FOOD STANDARDS
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Te Mana Kounga Kai - Ahitereiria me Aotearoa

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Supporting document 2

Labelling

Proposal P1066 – Review of young child formula

Executive summary

Food Standards Australia New Zealand (FSANZ) is reviewing regulatory requirements for young child formula under Proposal P1066 (P1066). Young child formula is currently regulated in the Australia New Zealand Food Standards Code (the Code) under Division 4 of Standard 2.9.3 – Formulated supplementary foods for young children (FSFYC). This supporting document (SD) considers requirements for safety-related labelling and labelling for the provision of information. As the scope of Proposal P1066 is limited to young child formula products, this SD has not considered the labelling requirements for other FSFYC regulated under Standard 2.9.3.

Young child formula is a supplementary food for children aged 1 to 3 years specifically formulated to supplement a normal diet where intakes of energy and nutrients may not be adequate to meet a child's requirements. Label information about a young child formula is important to assist caregivers in determining the product's suitability for their child and to ensure caregivers can safely prepare and use it. FSANZ's statutory objectives of the protection of public health and safety, provision of adequate information to enable informed choices, and prevention of misleading or deceptive conduct are each relevant to the regulation of young child formula.

This SD informs the 1st Call for submissions (CFS) for young child formula and has considered the latest scientific evidence, market developments, updated international regulations, ministerial policy guidelines, and national infant and toddler feeding/healthy eating guidance for Australia and New Zealand. It has been divided into two parts:

1. Safety-related labelling requirements
2. Labelling for the provision of information

Proposed approaches are made with consideration to the objectives of the proposal, the requirements of the *Food Standards Australia New Zealand Act 1991* (the FSANZ Act) and relevant risk management principles. An attachment to this SD provides further details on the consumer evidence relating to consumers' use and understanding of young child formula, stage labelling and proxy advertising (Attachment 1).

FSANZ is seeking stakeholder views and comments on the proposed approaches outlined in this SD. FSANZ requests stakeholders provide justification for their views and support their responses with evidence such as literature or consumer research. A summary list of questions for stakeholders has been included in the Section 5 of this document.

A summary of the proposed regulatory approach is provided in Table 1.

Table 1: Summary of FSANZ's proposed approach for the labelling of young child formula.

Issue (and location in this SD)	FSANZ's proposed approach
Prescribed name (Section 3.1)	The prescribed name for young child formula will be *Formulated supplementary milk drink for young children.* The prescribed name must be used on the front of pack of the label, to act as an identifier for the true nature of the product.
Age-related information (Section 3.2)	Require an age statement on the front of pack, co-located with the prescribed name, indicating that the product is suitable for children aged 1 to 3 years. Any other voluntary age range statements on the label must indicate the product is intended for children aged 1 to 3 years.
Required statements (Section 3.3)	The following statements will be required on the label of young child formula: • A description that the food is to be used as a supplement to the diet of a 1 to 3 year old child, to address situations where intakes of energy and nutrients may not be adequate to meet the child's requirements, and that caregivers should consult an appropriately qualified health professional before using this product. • Words to the effect that the food is not suitable for children less than one year of age.
Directions for use and storage (Section 3.4)	Directions for use and storage of young child formula must include the following, in words and pictures: • each drink must be prepared individually • if a prepared drink will be stored prior to use, it must be refrigerated and used within 24 hours • previously boiled and cooled potable water must be used • if a package contains a measuring scoop – only the enclosed scoop must be used • do not change proportions of the powder or add other food except on medical advice • leftover prepared drink must be discarded within 2 hours • storage instructions must cover the period after the package is opened.

Issue (and location in this SD)	FSANZ's proposed approach
Nutrition information requirements (Section 4.1)	Retain the requirement for nutrition information for young child formula to be provided in a nutrition information panel (NIP). In addition to standard NIP nutrient declarations, the NIP for young child formula must declare all other nutritive substances or other substances permitted to be added to young child formula (whether as part of its mandatory composition or voluntarily added, where permitted), in a prescribed order under a separate heading in the NIP of 'Composition Information'.
Statement of ingredients (Section 4.2)	Permit the voluntary use of a separate format for declaring vitamins and minerals, with separate lists and their own headings 'Vitamins' and 'Minerals', placed adjacent to the statement of ingredients. Within these groupings, the vitamins and minerals would not be required to be listed in descending order of ingoing weight.
Nutrition content and health claims (Section 4.3)	Prohibit nutrition content and health claims on young child formula. Prohibit endorsements which are nutrition content and health claims made with permission of an endorsing body on young child formula.
Stage labelling (Section 4.4)	Prohibit the use of stage numbers on the label of young child formula.
Product differentiation (Section 4.5)	Require that young child formula is differentiated from infant formula, follow-on formula, special medical purpose product for infants, other formulated supplementary foods for young children, and other foods by the use of text, pictures and/or colour.
Proxy advertising (Section 4.6)	Prohibit proxy advertising of all other food products, by means of a name, a number, a picture, an image, a word or words, on the label of young child formula.
Other representations (Section 4.7)	Prohibit the following representations on young child formula: • pictures of feeding bottles, infants, older infants, young children and adults; • the terms 'humanised', 'maternalised' or other similar terms; • any other picture, text or representation that: – undermines or discourages breastfeeding; – makes a comparison to milk or breast milk, including suggesting that the product is similar, equivalent, or superior to milk or breast milk; – might convey or be construed as endorsement or approval by an individual or organisation.

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Glossary

Acronym / abbreviation	Full term
%	Percentage
ANZFRMC	Australia and New Zealand Food Regulation Ministerial Council
CFS	Call for submissions
CH2023-0107	China's Administrative Measures for Product Formula Registration of Formula Milk Powder for Infants and Young Children
the Code	Australia New Zealand Food Standards Code
Codex	Codex Alimentarius Commission
CXG 23-1997	Codex Guidelines for Use of Nutrition and Health Claims
CXS 156-1987	Codex Standard for Follow-up Formula for Older Infants and Product for Young Children
DHA	Docosahexaenoic acid
DI	Daily intake
ESADDI	Estimated safe and adequate daily dietary intake
FNF	Formulated nutritional food
FSANZ	Food Standards Australia New Zealand
the FSANZ Act	Food Standards Australia New Zealand Act 1991
FSFYC	Formulated supplementary food for young children
g	grams
GB 10767-2021	China's National Food Safety Standard – Formula for Young Children
GB/ T 13432-2013	China's National Food Safety Standard Food Labelling of Prepackaged Foods for Special Dietary Supplies
Guideline on claims	Ministerial Policy Guideline on Nutrition, Health and Related Claims
Guideline on special purpose foods	Ministerial Policy Guideline on the Intent of Part 2.9 – Special Purpose Foods
kcal	Kilocalories
kJ	Kilojoules
NHMRC	National Health and Medical Research Council
NIP	Nutrition information panel
NIS	Nutrition information statement
NPSC	Nutrient Profiling Scoring Criterion
P199	Proposal P199 – Formulated foods

Acronym / abbreviation	Full term
P1028	Proposal P1028 – Infant formula products
P1066	Proposal P1066 – Review of young child formula
RDI	Recommended Dietary Intake
SD	Supporting Document
SMPPi	Special medical purpose product for infants
WHO	World Health Organization
WHO Marketing Code	WHO International Code of Marketing of Breast-milk Substitutes

1 Introduction

Young child formula products, commonly represented as 'toddler milk' or 'junior milk', are currently regulated as formulated supplementary food for young children (FSFYC) in Division 4 of Standard 2.9.3 (Formulated meal replacements and formulated supplementary foods) of the Australia New Zealand Food Standards Code (the Code). 'Formulated supplementary food for young children' is defined to mean a formulated supplementary food for children aged 1 to 3 years (subsection 1.1.2—3(2) of the Code). The age range of 1 to 3 years for young children encompasses the day of their first birthday through to the day before their fourth birthday.

Young child formula is subject to labelling requirements for FSFYC, located in three parts of the Code:

- General labelling requirements applicable to all food and located in Part 1.2 of the Code
- Labelling requirements in Part 1.5 of the Code that apply when food is produced using technologies requiring pre-market approval
- Labelling requirements specific to FSFYC located in Division 4 of Standard 2.9.3.

The specific provisions in Standard 2.9.3 are intended to support the use of young child formula as a special purpose food, specifically formulated to supplement a normal diet where intakes of energy and nutrients may not be adequate to meet a young child's requirements. Labelling requirements for FSFYC were last considered under FSANZ Proposal P199 – Formulated Meal Replacements and Formulated Supplementary Foods (Review) and gazetted in 2000. Prior to the year 2000, the foods regulated by Standard 2.9.3 were regulated under separate legislation in Australia and New Zealand.

This Supporting Document (SD) evaluates the current labelling requirements for young child formula for ages 1 to 3 years set out by the Code. It proposes amendments to ensure they remain fit for purpose based on the latest evidence and considering current international regulations and market developments. As the scope of Proposal P1066 is limited to young child formula, this SD has not considered the labelling requirements for other FSFYC regulated under Standard 2.9.3 (see section 1.3 of the 1st CFS).

1.1 Ministerial policy guidelines

Since the review and gazettal of the labelling requirements for FSFYC in 2000, the Food Ministers' Meeting (then the Australia and New Zealand Food Regulation Ministerial Council, ANZFRMC) has published several ministerial policy guidelines, to which FSANZ must have regard when considering changes to the Code. The most relevant to this evaluation are:

- The *Ministerial Policy Guideline on the Intent of Part 2.9 - Special Purpose Foods*, published in 2009 (hereafter referred to as the 'Guideline on special purpose foods', ANZFRMC 2009), and
- The *Ministerial Policy Guideline on Nutrition, Health and Related Claims*, initially published in 2003 and updated in 2018 (hereafter referred to as the 'Guideline on claims', ANZFRMC 2018).

The 'Scope/Aim' section of the Guideline on special purpose foods states that Part 2.9 of the Code is intended to contain food standards for foods processed or manufactured for use by physiologically vulnerable individuals and population sub-groups. This guideline indicates that physiological vulnerability relates only to situations where there is risk of dietary inadequacy to support physical and physiological need arising from: specific life stages; physical disease, disorder and disability; or physical and physiological conditions that require altered energy intake.

The specific policy principles section of the Guideline on special purpose foods includes the following matters that are relevant to the labelling of young child formula:

- Special purpose foods should be targeted only to those population groups satisfying the definition present in the Scope/Aim section.
- Adequate information should be provided, including through labelling and advertising of special purpose foods, to:
  - assist caregiver understanding of the specific nature of the food, the intended population group and intended special purpose of the food
  - provide for safe use by the intended population and to help prevent inappropriate use by those for whom the special purpose food is not intended.

The Guideline on special purpose foods also states the Guideline on claims applies to special purpose foods.

The Guideline on claims allows for nutrition content and health claims to be made on food provided they meet a set of policy principles. It states that health claims are prohibited on alcohol, 'infant foods' and 'baby foods'. It does not provide specific comment on how nutrition content or health claims are to be used in the context of special purpose foods such as young child formula.

The Guideline on claims includes the following principles relating to health claims that are most relevant to young child formula:

- Claims that a food or component manages, influences, inhibits or modifies a physiological process may only be made in the context of the appropriate total diet (that must be described).
- Claims about a food or component can describe a health benefit for the population but must not:
  - imply or state a health benefit for the population if the claimed benefit applies only to a particular subgroup of the population, unless the population subgroup is stated
  - lead a consumer to self-diagnose or self-manage a condition or disease that should be medically diagnosed and/or managed.
- Claims that refer to the dietary management of a biomarker, condition or disease that may require the supervision of an appropriate health care practitioner, must have an advisory statement to the effect that a health care practitioner's advice is required.

