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Review Article

LABELING OF FOOD FOR INFANTS– A MUTE STORY OF SOLICITUDE

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ABSTRACT

A parent knows that breast milk is the best source of nutrition for infants (0-12 months of age) but sometimes it may not be possible to breastfeed an infant. Commercially prepared food for infants usually called as infant formula and follow-on formula is used in situations where mother cannot breastfeed the baby. Information about the product is reflected through its label, which tells the details about the food product a parent or caretaker selects for his/her baby. Know-how of the labeling regulations is equally important for assuring safety of infant food. It is also vital that the information is precise, clear and easily understandable. This paper outlines the labeling requirements for infant formula by different health regulatory authorities and compares this with the existing practice in India. A review of various research reports on infant food and their recommendations for improving the safety of the infant food also is included. This knowledge can help the consumers in selecting the right product for their babies and can prevent any risk associated with its use. A special concern that came to light during this review is that, presently in India, there is an unavailability of special infant food formula for those neonates and infants having inborn errors of metabolism.

Keywords: Infant formula, Follow-on/up formula, Labeling regulation, Nutrient information, Codex Alimentarius, International Code of Breast Milk Substitutes.

INTRODUCTION

The start of our life is the infant's stage. Along with the mothers's warmth, an infant needs best nutrition, which decides the health in later life. As per one of the study it was found that poor dietary intakes of energy, protein and micronutrients by infant, and mother during pregnancy were shown to be associated with increased risk of adult obesity[1]. Infant foods should have a composition adapted to the nutritional needs of children of specific age group 0-12 months, and should comply with specifications related to food safety in terms of ingredients, production process, and prevention of infectious and toxicological hazards[2]. Giving importance to breast feeding, this study emphasize on labeling aspects of infant food and milk substitutes. As the immune system in infants is not germinated enough to fight infections acquired by food borne illness, care should be taken in making and marketing infant foods to avoid direct and indirect risks associated with it to infants. Improper formula handling leads to diarrhea and other gastrointestinal infections [3]. One of the studies showed full-thickness gangrene of the transverse colon in an infant due to feeding of a formula which was hyperosmolar due to improper preparation. This happened because of inadequate "directions for use" on the label of the formula, which implies the need for clear directions for preparation and handling on the label of the product[4]. The specific labeling requirements of Infant Formula Act of 1980 and the Nutrition Labeling and Education Act of 1990 include along with other criteria, concentrations of fat, proteins, carbohydrates, minerals and vitamins [5]. Along with these, infant food products should also follow the general labeling requirements for food products. Federal Food, Drug and Cosmetic Act classified baby foods as foods for special dietary use and required on its label all ingredients by specific plant or animal source along with their common names including, spices, flavorings and colors for use by infants below 12 months of age[6].

DANGERS OF IMPROPER LABELING

There are many cited examples available to show dangers associated with improper labeling. At a very early period, Nestle promoted infant formula in such a way that it lead to death of many infants due to dependence of parents or care takers on modern ways of providing nutrition to their babies rather than opting the best way i.e. mother's milk[7]. Nestle India violated the labeling regulations for infant formula, by the absence of "important notice", statement that "infant formula was not the sole source of nourishment", which over a period of time resulted in malnutrition [8]. The use of graphic representations for easy identification of the infant formula should not be in a misleading way. Nestle used an almost identical logo both on infant formula and sweetened beverage creamer. This resulted in purchase of the creamer by the parent for the babies which was intended to be used to flavor coffee. As the label on it showed a mother bear cradling a baby bear which was also seen on many infant formula products, lead to confusion. A statement that the creamer was not meant to be used as infant milk substitute was present on the label but in a language which the women in that area could not understand. The creamer was obviously nutritionally inadequate for infants, thus leading to malnutrition in the babies[9,10]. Some labels are not in appropriate local language, and if present also, reaching them required removing the main label and is in a manner difficult to read.

NATIONAL STANDPOINT

The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003, under the Drugs & Cosmetics Act and Rules controls the marketing and promotion of infant mik substitutes, feeding bottles & infant food in India[11]. The rules under the above said Act and the the Food Safety and Standards Regulations, 2010 deal with labeling and other aspects of infant milk substitutes and infant food[12].

