The term “follow-up formula” is defined in the relevant Codex Alimentarius standard as “a food intended for use as a liquid part of the weaning diet for the infant from the 6th month on and for young children”. Furthermore, paragraph 9.6 declares that “the products covered by this standard are not breast-milk substitutes and shall not be presented as such”. Manufacturers often describe follow-up formula as a substitute for whole cow’s milk and not infant formula.

Nevertheless, the question periodically arises whether follow-up formula falls within the scope of the International Code of Marketing of Breast-milk Substitutes. Some Member States have asked WHO for specific guidance in this connection, e.g. Australia, Netherlands and United Kingdom of Great Britain and Northern Ireland in 1992. Still other Member States have adopted national measures to give effect to the International Code that explicitly include follow-up formula within their scope. Meanwhile, many nongovernmental organizations have publicly stated that they consider that this product falls within the scope of the Code.

As WHO has already observed, on the assumption that follow-up formula is not marketed or otherwise represented to be suitable as a breast-milk substitute, strictly speaking it does not fall within the scope of the International Code. However, WHO has also made clear that, taking into account the intent and spirit of the Code, there would appear to be grounds for the competent authorities in countries to conclude otherwise in the light of the way follow-up formula is perceived and used in individual circumstances.

In addition – and notwithstanding the statement in the Codex standard for follow-up formula that this product is not a breast-milk substitute – the competent national authorities may wish to take the position that follow-up formula should be considered a de facto breast-milk substitute. WHO recommends that infants be breastfed exclusively for the first 6 months of life and that, once complementary feeding has begun, breastfeeding should continue up to the age of two years or beyond. Seen in this context, it could be argued that breast milk is the most appropriate liquid part of a progressively diversified diet once complementary feeding has begun.

Finally, as WHO has pointed out on a number of occasions, industrially prepared food products, which are suitable as part of a mixed diet to complement breast milk in order to satisfy the nutritional requirements of the infant, might be a convenience under certain circumstances. They provide an option for some mothers who have both the means to buy them and the knowledge and facilities to prepare and feed them safely to their children. However, it is clear that when complementary feeding begins a balanced diet for the vast majority of the world’s infants can and should be effectively and economically provided by using a variety of locally available foods in addition to breast milk.


1 CODEX STAN 156-1987.

2 Document WAH45/1992//REC/1, Annex 9, paragraphs 45–51.