



**Breastfeeding
Promotion Network of India**
(Registered Under Societies Registration Act
XXI of 1860, Delhi R-No S-23144)
BP-33, Pitampura, Delhi-110034
Tel: +91-11-42683059
Email: bpni@bpni.org
Website: www.bpni.org

BPNI/2025/115

November 7, 2025

To:
Shri Rajiv Gauba
Chairman High-Level Committee (HLC) on Non-financial regulatory Reforms,
Member, NITI Aayog, Government of India
Sansad Marg, New Delhi 110001

Via Email: rajiv.gauba@gov.in

Subject: Urgent representation not to decriminalize *the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act)*

Respected Shri Gauba Ji,

I write to you on behalf of the Breastfeeding Promotion Network of India (BPNI), notified in 1995 in the official Gazette of India to monitor the compliance with the said Act. (Annex-1). It has come to our attention that there is a proposal to decriminalise several existing laws under the ease of doing business. And the **IMS Act** is one such law administered by the Ministry of WCD. We understand it is on the list for consideration of decriminalization in the forthcoming meeting being chaired by you.

BPNI submits as under to present our arguments for not decriminalising the IMS Act in larger public health interest.

1. **'Decriminalization Framework' of the DPIIT exempts laws that deal with threat to public health.** Further, decriminalization of IMS Act may create malafide intent to defraud mothers and babies (via marketing).
2. The IMS Act is a proven public-health safeguard for mothers, babies and families. The IMS Act was enacted by Parliament with cross-party consensus to protect infant health from commercial exploitation. It operationalised India's commitment to the *WHO-UNICEF International Code of Marketing of Breast-milk Substitutes (1981)* and responded to high rates of infant morbidity, malnutrition and mortality linked to aggressive promotion of baby foods and feeding bottles. (Annex-2).
3. **IMS Act has been globally acclaimed** as one of the strongest law in this field. The IMS Act is responsible to push exclusive-breastfeeding rates of 0-6 month babies from ~43% (NFHS-2) to 64% (NFHS-5), which means increased health protection, India can't afford to lose.
4. **No history or scope of misuse:** IMS Act has not been misused or weaponised against companies or its individuals. In three decades it has acted as a deterrent to exploitative marketing of commercial baby foods.
5. **The IMS Act does not interfere** with legitimate sales or availability of baby foods for those who need it.

As a policy, BPNI does not accept funds of any kind from the companies manufacturing baby foods, feeding bottles etc. and from organization/industry having conflict of interest.



**Breastfeeding
Promotion Network of India**
(Registered Under Societies Registration Act
XXI of 1860, Delhi R-No S-23144)
BP-33, Pitampura, Delhi-110034
Tel: +91-11-42683059
Email: bpni@bpni.org
Website: www.bpni.org

6. **Why decriminalisation would be harmful?:** Converting these offences into administrative or compoundable lapses would **neutralise the only effective deterrent** in the law. Once violations attract only small fines, companies will factor such penalties as routine marketing costs. Recent enforcement history supports this concern: digital and influencer marketing of infant formulas is already rising sharply. Weakening the Act now **would sanction an era of covert commercialisation of infant feeding** with direct consequences for infant survival and national nutrition goals.
7. Decriminalising IMS Act would signal that corporate convenience takes precedence over child survival.

We, therefore, urge you to **withdraw** or **defer** any proposal to decriminalise the IMS Act while you finalise the recommendations of the HLC. We trust that under your chairmanship, NITI Aayog will uphold India's leadership in protecting its mothers and babies.

We would appreciate a hearing in this regard,

With regards,

Yours sincerely,

Dr Arun Gupta MD
Paediatrician & Founder, Breastfeeding Promotion Network of India (BPNI)
Copy to

1. Dr Vinod Paul, Member Health Niti Aayog.
2. Secretary, Ministry of Women and Child Development



भारत का राजपत्र The Gazette of India

असाधारण
EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (i)
PART II—Section 3—Sub-section (i)

प्राधिकार से प्रकाशित
PUBLISHED BY AUTHORITY

सं. 318] नई दिल्ली, सोमवार, जुलाई 24, 1995/श्रावण 2, 1917
No. 318] NEW DELHI, MONDAY, JULY 24, 1995/SRAVANA 2, 1917

