### Cultivate Tomorrow

Track 1



# **Table of Contents**

I. Company Background	1
A. Introduction	1
B. Current Market & Pain Points	2
C. Scientific Process	3
E. Team Vision & Goals	4
II. Advertising & Marketing Strategy	5
A. Target Demographics	5
B. Value Proposition	6
C. Distribution Channels	7
D. Specific Marketing Strategy	10
1. Brand Voice	10
2. Strategic Partnership with physicians and BHI	11
3. Guidelines for Sales Team	13
4. Blog Series to Build a Community	14
5. Potential Backlashes	15
III. Advertisement Design & Campaign	17
A. Advertising Strategy	17
B. Video Ad (YouTube, Google Drive)	17
C. Poster Ad (Poster 1, Poster 2, Poster Placements)	18
IV. Conclusion	19
V. References	21

# I. Company Background

#### A. Introduction

Biomilq is the world's first producer of human milk made from cultivated human mammary epithelial cells. Through their patented technology, their mission is to empower mothers by offering an alternative with more comprehensive nutritional and sustainable value compared to bovine-based (cow) infant formula. It was founded in 2019 by Dr. Leila Strickland (CSO) and Michelle Egger (CEO) and based in Durham, North Carolina. Since its proof-of-concept experiment in January 2020, which confirmed that the complex composition of human milk can be successfully obtained from cultivated mammary epithelial cells, they led successful funding rounds of \$3.5M for pre-seed and \$21M in their Series A backed by notable investors such as Breakthrough Energy Ventures and Novo Holdings. Biomilq has rapidly expanded to a team of 20, primarily constituted by highly qualified scientists with experience in cell biology and biomanufacturing. The company aims to bring its product to market in the near future at cost parity with other infant formulas. This report explores the best advertising, distribution, and marketing strategy that will lead to a successful product launch.

#### **B.** Current Market & Pain Points

Breastfeeding is an extremely complicated task for women. Many find it rewarding and straightforward, but for some, it is painful and demoralizing. Mothers might not produce enough milk or could have mastitis. Sometimes, the baby is premature, ill, or needs to be fed through a tube. In terms of the process, some mothers are embarrassed about feeding in public or going back to work. In addressing those challenges and pain points of breastfeeding, there are a few common options today considered by mothers: pumping milk ahead of time, infant formula, and donor human milk (DHM).

The first alternative, pumping, can be a time-consuming and aching experience. Although it would save some time, this option only works for mothers who generate sufficient milk and do not have significant physical challenges. The second alternative is by using infant formula. Although the composition has improved due to advanced technologies, there are specific

essential molecules and bioactive ingredients that only reside in human milk, such as hormones, antibodies, and friendly bacteria. In addition, the base of infant formula is cow's milk, which prevents infants who are allergic to dairy products from consuming it.

Another option is to depend on the Donor Human Milk (DHM) that is usually collected and screened from Milk Bank organizations. This is a great option for mothers to get access and feed breast milk to their infants. However, there are a few drawbacks that need to be considered: it might not be available in some areas and can be expensive for some families, there is no guarantee for mothers to get the volume needed for the whole recommended six months of breastfeeding period, and there is always a slight safety risk of infectious diseases like HIV and drugs or medications that are not disclosed by the donors.

Based on all of those options and pain points, there is still a massive hole for a better alternative addressing the problems parents are experiencing. Biomilq fits this market need perfectly.

#### C. Scientific Process

The core idea of Biomilq is the production of human milk from mammary epithelial cells (MECs) cultured outside the breast. The process begins when the cells collected from a biopsy are placed in a flask with cell culture media which contain the nutrients for proliferation (Figure 1: Step 1). Once they multiply to a certain amount (Step 2), they are transferred to a bioreactor, which is modified to recreate the microenvironment in the breast, such that the cells naturally arrange themselves in a layer on the 3D structure of the bioreactor (Step 3). Cell culture media, which contains the nutrients for cell survival and milk-inducing hormones such as prolactin, flows through the bioreactor. This induces milk production and the secreted milk is finally harvested.