The important clauses of the above acts include: Presence of words, "Important Notice" and "Mother's milk is best for our baby" in capital letters, "Infant Milk Substitutes" (IMS) for products meant for infants from birth to 6 months of age and "Infant Food" (IF) for those above 6 months and up to 2 years of age. There should be a statement to seek advice of a health worker about the use and withdrawal of IMS and IF. Directions for its preparation and use, storage instructions, warning against the health hazards in case of in appropriate preparation and lack of hygiene, and instructions about discarding the left over feed following a feeding chart are other important requirements. Label should contain a warning that the product is not the sole source of nourishment of an infant. Composition of nutrients and energy value in kilocalories or Joules per 100 grams of the product along with specific and class names of vitamins, minerals and food additives added should come on the label. Statement indicating the manufacturing process (e.g. spray dried) except in case of infant food, and directions for the use of measuring scoop (when provided) also should come on the label. Batch number, date of manufacturing and expiry of the product should be specified. Products containing no milk or milk derivatives shall indicate on the label a statement relating to it. Higher quality

protein claim is allowed only when the protein efficiency ratio (PER) of the product other than IMS is 2.5 or greater.

Special labeling instructions are also provided for products intended for "premature babies", "Lactose or sucrose intolerant infants", "infants allergic to soy or milk proteins" and for "Food for Special Medical Purposes Intended for Infants".

Premature/ low birth weight babies: Words, "premature baby" (born before 37 weeks),"low birth weight" (less than 2.5 Kg) in capital letters to be mentioned and statement that "the product should be withdrawn on medical advice when mother's milk is sufficiently available".

Lactose or sucrose intolerant infants: Words, "lactose-free or sucrose free or lactose or sucrose free" in capital letters, and information that "this product is to be used only in case of diarrhea and should be withdrawn in case of no improvement in symptoms of lactose intolerance".

Infants allergic to soy or milk proteins: Infant milk substitute meant for infants allergic to cow's/buffalo's milk protein or soy protein should bear conspicuously the phrase "hypoallergenic formula" or its equivalent.

Labeling Regulations for Food for Special Medical Purposes Intended for Infants (FSMPI): Additional labeling clauses for such products include words "Food for Special Medical Purposes Intended for Infants" in capitals, indication of the disease or disorder for which the product is intended for, health hazards in case of use by infants lacking the diseases for which it is made, description of the product properties, rationale of its use and where appropriate warning that the product is not for parenteral use.

Prohibitions include picture or graphic material to increase the sale of the product. The product should not contain any picture of infant or women. Claims like "Full Protein Food", "Energy Food", "Complete Food", "Healthy Food", etc. which can mislead a parent to rely on the product only are not allowed. Words like "humanized", "maternalized", etc. are prohibited from use on the labels of such articles.

UNITED STATES

The Infant Formula Act, 1980 gave the USFDA (United States Food and Drug Administration) the authority to establish various regulations on infant formula including labeling. Title 21, part 107 & sub part B of CFR (Code of Federal Regulations) provides regulations for infant formula, requiring information on nutrients and directions for preparation and use to be present on the label[13]. USFDA does not approve infant formula or its label before they are marketed, but manufacturers should provide the agency with a notification containing elements and assurances for a new or reformulated infant formula before marketing. The manufacturers of infant formula must use food ingredients that are generally regarded as safe (GRAS) or approved as food additives by USFDA.

Nutrient information: The nutrient information on the label of an infant formula should be in a tabular format, following a particular order and units as specified in Table 1. Any additional vitamins and minerals added can be shown at the bottom of the vitamin list and between iodine and sodium respectively but those added should be regarded essential by National Academy of Sciences or Food and Drug Administration and should be in recommended level as having biological significance. Biotin, choline and inositol shall be declared whenever added. Infant formula supplying 100 Kilocalories and containing 1 milligram or more iron only can have statements specifying "Infant formula with Iron" and statements like "Additional Iron May Be Necessary" if the quantity of iron is below 1 milligram.

Directions for preparation and use: Under this heading, directions for the storage of infant formula, indication to avoid prolonged storage at excessive temperatures, agitation in case of liquid products, sterilization of water bottles and nipples, directions for dilution and for powdered formula the weight and volume to be reconstituted along with a pictogram showing major steps for the preparation. A warning about health hazards in infants due to improper use of the product and a statement indicating to seek physician's advice for product use must be present. A direction showing "Use by __ date" with month and year indicating acceptable quality and not less than quantity of each nutrient as shown on the label of the infant formula when consumed. For concentrated or ready-to-feed formulas, a statement regarding the addition or non-addition of water along with a symbol depicting it should be present.