1.2 Australian and New Zealand dietary guidance

The Australian Infant Feeding Guidelines (National Health and Medical Research Council (NHMRC) 2012) provide evidence-based advice on feeding from birth to around 2 years of age. The Infant Feeding Guidelines state that toddler milks and special and supplementary foods are not required for healthy children from 12 months of age.

In New Zealand, the Healthy Eating Guidelines for New Zealand Babies and Toddlers (0-2 years old) (Ministry of Health 2021) similarly indicates that, where a toddler is eating a variety of foods, then the additional nutrients from toddler milks generally provide no benefit. The New Zealand guidelines nonetheless acknowledge that some research suggests toddler milks may assist with improving iron, iodine and vitamin D status in certain children.

The Australian Dietary Guidelines (NHMRC 2013) and the New Zealand Food and Nutrition Guidelines for Healthy Children and Young People (Ministry of Health 2012) are population-level, food-based dietary guidelines directed to the general healthy population.

Their recommendations promote meeting nutritional needs through a varied intake of core foods and apply to children who are able to meet nutrient requirements through normal diets.

The Australian Dietary Guidelines do not refer to young child formula, toddler milks or FSFYC as a named category, nor do they recommend these products for routine use. The guidelines state that general dietary guidance for healthy individuals does not apply to individuals with medical conditions requiring specialised dietary advice. This would include children who require individualised assessment or professional advice when usual intake is insufficient due to medical, developmental or feeding issues. The Australian Dietary Guidelines are currently under review and the updated draft guidelines are expected to be released in 2026 (NHMRC 2024).

The New Zealand Food and Nutrition Guidelines for Healthy Children and Young People does refer to toddler milk, noting it is not necessary for most toddlers in New Zealand. These guidelines also note if there is serious concern about a toddler's dietary intake, referral to medical professionals such as paediatricians and paediatric dietitians is warranted. New Zealand recently published a consultation draft of their Children and Young People's Dietary Guidelines (3-17 years) (Ministry of Health 2025). The consultation closed on 26 September 2025 and it is unknown when the final guidelines will be published.

1.3 International regulations

FSANZ is required by the FSANZ Act to have regard to the promotion of consistency between domestic and international food standards.

1.3.1 Codex Alimentarius

The Codex Alimentarius Commission (Codex) develops standards, guidelines and codes of practice that are intended to harmonise food regulations globally with the purpose of protecting consumers' health and facilitating trade.

The Codex Standard for Follow-up Formula for Older Infants and Product for Young Children was established in 1987 and revised in 2023 (CXS 156-1987; Codex 2023). This standard is divided into two sections. Section A relates to follow-up formula for infants aged 6-12 months (out of scope for this proposal), while section B relates to young child formula.

Products in section B are defined as those intended for use as a liquid part of the diversified diet of young children aged 12 to 36 months. As 36 months is exactly three years, this definition uses a narrower age range than that within the scope of this proposal, which captures children aged from 12 months to three years including through to the day before their fourth birthday.

The labelling requirements for young child formula are located at section 8 under section B of CXS 156-1987, and include provisions for:

- The name of the product
- List of ingredients
- Declaration of nutritive value
- Date marking and storage instructions
- Information for use, and
- Additional labelling requirements.

More detail on these Codex provisions will be provided in this SD where they are relevant to the issues being discussed.

1.3.2 International Code of Marketing of Breast-milk Substitutes

The International Code of Marketing of Breast-milk Substitutes ('WHO Marketing Code') was established by the World Health Organization (WHO) in 1981 (WHO 1981). It sets principles intended to protect and promote breastfeeding and ensure that marketing and distribution of breast-milk substitutes, feeding bottles and teats are appropriate. Australia and New Zealand are both signatories to the WHO Marketing Code.

In 2016, the WHO published guidance to clarify that breast-milk substitutes should be understood in the context of the WHO Marketing Code to include "any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and growing-up milks)" (WHO et al. 2016). The guidance also clarified that the WHO Marketing Code classifies "follow-up formulas" for children aged 6--36 months as breast-milk substitutes.

In Australia, the WHO Marketing Code was implemented through the former *Marketing in Australia of Infant Formulas: Manufacturers and Importers* (MAIF). The MAIF Agreement was a voluntary agreement between participating infant formula manufacturers and importers not to advertise and market infant formula products. It did not cover young child formula products. The MAIF Agreement was established in 1992 and ended in 2025 when it was not re-authorised by the Australian Competition and Consumer Commission.

The Australian Department of Health, Disability and Ageing published a discussion paper from 27 February to 10 April 2026 consulting on three options for mandatory infant formula marketing controls: (1) status quo; (2) Australian Government legislation aligned with the scope of the former MAIF Agreement; or (3) Australian Government legislation aligned with the scope of the former MAIF Agreement, plus controls on retailer and/or toddler milk marketing (Department of Health, Disability and Ageing 2026).

In New Zealand, the WHO Marketing Code is implemented through three voluntary codes of practices:

- Infant Nutrition Council Code of Practice for the Marketing of Infant Formula in New Zealand
- Code of Practice for Health Workers
- Code of Practice for Food

Under these agreements, New Zealand signatories are prohibited from advertising and promoting infant formula products for infants up to 12 months of age.

1.3.3 Other countries

Most overseas countries do not have regulations specific to young child formula. As such, general food regulatory provisions apply to these products when sold in these markets. This includes the United States of America, Canada, Japan, Europe, United Kingdom, countries of Central and South America, and India.

Specific provisions, including labelling requirements, for products broadly equivalent to young child formula are in place in the People's Republic of China and are under development in Canada.

People's Republic of China

China regards young child formula as formula food suitable for young children, with the formula providing energy and nutrients that can meet a part of the nutrient demands of normal young children.

On 1 July 2015, the National Food Safety Standard Food Labelling of Prepackaged Foods for Special Dietary Supplies (GB/T 13432-2013) was implemented in the People's Republic of China (National Health and Family Planning Commission of the People's Republic of China 2013). This standard sets out the recommended labelling elements for prepackaged foods for special dietary uses, including young child formula products. This includes:

- Name of food to reflect its special dietary purpose
- Nutrition information consistent with applicable national nutrition labelling standards
- Target population group
- Directions for use of the product
- Storage conditions

On 22 February 2023, the National Food Safety Standard – Formula for Young Children (GB 10767-2021) came into force in China (National Health Commission and State Administration for Market Regulation 2021). This mandatory standard applies to all young child formula products sold in China. The standard contains the following labelling requirements for young child formula:

- General labelling requirements for special dietary foods, including the provision of nutrition information
- Provision of the product category, its properties and applicable age
- Directions for use of the product

On 1 October 2023, the revised version of the Administrative Measures for Product Formula Registration of Formula Milk Powder for Infants and Young Children (CH2023-0107) came into force in China (Foreign Agricultural Service 2023). These measures apply when a product is registered for sale on the Chinese market, and specify the following labelling requirements apply to 'formula milk powder' for children aged between 12-36 months:

- Milk protein source (animal species) required with the product name.
- Ingredient list should indicate the specific varieties of edible vegetable oils.
- Nutrition information to include energy, protein, fat, carbohydrates, vitamins, minerals and optional components.
- Country of origin for the source of raw materials such as raw milk and raw milk powder.
- Age labelling: label to indicate the age for the formula milk powder, which can be marked as "stage 1" (0-6 months), "stage 2" (6-12 months) and "stage 3" (12-36 months).
- Stage 3 formulas can make optional nutritional claims, but these must be based on scientific evidence.
- A range of labelling prohibitions (discussed further in section 0 below).

'Formula milk powder' products in China are required to complete pre-market assessment processes.

Canada

Canada is currently updating regulations for special dietary and infant foods, proposing a framework that includes a new category, 'Formulated Nutritional Foods (FNF)', to cover products like nutritional supplements and meal replacements (Government of Canada 2023; Government of Canada 2024). This category contains two sub-categories: FNF for children and FNF for ages 14 or more. The FNF for children sub-category is further broken down into FNF for ages 1 to 3 and FNF for ages 4 to 13.

Labelling requirements specific to FNF for children (all ages) have been proposed, including:

- A requirement to display a Nutrition Facts table and use the front-of-pack nutrition symbol (required by Part B, Division 1 of the Canadian Food and Drug Regulations) where the products contain saturated fat, sugars and/or sodium at or above the specified thresholds;
- Mandatory label statements, such as indications that the food is not intended to be a sole source of nutrition, the food is intended to supplement the diet when intakes of energy and nutrients may not be adequate to meet an individual's requirements, and age-related statements;
- A prohibition of cross-branding of infant formula and FNF;
- A prohibition on 'stage labelling' such as use of the terms 'Stage 3' or 'Stage 4';
- Restrictions on representation and advertising, including that FNF for children may not be represented as a meal replacement, for use in a weight reduction diet, as a fortified plant-based beverage or a substitute for cow's milk, or as a substitute for human milk.

Canada has undertaken three rounds of consultation since 2023 on changes to their regulations for foods for special dietary use and infant foods. The third round of consultation, which focused on outlining a risk-based approach for authorisation of infant food for special dietary purposes, closed on January 25, 2026 (Government of Canada 2025).

Question to submitters:

Q2.1 Are there other overseas labelling regulations relevant to young child formula that FSANZ should be aware of when considering this proposal?

2 Application of general labelling requirements

2.1 General labelling requirements

FSANZ has formed a preliminary view of how certain general labelling requirements in Part 1.2 and 1.5 of the Code apply to young child formula, including:

- Warning and advisory statements and allergen declarations (Standard 1.2.3)
- Date marking (Standard 1.2.5)
- Characterising ingredients and components of foods (Standard 1.2.10)
- Foods requiring pre-market clearance (Standards 1.5.1 and 1.5.2)

FSANZ notes these requirements appear appropriate for young child formula and should be retained.

Question to submitters:

Q2.2 Do you support FSANZ's proposed approach that general Code requirements, including requirements for warning and advisory statements, allergen declarations, date marking, characterising ingredients and components of foods and foods requiring pre-market approval should apply to young child formula?

Please provide justification and any supporting evidence to support your response.

3 Safety-related labelling

3.1 Prescribed name

3.1.1 Background

Standard 1.2.2 of the Code requires food for sale to be identified using a name, and if the food has a prescribed name, then that prescribed name must be used (paragraph 1.2.2—2(1)(a)). Standard 2.9.3 states that 'Formulated supplementary food for young children' is the prescribed name for FSFYC (subsection 2.9.3—8(5) of the Code).

The existing requirement for a prescribed name for FSFYC was introduced as part of Proposal P199 (FSANZ 1999). The purpose of the requirement was to enable enforcement agencies to distinguish FSFYC from other similarly presented foods, such as other formulated supplementary foods or foods for special medical purposes. This distinction was intended to facilitate enforcement of the specific compositional requirements applicable to FSFYC.

3.1.2 International regulations

CXS 156-1987 requires a name to be used for young child formulas but does not specify what that name must be. Instead, the standard provides wording options for the name of the product and also allows national authorities to assign a 'designation' that indicates the true nature of the product. The options listed in the standard are:

- Drink for young children with added nutrients
- Product for young children with added nutrients
- Drink for young children
- Product for young children.

China's National Food Safety Standard Food Labelling of Prepackaged Foods for Special Dietary Supplies (section 4.2, GB/T 13432-2013) identifies the name of the food as a labelling element should reflect its special dietary purpose. The standard also requires identification of the designated target population group (section 4.4.2, GB/T 13432-2013).