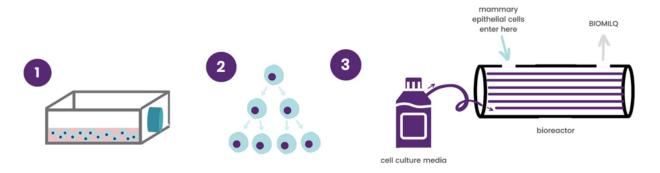


Figure 1: Overview of production of BIOMILQ (Biomilq, Inc)

In June 2021, Biomilq successfully produced the world's first cell-cultured human milk (BIOMILQ) where its compositional analysis has shown that it contains a comprehensive suite of human milk proteins, polyunsaturated fatty acids (PUFAs), and bioactives such as human milk oligosaccharides (HMO) that was recently found to correlate with speech acquisition (Gonzalez).

While BIOMILQ's nutritional profile compares extremely closely with that of breastmilk, it's important to highlight that Biomilq can never be bioidentical to the mother's milk. The composition of breastmilk fluctuates according to external cues such as the mother's diet, genetics, skin-to-skin contact and the baby's cues making it impossible for Biomilq to replicate the real time composition dynamics. Nevertheless, the inclusion of these bioactives that are crucial to the baby's early development makes Biomilq superior in their nutritional composition compared to infant formula.

Breastmilk has a highly dynamic composition where the nutrients and bioactives inside the breast milk differ according to the infant's growth stage. Thus, Biomilq aims to launch several formulations that mimic these changes and cater towards the different growth stages.

#### E. Team Vision & Goals

Michelle, Co-Founder and CEO shares: "We have no intention to replace chestfeeding, so we're comfortable with the differences between our product and breastmilk." She emphasizes that "we

intend to offer parents another supplemental feeding option to nourish healthier babies, empower parents through choice, and contribute to a healthier planet."

Our team chose Biomilq because we believe that the advancement of this technology from a cellular agriculture perspective has the potential to revolutionize and eliminate the breastfeeding vs. infant formula debate. We believe that Biomilq will solve the ubiquitous problems that come with being a parent. Furthermore, we believe that Biomilq stands for a larger social cause that goes beyond the arguments of environmental benefits and nutritional benefits. As mothers are tied to the pump for several hours a day, working mothers find it especially hard to exclusively breastfeed due to the limitations of pumping in the workplace. As an option that does not compromise infant nutrition for practicality, we believe that the product will increase the mother's productive hours and especially support the advancement of women in their working careers.

Our goal in creating the campaign for Biomilq is to support them in promoting the product that is said to be launched approximately 5 years from now.

# II. Advertising & Marketing Strategy

# A. Target Demographics

When formulating the marketing and advertising strategies, our team focused on targeting first-and second-time mothers (or parents) who generate medium to high income. The target age demographic is around 25-34 years old. Based on the study (Li et al. 2005), women in higher socioeconomic groups who are more educated are more likely to choose to breastfeed. This statement supports our hypothesis in targeting the mothers willing to take an extra step in finding the best alternative closest to breastfeeding if other challenges arise (e.g., health-related issues).

To illustrate our target market comprehensively, these are the five personas of our target customers:

1. "I must find an alternative; my breasts can't handle it" // Mary, 28 years old, first-time

mother.

Mary is a first-time mother. She has never breastfed before, so this is a new experience for her. She recently found out she is not physically capable of producing enough milk. She also found the breastfeeding process very painful. She knew that she must start finding the best breastfeeding alternative due to her struggles.

2. "My hands are tied; I don't have a lot of time" // Georgia, 30 years old, second-time mother.

Georgia is a career-minded woman who has an extremely busy life especially now that she has another child to care for. She has two jobs to handle: her full-time job and a side business. Georgia realized that breastfeeding and breast-pumping would take a lot of her time. She would like to find a high-quality alternative to breastfeeding and she is willing to pay for the best option for her baby.

3. "Unfortunately, I just can't" // Brittany, 34 years old, first-time mother.

Brittany is extremely excited about her first child, Michael. She has been waiting for a long time for this moment; she even had to regularly consult medical experts to carry this baby despite her medical condition. Two years ago, Brittany lost her breasts due to breast cancer. It has not been an easy journey for her, but now she is trying to do her due diligence in finding the best alternative of a highly nutritious milk with a similar quality to breast milk for her loved one.

4. "Well, what are the options out there?" // Bella, 26 years old, first-time adopting.

Bella is thrilled that her adoption application got approved and went through. She will soon pick up a month old child with her husband. Bella knows that breastfeeding is the best feeding option, but she knows that she cannot provide it at the moment. Thus, Bella is looking for the best alternative out there for her first adopted child.

5. "I am part of the LGBTQ+ community and I just adopted a child!" // Tyler, 33 years old, first-time adopting.

