Submission on

Consultation Paper – Proposal P1028

Infant Formula

Submission to: Food Standards Australia New Zealand
standards.management@foodstandards.gov.au.

Prepared by: [redacted] **Maternal and Child Health Promoter**
Women's Health Action Trust
PO Box 9947
Newmarket
Auckland 1149

Introduction

Women's Health Action is a women's health promotion, information and consumer advisory service. We are a non-government organisation that works with health professionals, policy makers and other not for profit organisations to influence and inform health policy and service delivery for women. Women's Health Action, which grew out of Fertility Action, founded by women's health activist Sandra Coney is in its 27th year of operation and remains on the forefront of women's health in Aotearoa New Zealand. We are highly regarded as leaders in the provision of quality, evidence-based consumer-focused information and advice to ensure health policy and service delivery meets the needs of diverse women, and has intended and equitable outcomes. We have a special focus on breastfeeding promotion and support, as well as women's sexual and reproductive human rights (SRHR). We provide:

- Expertise in the development of high-quality health consumer information resources.
- Consumer representation and women's health perspectives in a range of consultations, working parties and health service reviews.
- Extensive networks in the public health and not-for-profit sector. We coordinate regional networks in breastfeeding, eating disorder services and family violence.
- Discussion forums, seminars and presentations on women's health, public health and gender issues
- Evidence-based analysis and advice to health providers, NGOs and DHBs, the Ministry of Health, and other public agencies on women's health (including screening), public health, gender and consumer issues including a focus on reducing inequalities particularly for Maori women.
- A range of breastfeeding promotion activities which connects us with young women, their families, and communities.

We consider that this review is necessary and timely to ensure consumer safety and confidence, and to ensure the activities of the infant formula industry do not undermine activities towards the protection, promotion and support of breastfeeding.

The following submission presents our perspectives on some of the areas discussed in the Consultation Paper – Proposal P1028 - Infant Formula

This submission is informed by our extensive background in maternal and child health promotion and policy analysis and through our knowledge and understanding of the spirit and intent of the International Code of Marketing of Breast-milk Substitutes. **Please note** that in addition to the views of Women's Health Action, aspects of this submission represents the views of wider networks with whom we are involved:

- Formula feeding women
- Breastfeeding women
- Health Professionals (including midwives and lactation consultants)
- Tamariki Ora providers (Including Māori and Pacific Providers)
- Public health and not-for-profit sector
- Breastfeeding support services

General comments:

Women's Health Action and our stakeholders involved in this consultation agree with Section 18 of the Food Standards Australia New Zealand Act 1991 (FSANZ Act) and believe that any revisions should ensure that the three primary objectives (below) lead any revision decisions:

1. The protection of public health and safety;
2. The provision of adequate information relating to food to enable consumers to make informed choices; and
3. The prevention of misleading or deceptive conduct.

Q1.2 – 2.2

Which of the following options to amend the definition (b) of infant formula in the revised Code "satisfies by itself the nutritional requirements of infants under the age of 4 to 6 months" provides greater clarity on the role and scope of infant formula?

(1) "satisfies by itself the nutritional requirements of infants less than 6 months of age"

(2) "satisfies by itself the nutritional requirements of infants up to the introduction of appropriate complementary feeding "

(3) Option 1 or 2 followed by and, as part of a progressively diversified diet, of infants from 6 months of age

(4) no change

We believe the current, and proposed definitions have the potential to mislead consumers that 'Infant formula' is no longer a suitable 'milk feed' for infants over the age of six months. The statement should be clear that 'infant formula' is a nutritionally adequate milk feed for infants up to 12 months.

We suggest to following wording:

When used as instructed, Infant formula provides adequate nutrition for infants up to 6 months and continues to be a suitable breastmilk substitute for infants up 12 months when combined with the introduction of appropriate complementary feeding.

We strongly recommend efforts are made to increase awareness that moving from 'infant formula' to 'follow-on-formula' is unnecessary (World Health Organisation, 2013; The Lancet Editorial, 2016)

Q1.6 – Q1.32

Regarding the setting of minimum and maximum levels of fats, vitamins, minerals, electrolytes and 'other substances', we would like to see more investigation as how these substances interact with each other when introduced as an additive to infant formulas as opposed to naturally occurring levels in breastmilk. In particular, primary consideration should be given to the potential harms associated with excess levels of these substances in the infant system (Ljung, Palm, Grandér , & Vahter, 2011; Lozoff, Castillo, Clark, & Smith, 2011)

Q2.3 – Q2.5

What evidence can you provide that could be used to estimate the prevalence of the practice of caregivers adding other foods to infant formula in Australia and New Zealand?

What evidence can you provide on whether this practice is more common with powdered infant formula products compared to liquid concentrate or 'ready to drink' products?

What evidence can you provide that caregivers add other foods to infant formula to reduce the cost of the feed?

