Dear Madam Testori-Coggi,


We wish to make the following points in response to the above Recast Commission Directive on Infant Formulae and Follow-on Formulae.

We would like to support of the comments made by the International Baby Food Action Network. We are very concerned about the impact these proposals might have in Sweden. Although the new proposals contain a few useful safeguards in relation to labelling, there are others which we believe will be harmful to health. In particular we are worried that products will be imported from the EU bearing health or nutrition claims and that this will undermine our efforts to protect breastfeeding and infant health.

We kindly request that European legislation is brought into line with the requirements of the International Code and subsequent relevant WHA Resolutions and that the following points are included in the revision of this important piece of legislation:

- European legislation should not permit the promotion of any breastmilk substitute or any food or drink marketed as suitable for babies under 6 months of age, or any promotion of bottles and teats.

- Health and nutrition claims on foods for infants and young children undermine breastfeeding and are misleading in that they imply equivalency or health benefits for breastmilk substitutes. Nutrition and health claims are not the same as nutrition information (which is essential) and, in creating a perceived advantage, they confuse parents. Breast milk substitutes have no health advantage over breastfeeding. Health and nutrition claims violate the International Code of Marketing of Breast-milk Substitutes and the subsequent relevant WHA Resolutions and should not be permitted.

- Ingredients shown by independently-funded research to be safe and essential for infant health should be mandatory.
• Powdered infant formulas (including powdered breastmilk fortifiers) must carry explicit warnings that the product is not sterile and may be contaminated by Enterobacter sakazakii and/or other pathogens.

• No food other than infant formula (or formulas for special medical purposes) should be labelled as suitable for infants under the age of 6 months.

• The safety of soya should be questioned and, if permitted, its risks explicitly stated on the label continued.

• Follow-on milks are not necessary. If these products are permitted on the market, their promotion should be prohibited.

• Free and low-cost supplies of breastmilk substitutes should not be allowed in any part of the health care system.

Yours sincerely

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