Canada's proposed regulations for FNF for young children do not set any specific requirements for prescribed name for young child formula.

3.1.3 Discussion

CXS 156-1987 specifies that the name of young child formula products should be one of four listed options, or any appropriate designation that reflects the true nature of the product, in accordance with national or regional usage (see section 3.1.2 above). In the Code, FSFYC currently have the prescribed name, '*Formulated supplementary food for young children*'. FSANZ has considered whether a prescribed name should be retained for young child formula and, if so, what that name and any associated requirements should be.

A prescribed name is a mandatory name set out in the Code that must be used on the label to describe the food. It serves as the primary regulatory identifier of the product, supporting consistent application and enforcement of Code requirements.

FSANZ considers that retaining a prescribed name for young child formula is necessary to enable clear differentiation from other similar products, including infant formula, follow-on formula and FSFYC. A prescribed name would provide a clear regulatory delineation between product categories, enabling effective enforcement of product-specific

requirements. It also aligns with the Guideline on special purpose foods, which specifies the provision of information to assist consumers to understand the specific nature of the food and its intended use.

As noted in Section 2.1 of the 1st CFS, FSANZ is proposing the product name "*Formulated supplementary milk drink for young children*" for young child formula. This name reflects the key characteristics of the product: a milk-based formula intended as a supplement to the diet of young children in specific circumstances. FSANZ considers that this name would also support consumer understanding of the product's limited and specific role, while reducing the risk that young child formula is perceived as a routine or general food, consistent with the Guideline on special purpose foods.

On this basis, FSANZ considers it necessary to retain a prescribed name for young child formula and proposes that the prescribed name be "*Formulated supplementary milk drink for young children*".

FSANZ is also proposing to require the prescribed name to be displayed on the front-of-pack[1] of the product. A front-of-pack placement would ensure this information is readily visible at the point of purchase, supporting caregiver understanding of the product's true nature and helping to prevent confusion with infant formula, follow-on formula and FSFYC.

FSANZ considers the proposed approach proportionate and appropriate, given the central role of the prescribed name in supporting accurate product identification and regulatory enforcement.

3.1.4 Proposed approach

FSANZ is proposing there be a prescribed name for young child formula and that the prescribed name should be:

Formulated supplementary milk drink for young children

FSANZ is proposing to require the prescribed name to be displayed on the front-of-pack of the product.

3.2 Age-related information

3.2.1 Background

There are no specific requirements in the Code for FSYFC, including young child formula, to indicate the intended age range on product labels.

3.2.2 International regulation

CXS 156-1987 does not include a provision for a statement indicating the intended age range to which the young child formula applies. However, it specifies a statement that the product shall not be introduced to infants 12 months of age or less.

China's National Food Safety Standard for Formula for Young Children requires that 'the category, properties and applicable age shall be indicated on the labels' (section 4.1.2, GB

[1] Currently, there is no definition for 'front-of-pack' in the Code. FSANZ notes the Codex Guidelines on Front-of-Pack Nutrition Labelling define the term 'front-of-pack' as the total area of the surface (or surfaces) that is displayed or visible to the consumer under customary conditions of sale. FSANZ considers it unnecessary to define the term 'front-of-pack', and the ordinary meaning would apply.

10767-2021). The standard does not place any requirements on where or how the age should be indicated on the label.

Canada is proposing that the label of a FNF for children should carry a statement of the age range of the intended user of the product. No requirements are currently proposed on where or how the age-related statements are to be included on the label of FNF for children.

3.2.3 Market survey

FSANZ's 2025/26 Market Survey collected information about age range statements and age-related representations (e.g. toddler milk, junior milk) for Australian products only. This information was not available for the products available on the New Zealand market (see section 1.7 of the 1st CFS).

All surveyed products included some form of age statement on their label. Most surveyed products also stated in their name that they were either 'toddler milk' or 'junior milk'.

- Products with 'toddler milk' in the name of the food used one of the following age-related statements:
  - '12+ months' or '1+ years' or '2+ years'
  - 12-36 months
  - 'From 1 Year' or 'From 2 years'
  - 1-3 years.
- Products with 'junior milk' in the name of the food used either:
  - from 2 years
  - from 3 years.
- Products without the terms 'toddler' or 'junior' in the name of the food used:
  - 12-36 months
  - from 1 year
  - from 2 years
  - from 3 years.

3.2.4 Consumer evidence

FSANZ's rapid scoping review of consumer evidence (Attachment 1 to this SD) found that Australian and New Zealand caregivers prioritised age labelling information ('suitable for ages…') over stage labelling (see section 4.4 of this SD). The review found that caregivers considered age information as the most useful element of a label in identifying a suitable product for their child and used age information to identify the correct 'stage' for their child.

3.2.5 Discussion

Neither the Code nor CXS 156-1987 currently require a statement about the intended age range of young child formula. FSANZ has considered whether the existing regulatory settings adequately communicate the intended population for these products, noting that the Guideline on special purpose foods emphasises the role of labelling in supporting consumer understanding of the food's intended population group.

As noted in section 2.2 of the 1st CFS, young child formula is intended specifically for children aged 1 to 3 years, defined as extending from the day a child turns one year old to the day before their fourth birthday (≥1 to <4 years). Accordingly, the proposed compositional requirements are based on the Nutrient Reference Values (NRV) for Australia and New Zealand for this age group.

FSANZ's 2025/26 Market Survey data illustrates how the absence of specific Code requirements is reflected in the marketplace. While all young child formula products surveyed in the Australian market include some form of age-related information, this information is inconsistent. Some products indicate suitability for children aged 1-3 years, consistent with the intended population group, while other products provide no end age (e.g. '1+ years' or 'from 1 year of age'), or use a different starting age (e.g. 'from 2 years'). Products are also frequently using terms such as 'toddler' or 'junior', applied across a range of inconsistent age groupings. This variability fragments a product category intended for a defined age group, has the potential to undermine consumer understanding of the intended population, and makes product comparisons more difficult.

Consumer evidence (Attachment 1 to this SD) indicates that caregivers predominantly rely on age-related information when determining whether a young child formula is suitable for their child. This reliance highlights the importance of age information that is clear, consistent and aligned with the intended population group.

Based on the above considerations, FSANZ considers it appropriate to require a standardised statement of the intended age range for young child formula that aligns with the NRV underpinning the proposed compositional requirements. Specifically, FSANZ proposes to require an age statement indicating that the product is intended for children aged 1 to 3 years.

FSANZ also proposes that the required age statement be co-located with the prescribed name on the front-of-pack (see section 3.1). Given the central role of age as the primary identifier used by caregivers when selecting young child formula, front-of-pack placement would ensure this information is readily visible at the point of purchase. Co-location with the prescribed name would assist caregivers to quickly understand both the intended population group and purpose of the product, supporting informed and timely decision-making.

To prevent contradictory or potentially misleading age information elsewhere on the label, FSANZ also proposes to require that any age-related statements provided elsewhere on the package be consistent with the required age statement of 1 to 3 years.

FSANZ notes that this proposed approach does not restrict the use of general descriptive terms such as "toddler" or "junior" on labels. Rather, it ensures a clear and consistent articulation of the intended age range through mandatory labelling statements. Clear specification of the 1 to 3 year age range provides regulatory certainty, reinforces the intended target population, supports consistent formulation and labelling, and limits the potential for inappropriate expansion of use beyond the group for whom the product is designed.

3.2.6 Proposed approach

FSANZ is proposing to require an age statement on the front-of-pack, co-located with the prescribed name, indicating that the product is suitable for children aged 1 to 3 years.

FSANZ is proposing that any other age-related statements provided on the label must be consistent with the age range specified in the mandatory age statement (i.e. 1 to 3 years).

3.3 Required statements

3.3.1 Background

Standard 1.2.1 of the Code sets out the information requirements on food required to bear a label. It specifies that required statements and other information for formulated meal replacements and formulated supplementary foods (including FSFYC) in Standard 2.9.3 must be provided on the label of the food product (paragraph 1.2.1—8(1)(y)(iii)). Subsection 2.9.3—8(4) sets the following labelling provision for FSFYC:

> *The required statement is a description of the role of the food as a supplement to a normal diet to address situations where intakes of energy and nutrients may not be adequate to meet an individual's requirements.*

The specific wording of the required statement is not prescribed. This provision was introduced into Standard 2.9.3 as part of Proposal P199 and was intended to clarify the purpose of FSFYC to caregivers and help them differentiate FSFYC from general purpose foods (FSANZ 1999).

3.3.2 International regulations

CXS 156-1987 requires a statement that the product shall not be introduced to infants 12 months of age or less and is not to be used as a sole source of nutrition (Part B, section 8.5.6). Section 8.6.2 of CXS 156-1987 requires statements related to breastfeeding; although young child formulas are not considered a breast milk substitute in Australia and New Zealand, including under the Code, the required statement from section 8.6.2(b) has relevance:

> *A statement that the mother/ caregiver should seek advice of a health worker on proper feeding of the young child.*

The Canadian government is proposing the following mandatory labelling statement on the labels of FNF for young children (aged 1-3 years):

> *Indication that the food is intended to be one of the means to supplement a diet when intakes of energy and nutrients may not be adequate to meet an individual's requirements*

China's National Food Safety Standard GB 10767-2021 does not set any specific required statements for young child formula labels.

Canada is proposing that FNF for young children would have to carry a statement that product is not intended for children under the age of one year.

3.3.3 Market survey

FSANZ's 2025/26 Market Survey identified that all surveyed products carried the statement required for FSFYC in accordance with subsection 2.9.3—8(4) of the Code. As permitted, the statements varied in their wording, but all included the phrase '…intakes of energy and nutrients may not be adequate to meet an individual's requirements'.

FSANZ's 2025/26 Market Survey also identified that a minority of products carried a statement indicating it should not be used for children under 12 months.

3.3.4 Consumer evidence

FSANZ's rapid review of consumer evidence (Attachment 1 to this SD) found that Australian and New Zealand caregivers commonly used young child formula for reasons of convenience, to aid in the transition from breast milk or infant formula to cow's milk and solid foods, and as a comforter in the evenings. Some Australian and New Zealand caregivers used young child formula to provide missing nutrients from an unbalanced diet, particularly iron and protein, and perceived benefits for growth and development especially for fussy eaters and for concerns with an unbalanced diet. There was also evidence that Australian and New Zealand caregivers used young child formula as a continuation from infant formula products.

3.3.5 Discussion

CXS 156-1987 does not require a statement about the intended purpose of young child formula. Instead, it specifies statements that the product should not be introduced to infants aged 12 months or less and should not be used as a sole source of nutrition. These statements reflect an international regulatory context in which young child formula is often regarded as a breast milk substitute. In Australia and New Zealand, however, young child formula is not intended to fulfil that purpose and this difference in regulatory intent is a relevant consideration when assessing the appropriateness of required statements in the Code.

In the Code, FSFYC are required to have a statement indicating that the food is intended to supplement a normal diet in situations where intakes of energy and nutrients may not be adequate to meet an individual's requirements. This statement is intended to assist caregivers to identify the purpose of the product and differentiate it from other special purpose foods. A key consideration for FSANZ in this review is whether the current required statement is effectively achieving this objective for young child formula in practice.

The Guideline on special purpose foods emphasises that labelling of special purpose foods should support consumers' understanding of the food's specific nature, intended population group and intended special purpose. For young child formula, the intended purpose is to supplement the normal diets of children aged 1-3 years where dietary intake may be inadequate. FSANZ has therefore considered whether the existing statement sufficiently communicates this intent, or whether further clarity is required in line with this intended purpose.

