacists' contribution to early-life nutrition and improve preparedness for future product recalls and safety incidents.

FIP

- To develop practical guidance and educational resources on early-life nutrition for pharmacists.
- To facilitate international exchange of good practices and experiences, including through digital events, information-sharing forums and professional networks.
- To advocate for greater recognition of pharmacists' role in supporting parents and caregivers in early-life nutrition.

National pharmacy organisations

- To adapt guidance and training resources to national contexts.
- To support pharmacists through timely communication and practical tools during recall situations.
- To promote the integration of early-life nutrition within pharmacy practice development initiatives.

Regulators

- To ensure timely, consistent and pharmacist-focused communication during recalls and safety incidents.
- To integrate pharmacists into communication and response pathways.
- To provide practical information on product alternatives and next steps for affected families.

Manufacturers

- To strengthen transparency and clarity in recall communications.
- To provide information that supports pharmacists' counselling and patient-facing roles.
- To collaborate with healthcare professionals and professional organisations to promote consistent messaging.

Pharmacy education providers

- To strengthen early-life nutrition content within continuing professional development programmes.
- To provide practical training on counselling, communication and product safety issues.
- To support flexible learning formats that can be readily applied in practice.

10 Conclusions

The infant formula recall that prompted this insight board discussion highlighted issues extending beyond a single product safety event. While the circumstances of the recalls varied across countries, participants consistently described pharmacists as trusted and accessible sources of information for parents and caregivers seeking reassurance, guidance and support. Yet pharmacists were not always fully integrated into the communication systems and response mechanisms that shaped the management of the recalls.

Participants reported considerable variation in how information was communicated, and how pharmacists became aware of the recall. While formal notifications were effective in some settings, others relied heavily on media reports, professional networks or informal channels. Pharmacists were frequently expected to respond to concerns from parents and caregivers despite receiving limited information tailored to their professional needs. In particular, participants highlighted the need for clearer guidance on practical next steps, product alternatives and counselling approaches to support informed decision-making.

Participants described similar shortcomings in recall communication. While basic information such as batch numbers and manufacturer announcements was available, it was often insufficient for clinical conversations in practice. Clear guidance on alternatives, practical next steps, and tailored professional advice was frequently missing. Participants also noted that communication was rarely designed with pharmacists in mind, limiting its usefulness at the point of care. Strengthening future recall systems requires clearer, pharmacist-focused communication that supports real-world decision-making.

The discussions reinforced the important role pharmacists can play in supporting families during periods of uncertainty. Beyond recall situations, participants described a broader role for pharmacists in early-life nutrition through the provision of evidence-based information, reassurance, referral and support for informed feeding decisions. To fulfil this role effectively, pharmacists require access to practical guidance, concise educational resources and timely communication that can be readily applied in everyday practice.

Looking ahead, participants envisaged a future in which early-life nutrition is more clearly recognised as an area of pharmacy practice, supported by training, professional guidance, and stronger collaboration between pharmacists, healthcare professionals, manufacturers, regulators, governments and professional organisations. Professional bodies, including FIP, have an important role in facilitating education, supporting professional development, and advocating for the recognition and integration of pharmacists within early-life nutrition pathways.

Ultimately, the recall highlighted both the trust placed in pharmacists and the opportunities to strengthen the systems that support them. Ensuring that pharmacists are informed, equipped and integrated into future communication and response processes will help support parents and caregivers and contribute to maintaining confidence in early-life nutrition.

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