Tyler and his partner, Ray, just adopted a baby of 3 months. They wanted this for so long, and finally, they got the approval and courage to do so. They both have high-paying full-time jobs, and they are willing to find a nutritious and convenient breastfeeding alternative for them to feed their first daughter.

Based on the personas above, the notion is to understand the pain points that the target market has experienced. In all of those cases, Biomilq, as a highly nutritious alternative, would be the most solid solution in addressing their concerns & pain points in comparison to other alternatives.

## **B.** Value Proposition

The World Health Organization (WHO) recommends that infants be exclusively breastfed for the first six months of their lives, but less than 40% of infants are breastfed worldwide. The problem behind this consists of complex physical factors such as low milk supply and pain during breastfeeding, the negative social stigma associated with breastfeeding in public spaces, and its impracticality from the time-consuming nature of breastfeeding (See Section II.A). For these reasons, mothers and other caregivers resort to infant formulas out of necessity rather than choice, where two in three women report experiencing shame and guilt for choosing formula over breastfeeding regardless of their ability to breastfeed.

Bovine-based (cow) infant formulas lack many bioactives that are crucial for modulating an infant's health, such as postnatal intestinal function, immune ontogeny, brain development, and is one of the most common causes of allergies. Through their patented mammary epithelial cell cultivation technology, Biomilq's mission is to empower mothers and other caregivers with a new infant feeding option that gives a comprehensive nutritional profile comparable to breast milk while having the practicality of infant formula.

#### C. Distribution Channels

Our chosen main distribution channel is an online subscription service that sends our customers their baby's Biomilq at every stage of their infancy. This was decided on multiple different factors. By studying the infant formula market, we can better assess the most appropriate and effective distribution strategy. Through Biomilq's website, users will be able to subscribe to our products with a seamless, integrated payment system. Then, Biomilq will send the customers a box of packaged and measured liquid concentrates on a monthly basis. Our customers can easily

dilute each sachet of liquid concentrate for a single meal; no pain, no hassle. Parents can cancel this subscription anytime, but we believe that this subscription model will build a strong sense of trust, loyalty, and convenience that other infant formulas cannot compete with. This channel will also allow us to partner with other baby product companies to sell and bundle their products with ours through the website. This will build an even stronger ecosystem of baby product suppliers and parents while it builds a stronger brand image when we partner with other brands that share our values, such as California Baby and YUMI.

In a 2015 study in the baby food industry, brand trust, nutrition, and safety of ingredients remain the three most important factors in a parent's purchasing decisions (Nielsen). However, the next most important driver is the price of baby food. In North America, there exists 3 customer personas that dominate purchasing decisions.

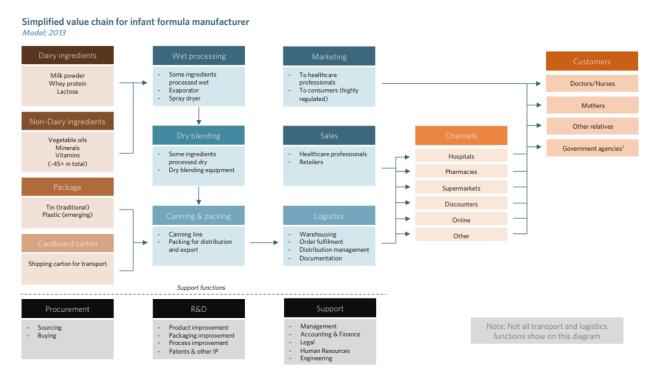


Figure 2: Infant Formula Value Chain (Coriolis)

"I always seek out baby food with the lowest price regardless of the brand"	30%
"I have a limited set of baby food brands I'm willing to buy	47%
and choose the least expensive out of that set"	
"I buy whatever brand I want regardless of price"	23%

Table 1: Customer Personas to drive baby food purchase (Nielsen)

Our strategy will encompass prioritizing brand trust and price. Approximately a third of the cost of infant formula is due to the retailer's costs and markup (Coriolis). Given the large research and development (R&D) investments to develop this novel product and assuming its large fixed costs, this strategy will alleviate some of those costs, so our product will be more price-competitive in the market.