Consumer evidence indicates that the existing required statement in the Code is not effectively supporting caregivers' understanding of the intended purpose of young child formula. While caregivers may recognise the purpose of young child formula is to supplement a young child's diet, it is also commonly used for reasons unrelated to dietary inadequacy, such as convenience, perceived developmental benefits, or as a continuation of infant formula and/or follow-on formula. These patterns of use are inconsistent with the intended purpose of the product and with domestic infant and toddler feeding guidelines, which indicate that young child formula is unnecessary for healthy young children with an adequate diet.

In this context, FSANZ considers that decisions regarding the appropriate use of young child formula should be based on advice from a health professional (see section 2.3 of the 1st CFS). Including in the required statement an indication that the caregiver should consult an appropriately qualified health professional before using the product would encourage caregivers to seek professional advice when assessing whether the product is suitable for their child's needs. This advice would be relevant both where a caregiver is concerned that a child's dietary intake may be inadequate and where young child formula is being considered for reasons beyond the product's intended purpose. This approach is consistent with New

Zealand dietary guidelines and the intent of the statement specified in section 8.6.2(a) of CXS 156-1987.

FSANZ has also considered whether the required statement should further emphasise the intended age range for young child formula, noting that the existing required statement does not specify an age range. Age information has been identified as a central labelling element to support consumers' understanding and assist in determining product suitability. Including a clear statement of the intended population group, alongside a separate statement indicating the product is not suitable for children aged less than 12 months, would reinforce and further clarify the intended population group. In doing so, this reduces the likelihood of inappropriate use. The latter requirement would be consistent with Codex provisions and reinforces the distinction between young child formula and infant formula products.

The proposed approach would impact existing products on the Australian and New Zealand market. FSANZ's 2025/26 Market Survey indicates that all products currently include the existing required statement, which would need to be amended to incorporate age-related information and an indication that the caregiver should consult an appropriately qualified health professional before using the product. While some products already include a statement advising the product should not be used for children aged less than 12 months, others would be required to add this information to their label. FSANZ considers these statements are proportionate and necessary to better support caregivers in selecting products appropriate for their child's needs.

3.3.6 Proposed approach

FSANZ is proposing the statement required by subsection 2.9.3—8(4) of the Code should be included in the new division for young child formula in Standard 2.9.3, with an update as follows:

*A description that the food is to be used as a supplement to the diet of **a 1 to 3 year old child**, to address situations where intakes of energy and nutrients may not be adequate to meet the child's requirements, **and that caregivers should consult an appropriately qualified health professional before using this product**.*

FSANZ also proposes an additional required statement for young child formula:

> *Words to the effect that the food is not suitable for children less than one year of age.*

Consistent with the existing requirements for FSFYC, FSANZ is not proposing to prescribe the wording or any location requirements for these statements for young child formula.

3.4 Directions for use and storage

3.4.1 Background

There are no specific requirements regarding directions for use and storage for FSFYC. As such, general labelling requirements apply to these products.

The general labelling requirements on directions for use and storage are provided in section 1.2.6—2 of the Code. The relevant requirements are:

- if specific storage conditions are required to ensure that the food will keep until the use-by date or the best-before date—a statement of those conditions,
- if the food must be used or stored in accordance with certain directions for health or safety reasons—those directions.

3.4.2 International regulations

CXS 156-1987 includes the following labelling provisions relevant to directions for use and storage of young child formulas (Part B, section 8.5):

8.5.1 Ready to use products in liquid form should be used directly. Concentrated liquid products and powdered products must be prepared with potable water that is safe or has been rendered safe by previous boiling before feeding, according to directions for use. Adequate directions for the appropriate preparation and handling should be in accordance with good hygienic practice.

8.5.2 Adequate directions for the appropriate preparation and use of the product, including its storage and disposal after preparation, i.e. that product remaining after feeding should be discarded, shall appear on the label.

8.5.3 The label shall carry clear graphic instructions illustrating the method of preparation of the product.

8.5.4 The directions should be accompanied by a warning about the health hazards of inappropriate preparation, storage and use.

8.5.5 Adequate directions regarding the storage of the product after the container has been opened, shall appear on the label.

China's National Food Safety Standard GB 10767-2021 and GB/T 13432-2013 (sections 4.4.1 and 4.5) also require young child formula labels to display directions for use and storage. The requirements are general in nature, and do not include specific preparation or storage instructions that must be included on the label, except that the directions for use must include warnings on the hazards to health resulting from improper preparation or use.

Canada has not proposed any specific directions for use and storage requirements for FNF for children. Instead, the general labelling requirements for prepackaged foods would apply.

3.4.3 Microbiological risk assessment

FSANZ undertook a microbiological assessment of *Cronobacter* and *Salmonella* in powdered young child formula consumed in Australia and New Zealand (SD4). The assessment examined how a range of preparation practices and microbiological criteria influence public health risk for children aged 1–3 years.

The assessment found that certain preparation and handling practices, equivalent to that for infant formula products, are important measures for reducing the risk from *Cronobacter* and *Salmonella* in young child formula.

The preparation and use practices considered in the microbiological risk assessment were:

- Storage time and temperature: if prepared formula is to be stored prior to use, it must be refrigerated (≤5 °C) and used within 24 hours
- Water used for reconstitution: previously boiled and cooled potable water must be used.
- Feeding time: formula left after a feed must be discarded within 2 hours.

The assessment also qualitatively considered the effect of preparing each drink individually.

The assessment found that adherence to these practices, along with infant formula-equivalent microbiological criteria for *Salmonella*, results in an estimated level of protection for children aged 1–3 years that is comparable to the level of protection currently modelled for infants aged 0–12 months under existing Code requirements.

3.4.4 Market survey

FSANZ's 2025/26 Market Survey data indicates that young child formula labels often emulate the preparation and use instructions mandated in the Code for infant formula and follow-on formula (subsection 2.9.1—21(5)). However, the directions varied across surveyed products, with some products omitting some of the directions, or alternatively presenting only part of the direction. The most often omitted instructions are:

- Store prepared young child formula in a refrigerated environment up to a maximum of 24 hours – some of the surveyed products included an instruction to store in a refrigerated environment but did not mention a maximum storage time.
- Use previously boiled and cooled potable water.
- Discard unused formula after two hours – most surveyed products instructed to discard the formula but did not specify how long young child formula could remain unused (i.e. maximum of two hours).

3.4.5 Discussion

CXS 156-1987 requires that directions for use and storage are provided on the labels of young child formula, including adequate instructions for preparation, handling, use, storage and disposal. It also requires clear graphic instructions illustrating the method of preparation. As noted in section 3.3.1 above, FSFYC currently have no specific labelling requirements on directions for preparation, use and storage, with general labelling requirements applying instead.

FSANZ has considered whether specific requirements are warranted for young child formula. In doing so, FSANZ has had regard to the Guideline on special purpose foods, which emphasises the provision of adequate information, including through labelling, to support safe use by the intended population. For young child formula, this involves consideration of both microbiological safety and the nutritional adequacy of the prepared product.

FSANZ's microbiological risk assessment found that certain preparation and use practices were important for controlling microbiological risks for children aged 1-3 years consuming young child formula (see section 3.4.3 of this SD). These were:

- Storage time and temperature: if prepared formula is to be stored prior to use, it must be refrigerated (≤5 °C) and used within 24 hours
- Water used for reconstitution: previously boiled and cooled potable water must be used.
- Feeding time: formula left after a feed must be discarded within 2 hours.
- Prepare each drink individually.

However, FSANZ's 2025/26 Market Survey found that, with the exception of 'prepare each drink individually', these instructions are also the ones most frequently omitted under current labelling requirements. This indicates that the reliance on general labelling provisions does not consistently support safe preparation and use of young child formula in relation to microbiological risk.

Directions for use and storage also play an important role in ensuring the nutritional adequacy of the final prepared product, consistent with its intended use. Relevant instructions include:

- Prepare each drink individually (this instruction is relevant for the correct reconstitution of the product in addition to its role in reducing microbiological risk).

- Use only the enclosed scoop.
- Do not change the proportions of powder except on medical advice.
- The storage instructions must cover the period after the package is opened (longer storage times after opening may result in nutrient degradation).

While FSANZ's 2025/26 Market Survey found that many young child formula products include some or all of these instructions, their presence is inconsistent across the category. As the proposed compositional requirements for young child formula (see SD1) are based on the product being reconstituted as directed, FSANZ considers these instructions essential to support caregivers to prepare the product in line with its intended purpose. Taken together, the evidence indicates that general labelling provisions do not consistently support appropriate preparation and use of young child formula in terms of either microbiological safety or nutritional adequacy.

Based on the above evidence, and having regard to the ministerial policy guideline, FSANZ is proposing to introduce specific labelling requirements for directions for preparation, use, storage and disposal of young child formula. These requirements would ensure that key instructions necessary to support microbiological safety and nutritional adequacy are consistently provided on product labels. FSANZ also considers that directions for preparation should be accompanied by pictorial representations, recognising that visual aids can provide additional support for caregivers who may have difficulty interpreting written instructions.

FSANZ considers that introducing these requirements is appropriate to promote greater consistency across the young child formula category and to support caregivers to prepare the product safely and appropriately. Noting that many, but not all, young child formula labels already include instructions for safe and correct preparation and accompanying images, the proposed requirements are likely to affect only a limited number of products on the market.

3.4.6 Proposed approach

FSANZ proposes requirements for young child formula labels to include the following directions for use and storage (in words and pictures) that:

- Each drink must be prepared individually.
- If a prepared drink will be stored prior to use, it must be refrigerated and used within 24 hours.
- Previously boiled and cooled potable water must be used.
- If a package contains a measuring scoop – only the enclosed scoop must be used.
- Do not change proportions of the powder or add other food except on medical advice.
- Leftover prepared drink must be discarded within 2 hours.
- The storage instructions must cover the period after the package is opened.

Consistent with general labelling requirements, FSANZ proposes not to prescribe wording for the directions for use and storage requirements outlined above. Note that FSANZ is also proposing that multi-serve cans of young child formula must contain a measuring scoop enclosed within the product (see SD1).

Question to submitters:

Q2.3 Do you support FSANZ's proposed approach for safety-related labelling for young child formula in relation to:

- Prescribed name
- Age-related information
- Required statements
- Directions for use and storage.

Please organise your response by issue and provide justification and any supporting evidence.

4 Labelling for the provision of information

4.1 Nutrition information requirements

4.1.1 Background

Under Standard 1.2.8 of the Code, FSFYC are required to display nutrition information in a nutrition information panel (NIP) with the following features:

- A declaration of energy, protein, fat, saturated fat, carbohydrate, sugars and sodium, in a prescribed order. Subgroups of these nutrients can also be listed (e.g. individual fatty acids below 'fat').
- Other biologically active substances (including vitamins and minerals) must be declared in the NIP if a claim is made elsewhere on the label about the substance.
- The NIP must be formatted in accordance with a prescribed layout (shown in sections S12—2, S12—3 and S12—4 of the Code), unless the Code provides otherwise.
- There is an option to display to percentage daily intake (%DI) and percentage recommended dietary intake (%RDI) information, which is mandatory if a claim is made about a vitamin or mineral with an RDI.

Standard 1.2.8 contains a further requirement for foods that should be reconstituted with water before consumption (such as young child formula), which states that values in the NIP have to be expressed as a proportion of the reconstituted food (section 1.2.8—11).

