P1028 Infant Formula

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The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5800 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to provide feedback on the proposal P1028 Infant Formula by Food Standards Australia New Zealand.

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DAA interest in this consultation

DAA is the peak professional body for dietitians in Australia and responsible for the Accredited Practising Dietitian (APD) program as the basis for self-regulation of the profession.

DAA considers that breastfeeding is the healthiest start in life for infants. There are benefits to both infant and mother in the short term and in later life. It is appropriate that the Australian Government and the infant formula industry have measures in place to support women to breastfeed their infants.

DAA supports the provision of appropriate information on infant formula labels which is consistent with key public health messages to parents and other caregivers. Information on labels should be provided in the context of information provided by health professionals, such as APDs. APDs provide advice to parents regarding nutrition to ensure nutritional needs are met through the infant's diet in a safe and appropriate manner.

Specific feedback about P1028 consultation

DAA welcomes the opportunity to participate in public consultations undertaken by FSANZ. However, the highly technical nature of P1028 and the size of the consultation document has made it very difficult for DAA to review within its limited resources. We would strongly encourage FSANZ to present future consultations in discrete sections.

Recommendations

DAA encourages FSANZ to ensure that infant formula is sufficiently differentiated from other products for older infants, such as follow-on formula and toddler milks.

DAA believes that all substances proposed for use in infant formula require a pre-market assessment by FSANZ. That is, the requirements for nutritive substances and novel foods remain in the Infant Formula Standard 2.9.1.

DAA supports FSANZ's preliminary view that the carry-over principle should not apply to infant formula.

DAA supports the continued prohibition of nutrient content and health claims on infant formula labels.

Discussion

While it was noted that the scope of the proposal excludes follow-on formula and toddler milks which DAA generally considers are unnecessary. DAA is concerned that infant formula is sufficiently differentiated from these types of products. Research indicates that consumers commonly mistaken infant formula for

products targeting older infants[1]. This represents a safety issue and a risk of nutrient deficiency, along with other issues outside the scope of this document.

Supporting Document 2: Safety and Food Technology

Q2.15 Should all or only certain substances proposed for use in infant formula require pre-market assessment? Please provide your rationale for your preferred position?

DAA believes that all substances proposed for use in infant formula require a pre-market assessment by FSANZ. That is, the requirements for nutritive substances and novel foods remain the Infant Formula Standard 2.9.1.

The vulnerability of infants, specifically their immature metabolic capacities and their significant consumption of infant formula, requires the addition of new nutritive substance and novel foods to be considered more stringently than those added to the general food supply.

If a specific case can be made to change the current pre-market approval approach for foods designed for this vulnerable group, then it would be appropriate to continue to locate that in Standard 2.9.1 in recognition of the special status, requirements and vulnerability of infants.

Q.2.32 Should the carry-over principle for food additives apply to infant formula? Please provide your rationale.

No- DAA supports FSANZ's preliminary view that the carry-over principle should not apply to infant formula.

This aligns with JEFCA[2], who states that the acceptable daily intake of additives used in infant formula does not apply to infants up to the age of 12 weeks. Infants up to the age of 12 weeks are at risk at lower levels of exposure compared to older age groups. This is due to immature metabolic capacities, the greater permeability of the immature gut and their rapid growth and development[2]. This is particularly important given that when breastfeeding is not possible, formula is used to meet the nutritional requirements of infants as an exclusive source of nutrition during the first few months of life[2].

Furthermore, the EC Scientific Committee on Food[3] has endorsed the general principle that technological additives should not be used in food for infants and young children.

Supporting Document 3: Provision of Information

Q3.1 Should claims about specific ingredients be permitted on packaged infant formula? If no, then why not? If yes, then how should they be regulated?

Information should be confined to factual statements in the nutrition information panel and ingredients list.

DAA supports the continued prohibition on nutrient content and health claims from infant formula for the following reasons:

1. Health claims

Health claims on foods have an explicit purpose that cannot be applied to infant formula products. A typical adult diet is varied and contains many different foods and drinks. Nutrition claims on foods highlight specific ingredients and health effects to assist consumers make more informed health choices. Infants who are not breastfed must consume infant formula products which are *all* formulated to meet infant's essential nutrient requirements. Caregivers have an expectation that consumption of any infant formula will lead to health outcomes such as brain, eye or immunological development.

DAA is concerned that highlighting an individual health effect on infant formula products will mislead caregivers to believe that the health effect is specific to that product and that development will not occur unless it is consumed. Caregivers may assume that products with front of pack nutrition claims are better than those without.

There is a risk that nutrition content and health claims on infant formula products will mislead caregivers to believe that infant formula provides health benefits that are equal to or above that of breastmilk. This perception may also be exacerbated by such formula being priced above other formula. Women who are more comfortable with infant formula are less likely to breast feed[4]. Therefore, it is vital that infant formula marketing does not counteract public health strategies to increase breastfeeding rates.

2. Content Claims

Content claims place a disproportionate emphasis on individual formula ingredients, particularly those which are not considered essential for infant growth and development. Highlighting individual ingredients misleads caregivers to select a particular formula which they believe is required to meet their child's nutritional needs.

Content claims do not clarify that highlighted ingredients in infant formula products do not result in the same health outcomes as their counterparts in breastmilk.

References

1. Berry N, Jones S, Iverson D. Toddler milk advertising in Australia: the infant formula ads we have when we don't have infant formula ads. Wollongong: University of Wollongong; 2010. (Available from: http://ro.uow.edu.au/hbspapers/608/, accessed 30 May 2016).

2. Joint FAO/WHO Expert Committee on Food Additives. Summary and Conclusions. Geneva: JEFCA; 2014 (Available from: http://www.fao.org/fileadmin/templates/agns/pdf/jecfa/JECFA_79_Summary_Version_Final.pdf, accessed 30 May 2016).
3. European Commission Scientific Committee on Food. Opinion of the Scientific Committee on Food on the applicability of the ADI (Acceptable Daily Intake) for food additives to infants (expressed on 17/09/1998). Brussels: European Commission Scientific Committee on Food. (Available from: http://ec.europa.eu/food/fs/sc/scf/out13_en.html, accessed 30 May 2016).
4. Nommsen-River LA, Chantry CJ, Cohen RJ *et al.* Comfort with the idea of formula feeding helps explain ethnic disparity in breastfeeding intentions among expectant first-time mothers. *Breastfeeding Medicine 2010*; 5(1): 25-33.