मानव संसाधन विकास मंत्रालय
(महिला और बाल विकास विभाग)

अधिसूचना

नई दिल्ली, 24 जुलाई, 1995

सा.का.नि. 562(अ).—केन्द्रीय सरकार, शिशु दुग्ध अनुकल्प पोषण बोतल और शिशु खाद्य (उत्पादन प्रदाय और वितरण विनियमन) अधिनियम, 1992 (1992 का 41) की धारा 21 की उपधारा (1) के खण्ड (ग) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, उक्त धारा के अधीन लिखित रूप में शिकायत करने के लिए बाल कल्याण और विकास तथा बाल पोषाहार में लगे निम्नलिखित स्वैच्छिक संगठन को प्राधिकृत करती है, अर्थात्:—

ब्रेस्टफीडिंग प्रमोशन नेटवर्क ऑफ इंडिया (बी पी एन आई)
बी पी-33, पीतमपुरा, दिल्ली-34

और उक्त प्रयोजन के लिए भारत सरकार के मानव संसाधन विकास मंत्रालय (महिला और बाल विकास विभाग) की अधिसूचना सं. सा. का. नि. 540(अ), तारीख 27 जून, 1994 में निम्नलिखित संशोधन करती है, अर्थात् :—

उक्त अधिसूचना में, क्रम सं. 3 और उससे संबंधित प्रविष्टि के पश्चात् निम्नलिखित क्रम संख्यांक और प्रविष्टि जोड़ी जाएगी, अर्थात् :—

“4. ब्रेस्टफीडिंग प्रमोशन नेटवर्क ऑफ इंडिया (बी पी एन आई) बी पी-33 पीतमपुरा, दिल्ली-34।”

[फा. सं. 12-9/94 एन टी]
बी. सैन, संयुक्त सचिव

MINISTRY OF HUMAN RESOURCE DEVELOPMENT

(Department of Women and Child Development)

NOTIFICATION

New Delhi, the 24th July, 1995

G.S.R. 562(E).—In exercise of the powers conferred by clause (c) of Sub-Section (1) of Section 21 of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (41 of 1992), the Central Government hereby authorises the following voluntary organisation engaged in the field of child welfare and development and child nutrition to make a complaint in writing under the said section, namely :—

Breastfeeding Promotion Network of India (BPNI),
BP-33, Pitampura, Delhi-34.

and for the said purpose makes the following amendment in the notification of the Government of India in the Ministry of Human Resource Development (Department of Women and Child Development) G.S.R. 540(E), dated the 27th June, 1994, namely :—

In the said notification, after serial No. 3 and the entry relating thereto, the following serial number and entry shall be added, namely :—

“4. Breastfeeding Promotion Network of India (BPNI),
BP-33, Pitampura, Delhi-34.”

[F. No. 12-9/94-NT]

B. SEN, Jt. Secy.

THE INFANT MILK SUBSTITUTES, FEEDING BOTTLES AND INFANT FOODS (REGULATION OF PRODUCTION, SUPPLY AND DISTRIBUTION) ACT, 1992

INTRODUCTION

Infant malnutrition is a major contributory cause of his incidence of infant mortality and physical and mental handicaps. The health of infants and young children cannot be isolated from the health and nutrition of women. The mother and her infant form a biological unit. Breast-feeding is an integral part of the reproductive process. It is the natural and ideal way of feeding the infant and provides a unique biological and emotional basis for healthy child development. The anti-effective properties of mother's milk protect infants against diseases. The effect of breast-feeding on child spacing, on the health and well being of the mother, on family health and on national economy is well recognised. Breast-feeding is, therefore, a key aspect of self-reliance and primary health care. It is, therefore, essential to protect and promote breast-feeding and to protect pregnant women and nursing mothers from any influence that could disrupt it. Inappropriate feeding practices lead to malnutrition, morbidity in our children. Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more extensive and pervasive than the dissemination of information concerning the advantages of mother's milk and breast-feeding and contributes to decline in breast-feeding. In the absence of strong interventions designed to protect, promote and support breast-feeding this decline can assume dangerous proportions subjecting millions of infants to greater risks of infection, malnutrition and death. In view of the vulnerability of infants in the early months of life to the aforesaid risks and the risks involved in appropriate feeding practices including the unnecessary and improper use of infant milk substitutes, feeding accessories and infant foods, it came necessary to regulate the marketing of such products. In May, 1981 the World Health Assembly adopted an International Code for Marketing of Breast Milk Substitutes. The Government of India recognised this Code and adopted the "Indian National Code for Protection of Breast-Feeding in December, 1983. To give effect to the principles and aims of this Code the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Bill was introduced in the Parliament.

