



**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](mailto:bpni@bpni.org)  
Website: [www.bpni.org](http://www.bpni.org)

**BPNI/2025/116**

**November 10, 2025**

To,  
**Smt. Annpurna Devi**  
**Hon'ble Union Minister**  
**Ministry of Women and Child Development**  
**Government of India**  
**Room No: 301, Shastri Bhawan,**  
**New Delhi – 110001**  
Email id- [min-wcd@gov.in](mailto:min-wcd@gov.in)

**Subject: Request to save from decriminalisation the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 and Amendment Act 2003 (IMS Act) before the High-Level Committee on Non-Financial Regulatory Reforms (HLC)**

Respected Madam,

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 compliance with the IMS Act. BPNI is a national organisation working to protect promote and support breastfeeding since 1991. (Annex-1)

As you may be aware that Ministry of WCD has been at the forefront of protecting women and infant's health via enacting the IMS Act since 1992 and its Amendment in 2003. We understand that the *IMS Act* has been listed among laws to be considered for *decriminalisation* under the Government's "ease of doing business" initiative, and that the High-Level Committee (HLC) chaired by Shri Rajiv Gauba is reviewing this proposal shortly.

We respectfully urge you, Madam, to firmly oppose any decriminalisation of the IMS Act during the HLC's deliberations. MWCD may like to place on record following points for the Ministry's presentation.

### **1. IMS Act protects the nation's youngest citizens**

Enacted with cross-party consensus, the IMS Act operationalised India's commitment to the WHO–UNICEF International Code of Marketing of Breast-milk Substitutes (1981). It addresses the country's high burden of infant morbidity and mortality caused by aggressive promotion of baby foods and feeding bottles, which is clearly captured in the Statement of Objects and Reasons while the Bill was proposed.(Annex-2) Over three decades, this law has ensured good market behavior and contributed to raising exclusive breastfeeding rates from about 43% (NFHS-2) to 64% (NFHS-5) , **which is a public-health achievement of national importance**. The global monitoring data suggests that sales of commercial powder milk formula is slowed down in India because of the IMS Act.

### **2. The Act has never been misused**

In 32 years of implementation, there is no record of harassment or misuse against legitimate businesses. It has functioned purely as a deterrent to aggressive and pervasive marketing, without restricting genuine availability of infant milk substitutes or foods for those infants who need them.

### **3. Decriminalisation will weaken deterrence**

Replacing criminal sanctions with minor administrative fines would neutralise the law's preventive power. Large corporations could simply treat such fines as routine marketing expenses. Current trends of digital and influencer promotion of infant formulas already show the misuse. Once decriminalised, it will quickly expand marketing practices. Weakening the IMS Act would effectively legalise covert commercialisation of infant feeding, threatening infant health and nutrition goals and India's credibility as a child-friendly nation.

**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](mailto:bpni@bpni.org)  
Website: [www.bpni.org](http://www.bpni.org)

#### **4. Intent of companies is to break the law**

The Income-Tax Appellate Tribunal (ITAT Mumbai, 2023), in *Mead Johnson Nutrition (India) Pvt Ltd v. ACIT*, ruled that the distribution of free samples of infant-milk substitutes violates Section 4 of the IMS Act and therefore such expenditure cannot be claimed as a business deduction. When Nestle was challenged in the Court for violation of the IMS Act, the evidence from Court went missing and Nestle challenged the validity of the law in HC. This demonstrates that India's fiscal and judicial institutions recognise the IMS Act as a valid, enforceable public-health safeguard and this is settled legal position and companies have shown disrespect and malafide intention.

#### **5. DPIIT's own decriminalisation framework exempts public-health laws**

The Department for Promotion of Industry and Internal Trade (DPIIT) guidelines expressly exclude from decriminalisation those laws that address threats to public health or safety. **The IMS Act squarely meets this criterion and should therefore be exempted.**

BPNI's humble request

**Please advise the HLC that the IMS Act must be retained in its present form and exempted from decriminalisation.**

This will ensure public-health priority, protect constitutional duty and international commitments. The IMS Act is not a regulatory burden. It is a national commitment to protect every Indian mother and child from corporate exploitation.

We trust your leadership will ensure that this commitment remains unshaken.

With sincere regards,

Yours faithfully,

**Dr. Arun Gupta, MD**

Paediatrician & Founder, Breastfeeding Promotion Network of India (BPNI)

BP-33, Pitampura, Delhi 110034

Email: [arun@bpni.org](mailto:arun@bpni.org) Website: [www.bpni.org](http://www.bpni.org)

**Dr. Nupur Bidla PhD**

Central Coordinator BPNI

**Copy to:**

**Sh. Anil Malik, Secretary, Ministry of Women and Child Development, Government of India. [secy.wcd@nic.in](mailto:secy.wcd@nic.in)**

**Sh. Lav Aggarwal, Additional Secretary Ministry of Women and Child Development, Government of India. [alav@ias.nic.in](mailto:alav@ias.nic.in)**



# 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).