

Derek Hampson  
Nutrition Division  
Food Standards Agency  
Room 115B Aviation House  
125 Kingsway  
London  
WC2B 6NH



24 September 2007

Dear Derek,

**Re: Subgroup on Maternal and Child Nutrition's (SMCN) response to the Infant Formula and Follow-on Formula Draft Regulations 2007**

The Committee thanks you for an opportunity to comment on the Infant Formula and Follow-on Formula Draft Regulations 2007. These were discussed at its meeting on 14 September.

Firstly the Committee would like to note that the Regulations do not give effect to the 'International Code of Marketing of Breast Milk Substitutes' (hereinafter termed "the Code") in its entirety because they are inadequate in scope. They refer only to two 'breast milk substitutes' as defined by the Code: infant formula and follow on formula. Other products marketed to infants (for example bottled water and drinks) are not included.

There is no case for allowing the "advertising" of follow-on formula. Firstly, SMCN notes there is no scientific evidence demonstrating nutritional advantage of this product over infant formula. Secondly, the Committee notes that these products are marketed to replace breast milk as the liquid portion of the weaning diet during the second half of infancy. Thus they are breast milk substitutes as defined by the Code (which sets no upper infant age limit on this term). It is our opinion that infant formula and follow-on formula should be subjected to the same marketing restrictions. The Regulations should also ensure that infant formula and follow-on formula are clearly distinguishable to consumers who are currently confused by similarity of labelling and package design. In addition, free samples do not appear to be adequately proscribed by the Regulations.

We find the case for labelling infant formula or follow on formula with health or nutrition claims entirely unsupportable. If an ingredient is unequivocally beneficial as demonstrated by independent review of scientific data it would be unethical to withhold it for commercial reasons. Rather it should be made a required ingredient of infant formula in order to reduce existing risks associated with artificial feeding. To do otherwise is not in the best interests of children, and fails to recognise the crucial distinction between these products and other foods.

Lastly, the Committee states that the term 'advertising' is too narrow and must include promotion and other marketing communications.

We hope these comments are helpful.

Yours sincerely,



---

Dr Anthony F Williams  
Chair of the Subgroup on Maternal and Child Nutrition (SMCN)

**Declaration of interest:** Dr A Williams, Chair of SMCN acts in a voluntary unpaid capacity as adviser to a number of charities and organisations engaged in advocating for improved infant feeding practices.