The labeling of health claims on conventional food and dietary supplements needs premarket approval by the FDA [14]. FDA requires a warning statement to be displayed on the label of partially hydrolyzed infant food products along with any health claim (when mentioned) indicating consumers that such infant formulas are not hypoallergenic and should not be fed to infants who are allergic to milk.

As per the recent FDA regulations on nutrient specifications and labeling for infant formula, it recommends to add selenium to the list of required nutrients and to establish minimum and maximum levels of selenium in infant formula[15].

EUROPE

In the EU, infant formulae or their labels are not approved but official monitoring of such products is efficiently done by checking the model label of that product forwarded to the competent authority of the member states where the product is being marketed. EU Directive (Commission Directive 2006/141/EC) in some way reflect the provisions of International code of Marketing of Breast Milk Substitutes [16].

The Infant articles for consumption are named as "infant formulae" and "follow-on formulae", but if the product is an entire derivative of cows' milk proteins, it is named "infant milk" and "follow- on milk". The infant formula and infant milk are labeled as suitable for infants during the first six months of life when they are not breast fed along with the superiority of breast feeding. Follow-on formula and follow-on milk for infants are to be labeled as "over six months of age" and that "this diversified diet and start of complementary feeding should be taken on the advice of concerned professional(s)". Graphic representation for easy identification of the product is allowed but not in a misleading way.

Nutritional labeling: Energy value should be expressed in kilojoules (kJ) and kcal and the nutrients, vitamins and minerals governed by a specific level in numerical form per 100 ml or 100 g of the product. In case of follow-on formulae, percentage of the reference values of vitamins and minerals along with numerical values is to be added as shown in Table 1 (present in Annex VII of Commission Directive 2006/141/EC). Though EC directives give regulations to be followed by the member countries of EU (European Union), still many of them do not match up in few cases with it. For instance, schedule 4 of the UK infant formula and follow-on formula regulations, 1995, gives 6 compositional claims i.e. "adapted protein; low sodium; sucrose free; lactose only; lactose free; iron enriched and reduction of risk to allergy to milk proteins" which were followed even after issuance of new regulations in 2007[17]. The new EU Directive regulations allowed additional claims, nutritional and disease risk reduction claim under annex IV, they being lactose only, lactose free, added LCP (long chain unsaturated polysaccharides), presence of taurine, fructo-oligosaccharides and galacto-oligosaccharides, nucleotides and reduced allergen or reduced antigen properties. But for the last claim, the label shall indicate that "the product must not be consumed by infants allergic to the intact protein" from which it is made unless proven clinically tolerant in 90% of infants who are hypersensitive to such proteins. However the UK high court ruled that the manufacturers may continue to produce and retailers continue to sell the products with labels containing claims as per the old regulations in the UK till 1st January, 2010, after which the labels should be in accordance to the new regulations.

Table 1: Nutrient information for infant formula

United States		**Europe**	
Nutritional information (in the given order) Energy: Per 100 Calories/ per 100 ml/ 100 g (__ floz)		Energy: kJ and kcal per 100 ml	
Nutrients	**Units**	**Nutrients**	**Units**
		Proteins	g
Protein	Grams (g)	Taurine (if added)	mg
Fat	g	Choline	mg
Carbohydrate	g	Lipids	g
Water	g	Phospholipids	g
Linoleic acid	Milligrams (mg)	Inositol	mg
Vitamins:		Carbohydrates	g
Vitamin A	International units (IU)	Fructo-oligosaccharides	g
Vitamin D	IU	&	
Vitamin E	IU	Galacto-oligosaccharides	
Vitamin K	Micrograms (mcg)	**Minerals:**	
Thiamine (Vitamin B_1)	mcg	Sodium	mg
Riboflavin (Vitamin B_2	mcg	Potassium	mg
Vitamin B_6	mcg	Chloride	mg
Vitamin B_{12}	mcg	Calcium	mg
Niacin	mcg	Phosphorus	mg
Folic acid (Folacin)	mcg	Magnesium	mg
Pantothenic acid	mcg	Iron	mg
Biotin	mcg	Zinc	mg
Vitamin C (Ascorbic acid)	mg	Copper	mcg
Choline	mg	Iodine	mcg
Inositol	mg	Selenium	mcg
Minerals:		Manganese	mcg
Calcium	mg	Fluoride	mcg
Phosphorus	mg	**Vitamins:**	
Magnesium	mg	Vitamin A	mcg-Retinol equivalents
Iron	mg	Vitamin D	mcg-Cholecalciferol equivalents
Zinc	mg	Thiamine	mcg
Manganese	mcg	Riboflavin	mcg
Copper	mcg	Niacin	mcg
Iodine	mcg	Pantothenic acid	mcg
Sodium	mg	Vitamin B_6	mcg
Potassium	mg	Biotin	mcg
Chloride	mg	Folic acid	mcg
		Vitamin B_{12}	mcg
		Vitamin K	mcg
		Vitamin C	mg
		Vitamin E	(mg- alpha tocopherol equivalent)