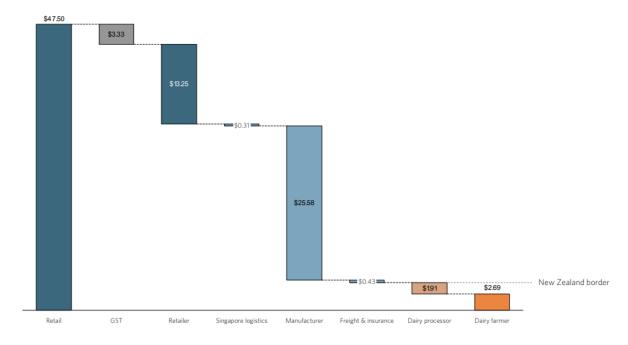


Figure 3: Cost Breakdown of Infant Formula in New Zealand (Coriolis)

Although about 70% of infant formulas in the United States are sold through supermarkets and specialty stores, we decided not to start with these distribution channels due to the risk of being seen as "another infant formula." It is extremely important to our company, its founders, and its brand image that we dissociate ourselves from infant formula because it is more similar to human breast milk than infant formula, which is mostly made from dairy products. This strategy will enhance our product differentiation and value proposition.

An example of a unique distribution channel choice that a company today used to gain market share was Tesla. As cars were mostly sold through dealerships, Tesla cars can only be purchased online and delivered to your home. This decision was made based on product differentiation and a conflict of interest for dealerships to sell electric vehicles. Just as Tesla, an electric vehicle company, tried to compete with internal combustion (IC) vehicles by a unique distribution channel, Biomilq also recognizes this value of dominating a specific channel than entering a saturated distribution channel, which can only compete in price and brand recognition. This is a battle we are bound to lose due to the lack of resources Biomilq has in its initial product launch. As we focus on the online subscription market, in the future, Biomilq will make our product more accessible through wholesale distribution and retailers once our economies of scale improve.

Despite the online subscription model that we plan to adopt, the main driver to build brand trust and image will be through healthcare professionals and parties with a high credibility in early parenting. Based on a study on major global multinational players in the infant formula industry, they allocate 70% of their sales force to visit health care practitioners rather than retailers to sell their product (Coriolis). While we may not be able to compete with the large infant formula companies in renowned hospitals and doctors, we chose to target midwives and self-employed physicians, who may not be targeted with current infant formula companies. They are incentivized to educate parents on the advantages of Biomilq and will either direct them to our website with a discount code which identifies each practitioner or help clients subscribe provided they are given the consent and information to be able to do so. Section II.D.2 will explore more on this dynamic.

# D. Specific Marketing Strategy

#### 1. Brand Voice

Our brand voice emphasizes 3 main messages that are representative of Biomilq's core values: inclusivity, priority on the wellbeing of parents and their loved ones, and accessibility.

Culturing human milk that will improve the breastfeeding experience is not sufficient to support struggling parents everywhere. One of the most essential parts of our brand voice is our willingness to reach out to parents that might not have the ideal situation in raising a baby; to include the excluded and to support the unsupported. These might include but are not limited to single mothers, parents in the LGBTQ+ community, and physical limitations to breastfeeding. According to a survey study, some parents feel more supported than others. We believe that by allocating our resources and efforts to support parents, we can create an ecosystem of parents and professionals, which enhances our brand and product through the network effect. The more parents and professionals we include in our community, the more they feel the support, and the more likely they are to recommend our product to others. As explained later in Section III.A, our advertisements will include personas that are not represented well in parenting magazines or books today. These personas can be found in Section II.A.

Our commitment to the well-being of parents and their babies is shown through our efforts and investments to educate healthcare professionals on the advantages of Biomilq as an alternative to breastfeeding given the struggles many parents have to get access to breast milk. We are also committed to build a sense of community between parents through a blog series in <a href="Section II.D.4">Section II.D.4</a> to further provide emotional and communal support for parents who lack support from their own community. Most importantly, the product itself and the courage to develop a novel solution for challenges between breastfeeding and bottle-feeding display a tremendous priority on providing parents with the best alternative without having to compromise for nutritional value.

We understand how overwhelming being a parent can get especially when one has little to no guidance and has to learn on the fly. The last message that we want to convey is the accessibility

of our resources and product. One of the motivations behind our online subscription model in Section II.C is that we identified the ability for this model to reach a greater audience, provide low costs, and fast adoption approach. Our customers do not need to jump from store to store looking for our product when it arrives at their doorstep every month. Potential customers also do not have to scour hundreds of Medium posts and baby magazines to find our product. Our partnerships with physicians and midwives will enable the education and spread of information to the public about Biomilq and its many advantages.