STATEMENT OF OBJECTS AND REASONS

Every child has a right to be adequately nourished as a means of attaining and maintaining health. Infant malnutrition is a major contributory cause of high incidence of infant mortality and physical and mental handicaps. The health of infants and young children cannot be isolated from the health and nutrition of women. The mother and her infant form a biological unit. Breast-feeding is an integral part of the reproductive process. It is the natural and ideal way of feeding the infant and provides a unique biological and emotional basis for healthy child

development. The anti-infective properties of mother's milk protect infants against diseases. The effect of breast-feeding on child spacing, on the health and well being of the mother, on family health and on national economy is well recognised. Breast-feeding is, therefore, a key aspect of self-reliance and primary health care. It is, therefore, essential to protect and promote breast-feeding and to protect pregnant women and nursing mothers from any influence that could disrupt it.

2. Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in our children. Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more extensive and pervasive than the dissemination of information concerning the advantages of mother's milk and breast-feeding and contributes to decline in breast-feeding. In the absence of strong interventions designed to protect, promote and support breast-feeding this decline can assume dangerous proportions subjecting millions of infants to greater risks of infections, malnutrition and death.

3. In the light of the foregoing considerations and in view of the vulnerability of infants in the early months of life to the aforesaid risks and the risks involved in inappropriate feeding practices including the unnecessary and improper use of infant milk substitutes, feeding accessories and infant foods, it has become necessary to regulate the marketing of such products. For the proper nutrition and health of the world's children, the World Health Assembly adopted in May, 1981 an International Code for marketing of Breast Milk Substitutes. The Government of India recognised this Code and adopted the "Indian National Code for Protection and Promotion of Breast-Feeding" (hereinafter referred to as the Code) in December, 1983.

4. The Code envisages that there shall be no advertising or other form of sales promotion of infant milk substitutes, feeding bottles and teats. The Code, in accordance with this general principle enjoins the health authorities to encourage and protect breast-feeding and also prescribes several measures to control the marketing and promotion of infant milk substitutes, feeding bottles, teats and infant foods.

5. The Bill proposes to give effect to the principles and aims of the Code. Accordingly, it prohibits advertisement of infant milk substitutes and feeding bottles and also prescribes measures to ensure that in the marketing of infant milk substitutes no impression is given that feeding of these products is equivalent to, or better than, breast-feeding. The provisions relating to labelling and quality control of infant milk substitutes, feeding bottles and infant foods are proposed to be implemented through the concerned Departments in the State Government and Union territory administrations under the overall control of the Ministry of Health and Family Welfare. Contravention of the provisions of the Bill will be punishable with imprisonment for a term which may extend to three years, or with fine which may extend to five thousand rupees, or with both. However, the contravention of certain provisions of the Bill relating to labelling or quality control of such substitutes or food will be punishable with imprisonment for a term which shall not be less than six months but which may extend to three years and with fine which shall not be less than two thousand rupees.

6. The Bill seeks to achieve the above objects.

ACT 41 OF 1992

The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Bill having been passed by both the Houses of Parliament received the assent of President on 29th December, 1992. It came on the Statute Book as THE INFANT MILK SUBSTITUTES FEEDING BOTTLES AND INFANT FOODS (REGULATION OF PRODUCTION, SUPPLY AND DISTRIBUTION) ACT, 1992 (41 of 1992).

AMENDING ACTS

1. The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003 (38 of 2003) (w.e.f. 1-11-2003).
2. The Food Safety and Standards Act, 2006 (34 of 2006).