INTERNATIONAL FORA

Food and Agriculture Organization of the United Nations (FAO) and World Health Organization (WHO) have common set of food standards created by the Codex Alimentarius Commission (CAC). “Codex India”, the National Codex Contact Point (NCCP) under Food Safety and Standards Authority of India looks after Codex activities in India. Another one being the “International Code of Marketing of Breast-Milk Substitutes”, adopted by the World Health Assembly (WHA), article 9 of which provides provisions on the labeling of infant formula. These international regulations are intended to be adopted as a minimum requirement to protect the health of infants by all governments.

Codex Alimentarius: CODEX STAN 72-1981, section 9 provides labeling requirements for infant formula and formulas for special medical purposes intended for infants[18]. As per the standards specified, the label should have the name as “Infant Formula” and should specify the sources of proteins. The phrases like “based on cows’ milk” when cows’ milk is the only source of protein, and phrases indicating “no milk or milk products” when the product does not contain any milk or milk products. A whole list of ingredients in decreasing order of their proportion with vitamins and minerals added as separate groups and specific names, class names of food additives and ingredients from plant or animal origin are to be included. Those formula(s) having minimum 0.5 mg of Iron/100 kilocalories can be labeled “Infant Formula with added Iron” and those not, should contain information on the label as “iron requirements for infants should be fulfilled from additional sources”. A specific order for nutritive declaration is followed i.e. energy in kJ and/or kcal and number of grams of protein, carbohydrate, fat and quantity of each vitamin, mineral, choline and other ingredient if any per 100 gram or 100 milliliters (ml). “Best before” date has to be specified, taking into consideration the storage conditions. Adequate directions for handling, disposal, preparation and use along with a graphic representation of method of preparation and a warning statement of health hazards of inappropriate usage should be specified. In addition to the above requirements, statements encouraging breastfeeding and use of the product on advice of a relevant health worker should be shown in a clear way following the words “important notice”. Pictures of infants or women or any other which idealizes the product sale, terms like “humanized”, “maternalized” and also nutritional and health claims regarding dietary properties of the product are not allowed. Information relating to the necessity of complementary feeding after six months of age of an infant must be labeled accordingly to avoid confusion between infant formula, follow-up formula and formula for special medical purposes. Information pertains to “the use of other foods along with this product”, “not to be used as breast milk substitute” and statement saying “not to introduce the product before 6th month of life” should occur as the case may be. The regulation also says that any food product should be labeled with a nutritive declaration for which nutrition or health claim is made.

International Code of Marketing of Breast-Milk Substitutes: The article 9 requires matter to be directly placed on the container or label which cannot readily be separated in a clear and understandable way not to discourage breast feeding: words like "important notice", statements showing superiority of breast feeding, seeking advice of a health worker before and during its use, prohibitions not to include pictures of infants, pictures or texts to increase the salability of the concerned product, words which may give the advantage of the safe and sole use of breast milk substitute like "humanized", "maternalized", etc. Graphics for easy identification of the product and illustration of methods of preparation is allowed and any additional information regarding the use of infant formula and the product itself can be present in the package insert. The provisions also say that any food product which is not actually meant for infant feeding but can be modified to do so shall also bear label with above said conditions including a warning that the unmodified food cannot be used as a sole source of nourishment of an infant[19].