### 2. Strategic Partnership with physicians and BHI

We consider medical professionals such as midwives, lactation consultants, pediatrics, and obstetricians to be key stakeholders to engage as advocates for our product's nutritional benefits and safety. Decisions regarding infant feeding is an extremely personal and emotional choice for the mothers. Thus, thorough communication of safety and reliability is paramount for the successful adoption of Biomilq amongst mothers.

Studies show that midwives are the most used and trusted information source for mothers during pregnancy where 70% of mothers responded that midwives are their key information source about early parenting (Grimes). This shows that medical professionals are the first point of contact for mothers with health concerns of the infant pre- and postpartum, making them an effective entry point to build consumer awareness. Furthermore, we plan to leverage the credibility of these professionals to foster consumer acceptance by communicating the science and superior nutritional composition of Biomilq compared to infant formula.

Specifically, we plan to partner with hospitals that are accredited as a Baby-Friendly Designated facility (BFDF) under the Baby-Friendly Initiative (BHI). BHI is an initiative that was launched by UNICEF and the WHO to encourage medical facilities worldwide to better support breastfeeding. Currently, there are 590 BFDF nationwide, which deliver 28% of the annual number of births in the US. This indicates a considerable potential and scalability in building consumer awareness of Biomilq through such partnerships. To be designated, facilities undergo rigorous evaluation criteria where they must implement practices that support breastfeeding after

birth. Some examples of such guidelines include (Baby-Friendly USA):

- 1. Discuss the importance and management of breastfeeding with pregnant women and their families.
- 2. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
- 3. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
- 4. Do not provide breastfed newborns any food or fluids other than breast-milk, unless medically indicated.

Current commercial marketing strategies for infant formula companies involve the deployment of commercial hospital discharge packs (CHDP) containing free samples of infant formula to mothers upon hospital discharge. This direct-to-consumer strategy has been successful for formula brands to lock consumers into choosing their brand post-discharge for infant formula as well as solid foods (Huang). However, this aggressive marketing strategy has also shown that mothers are more likely to stop breastfeeding early (before the recommended six months of exclusive breastfeeding by the WHO) when they receive CHDP compared to the mothers who did not receive them (Rosenburg).

As an entity that believes in the benefits of breastfeeding, BFDF does not offer CHDP to mothers. Thus we will not be able to distribute discharge packs containing Biomilq's products, nor do we intend to. As a company that has no intention to replace breastfeeding, the distribution of discharge packs that may discourage breastfeeding is far from our objective. That being said, we intend to provide these facilities with free samples of Biomilq for physicians to recommend for mothers. Only when physicians deem supplementary feed is necessary (as per guideline 4 above) for the mother and the infant, would these be recommended to the mother, which makes this marketing strategy fundamentally different from the CHDP.

We are confident that the values of Biomilq and the BFDF strongly align as communicated through their stringent clinical practices. Thus we view them as genuine partners to engage in the process of building consumer awareness and acceptance.

### 3. Guidelines for Sales Team

To further support our partnerships with health care professionals and expand our network of practitioners, we are committed to training individuals with a strong alignment to Biomilq's values and building a strong sales team that will be able to convey our value proposition effectively. As a part of this, we consider building well-defined guidelines to ensure the consistency and effectiveness of the sales team's pitch that will educate and convince physicians and midwives to be advocates for our product. The following shows a preliminary draft of these guidelines:

- Breastfeeding is and will always provide the best nutrition and benefits to an infant's health. Our mission is not to replace breastfeeding, but to accommodate and support parents that have difficulty providing their child with breast milk.
- 2. Biomilq is a far superior product to infant formula, which only attempts to recreate the nutritional profiles of breast milk through macronutrients, micronutrients, vitamins, and minerals. Biomilq offers bioactives that are provided through the natural process of extracting milk from a cultivated mammary organ.
- 3. Health care professionals are provided training on how to use our website at no cost and our support and services will be at no cost to each practitioner. They will gain 5% commission based on each user's total subscribed months. Samples will be provided to our partners to give out to parents.
- 4. Our packaging allows for greater practicality of feeding the baby. Each sachet contains a liquid concentrate that can be easily carried and diluted anytime and anywhere. No more scooping powder and risk contaminating sterilized bottles.
- 5. Join our community of parents and health care professionals everywhere by reading and interacting with blog posts written by other parents. No negative stigma, no judgment, just support!