In addition to the general NIP requirements, Division 4 of Standard 2.9.3 includes nutrition information requirements specific to FSFYC. These provisions require declaration in the NIP of the average quantity of any vitamin or mineral that is added in accordance with section 2.9.3—7.

Standard 2.9.3 also includes conditions for making 'source' claims about lutein in subsection 2.9.3—8(6), however general NIP declaration requirements would apply. These requirements would also apply to inulin-type fructans or galacto-oligosaccharides if they are added to FSFYC in accordance with subsection 2.9.3—7(3).

4.1.2 International regulations

CXS 156-1987 contains provisions for nutrition information at section 8.3. These provisions specify the following declarations in a nutrition statement:

- the amount of energy, expressed in kilocalories (kcal) and/or kilojoules (kJ), and the number of grams of protein, carbohydrate and fat per 100 g or per 100 ml of the food as sold as well as per 100 ml of the food ready for use, when prepared according to the instructions on the label
- the total quantity of each vitamin and mineral as listed in section 3.1.3 of section B and any other ingredient as listed in section 3.2 of section B per 100 g or per 100 ml of the food as sold as well as per 100 ml of the food ready for use, when prepared according to the instructions on the label
- in addition, the declaration of nutrients in a) and b) per 100 kcal or per 100 kJ and/or per serving size, provided that the serving size is quantified on the label, is permitted.

CXS 156-1987 does not include any provisions on the format or presentation of the nutrition information; it only specifies the nutrients to be declared.

China's National Food Safety Standard GB 10767-2021 does not specify any unique nutrition declaration requirements for young child formula. Instead, the standard requires nutrition information to be consistent with the requirements for other special dietary foods, which are detailed in China's recommended national Standard for Food Labelling of Prepackaged Foods for Special Dietary Supplies (section 4.3, GB/ T 13432-2013).

Canada has not proposed to change the nutrition information requirements for FNF for young children as part of its new regulatory framework for foods for special dietary use and infant foods.

4.1.3 Market survey

FSANZ's 2025/26 Market Survey found that young child formula products are currently displaying nutrition information in a format similar to that required for infant formula and follow-on formula, including the use of subheadings such as 'vitamins', 'minerals' and 'other'. Infant formula and follow-on formula are required to set out nutrition information in a nutrition information statement (NIS), as set out at sections 2.9.1—25 and S29—10 of the Code.

FSANZ's 2025/26 Market Survey shows variation across products for the nutrients that are declared, particularly for dietary fibre, fatty acid subcomponents, and fructo-oligosaccharides or galacto-oligosaccharides. The subheadings used also differed (for example the term 'prebiotics' was used as a heading on some products but not others) and the order and placement of nutrients also differed. Most products contained all 16 vitamins and minerals permitted to be added to young child formula by paragraph 2.9.3—7(2(a)), and as a result these were all declared in the NIP. This reflects the existing provisions in Standard 2.9.3, which requires these substances to be declared in the NIP when added.

4.1.4 Consumer evidence

FSANZ has not assessed consumer behaviour research specifically for nutrition information relating to young child formula products. However, an assessment of consumer behaviour research about nutrition information relating to infant formula and follow-on formula was undertaken as part of Proposal P1028 (FSANZ 2023).

The P1028 consumer evidence review found that caregivers of infants used nutrition information to identify particular nutrients and substances and their levels, as well as to make product comparisons. Some caregivers did not find the presence or absence of different nutrients helpful as they did not know what the nutrients were or what benefit they had. Nutrition information was found to be helpful when making purchasing decisions and was generally more useful for caregivers with an infant that had specific nutrition or health requirements. Listing nutrients in the same order made product comparisons easier, although caregiver knowledge of the nutrients was poor.

The same consumer research also found that caregiver understanding of nutrition information improved when micronutrients are grouped under subheadings 'Vitamins' and 'Minerals', and optional nutrients are listed under a separate subheading. Nutrition information presented in this format enables faster product comparisons compared to no subheadings and with nutrients listed in different orders on different products.

It is important to note this research was conducted specifically on consumer perceptions of infant formula and follow-on formula and may not be generalisable to young child formula due to differences in the regulatory context and purpose of the food.

4.1.5 Discussion

As noted in section 4.1.2, CXS 156-1987 does not prescribe any requirements on the format or presentation of nutrition information on young child formula. In Australia and New Zealand, FSFYC are required to display nutrition information in in a NIP in accordance with the general format and presentation requirements in Standard 1.2.8 of the Code, which prescribes both the content and format. In addition, FSFYC are required to declare added vitamins and minerals used as nutritive substances under Standard 2.9.3.

FSANZ has considered whether the existing nutrition information requirements in Standard 1.2.8 for young child formula sufficiently support caregiver understanding of the nutrient content of these products. This includes consideration of what nutrients must be declared, and whether the way nutrition information is currently presented enables caregivers to understand the specific nature of young child formula as a formulated supplementary food, while maintaining clear differentiation from infant formula and follow-on formula products (consistent with the Guideline on special purpose foods).

As noted in section 4.1.1, FSFYC are currently required to declare (in the NIP) the average quantity of any vitamin and mineral added in accordance with section 2.9.3—7. FSANZ is proposing to retain this requirement and, having regard to the intended purpose of young child formula to supplement the diet of children where nutrient intake may be inadequate, FSANZ considers it appropriate to also require declaration of any other permitted nutritive substances added to young child formula.

In terms of the format of the nutrition information, FSANZ's 2025/26 Market Survey found that the majority of young child formula products currently display nutrition information using the NIS format required for infant formula and follow-on formula (provided in the Code at section S29—10 of Schedule 29), rather than the NIP format mandated for FSFYC. There are notable differences between the two formats:

- the NIP requires the provision of nutrition information per serve, whereas this is not required in the NIS.
- Standard 2.9.1 requires all nutritive substances added to infant formula and follow-on formula to be declared in the NIS, whereas FSFYC only have to declare vitamins and minerals used as nutritive substances, with other permitted nutritive substances (e.g. lutein) regulated under standard NIP requirements.
- the NIS mandates the use of nutrient subheadings, which are not permitted in the NIP.

There is no evidence that the presence of a NIS on young child formula labels, in isolation, leads caregivers to perceive a feeding progression from infant formula and follow-on formula. However, FSANZ considers that similarities in the presentation of nutrition information across product categories may nevertheless contribute to caregiver confusion and reduce the ability to readily differentiate between young child formula and infant formula products. This concern needs to be considered in the broader context of ensuring clear product differentiation (see section 4.5 of this SD). On this basis, FSANZ considers that the NIS format should not be permitted for presenting nutrition information on young child formula, and that the NIP format should be retained.

FSANZ has also considered evidence generated through Proposal P1028, as it provides insight into how caregivers engage with nutrition information on formula products with complex nutrient profiles, including when comparing products or addressing specific nutrition concerns. That evidence found that caregiver understanding improved when micronutrients were grouped under subheadings and presented consistently across products within the same category. The Nutrient Composition assessment (SD1) is proposing a range of over 20 nutrients permitted for both mandatory and voluntary addition to young child formulas that would expand the mandatory size of the NIP significantly on these products.

FSANZ therefore considers there is merit in standardising the order of nutrient declarations and permitting the use of a subheading to break up long lists of compulsory nutrient information. FSANZ notes there are precedents in the Code for the use of a subheading where large numbers of nutrients must be declared in the NIP. For example, Schedule 12 provides a specific NIP format for formulated caffeinated beverages which includes a 'compositional information' sub-heading to present permitted added nutrients separately from the core NIP declarations This demonstrates that targeted modifications to the NIP can be used to support consumer understanding while maintaining regulatory consistency and clarity.

Taken together, FSANZ considers that amendments to the nutrition information requirements for young child formula are warranted to better support caregiver understanding of nutrient content and facilitate product comparison, while also supporting product differentiation from infant formula products. FSANZ is therefore proposing to retain the requirement for a NIP on young child formula, with the amendment to include 'compositional information' as a subheading to facilitate consumer understanding.

4.1.6 Proposed approach

FSANZ proposes to retain the requirement for nutrition information on young child formula to be presented in a Nutrition Information Panel (NIP) in accordance with Standard 1.2.8.

FSANZ further proposes to amend the NIP format for young child formula to include a separate subheading, titled 'Compositional information', located below the mandatory declarations required for all foods (energy, fat, protein, carbohydrate and sodium). This subheading would be followed by the list of all added nutrients, including both nutrients required as part of the mandatory composition of young child formula and any additional permitted voluntarily added nutrients or substances, presented in a prescribed order.

An example of the proposed NIP format (without values) is provided below. This example assumes that all optional nutrients and substances identified in the Nutrient Composition assessment (see SD1 Nutrient Composition) have been added to the product.

NUTRITION INFORMATION Servings per package: (insert number of servings) Serving size: g (or mL or other units as appropriate)		
	Quantity per serving	Quantity per 100 g (or 100 mL)
Energy	kJ (Cal)	kJ (Cal)
Protein	g	g
— *	g	g
Fat, total	g	g
— Alpha linolenic acid	g	g
— Linoleic acid	g	g
— *	g	g
Carbohydrate	g	g
—sugars	g	g
— **	g	g
Sodium	mg (mmol)	mg (mmol)
COMPOSITION INFORMATION		
Vitamin A	µg	µg
Vitamin B_6	µg	µg
Vitamin B_{12}	µg	µg
Vitamin C	mg	mg
Vitamin D	µg	µg
Vitamin E	mg	mg
Thiamin (B_1)	µg	µg
Riboflavin (B_2)	µg	µg
Niacin (B_3)	µg	µg
Folate	µg	µg
Calcium	mg	mg
Iron	mg	mg
Iodine	µg	µg
Magnesium	mg	mg
Phosphorus	mg	mg
Zinc	mg	mg
Lutein	µg	µg
(insert any other substance used as a nutritive substance; or inulin-type fructans and / or galacto-oligosaccharides, to be declared)	g, mg, µg (or other units as appropriate)	g, mg, µg (or other units as appropriate)

Figure 1: Proposed NIP format for young child formula

4.2 Statement of ingredients

4.2.1 Background

FSFYC is subject to general requirements in Standard 1.2.4 of the Code (Information requirements – statement of ingredients) that mandates the declaration of all ingredients to be listed in the statement of ingredients, subject to some exceptions.

Ingredients must be listed using their common name, a name that describes the true nature of the ingredient, or a generic name (if any) that is specified in Schedule 10 in accordance with any conditions specified in that Schedule (section 1.2.4—3). Food additives must be listed in the statement of ingredients by specifying the applicable class name in Schedule 7 (if one applies, e.g. 'acidity regulator'), followed in brackets by the name or code number of the substance as indicated in Schedule 8 (e.g. '330' or 'Citric acid'). If the food additive can be classified into more than one class, the most appropriate class name must be used. In the absence of a class name, the name of the substance as indicated in Schedule 8 applies (section 1.2.4—7). Vitamins and minerals may be declared using the class name 'vitamin' or 'mineral' (section 1.2.4—8).

Ingredients must be declared in descending order of ingoing weight (section 1.2.4—5). Requirements for listing of compound ingredients (subsections 1.2.4—5(5) and (6)) also apply to FSFYC. Compound ingredient means "an ingredient of a food is a compound ingredient if it is itself made from two or more ingredients" (section 1.1.2—2(3)).

4.2.2 International regulations

CXS 156-1987 (Codex 2023) requires that a complete list of ingredients is declared in descending order of proportion, except that in the case of added vitamins and minerals, these ingredients may be arranged as separate groups. Within these groups, the vitamins and minerals need not be listed in descending order of proportion. The specific name is required to be declared for ingredients of animal or plant origin and for food additives. In addition, appropriate functional classes for food additives are required to be included on the label. The food additives' INS number may also be optionally declared.