CLINICAL TRIALS FOR INFANT FORMULAE AND FOLLOW-ON FORMULAE

FDA specifies minimum concentration of 29 nutrients (units/100kcal) and maximum concentration for nine of these nutrients. Quality control procedures require manufacturers to analyze each batch of formula before marketing to assure nutrient concentrations meets specifications. Representative samples should be tested for stability over the period of shelf life of the product. During the past 40 years, over 100 million infants in US have been fed commercially prepared formulas and nutritional problems related to this have been uncommon[20]. Dating back to 1970's and 1980's, two cases are found in which the preparation of infant formula lacked essential nutrients. Neo-Mull-Soy lacked chloride in required quantity which led to metabolic alkalosis in many cases. It was due to this, the Infant Formula Act, 1980 was passed. The other case is the omission of pyridoxine from Nursoy in 1982. In both the cases, the formula in question had been marketed for a number of years before the nutrient deficient formula was produced. This justifies that clinical studies would not have been much useful in avoiding the problem, but it will be useful in determining 1) acceptability of the formula, 2) ability of the formula to support normal growth and 3) availability of selected nutrients. FDA recommendations for clinical testing concern formulas available to the public. Great flexibility in provision is maintained for institutional use under medical supervision.

Types of clinical trials include acceptance/tolerance studies, determination of gain in weight, food intake, measurement of various aspects of body composition, determination of serum chemical indices and determination of metabolic balance studies. FDA has specified the circumstances that warrant clinical testing. New formula or formula modification require clinical tests of weight gain, serum clinical indices and balance studies. When the energy concentration is less than 63 kcal/dl or more than 71kcal/dl, there is a need to carry out weight gain studies. Introduction of new source of protein, fat or carbohydrate in a formula generally warrant study of weight gain. In the case of new source of protein, serum concentration of albumin should also be determined. In the case of new source of fat, fat balance studies will be desirable. Protein less than 2g/100 kcal warrant study of weight gain and determination of serum concentration of albumin. When there is a change in the protein mixture, a study of gain in weight should be carried out. Serum concentration of phosphorous and alkaline phosphatase should be determined along with calcium and phosphorous balance studies if there is any change in the source of calcium and phosphorous. Iron concentration more than 1mg/100kcal but less than 1.8 mg/100kcal meets iron needs of infants. For a lesser concentration clinical testing should be required.

RECOMMENDATIONS BASED ON EARLIER RESEARCH FINDINGS

Allergy to cow's milk is of serious concern as it can affect as many as 5% of infants based on estimation. Even soy protein formulas can be allergic to some infants in the same way. It is seen that infants absorb food allergen more in their first year of life than later. So preparation, labeling and selection of hypoallergenic formula become crucial. Pre-clinical and clinical testing of food allergens in infant formulas is necessary. Here the level of allergen should be sufficiently low in the formula as to not cause allergy even in infants who are highly allergic to cow's milk. Trials usually show casein hydrolysate formulas are less allergenic than whey hydrolysate formulas which in turn are less allergenic than ordinary cow's milk formulas. Hence, such formulas should be labeled in addition to "Hypoallergenic or HA" that their composition may not be risk free for highly allergic infants despite fulfilling pre-clinical and most clinical testing criteria[21].

There are many reports available on the presence of toxic chemicals in foods for infants and young children and regulatory bodies need to set limits for chemical contaminants in foods. Infants and children belong to the special subgroup of the population for which specific safety considerations should be outlined. One recommendation in this regard is the application of a scientific, risk-based strategy for the establishment of regulatory standards for food products aimed at this age group[22]. For the purpose of regulating the pesticide residues in infant food, there should be a safety based strategy to specify the limits based on acceptable daily intake[23]. Another danger is from the heavy metals such as lead, cadmium, cobalt and nickel, which appears in infant formula. An acceptable daily intake should be specified and should be regulated [24]. WHO has set a tolerable daily intake for melamine as 0.2 mg/kg body weight /day to the whole population including infants; other institutions have set lower values. This value should be clearly labeled on infant formula products separately and state that it is within accepted limits of regulatory bodies[25]. The fluoride intake due to infant formulas for infants up to 6 months of age should be evaluated carefully, as those formulas which are reconstituted with water also add up fluoride present in water. Thus the product should be clearly labeled regarding the composition of fluoride in total which can be safely taken[26]. An early introduction of excessive amounts of starches and sucrose has detrimental effects on the growth of the child. The use of modified starches in infant food also is a cause of concern. Even though studies on this area are going on, until we have a clear understanding on the disaccharide intolerance and mal-absorption, it is best to exclude the offending sugars from the diet, and the labeling should indicate this[27]. Infant formulas in sense of providing extra nourishment add high amount of protein when compared to human milk. This at a later stage is seen to cause obesity. Few labels claim "High Protein Content" when the protein efficiency ratio is above 2.5 (as per FSSR, specific labeling regulations for infant formulas), which should be reviewed for the consequences of high protein content in infant formulas [28]. Another study showed that addition of synbiotics, probiotics or prebiotics in infant formula for full term infants did not promote growth and development in infants neither did they lower the incidence of diarrhea. The addition of such substance if does not fulfill any use for infants should be avoided and the label should mention the actual use of their addition to the product[29]. Also it is reported that long chain polyunsaturated fatty acids supplementation of infant formula had shown no cognitive development in term-born infants. Hence their unnecessary use in infant formula products at early stage of life and promotion of its use even in the label should be checked by the regulators [30].