## 4. Blog Series to Build a Community

The power of "word of mouth" is extremely prevalent in the parenting industry with 32% of mothers turning to their family and 21% turning to their friends for parenting advice (Pew Research). We will bootstrap this "word of mouth" effect and focus on building a sense of community between parents through our blog series. The blog series will compile a collection of parents from various backgrounds and professionals in the industry to share their own authentic experiences with parenting. Biomilq's current website has a series of Medium posts sharing the experiences of its founders and employees. By extending this existing medium to customers and parents, we are able to provide them with resources from the real experiences of people who have gone through what they are going through. In a recent survey on parenting, 58% of parents consider being a parent an extremely important part of their overall identity while another 38% consider it very important (Pew Research).

According to a survey study, only 44% of American parents feel that they have support in raising their children (Pew Research). One in four mothers turn to online resources and social media for parenting advice and most of them turn to other parents for advice. We plan to leverage this pattern in our marketing strategy. In addition to the ecosystem of baby product suppliers we plan to build on top of our services, this is consistent with our goal of not just gaining market share, but building a community where parents have the space to find support and guidance.

#### 5. Potential Backlashes

We recognize that childcare is a highly personal topic for most mothers, and as such, the market around childcare products can be tumultuous. When assessing potential backlash, we identified three main potential sources of backlash: technology skeptics, multinational corporations and "breast is best" campaigners.

As the pioneers and trailblazers in the cultivated breast milk industry, skepticism is inevitable. The safety, reliability, and nutritional profiles of Biomilq will be questioned and challenged. Our decision to focus on the partnerships with physicians and midwives to recommend Biomilq and

provide samples is motivated by their ability and influence to change this skepticism of Biomilq. Mothers can be more informed about the alternatives to breastfeeding if they are experiencing issues through these channels. Similarly, we expect that doctors, OBGYN's and midwives can educate their patients on the potential misconceptions about Biomilq and assuage any worry they have about it being medically safe. Recently, Enfamil manufacturer Mead Johnson and Similac manufacturer Abbott Laboratories failed to warn parents and medical providers about this risk for premature infants leading to the Baby Formula NEC (necrotizing enterocolitis) Lawsuit. This emphasizes the importance of transparent communication to foster and preserve consumer confidence as mothers are made more wary and defensive against manufacturers in their obligation for transparent communication.

Backlash from our direct competitors, the infant formula market, is also a probable concern. Currently, the 70 billion US dollar industry of infant formula is dominated by just a handful of American and European multinational corporations, mostly Nestle, Abbott, and Danone (Nielsen). As a startup, this puts us at a significant disadvantage to market direct-to-consumer by building partnerships with hospitals that can advocate for our product. We believe that our direction to partner exclusively with the Baby-Friendly Hospital Initiative evades this concern as these facilities do not have any partnerships between these infant formula manufacturers through CHDP.

As discussed in our advertisement strategy and rationale section, we chose to go with a neutrally-worded, positive ad to avoid shaming anyone who breast or bottle feeds. We expect some mothers and healthcare workers to stick to "breast is best," the belief that breastfeeding a newborn is the best and only way to feed. We recognize that breast milk has nutrients that formula and Biomilq inherently lack and we would never aim to replace breastfeeding. However, we recognize the fact that breastfeeding does not work for many mothers and most mothers have to turn to other sources of food. This unhealthy stigma and environment causes Perceived Insufficient Milk (PIM) where mothers discontinue breastfeeding early due to a sense of failure associated with it and encourages lactivism where your moral worth is determined by how you feed your baby. We believe that Biomilq can fill the gap between breastfeeding and formula for a

wide range of parenting situations. One of our goals is to eliminate the shame that many mothers report about formula feeding. Through our community-building efforts and proper education for healthcare professionals, we believe that full de-stigmatization of Biomilq can be achieved.

As mothers report word of mouth being the most significant source to influence purchase intent of baby food, we believe that the early adopters can be further advocates to foster brand recognition and loyalty. Our unique distribution channel through an online, sent-to-your-door subscription model will also enable us to dominate this specific channel and gain accessibility with a lower cost.

# III. Advertisement Design & Campaign

## A. Advertising Strategy

The main goal of our ads is not to educate potential customers about the science behind Biomilq's production or viability nor is it to sell our products. Based on our research in Section II.C, we understand that brand trust is the most important factor in a parent's purchasing decision on baby food. However, no matter how well-crafted the ads, skepticism and lack of trust in our product will continue to persist in the public eye. Our strategy utilizes the advertisement campaign to generate brand recognition. As long as we get our brand name and image to as many people as possible, then we would have achieved our goal.