China's National Food Safety Standard GB 10767-2021 and Canada's proposed regulations for FNF for young children (Divisions 24 and 25 of the Food and Drug Regulations) do not set any specific requirements for the ingredient list on young child formula.

4.2.3 Market survey

FSANZ's 2025/26 Market Survey indicates most young child formula display statement of ingredients broadly in line with Code requirements. Approximately half of the products surveyed grouped vitamins and minerals within the statement of ingredients using the class names 'vitamins' and 'minerals', listing the individual ingredient names in brackets, as permitted by the Code. Most remaining products separated the vitamins and minerals into their own lists, separate to the statement of ingredients, using the headings 'vitamins' and 'minerals', consistent with permission provided in CXS 156-1987.

4.2.4 Consumer evidence

FSANZ has not assessed consumer evidence relating to the statement of ingredients specifically for young child formula. However, there were some findings related to general use and understanding of ingredients information. Caregivers reported finding ingredients information useful, particularly to avoid excess consumption of some ingredients. Some caregivers found this information less useful, particularly if they thought most formulas and toddler milks contained the same ingredients or didn't understand the ingredient information.

In addition, an assessment of consumer behaviour research on this issue as it relates to infant formula products was included as part of Proposal P1028 (FSANZ 2023).

P1028's assessment identified that caregivers find long lists of ingredients on infant formula products challenging, mainly due to their poor understanding of what the ingredients are, and the use of many ingredients with technical names. Caregivers believe grouping nutrients/ ingredients by type (especially vitamins and minerals) would help make product comparison easier.

It is important to note this research was conducted specifically on consumer perceptions of infant formula and follow-on formula and may not be generalisable to young child formula due to differences in the regulatory context and purpose of the food.

4.2.5 Discussion

CXS 156-1987 contains provisions for the ingredient list on young child formula that are broadly aligned with the requirements in Standard 1.2.4 of the Code, with one exception. Codex allows for vitamins and minerals to be grouped separately from other ingredients, and within these groups does not require listing in descending order of ingoing weight. In contrast, the class naming requirements in Standard 1.2.4 do not permit vitamin and mineral ingredients to be grouped separately from the main statement of ingredients, as is permitted under CXS 156-1987. While individual vitamins and minerals may be listed under the class names 'vitamins' or 'minerals', they must still appear within the overall ingredient list and be subject to the standard ordering requirements. FSANZ has considered whether this approach continues to best support caregiver understanding of young child formula given the nutritional complexity of these products.

Consumer evidence generated through Proposal P1028 provides some insight into how caregivers engage with ingredient lists for formulated products with complex composition. The evidence indicates that caregivers found statements of ingredients on infant formula and follow-on formula challenging to navigate and preferred vitamins and minerals to be grouped to assist comprehension. This research highlights the challenges caregivers may face in interpreting long and complex ingredient lists on formulated products.

In this context, FSANZ considers there is merit in permitting the optional grouping of vitamins and minerals within the statement of ingredients for young child formula, under the subheadings 'vitamins' and 'minerals'. Allowing such groupings would assist caregiver understanding of product composition while remaining consistent with the underlying intent of ingredient labelling requirements. FSANZ also notes that Codex permits ingredients under these headings to not be listed in order of ingoing weight. Given the grouping and small weights of these ingredients, FSANZ also considers that this approach can be adopted for the statement of ingredients. Adopting these approaches would promote closer alignment with Codex provisions.

FSANZ has observed that many young child formula products already present vitamins and minerals separately using subheadings in conjunction with the statement of ingredients. FSANZ considers the measure proportionate to the identified consumer benefit while improving regulatory clarity and certainty for industry.

4.2.6 Proposed approach

FSANZ is proposing to permit vitamins and minerals to be listed in separate groupings under the subheadings 'Vitamins' and 'Minerals', adjacent to the statement of ingredients. Within each grouping, the vitamins and minerals would not be required to be listed in descending order of ingoing weight. These groupings would be required to be co-located with the statement of ingredients.

4.3 Nutrition content and health claims

4.3.1 Background

Standard 1.2.7 of the Code outlines the regulatory framework for nutrition content, health and related claims. This framework applies to most foods for sale, including FSFYC, unless otherwise specified. The regulatory framework captures the following elements:

- Nutrition content claims can be made about the presence or absence of certain nutrients or substances in the food.
- Health claims can be made about the relationship between a food or a property of a food and health effects. These can be 'general level' or 'high level', where:
  - General level health claims are about a food, a nutrient or substance (the property of food) and its effect on health. They can be based on pre-approved food-health relationships in the Code or can be self-substantiated by food businesses using the scientific methods prescribed by Standard 1.2.7.
  - High level health claims are about a nutrient or substance in a food and its relationship to—, or a biomarker of— a serious disease. Permitted high level health claims must be based on pre-approved food-health relationships listed in Schedule 4 of the Code.
- Endorsements, which for the purposes of the claims framework, are defined as nutrition content or health claims that are made with the permission of an endorsing body.

4.3.1.1 Nutrition content claims

The NIP for FSFYC must state the average quantity of any vitamin or mineral that is used as a nutritive substance and listed in the table to section S29—15 (subsection 2.9.3—8(1)) (see section 4.1). These declarations are not considered a nutrition content claim (subsection 1.1.2—9(2)).

Schedule 4 of the Code lists out conditions for making nutrition content claims in accordance with Standard 1.2.7. For nutrition content claims on FSFYC about vitamins and minerals, Schedule 4 specifies that the food must meet the conditions for making a claim under subsection 2.9.3—8(2).

Subsection 2.9.3—8(2) provides that nutrition content claims about the presence of vitamins and minerals listed in sections S17—2, S17—3 or S29—15 are permitted if a serving contains at least 10% of the recommended dietary intake (RDI) or estimated safe and adequate daily dietary intake (ESADDI), and the claimed amount does not exceed the maximum claim amount specified in the table.

A claim that FSFYC is a 'good source' of a vitamin or mineral may be made if a serving contains at least 25% of the RDI or ESADDI, as long as the amount claimed remains within the maximum permitted in the table to section S29—15 (subsection 2.9.3—8(3)). The %RDI or %ESADDI would be declared in a separate column in accordance with section 1.2.8—9.

A nutrition content claim may also be made about lutein on the label of FSFYC if the total amount is no less than 30 µg/serving (subsection 2.9.3—8(6)). When such a claim is made elsewhere on the label, the name and average quantity must be declared in the NIP (section 1.2.8—6(1)(d)(iv)).

FSFYC can also display nutrition content claims for other substances in accordance with the requirements in Standard 1.2.7 and conditions in section S4—3.

4.3.1.2 Health claims

FSFYC are currently permitted to make general and high-level health claims if they meet the associated conditions.

Certain pre-approved food-health relationships for general level health claims in the table to section S4—5 relate specifically to FSFYC. These include:

- a claim that carbohydrate contributes energy for normal metabolism, conditional on the food having a maximum 10% of carbohydrate content from sugars
- a claim that FSFYC contributes energy for normal metabolism.

Other pre-approved food-health relationships listed in the table to section S4—5 relate to children as the relevant population (e.g. the claim that calcium contributes to normal growth and development). Where a pre-approved food-health relationship listed in the table to section S4—5 refers to a relevant population group to which the specific health effect relates, the claim must include a statement of that population group in conjunction with the health claim.

There are no high-level health claims that relate to children as the relevant population or that are specific to FSFYC.

Foods are generally required to meet the nutrient profiling scoring criterion (NPSC) in order to be eligible to make health claims (subsection 1.2.7—18(4)). Standard 1.2.7 includes a specific provision that exempts special purpose foods from this NPSC requirement. This exemption acknowledges that special purpose foods must meet certain compositional requirements prescribed under the Part 2.9 standards, and that it would be inappropriate for these foods to also meet NPSC criteria that have been developed for general foods.

4.3.2 Market survey

FSANZ's 2025/26 Market Survey found all young child formula products surveyed had at least one nutrition content claim about the presence of a vitamin or mineral or that the product was a 'good source' of a vitamin or mineral. Many products included claims such as 'contains [number] vitamins and minerals'.

Nutrition content claims about lutein were uncommon in surveyed products, although a small number of product labels included 'contains lutein' or 'contains lutein, an antioxidant'. Most products carried nutrition content claims about omega-3 fatty acids or fructo-oligosaccharides and galacto-oligosaccharides.

The majority of products surveyed by FSANZ carried at least one general level health claim. There was a broad range of claimed health effects. Some general level health claims were presented as split claims in accordance with section 1.2.7—21 of the Code, while other products appeared to only refer to the health effect on the label (e.g. 'supports [the immune system/eye health/cognitive function]').

FSANZ observed general level health claims were made about:

- specific vitamins and minerals (e.g. ‘contains calcium for strong [bones/teeth]’, ‘contains vitamins B6, B12 and C for normal energy metabolism’, ‘contains iron, zinc and folate for normal immune function’ and ‘contains Vitamin A to support eye health’).
- other substances (e.g. ‘contains [probiotics/prebiotics/whey protein] for digestive health’, ‘contains lactose for energy metabolism’ and ‘contains DHA [docosahexaenoic acid] which supports cognitive function’).

4.3.3 International regulations

CXS 156-1987 states the Codex Guidelines for Use of Nutrition and Health Claims (CXG 23-1997) applies to young child formula. CXG 23-1997 (Codex 1997) includes a prohibition on the use of nutrition and health claims for foods for young children except where specifically provided for in relevant Codex Standards or national legislation.

China’s regulations for formula milk powder for young children (CH2023-0107) states that the label shall not contain claims regarding disease prevention and treatment. Expressing or implying health functions (e.g. immunity enhancement) or implying other functions (e.g. intelligence improvement or protecting intestinal health) is also prohibited. Statements about excluded substances (e.g. ‘no added’) or ‘vague information’ (e.g. ‘imported milk’, ‘from foreign pastures’) are also not permitted. Claims must be consistent with the content of registered product formulas.

The draft regulations proposed by Canada do not include any specific provision with regards to claims on FNF for young children aged 1-3 years.

4.3.4 Consumer evidence

FSANZ’s review of consumer evidence (Attachment 1 to this SD) indicates that US caregivers frequently noticed nutrition and health claims, which made them more likely to view young child formula as healthier than cow’s milk, able to make children smarter, help prevent illness, were healthy for everyday consumption, and would be recommended by a paediatrician. Caregivers were often drawn to read claims first, and perceived benefits aligned with claims present on labels.

One Australian study found both regulated and unregulated claims contributed to perceptions of product healthiness, with regulated claims most influential.

4.3.5 Discussion

CXG 23-1997 prohibits the use of nutrition and health claims for foods for young children, except where specifically provided for in relevant Codex Standards or national legislation. CXS 156-1987 does not include any permissions for nutrition and health claims on young child formula, although it does provide two naming options that include the descriptor ‘with added nutrients’.

The Guideline on special purpose foods emphasises that labelling should provide adequate information to assist caregiver understanding of the food’s specific nature, intended population group and intended special purpose. While the guideline does not include specific policy principles relating to the use of claims, its overarching intent is that labelling for special purpose foods supports appropriate use and does not mislead consumers about the role of the product. The Guideline on claims allows for nutrition content and health claims to be made on food provided they meet a set of policy principles, but does not provide specific guidance on the appropriateness of claims for special purpose foods such as young child formula.

