



International Baby Food Action Network - IBFAN
Red internacional de grupos pro alimentación infantil
Réseau international des groupes d'action pour l'alimentation infantile

Geneva Infant Feeding Association - GIFA

1998 Recipient of the Right Livelihood Award



WRITTEN SUBMISSION BY IBFAN
TO THE STAKEHOLDER MEETING OF JOINT FAO/WHO Expert Meeting to
review toxicological and health aspects of Bisphenol A

1. IBFAN, the International Baby Food Action Network, and WHO standard-setting

IBFAN is a world-wide coalition of more than 200 citizen groups in over 100 countries, coordinated by eight regional offices. All IBFAN members work in the best interests of the child so that every child reaches the highest attainable standard of health.

Since 1979, IBFAN has urged governments, through the World Health Assembly, to adopt and implement the strongest global measures to protect infant health. The 1981 International WHO/UNICEF Code of Marketing of Breastmilk Substitutes and its subsequent, relevant resolutions provide a key standard to protect, promote and support breastfeeding by eliminating intensive marketing practices for infant feeding products, including feeding bottles and teats.

2. IBFAN's working group and WHO's guidance on safer infant feeding practices

Concerned paediatricians, parents, carers and health professionals constitute IBFAN's Global Working Group on bacterial and chemical contaminants in infant feeding products. IBFAN has provided input from product users for the FAO/WHO Guidelines on safe preparation, storage and handling of powdered infant formula, PIF. IBFAN regional offices and national groups have worked to disseminate these Guidelines widely and to urge governments to implement them fully.

3. The health risks of artificial feeding of infants and young children

Infants and young children who are artificially fed are immunocompromised because they do not receive the passive and active immunological protection conferred through breastfeeding. Decreased immunological status increases the negative impact of chemical and microbiological risks for infants and young children.

Artificial feeding, using infant and follow-on formulas, feeding bottles and teats, therefore presents documented and often serious risks to babies in developed and developing countries:

- Evidence accumulated since the 1970s shows that in developing countries and in poor settings in industrialised countries, there is a high risk of severe bacterial infection in vulnerable babies. This is due to lack of access to safe and sufficient water supplies to clean and sterilise feeding bottles and teats and to make up powdered milk formula feeds.
- Even in rapidly industrialising countries such as China, chemical contamination of powdered infant and follow on formulas with melamine has caused deaths and disabling infections.

- Industrialised countries are the only ones with adequate facilities to test and identify strains of heat-resistant bacteria in unopened tins of powdered formulas. Since 1988, research in Europe and North America has shown that life-threatening infections caused by *Enterobacter sakazakii* and *Salmonella* species in powdered infant formulas have caused death or life-long disability of infants and young children. The extent of the problem in developing countries without testing facilities is unknown.

4. The added risk of bisphenol A, BPA

In both industrialised and industrialising countries, BPA in polycarbonate infant feeding utensils poses a further health hazard. During the first two years of life, any child is particularly vulnerable, because this is the period of important development of body organs and maturation of the immune system. Research shows that there is concern about the cumulative effect of even small doses of chemicals at this stage of development, and about the interaction among different chemical substances.

- Unlike adults, who use a variety of china, pottery and glasses for their food and drink, babies are more exposed to chemicals in infant feeding utensils made of polycarbonate plastic.
- Babies who are not breastfed according to WHO recommendations receive feeds from a bottle six, seven or more times every day. Nearly all bottles are now made of plastic rather than glass, and in most developing countries they are still made of polycarbonate plastic containing BPA.
- Most infants and young children are exposed to polycarbonate plastic from several sources, as well as from baby feeding bottles. Sippy cups to feed baby milk formulas or expressed breastmilk are often made of this plastic. The epoxy resins in linings of tins and cans of powdered milk formulas and the seals for caps of jars of baby foods provide further cumulative sources of exposure to BPA.
- Manufacturers warn parents and carers that feeding bottles and equipment must be carefully cleaned and sterilised before use. In many parts of the world, this means either boiling the bottles or using sterilising fluid or tablets. To avoid the risk of BPA leaching into the milk formula feed, product users are advised to avoid abrasive substances and scratching the bottles, to avoid heating to high temperatures and to avoid acid or alkaline solutions.
- To heat the reconstituted baby milk formula, or to sterilise bottles, many product users use microwave ovens or brands of microwave sterilisers.
- Plastic breastpump equipment used by working mothers to store and feed expressed breastmilk may also contain BPA and may provide a further source of exposure.
- The FAO/WHO Guidelines on safe preparation, storage and handling of PIF recommend a decontamination step, to inactivate heat-resistant bacteria that may be present in the PIF: first, boil the water and then cool to no less than 70°C to mix the formula powder, and then cool to body temperature to feed the baby. There is a risk of leaching of BPA if polycarbonate equipment is used in mixing the powder with water at 70°C.

5. The need for further research

IBFAN members are in daily contact with users of infant feeding products. Our discussions with parents and carers of infants and young children highlight the prevalence of certain common practices that exacerbate exposure to BPA from multiple sources.

