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Date: Tuesday, 6 July 2021

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Submission re Proposal 1028

I appreciate the opportunity to comment on Proposal 1028 and have consulted with my Dietitian colleagues within the Department of Nutrition and Dietetics.

I and my colleagues support the purpose of Proposal 1028 to revise and clarify standards relating to infant formula and submit the following comments (highlighted in yellow) to questions posed in Consultation Paper 1 2021 :

Q. Does the current permission for L(+) lactic acid producing microorganisms need to be clarified? For example, some L(+) lactic acid producing microorganisms are pathogenic. Do these need to be explicitly excluded or is the base 'safe and suitable' requirement considered sufficient to manage this risk?

We support clarification of L(+) lactic acid producing microorganisms to include "non-pathogenic"

Q 14 Do you support the amendments proposed (see section 5.7)? If not, what new evidence can you provide to support a different approach?

Amend the Code to –

- revise the direction for water used to reconstitute powdered infant formula to include the word 'cooled' (paragraph 2.9.1—19(3)(c)). YES
- revise the direction instructing to discard unfinished formula to include the text 'within 2 hours' (paragraph 2.9.1—19(3)(e)). YES
- not apply the following directions to ready-to-drink infant formula:
 - o for each bottle to be prepared individually (paragraph 2.9.1—19(3)(a))
 - o to refrigerate formula and use within 24 hours if it is made up and stored prior to use (paragraph 2.9.1—19(3)(b))
 - o to use potable, previously boiled water (paragraph 2.9.1—19(3)(c)). YES
- not apply the direction to only use the enclosed scoop (paragraph 2.9.1—19(3)(d)) to concentrated infant formula and ready to drink infant formula YES
- revise the warning statements to follow instructions exactly for infant formula product in powdered form (paragraph 2.9.1—19(1)(a)) and for concentrated infant formula product (paragraph 2.9.1—19(1)(b)) to include text about not adding anything to the formula as follows:

o 'Warning – follow instructions exactly. Prepare bottles and teats as directed. Do not change proportions of [powder/concentrate] or add anything to this formula except on medical advice. Incorrect preparation can make your baby very ill'.

YES

• clarify the 'source' of protein in paragraph 2.9.1—23(1)(a) refers to the origin of the protein (e.g. cows' milk) and not the protein fractions (e.g. whey protein or casein).

YES

It is important for those seeking the source of protein are easily able to find it and understand it.

However we have some concerns given the anecdotal evidence submitted by a consumer group (P109) that caregivers are unaware that most infant formula is cows milk protein based. Given the widespread negativity towards dairy on social media, is it possible that aligning a "cows milk protein source " label on front of pack will potentially steer purchasers away from standard products (which have a long history of use and research) to alternatives? Consumer research into this would be appropriate. Adequate labelling on back of pack for those motivated to look for it may be preferable.

• clarify the 'name of the product' in paragraph 2.9.1—23(1)(a) is the prescribed name ('Infant formula')

YES

• clarify the protein source adjacent to the prescribed name is not required every time that prescribed name occurs on the label.

YES

Q 15. Are you aware of any further data on infant illnesses that can be attributed to incorrect preparation as a result of unclear labelling or warning statements on products?

FSANZ consumer research shows that instructions are not always followed - so clear instructions are important to minimise risk. Paediatric illness is often multifactorial which means that attributing illness directly to unclear labelling or warning statements is unlikely. If cases had been so described it is likely they would have been published in medical journals.

Further comments

FSANZ proposes to maintain the existing labelling statement indicating that infants from the age of 6 months should be offered foods in addition to infant formula as currently required by paragraph 2.9.1—19(4)(c).

It would be more appropriate to reword this as "infants from around the age of 6 months" in line with NHMRC infant feeding guidelines; <https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers> and ASCIA guidelines <https://www.allergy.org.au/about-ascia/info-updates/updated-ascia-faq-how-to-introduce-solid-foods-for-allergy-prevention>