FSANZ's 2025/26 Market Survey identified that nutrition content and health claims were present on all young child formula products surveyed. Consumer evidence indicates that caregivers pay close attention to such claims and that they play a significant role in shaping perceptions of young child formula, often in ways that go beyond the products' intended purpose. Regulated claims, such as nutrition content and health claims, were found to be the most influential in this regard.

Taken together, this evidence raises concerns about the appropriateness of permitting nutrition content and health claims on young child formula. FSANZ considers that such claims may undermine caregiver understanding of the intended population and purpose of these products. Consistent with this assessment, FSANZ considers that nutrition content and health claims should be prohibited on young child formula, as well as endorsements that are nutrition content or health claims.

As claims were found to be present on all products currently in the market, FSANZ acknowledges this approach would require significant changes to the current labels of young child formula. FSANZ nevertheless considers this approach appropriate and proportionate, having regard to the consumer evidence, alignment with Codex, and the policy intent of the Guideline on special purpose foods. The proposed measures are intended to protect vulnerable populations and support clearer understanding of the specific and limited role of young child formula, while maintaining the integrity of food labelling. The discussion below sets out the key considerations underpinning this approach separately for nutrition content versus health claims.

4.3.5.1 Nutrition content claims

Nutrition content claims about vitamins and minerals are currently permitted on FSFYC labels if certain conditions are met (as provided in section 2.9.3—8 and Schedule 4). These conditions include having a minimum proportion of the RDI or ESADDI per serving of that vitamin or mineral and declaring the average quantity in the NIP, up to a maximum claimable amount.

Consistent with this permission, FSANZ's 2025/26 Market Survey found that all young child formula products carried at least one nutrition content claim about vitamins or minerals. Most products also carried nutrition content claims relating to other substances, such as omega-3 fatty acids, fructo-oligosaccharides or galacto-oligosaccharides.

Young child formula is intended to be used to supplement the diet of children aged 1-3 years in circumstances where dietary intake of energy and nutrients may be inadequate. Consistent with this intended purpose, FSANZ is proposing comprehensive mandatory compositional requirements designed to support nutritional adequacy and safety (see SD1). Nutrition content claims, by definition, focus on individual nutrients or substances. FSANZ considers it inappropriate and potentially misleading to promote specific nutrients within young child formula when the product as a whole is formulated to deliver a balanced nutritional profile.

Consumer evidence indicates that nutrition content claims are often the first information caregivers consider and can influence purchase decisions. Highlighting individual nutrients could distort caregivers' understanding by leading them to perceive the intended purpose of these products as providing certain nutrients in isolation. In this context, FSANZ considers that nutrition content claims could mislead caregivers to perceive these products as beneficial or necessary for healthy children, potentially resulting in unnecessary use. This may displace regular family foods and undermine recommendations in domestic infant and toddler feeding guidelines. FSANZ is therefore proposing, in line with CXG 23-1997, to prohibit nutrition content claims on young child formula.

FSANZ recognises that information about the composition of young child formula remains important to support informed choice, product comparison and enforcement. Accordingly, FSANZ is separately proposing that all nutritive substances added to young child formula be declared in the NIP (see section 4.1 of this SD) and that this declaration would not constitute a nutrition content claim. FSANZ is also proposing to permit vitamins and minerals to be grouped under separate headings adjacent to the statement of ingredients (see section 4.2 of this SD), as a further means of facilitating caregiver understanding.

Taken together, this combination of measures provides a balanced approach to the provision of information to facilitate informed consumer choice while preventing caregivers from being misled by claims appearing elsewhere on the label that are misaligned with the products' intended purpose.

4.3.5.2 Health claims

Both general and high-level health claims are currently permitted on FSFYC, provided the relevant conditions are met (as provided in Standard 1.2.7 and Schedule 4). Consistent with this permission, FSANZ's 2025/26 Market Survey found that most young child formula products carried at least one general level health claim.

The intended purpose of young child formula is to provide a source of energy and nutrients for children aged 1 to 3 years in circumstances where dietary intake may be inadequate. These products are not intended to provide health benefits for otherwise healthy children, as reflected in domestic infant and toddler feeding guidelines. FSANZ's 2025/26 Market Survey identified that many products included claims about specific health effects that extend beyond this intended purpose, such as claims relating to eye health, immune function, or cognitive development.

Consumer evidence indicates that health claims are often among the first elements caregivers notice on product labels and can influence purchasing decisions. FSANZ considers that such claims may lead caregivers of healthy children to perceive young child formula as providing additional health benefits beyond those associated with normal dietary intake. This may lead caregivers to purchase and use these products unnecessarily, potentially displacing regular family foods and undermining recommendations from the dietary guidelines. FSANZ is therefore proposing, in line with CXG 23-1997, to prohibit health claims on young child formula.

FSANZ notes the two pre-approved general level health claims specific to FSFYC (see section 4.3.1.2 above) are present on many of the young child formula products surveyed. These pre-approved claims would not be permitted for young child formula under FSANZ's proposed approach. However, the existing permissions would continue to apply to FSFYC products other than young child formula, as the scope of this proposal is limited to labelling requirements for young child formula only.

4.3.6 Proposed approach

FSANZ is proposing to prohibit nutrition content and health claims, and endorsements which are nutrition content and health claims made with the permission of an endorsing body, on young child formula.

4.4 Stage labelling

4.4.1 Background

Stage labelling describes the use of numbering to distinguish products within a formula product range according to age-related feeding stages; for example, infant formula as Stage 1, and follow-on formula as Stage 2.

Standard 2.9.1 (section 2.9.1—27) permits stage labelling for infant formula and formula-on formula, allowing manufacturers to voluntarily declare stage numbers ‘1’ or ‘2’ for these products, respectively. If used, the stage number must appear on the front of the package, immediately adjacent to age information. Stage labelling is intended to assist caregivers in making appropriate product choices for their healthy infant, by providing a clear indication of which formula is suitable for each developmental stage.

There is neither express permission nor prohibition in the Code governing the use of stage numbers on FSFYC.

4.4.2 International regulations

CXS 156-1987 outlines that young child formula:

> *shall be distinctly labelled in such a way as to avoid any risk of confusion with infant formula, follow-up formula for older infants, and formula for special medical purposes intended for infants, in particular as to the text, images and colours used, to enable consumers to make a clear distinction between them.*

China’s legislation optionally permits stage labelling (in addition to age information) on young child formulas under the Revised Administrative Measures for Product Formula Registration of Formula Milk Powder for Infants and Young Children (CH2023-0107):

> *Article 36. The label should indicate applicable age of formula milk powder, which can be marked with "Stage 1", "Stage 2" and "Stage 3" at the same time.*

This reflects China’s regulatory context, in which young child formula is seen as suitable for meeting part of the nutrient demands of normal young children.

Canada is proposing that stage labelling such as “Stage 3” or Stage 4” is prohibited on FNF for children on the basis that stage labelling may contribute to caregiver confusion and increase the risk of inadvertent substitution with infant formula and follow-on formula.

4.4.3 Market survey

FSANZ’s 2025/26 Market Survey collected information on the use of stage labelling for young child formula products available on the Australian market. Comparable information on the use of stage labelling was not available for products surveyed on the New Zealand market (see section 1.7 of the 1st CFS).

Stage labelling is used on the labels of most young child formula as an extension of infant formula and follow-on formula stage numbering. That is, young child formula products are identified as ‘Stage 3’ and ‘Stage 4’ and are accompanied by varying age range statements. The majority of FSFYC displayed stage numbering on the front of the label.

4.4.4 Consumer evidence

FSANZ's review of consumer evidence (Attachment 1 to this SD) indicates that Australian and New Zealand caregivers are familiar with stage numbering on the label but prioritise age information ('suitable from ages…') to identify the correct product for their child. Some caregivers perceive a necessary progression through product stages (for example, continuing from 'Stage 2' to 'Stage 3'). International research has highlighted confusion among caregivers regarding the meaning of stage numbers. Some caregivers misunderstand the role of stage numbers and misinterpret what the number indicates (e.g. age in months or years, "added value", or number of cups).

The review noted that the extent to which stage numbering alone influences caregiver perceptions of feeding progression is unclear, given the influence of other on pack labelling elements, such as the lack of product differentiation (see section 4.5 of this SD) and proxy advertising (see section 4.6 of this SD).

4.4.5 Discussion

As noted in section 0 of this SD, CXS 156-1987 requires young child formula to be distinctly labelled in such a way as to avoid confusion with infant formula products. However, CXS 156-1987 does not address the use of stage numbers as a means of distinguishing the intended target population. A key consideration for FSANZ is therefore whether stage labelling is appropriate or useful for young child formula in supporting caregiver understanding and appropriate use.

The provisions in Standard 2.9.1 permit stage labelling for infant formula and follow-on formula in recognition of two distinct feeding phases for infants: an initial phase in which infants rely on breast milk (or a breast milk substitute) as their sole source of nutrition, followed by a phase in later infancy in which solid foods are introduced alongside breast milk (or a breast milk substitute). In this context, stage labelling serves a clear purpose by differentiating formulations intended for physiologically distinct feeding stages.

However, young child formula is a product category with a fundamentally different regulatory purpose and nutritional role. Infant formula and follow-on formula are regulated as breast milk substitutes for infants, with infant formula intended to satisfy by itself the nutritional requirements of infants in the early months of life, and follow-on formula represented as suitable to constitute the principal liquid source of nourishment for older infants as part of a progressively diversified diet. By contrast, young child formula is regulated as a formulated supplementary food for children aged 1 to 3 years, intended to supplement a normal diet in situations where intakes of energy or nutrients may be inadequate to meet individual requirements. This supplementary and conditional purpose differs materially from the sole or principal nutritional role of infant formula and follow-on formula and means that young child formula should not be represented as a routine or necessary continuation of infant feeding. Consistent with national infant feeding guidance, young child formula is not recommended for healthy young children, is not essential or beneficial for healthy young children and is not suitable for infants under 12 months of age. Clear regulatory and market distinction between these product categories is therefore necessary to avoid consumer confusion and inappropriate staged positioning.

Consumer evidence indicates that the continuation of stage numbers beyond infant formula (i.e. Stages 1 and 2) may lead some caregivers to perceive young child formula as a normal and necessary progression in feeding. This perception is inconsistent with the domestic infant and toddler feeding guidelines (see section 1.2 of this SD) and risks undermining the intended purpose of young child formula as a supplementary product for specific circumstances. In this context, the use of stage labelling is not aligned with the Guideline on

special purpose food, as it has the potential to encourage inappropriate use by those for whom young child formula is not intended.

Consumer evidence further suggests that stage numbers do not meaningfully support caregiver decision-making for young child formula. Some caregivers misinterpret stage numbers as referring to child age, 'added value', or serving size, while caregivers generally do not rely on stage numbering as their primary source of information when selecting products. Instead, age-related information has been identified as the key labelling element used to determine product suitability for their child.

Taken together, the evidence indicates that stage labelling does not provide clear or additional information to support caregivers' understanding of the intended population group or purpose of young child formula. FSANZ therefore considers that a prohibition on stage labelling on young child formula is appropriate and consistent with the policy principles set out in the Guideline on special purpose foods. This approach would also be consistent with Canada's proposed amendments of Division 24 and 25 of the Food and Drug Regulations for FNF for young children, and supports clear category differentiation consistent with CXS 156-1987 by reserving stage numbering exclusively for infant formula and follow-on formula.

4.4.6 Proposed approach

FSANZ proposes to prohibit the use of stage numbers anywhere on the label of young child formula.