To truly foster this brand trust, we primarily rely on our sales team, partnerships with healthcare professionals, and testimonies from other parents (facilitated by our blog series) to educate parents about the advantages of Biomilq and to introduce and sell our actual products. Essentially, most of our selling efforts will be through the supply-side of this multi-sided market. Our goal is to develop brand and name recognition, so that when parents are in that stage to raise a baby, they will be more inclined to heed the recommendations from their physicians and midwives to subscribe to Biomilq.

We chose two main media for our initial ad campaign: a TikTok/YouTube Short/Instagram Story Video Ad and a poster ad to put on subway stations, bus stops, and billboard banners. These were

chosen based on their low cost, but high traffic of impressions. This strategy is inspired by Oatly, which uses primarily grassroots marketing and attention-grabbing ads, which had nothing to do with their product, to dominate the plant-based milk market. Our ads are simple and relatable without pushing any sort of products to its audience.

### B. Video Ad (YouTube, Google Drive)

With our target market being 25-34 year old parents, we want our campaign to evoke a lighthearted, youthful feeling while capturing a Gen-Z, Tik-Tok-esque snappiness to hold our viewers' attention. Media research shows that attention spans decrease with every generation, with millennials tapping out at 12 seconds (Boger), and we want to be cognizant of this statistic.

The personas in our video ad represent the personas we presented earlier in <u>Section II.A</u>, this diversity and focus on inclusion aims to send the message that: "This is truly for everyone and anyone. No matter your struggles, we got your back." It also does not merely identify problems that parents struggle with, but instead focuses on the journey and rollercoaster of emotions that you will expect as a parent. Our goal is to associate these emotions with our brand, so our potential customers know who to turn to when they need support in their parenting journey.

We want our ad to mainly pique the interest of prospective consumers and not be oversaturated with statistics and science. We found that ads in the last few years have become increasingly less informational and more entertainment-based, and we wanted to follow this trend to play into the attention economy.

We found that the Biomilq website was deliberate in its wording when comparing their product to breastfeeding and formula as to not alienate or offend any potentially defensive mothers. We wanted to continue with this neutral-language messaging, and emphasize the fact that Biomilq is not trying to shame anyone for the way they feed their baby. The bottom line of our message is simple: Biomilq aims to increase the quality of life for parents. With this emphasis on enhanced quality of life, we wanted our ad to provide a strong contrast between life before and after Biomilq.

### C. Poster Ad (Poster 1, Poster 2, Poster Placements)

The poster advertisements were made to convey the two main brand messages also written on Biomilq's website. As mentioned earlier, the intention behind the selections of graphics and text was to be eye-catching and empathetic enough for potential target customers to be interested in the product and engage with their primary postpartum medical professional or website to learn more about the nutrition and production process.

The first poster: "We're done making trade-offs between our baby's health and our wellbeing" empathizes with the mothers who feel like they're tied down both physically and mentally by their infant feeding decisions. The boldness in the choice of graphic aims to strongly convey this brand message that regardless of whether they breastfeed or not, decisions that revolve around infant feeding are tough and we're here to support the parents' wellbeing as well as the babies'.

The second poster: "Cow's milk is for baby cows. Human milk is for human babies." aims to bring the target customer's attention to the long standing binary options regarding infant feeding and its somewhat bizarreness of feeding milk that is optimized for the early development of another species to our own young ones. For those mothers who have no option but to feed infant formula to their babies, we understand that the text may be perceived as an alienating statement. Thus we ensured that the text is in a neutral sounding tone, with the subtle contrast of the graphic.

# **IV. Conclusion**

In conclusion, our team has developed a solid advertising strategy for Biomilq's entry into the market in 5 years time. While we have considered the current marketing strategies employed by infant formula manufacturers, we concluded that many of those were not realistic with our economies of scale nor was it aligned with our brand mission. Building trust and consumer acceptance through transparent communication has been a key reason in our strategy in partnering with medical professionals. Our brand voice is communicated authentically through our empathetic yet bold advertisement products. The trust and strong brand voice combined will naturally create a word-of-mouth effect amongst the parenting community that will build our brand recognition and demand over time.