As reflected in the consultation document, evidence surrounding the practice of adding 'other foods' to infant formula in Australia and New Zealand is largely anecdotal. However there is substantial recent international evidence that this practice is not uncommon (Hyden & Bonuck, 2014; Gaffney, Kitsantas, Brito, & Swamidoss, 2014). A large scale study of Infant Feeding Practices in a Multi-Ethnic Asian Cohort found that at nine months of age, that more than 30% of Indian, Chinese and Malay infants had food items added into their milk bottle when feeding (Toh, et al., 2016). The practice of adding 'solids' to Infant formula is not restricted to the Asian population, Hyden and Bonuck's (2014) study of 299 'low income' women from New York, found that solids (or sweeteners) were added to 38% of baby bottles. Research in this area suggests that reasons for the addition of 'other foods' (largely cereal) into Infant formula are varied: including an effort to address feeding issues like reflux, to promote early weight gain and to reduce the number of feedings required by attempting to increase satiety. Whilst the above studies are not New Zealand based, literature suggests that among the other reasons cited above, these infant feeding practices are based on tradition and family custom rather than scientific recommendations. Given the diverse multi-ethnic population of New Zealand, it is reasonable to conclude that this practice is also prevalent in New Zealand communities.

Q2.6 – 5.4

What evidence can you provide that demonstrates that caregivers have difficulty finding protein source information on the labels of infant formula, and that this affects their ability to make an informed choice?

We strongly recommend that labels on both Infant and follow–on formula clearly state on the front of the label in consumer friendly language the protein source. We are only aware of anecdotal evidence only, that caregivers are often unaware that most 'Infant formula' is cow's milk, therefore 'dairy' based. We suggest clear simple information to avoid misleading consumers for example:

S-26 Newborn - Infant Formula based on milk from cows, or to that effect depending on which animal milk the product is based. Other plant based formulas such as Soy and Rice should be labeled in regards to the product used to produce the formula i.e "Follow-on Formula based on Soy plant products"

Q2.7 – 5.4

What evidence can you provide that demonstrates consistent placement of the statement of protein source on the label would provide a benefit to caregivers?

Consistent labelling across all products would likely make it easier for parents to understand labels.

Q2.15 –Q2.18

Should all or only certain substances proposed for use in infant formula require pre-market assessment? Please provide your rationale for your preferred position?

All substances used in infant formula should have pre-market assessment due to the vulnerability of infants and potential short and long term adverse effects.

Q2.24 – 7.11

Should the contaminant definitions for the contaminant which apply specifically to infant formula (aluminium) be addressed as part of a future review of Standard 1.4.1? - *Yes*

Q2.25 – 7.11

Should the contaminant definition for those substances which apply to general foods, including infant formula, be considered later as part of a review of metal contaminants in standard 1.4.1? - *Yes*

Q3.1 – 2.1

Should claims about specific ingredients be permitted on packaged infant formula? If no, then why not?

If yes, then how should they be regulated?

We strongly support the prohibition of nutrition and health claims for infant formula. In addition, we believe that trademarks should not to be used to make health claims. For example the Karicare Immunocare shield claims to "nutritionally support your baby's immune and digestive systems". We support the comments made by the COAG Legislative and Governance Forum on Food Regulation (the Forum)

> "that *under the uniform food laws in each jurisdiction, the use of trade names or trademarks, including devices and brand identifiers, cannot be used as a means to make claims about food that would otherwise not be allowed under the Food Standards Code. This position is irrespective of the position on Recommendation 20 relating to health claims"*

Q3.17 -2.7

Would a consistent approach to format across product labels assist consumer understanding of this information?

We support a standardised label format across all brands to allow consumers easier comparison between products.

Further comments:

1) We are concerned with the lack of awareness among consumers surrounding the non-sterile nature of powdered infant formula and perception amongst many parents that powdered infant formula is sterile product.

Recommendation:
We recommend that a disclosure statement be included in labelling requirements that powdered infant formula is a non-sterile product

2) We are concerned that the directions for use and storage of powdered infant formula vary between manufacturers. We would like to see standardised directions for use and storage of infant formula based on evidence-based best practice.

Recommendation:
We support the use of World Health Organization 'Guidelines for the safe preparation, storage and handling of powdered infant formula[i] *as a guiding document for the development of these directions.*

Further recommendations:

- *We urge FSANZ to consider including a mandatory requirement that all infant formula labels should include contact details and website links to* ***independent*** *(e.g World Health Organization) information on safe use and preparation of infant formula along with detailed information about how to recognise infants hunger cues.*
- *We suggest there should be more emphasis placed on explaining that all infants are unique and some babies may require less or more feeds than indicated in the guide.*

Conclusion

We support the overarching goal of this proposal to revise and clarify standards relating to infant formula in the Australia New Zealand Food Standards Code (the Code). We believe that to comply with Section 18 of the Food Standards Australia New Zealand Act 1991 (FSANZ Act) primary consideration must be given to the health and safety of infants over industry innovation or trade.

Thank you again for the opportunity to comment on the Regulation of Infant Formula Products in the Australia New Zealand Food Standards Code.

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[i] http://www.who.int/foodsafety/publications/micro/pif2007/en/index.html

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