WORLD ASSOCIATION OF MANUFACTURERS OF BOTTLES AND TEATS

27th May 2026

WBT comments on the draft REACH Annex XVII restriction on CMR 1A and 1B substances in childcare articles

The World Association of Manufacturers of Baby Bottles and Teats (WBT) welcomes the opportunity to provide comments on the draft restriction concerning carcinogenic, mutagenic or toxic for reproduction (CMR) category 1A and 1B substances in childcare articles under Annex XVII to Regulation (EC) No 1907/2006 (REACH). WBT and its members fully support the objective of ensuring a high level of protection for children's health and safety. In that spirit, we submit the following comments with a view to improving the consistency and practical implementation of the proposed measure.

1. Compliance with the proposed generic limit of 10 mg/kg

WBT understands that, under the first indent of the first paragraph of the draft text, a generic concentration limit of **10 mg/kg** would apply to CMR category 1A and 1B substances that are not listed in Appendix [YY]. While we understand and support the policy objective behind this limit, we are concerned that demonstrating compliance primarily through analytical testing would be highly burdensome in practice.

This is due to the large number of substances currently classified as CMR category 1A or 1B under the CLP Regulation, the limited availability of validated screening methods for broad substance coverage, and the fact that extensive chemical testing will require extraction and analytical procedures involving hazardous solvents and other resource-intensive steps which could pollute the environment. In our view, an approach that relies predominantly on testing would be disproportionate, difficult to implement, and unnecessarily burdensome from an environmental perspective.

A more proportionate and sustainable compliance approach would be to make greater use of information already available within the supply chain, in particular at the level of raw material manufacturers and suppliers. Such an approach would better reflect the structure of REACH and would help downstream users assess compliance without unnecessary duplication of testing.

At present, Article 31 of REACH requires suppliers to provide safety data sheet information in specific circumstances, including where relevant hazardous substances are present above applicable thresholds. If the proposed generic limit of **10 mg/kg** is maintained, WBT recommends that the Commission also consider whether the related information and documentation obligations in the REACH framework should be aligned accordingly, so that the presence of CMR category 1A and 1B substances at that level is communicated effectively through the supply chain. This would support documentation-based compliance assessment and reduce the need for unnecessary additional testing.

122, Avenue Charles de Gaulle
92522 Neuilly sur Seine Cedex, France

2. Consistency of the exemption for products within the scope of Regulation (EC) No 1935/2004

WBT notes that the fourth indent of paragraph 4 provides an exemption for substances in childcare products within the scope of Regulation (EC) No 1935/2004 on materials and articles intended to come into contact with food. We understand the rationale for this exemption. However, we see a potential inconsistency where childcare articles are intended to be mouthed under foreseeable conditions of use and are manufactured from food contact grade materials commonly used in the EU. In such cases, it would appear consistent with the overall regulatory approach to clarify that childcare articles which are intended to be mouthed and are demonstrably made from materials compliant with the food contact materials framework should also benefit from the exemption.

Demonstrating compliance for food contact materials also relies on document-based checking thereby reducing unnecessary testing, and therefore environmental burden, across the industry including market surveillance.

We therefore invite the Commission to clarify or adjust the drafting accordingly.

WBT appreciates the Commission's efforts to strengthen the protection of children from harmful substances and would welcome further dialogue on the points raised above. We hope these comments will be helpful in ensuring that the final measure is both effective and workable in practice.