# V. References

- Baby-Friendly USA 10 Steps & International Code. (n.d.). Retrieved January 27, 2022, from <a href="https://www.babyfriendlyusa.org/for-facilities/practice-guidelines/10-steps-and-international-code/">https://www.babyfriendlyusa.org/for-facilities/practice-guidelines/10-steps-and-international-code/</a>
- 2. Boger, Kris. "The Rise of Short-Form Video & the Gen Z Social Revolution." *The Rise of Short-Form Video & the Gen Z Social Revolution* | *IAB UK*, 20 Oct. 2020, https://www.iabuk.com/opinions/rise-short-form-video-gen-z-social-revolution.
- 3. Coriolis Research Understanding the Infant Formula Value Chain. (n.d.). Retrieved January 15, 2022, from <a href="https://coriolisresearch.com/pdfs/coriolis\_dairy\_infant\_formula\_value\_chain.pdf">https://coriolisresearch.com/pdfs/coriolis\_dairy\_infant\_formula\_value\_chain.pdf</a>
- 4. Fallon, V., Komninou, S., Bennett, K. M., Halford, J. C. G., & Harrold, J. A. (2017). The emotional and practical experiences of formula-feeding mothers. *Maternal & Child Nutrition*, *13*(4). <a href="https://doi.org/10.1111/MCN.12392">https://doi.org/10.1111/MCN.12392</a>
- 5. *Global strategy for infant and young child feeding.* (n.d.). Retrieved December 5, 2021, from <a href="https://www.who.int/publications/i/item/9241562218">https://www.who.int/publications/i/item/9241562218</a>
- Gonzalez, E., Brereton, N. J. B., Li, C., Lopez Leyva, L., Solomons, N. W., Agellon, L. B., Scott, M. E., & Koski, K. G. (2021). Distinct Changes Occur in the Human Breast Milk Microbiome Between Early and Established Lactation in Breastfeeding Guatemalan Mothers. *Frontiers in Microbiology*, 12. https://doi.org/10.3389/FMICB.2021.557180/FULL
- 7. Grimes, H. A., Forster, D. A., & Newton, M. S. (2014). Sources of information used by women during pregnancy to meet their information needs. *Midwifery*, *30*(1), e26–e33. <a href="https://doi.org/10.1016/J.MIDW.2013.10.007">https://doi.org/10.1016/J.MIDW.2013.10.007</a>
- 8. Huang, Y., Labiner-Wolfe, J., Huang, H., Choiniere, C. J., & Fein, S. B. (2013). Association of health profession and direct-to-consumer marketing with infant formula choice and switching. *Birth (Berkeley, Calif.)*, 40(1), 24–31. https://doi.org/10.1111/BIRT.12025

- Luyt, D., Ball, H., Makwana, N., Green, M. R., Bravin, K., Nasser, S. M., & Clark, A. T. (2014). BSACI guideline for the diagnosis and management of cow's milk allergy. *Clinical and Experimental Allergy: Journal of the British Society for Allergy and Clinical Immunology*, 44(5), 642–672. <a href="https://doi.org/10.1111/CEA.12302">https://doi.org/10.1111/CEA.12302</a>
- 10. Martin, C. R., Ling, P. R., & Blackburn, G. L. (2016). Review of Infant Feeding: Key Features of Breast Milk and Infant Formula. *Nutrients* 2016, *Vol.* 8, *Page* 279, 8(5), 279. <a href="https://doi.org/10.3390/NU8050279">https://doi.org/10.3390/NU8050279</a>
- 11. Nielsen Trends in the Baby Food and Diaper Markets around the World. (n.d.). Retrieved January 15, 2022, from <a href="https://www.nielsen.com/wp-content/uploads/sites/3/2019/04/Global20Baby20Care20Report20Revised20FINAL-2.pdf">https://www.nielsen.com/wp-content/uploads/sites/3/2019/04/Global20Baby20Care20Report20Revised20FINAL-2.pdf</a>
- 12. *Pew Research Center Parenting in America*. (n.d.). Retrieved January 21, 2022, from <a href="https://www.pewresearch.org/social-trends/2015/12/17/2-satisfaction-time-and-support/">https://www.pewresearch.org/social-trends/2015/12/17/2-satisfaction-time-and-support/</a>
- Rosenberg, K. D., Eastham, C. A., Kasehagen, L. J., & Sandoval, A. P. (2008). Marketing
  Infant Formula Through Hospitals: the Impact of Commercial Hospital Discharge Packs on
  Breastfeeding. *American Journal of Public Health*, 98(2), 290.
  <a href="https://doi.org/10.2105/AJPH.2006.103218">https://doi.org/10.2105/AJPH.2006.103218</a>