

Supporting document 2 (at Final Assessment)

Submitter Response to the Consultation Paper, October 2013 – Proposal P274

Review of Minimum Age Labelling of Foods for Infants

Forty-one submissions were received. Submitter preferences were divided into two distinct groups as follows: industry and allergy specialist groups who opposed changing the Code; other health professionals/groups, Jurisdictions and individual submitters who supported the proposed change.

Industry submitters and allergy specialists/agencies who opposed changing the Code considered that:

- there is no evidence that labelling change will alter consumer behaviour
- 'around 6 months' is not clear, and could overlap with the next stage labelling in the market place e.g. '6+ months', causing more confusion for consumers
- if complementary feeding is delayed until 7 months, there is risk of nutritional deficiency, as well as allergies/coeliac disease/type1 diabetes
- scientific evidence is accumulating, with a possible opportunity between 4–7 months to decrease allergy risk by introducing solids; however NHMRC reviewed no papers after 2010 (when revising the 2013 Australian infant feeding guidelines)
- there is a lack of international consensus: several other agencies recommend 4–6/<7 months
- further research is needed: several relevant randomised control trials (RCTs) are currently in progress, so should wait for outcomes.

Industry submitters also considered that:

- indirect costs to industry were underestimated and benefits have not been costed
- the rationale for change is not substantiated – there is no evidence of market failure
- any benefit from aligning with bi-national infant feeding guidelines (as the key driver of regulatory change) is not balanced against many other factors.

Jurisdictions, health professionals (other than allergy specialists), and health-related groups who supported the proposed change considered that the proposed amendments:

- reflect infant feeding recommendations, provide consistent messaging to parents, reduce consumer confusion, facilitate evidence-based messages to families and importantly, reinforce caregiver education
- reinforce the recommendation (ANZ & WHO) for exclusive breastfeeding until around 6 months
- are appropriate at a population level; specific medical advice may be appropriate where there is a higher risk of allergy

- 'Around 6 months' is more likely to encourage caregivers to avoid early solids, and is not inconsistent with the hypothesised critical period for introduction of solids
- 'Around 6 months' will include a significant proportion of 4–<7 month old infants, while further RCTs are in progress.
- reflect FSANZ consumer research which indicated 'around 6 months' to mean 2–3 weeks either side of 6 months of age.

Also:

- one Jurisdiction urged FSANZ to strengthen the rigour of the benefits of the proposed changes; another considered the status quo potentially reduces the public health gain desired from the infant feeding guidelines; another recommended mandatory labelling indicating a 'first food'.
- data from several surveys of children at the age at which solid foods were introduced was provided (see Section 4.1 and Attachment 1).

Individual submitters supported amending the Code as proposed. Individual comments included that:

- labels should be changed to help improve the proportion of babies who are exclusively breastfed for around 6 months. The delay in approval of the amendments is unacceptable
- first foods should be referred to as 'weaning foods', or 'secondary foods' - not 'first foods', so as not to mislead consumers. This would reinforce public health messages that breast-milk is the main source of nutrition in the first year of life and the warning 'not for before 4 months' should be required on all food products for infants to ensure consistent and accurate information, and assist community education and social norms
- FSANZ's 2004 study is of inadequate quality to substantiate the argument that labelling does not really matter much for infant feeding decisions. Improved labelling is part of a communication strategy affecting health professionals, families and friends, and parents, and broader social norms
- information on all commercial foods marketed as suitable for infants should be considered only in the context of consumer safety, health and well-being
- 'from 6 months' or 'around 6 months' would be less confusing for parents and provide information consistent with health professionals' advice i.e. labelling 'from 4 months' differs from the information they receive from their health care providers i.e. babies should be introduced to solid foods at 'around six months'.
- if a label says '4 months', they (parents) will think it safe to give to their 4 month old, based on a government-endorsed position.