IBFAN therefore calls upon the Joint FAO/WHO Expert Meeting to Review Toxicological and Health Aspects of Bisphenol A to conduct research in the following areas:

- The composition of sterilising fluid or tablets is not given on manufacturers' websites and should be investigated. Sterilising practices should be ascertained: do product users sterilise polycarbonate feeding bottles by boiling them for 10 minutes, or by leaving the bottles for up to 24 hours in polycarbonate plastic containers of sterilising solution, as recommended by some manufacturers?
Rationale: Contact with acid or alkaline solutions increases the risk of leaching of BPA from polycarbonate feeding utensils.
- When product users follow the WHO Guidelines, are polycarbonate plastic utensils and feeding bottles used as recipients to mix the powdered formula with water at 70°C?
Rationale: Contact of polycarbonate plastic with high temperatures increases the risk of leaching into liquids.
- How prevalent is the use of microwave ovens to heat liquids in polycarbonate plastic bottles or sterilise feeding equipment for baby milk and drinks, or to heat dishes of food? Are dishwashers at high temperatures routinely used for cleaning feeding equipment, or harsh detergents? How long do parents and carers keep and reuse polycarbonate feeding bottles, even if scratched or cracked?
Rationale: Contact of polycarbonate plastic with high temperatures and microwave ovens or harsh detergents increases the risk of leaching and damage to infant feeding equipment.
- Has the maximum cumulative dose of BPA been calculated, representing the total that an infant is exposed to from all sources (polycarbonate feeding bottles, breastpump equipment, sterilising equipment, epoxy can lings and seals of caps of jars) and using different methods to sterilise (boiling, sterilising fluid or microwave ovens)? How does this tally with the European Union specific migration unit of 0.6 mg/kg food of BPA used in food contact plastics?
Rationale: There is uncertainty surrounding the cumulative effect on vulnerable populations of even very low doses of BPA coming from a combination of sources.
- Has exposure of pregnant women to BPA from various sources, including the lining of cans of drinks, been investigated?
Rationale: The EFSA Opinion of 23 September 2010 raises the question of in utero as well as lactational exposure to BPA, but notes that in humans and rodents "exposure to total BPA through lactation is limited to a very low fraction. Therefore in utero exposure and exposure through lactation appear to be limited".

IBFAN's position is that these practices should be investigated and recommendations to improve them should be issued for wide diffusion among parents and carers.

6. Marketing of feeding bottles and the WHO/UNICEF International Code and resolutions

The International Code of Marketing of Breast-milk Substitutes was adopted by the World Health Assembly in 1981, followed by fourteen subsequent, relevant resolutions. The scope of the Code covers not only breastmilk substitutes, but also feeding bottles and teats. Manufacturers and distributors of products under the scope of the Code must not advertise their products to the general public or through the health care system.

Manufacturers of feeding bottles and breast pump companies fail to comply with the provisions of the Code and instead promote their products intensively. They aim to create and expand markets by using deceptive advertisements and unsubstantiated claims, especially in developing countries and on internet sites.

The recent publicity campaign by one manufacturer for plastic bottles has the slogan: “XX’s natural flow feeding bottles - It’s a natural!” It is difficult to ascertain the composition of these bottles: do they contain BPA or not? If they do, then IBFAN’s concern over violations of the International Code is coupled with concern over intensive promotion and unfounded claims for potentially harmful products.

7. Two standards: one for babies in the industrial world and another for babies in developing countries?

- On the basis that BPA is an endocrine disruptor, several industrialised countries in Europe as well as States in the USA have now adopted the Precautionary Principle to protect babies’ health. Canada is shortly expected to conclude the process of having BPA added to the List of Toxic Substances.
- Retailers and some manufacturers in Australia and Canada have already introduced a voluntary agreement to eliminate BPA from polycarbonate plastic feeding bottles, in the face of loss of consumer confidence in these products.
- However, in Malaysia and in many other countries in Asia with market potential, commercial operators and trade associations representing the companies’ interests routinely violate the provisions of the International Code and its resolutions in order to maximise profits from sales of infant feeding bottles and equipment.

8. All babies in all countries are entitled to the same degree of protection.

All parents want to do the best for their children. Many users are unaware of the risk of leaching and of damaged bottles. They need to receive objective and independent information, free from commercial pressures. Paediatricians, medical doctors and health professionals who care for infants and young children need to be able to provide such impartial information to parents.

IBFAN urges the Stakeholder and Expert meetings to focus on infants and young children as the population most vulnerable to cumulative exposure to BPA, and to provide clear recommendations based on independent research and impartial scientific evidence.

To reduce the rates of artificial feeding and the risks associated with BPA, IBFAN urges all governments to implement effective measures for the protection, promotion and support of early and exclusive breastfeeding for the first six months of life, followed by the addition of nutritionally adequate and safe complementary foods and food contact materials while breastfeeding continues for up to two years of age or beyond.

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“The Statement was prepared by IBFAN members and groups in the following countries and was endorsed by Consumers International:

Burkina Faso, Canada, Costa Rica, France, India, Korea, Nepal, New Zealand, Republic of Palau, Switzerland, United Arab Emirates, United Kingdom”.