As per the WHO guidelines on safe preparation, storage and handling of powdered infant formula, reconstitution is to be done with water at a temperature of 70°C. The label must specify this. The guideline also says that, the prepared feed should not be held for more than 2 hours even if reconstituted with water at 70°C, after which it can be cooled and refrigerated at 5°C only for 24hrs and that too not in bulk[31]. Reconstitution with water at temperatures less than 70°C has shown to produce microbial contamination[32].

A study showed that lot of mothers introduces solid foods to their babies at or below 4 months of age due to varied reasons, even one including "as suggested by health care professional". If this is the case, then why differentiate the age of infants below 6 months to be provided with mother's milk or infant milk substitutes and above 6 months only to begin with complementary feeding. This matter should be looked in to again and age criteria for introduction of infant formula and food for infants should be revised, along with revision of labeling norms by national and international legislations [33].

UNAVAILABILITY OF SPECIAL INFANT FORMULA IN INDIA

Another important area which needs more attention is in special infant formulas. While hydrolyzed and partially hydrolyzed formulas are becoming available, more specialized infant formulas are not freely available and have to be brought from overseas. These formulas can be very useful in various nutritional and digestive disorders and inborn errors of metabolism. Currently there are no special infant foods to cater these infants. A good example is availability of Galactose free formula for children with Galactosemia. In a number of other similar conditions, a special formula will help preventing death and severe physical and mental disability. The companies are not keen to manufacture them currently as the demand is not so high. On the other hand, it was noted that clinicians are not using special formulas because of the lack of availability. Hence, if the companies start manufacturing these special milks, then it would stimulate the use of this milk by the clinicians. This need to be coupled with awareness programs targeted to parents and health workers. Also there is a need to increase the diagnostic facilities for these disorders. The Government of India can make some regulations to make available these special infant foods. These regulations can be in the form of orphan drug regulations in the US, where the FDA allows incentives and marketing exclusivity for those manufacture the drugs for rare diseases. The Government can also take the carrot and stick approach, where the manufacturing of special infant foods can be made compulsory for those manufacturers in the field along with special incentives and tax concessions.

CONCLUSION

The labeling criteria used for infant food products follows a common fashion which includes the directions for preparation and use followed by a pictogram representing the main methods of preparation, instructions for appropriate storage and discarding the left over feed. Other common information include warning about health hazards of inappropriate and unhygienic preparation, age criteria of infants, statements concerning use of the products on advice of physicians or related health worker, period before which the product should be consumed and the nutrient information. But still there lies difference in region to region regulations, the USFDA regulations do not include the use of words “important notice”, statements concerning superiority of breast feeding, lacks prohibitions on use of pictures of infants or women and certain words which are prohibited to use like “humanized”, etc. Whatsoever, there have been cases found where improper labeling of infant food leading to severe risks to infants. So, there is a need to follow harmonized regulations worldwide to avoid confusion while moving to different regions. In fact provisions should be laid down to approve these products by public health regulators along with their labels in the same way as the medicines are done. Moreover, it is to be mandated that, language in which label information is provided has to be in local language along with English and in a font size easy to read. A label cannot wholly show what the product contains. It may contain pathogens by mistake during manufacturing of food products, hence it should be mandated that infant food products should be tested for this before release to the market. Also there should be some regulations and support from the side of government of India to make available special infant food for infants with inborn errors of metabolism.

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