4.5 Product differentiation

4.5.1 Background

The use of similar or shared labelling elements (such as brand names, colour, font types, packaging layouts and images) is a common marketing practice across different products such as infant formula, follow-on formula and special medical purpose product for infants (SMPPi) as well as FSFYC. Labelling can also be used to distinguish products within a product line from one another, with the aim of reducing the risk of caregiver confusion. As part of Proposal P1028, new provisions were introduced into Standard 2.9.1 (sections 2.9.1—15 and 2.9.1—44) requiring infant formula products to be differentiated from each other and from other foods by the use of text, pictures and/or colour.

There are currently no provisions related to product differentiation for FSFYC, including young child formula.

4.5.2 International regulations

CXS 156-1987 outlines that young child formula:

> *shall be distinctly labelled in such a way as to avoid any risk of confusion with infant formula, follow-up formula for older infants, and formula for special medical purposes intended for infants, in particular as to the text, images and colours used, to enable consumers to make a clear distinction between them.*

The WHO Marketing Code prohibits the promotion of breast-milk substitutes to the general public (WHO 1981). The WHO (2019) has noted that the use of similar colour schemes, designs, names, slogan or mascots across product categories, including young child formula, can create confusion between products and undermine the objectives of the WHO Marketing Code through cross-promotion.

China's National Food Safety Standard GB 10767-2021 does not specify any requirements to differentiate the labelling of young child formula from infant formula and follow-on formula.

Canada has proposed amendments that would prohibit cross-branding of infant formula, follow-on formula and FNF for young children. Cross branding is defined as when labels on FNF have a colour scheme or design similar to labels on infant formula.

4.5.3 Consumer evidence

FSANZ's review of consumer evidence (Attachment 1 to this SD) identified no new evidence relating to product differentiation since the rapid systematic evidence summary presented in Proposal P1028. The review considered the evidence provided for Proposal P1028 and concluded that similar branding or packaging between young child formula and infant formula/ follow-on formula may lead to confusion among caregivers in their perception of infant formula products.

There is evidence that the practice of cross-promotion through shared brand elements can mislead caregivers into believing they have seen marketing for infant formula when they had actually seen marketing for young child formula products. It was also noted that similarities in product identifiers may lead caregivers to perceive young child formula as a part of a broader 'formula' range. As a result, caregivers may misattribute common marketing claims for young child formula onto infant formula and follow-on formula products.

4.5.4 Discussion

As noted in section 0 of this SD, CXS 156-1987 requires young child formula to be presented in a manner that clearly differentiates it from other infant formula products including through text, images and colours. A key consideration for FSANZ is whether similar requirements are necessary in the domestic context to support caregiver understanding and appropriate product selection.

The Guideline on special purpose foods emphasises that labelling should be targeted only to the intended population group and should assist caregivers to understand the specific nature of the food, its intended population group and intended special purpose. For young child formula, this requires presentation that clearly communicates its distinct role as a supplementary product for specific circumstances, rather than as a continuation or extension of infant formula products.

Consumer evidence indicates that the use of shared or similar product identifiers, such as brand names, colour schemes, font types, packaging layouts, and imagery, across infant formula, follow-on formula and young child formula can create confusion among caregivers. This increases the risk of inadvertent substitution across product categories, where caregivers unintentionally select an unsuitable product because it appears visually similar to another category. Such substitution can pose a direct health risk to infants and young children where products formulated for different nutritional purposes are used interchangeably.

In addition, evidence indicates that cross-promotion through similar or shared product identifiers can encourage perceptions of feeding progression through a brand's product range. This can mislead caregivers to perceive young child formula as a routine or expected continuation of earlier formula use. Such perceptions are inconsistent with domestic infant and toddler feeding guidelines, which advise that young child formula and other supplementary foods are not required for healthy children from 12 months of age.

Taken together, the evidence indicates that insufficient product differentiation has the potential to undermine caregiver understanding of the intended purpose and population of

young child formula. FSANZ therefore considers that clear visual differentiation is necessary to support informed decision making, reinforce appropriate product selection, and to make young child formula readily distinguishable from infant formula and other FSFYC. This approach aligns with Codex requirements and the Guideline on special purpose foods and supports the objectives of the WHO Marketing Code (WHO 1981).

4.5.5 Proposed approach

FSANZ proposes to include provisions in the Code to require that young child formula must be differentiated from infant formula, follow-on formula, SMPPi, other FSFYC, and other foods by the use of text, pictures and/or colour.

4.6 Proxy advertising

4.6.1 Background

Proxy advertising refers to any references, including names, numbers, images and nutrition content and health claims, made about another product within a range on the label of a FSFYC. There are currently no provisions in the Code addressing the practice of proxy advertising on the package of FSFYC, such as young child formulas.

4.6.2 International regulations

CXS 156-1987 specifies that young child formula:

> *shall not refer to infant formula, follow-up formula for older infants, or formula for special medical purposes intended for infants. This includes numbers, text, and statements of these products. This provision requires labelling should not obscure a product's intended use.*

The WHO Marketing Code (WHO 1981) prohibits all forms of direct and indirect advertising of breast-milk substitutes to the general public.

4.6.3 Market survey

FSANZ's 2025/26 Market Survey data indicates that among the young child formula products available across the Australian and New Zealand markets, approximately a third of product labels contain one or more elements of proxy advertising, such as names and images referring to other product categories within the same brand line.

4.6.4 Consumer evidence

FSANZ's review of consumer evidence (Attachment 1 to this SD) found no new evidence relating to proxy advertising since the rapid systematic evidence summary presented in Proposal P1028. Among the identified studies, none examined the effect of on-pack representations of other products on caregivers' perceptions or purchasing behaviours in relation to young child formula.

Brand trust, especially when associated with recognised infant formula brands, was identified as a factor in influencing purchasing decisions and movement through product stages. In this context, cross referencing other products on the label of young child formula may lead caregivers to infer that references of infant formula products and other variants imply a necessary feeding progression across the brand's product ranges.

4.6.5 Discussion

As noted in section 0 of this SD, CXS 156-1987 specifies that young child formula must not refer to infant formula, follow-up formula for older infants, or formula for special medical purposes intended for infants. This prohibition includes the use of numbers, text and statements of these products.

In considering the application of the Codex provisions at a national level, FSANZ has had regard to the approach adopted under Proposal P1028, which prohibited proxy advertising on the labelling of infant formula and follow-on formula. The prohibition was introduced because on-pack references to other products can operate as a form of indirect marketing, influencing caregiver perceptions and purchasing decisions in ways that undermine the policy principles set out in the Ministerial Policy Guideline on Infant Formula Products and relevant Codex provisions. While young child formula products were outside the scope of Proposal P1028, FSANZ noted that similar concerns arise in relation to cross-promotion involving young child formulas. Consistent with this, the WHO (WHO 2019) recognises that proxy advertising of infant formula on the labels of young child formula products can undermine the objectives of WHO Marketing Code (WHO 1981).

Young child formula is a special purpose food intended to address dietary inadequacy in young children. The Guideline on special purpose foods requires that a clear distinction be maintained between special purpose foods and other foods, and that labels target only the intended population group and assist consumer understanding of the specific nature and intended purpose of the food. Advertising of other food products on young child formula is inconsistent with these principles, as it reduces the clear distinction between young child formula and other foods and may confuse caregivers about the intended purpose and population group for young child formula.

Proxy advertising may also interact with the proposed requirement for young child formula to include a statement advising caregivers to seek advice from health professionals to determine the product's suitability for their child's circumstances (see section 3.3 of this SD). Advertising of other food products on young child formula labels may inadvertently imply that those products are also suitable for use in situations where dietary intake is inadequate. This risks undermining the intent of the required statement and misleading carers about the suitability of the advertised products for their child's circumstances.

Consumer evidence on cross-promotion of other foods through shared names, numbers and imagery (see section 4.5.3 of this SD) has also shown that caregivers often perceive young child formula as part of a broader range of 'formula'. On-pack references to other infant products may reinforce this misconception by signalling a progressive feeding regime. For children from 12 months of age, domestic infant and toddler feeding guidelines advise young child formula and other supplementary foods are not required for healthy children (see section 1.2 of this SD).

Taken together, the evidence indicates that proxy advertising on young child formula has the potential to undermine caregiver understanding of the product's intended purpose and population group, weaken the distinction between product categories, and promote inappropriate product choices. FSANZ therefore considers that proxy advertising on young child formula is inconsistent with its intended purpose, the Guideline on special purpose foods, the Ministerial Policy Guideline on Infant Formula Products, Codex Standard CXS 156-1987, and domestic infant and toddler feeding guidelines. FSANZ is therefore proposing to prohibit advertising of other food products, including infant formula, follow-on formula, SMPPi, formulated supplementary food and FSFYC on the labels of young child formula.

As FSANZ's 2025/26 Market Survey found approximately one-third of products include proxy advertising, the proposed prohibition is considered appropriate to ensure that caregivers are supported to identify products that best meet their child's needs in consultation with an appropriately qualified health professional, and are not encouraged to select products through indirect promotion that may not be appropriate for those needs.

4.6.6 Proposed approach

FSANZ proposes to include provisions in the Code to prohibit proxy advertising of all other food products, by means of a name, a number, a picture, an image, a word or words, on the label of young child formula.

4.7 Other representations

4.7.1 Background

There are no provisions in the Code that prohibit FSFYC from making representations, such as statements or images, that may contradict the intended purpose of the product. For other product categories, such as alcohol, infant and follow-on formula, infant foods and sports foods, FSANZ has prohibited the products from being represented in a manner that does not reflect the nature of the product or will result in its misuse. For example, the label on a package of infant formula is prohibited from containing a picture of an infant, a picture that idealises the use of infant formula, and words claiming that the formula is suitable for all infants.

4.7.2 International regulations

CXS 156-1987 prohibits images, text or representations on young child formula that could undermine or discourage breastfeeding or which idealises the use of young child formula, including:

- pictures of feeding bottles;
- pictures of infants, older infants, young children and women;
- the terms 'humanised', 'maternalised' or other similar terms;
- any other picture, text, or representation that:
  - undermines or discourages breastfeeding;
  - makes a comparison to breast milk;
  - suggests that the product is similar, equivalent, or superior to breast milk;
  - might convey or be construed as an endorsement by a professional or other body (unless this has been specifically approved).

CXS 156-1987 also states that the label of young child formula shall include a statement "breastfeeding is recommended up to two years and beyond".

China's Administrative Measures for Product Formula Registration of Formula Milk Powder for Infants and Young Children (CH2023-0107) prohibits the following on the label of young child formulas:

- Vague and superlative terms like "imported milk source," "ecological pasture," or "pollution-free".
- Images of infants or women.
- Claims such as "no additional,", "does not contain," or "zero added" for substances that should not be contained or used in the formula.

- Content that is false, exaggerated, violates scientific principles, or is absolute.

Canada is proposing the following labelling prohibitions for FNF for young children (aged 1-3 years):

- A representation of the product as a meal replacement
- Representing the product for use in a weight reduction diet
- A representation as a fortified plant-based beverage
- The product is a substitute for cow's milk
- The product is a substitute for human milk.

4.7.3 Market survey

FSANZ's 2025/26 Market Survey found a minority of young child formula products are using imagery of children and/or parents. A minority of young child formula products also contain statements that its use has been approved or endorsed by a dietitian or a medical professional.

4.7.4 Discussion

CXS 156-1987 prohibits certain representations on young child formula labels where they may undermine or discourage breastfeeding or idealise the use of young child formula. These statements reflect an international regulatory context that seeks to ensure young child formula is not represented in ways that conflict with its intended purpose or the continued promotion of breastfeeding.

As noted in section 0 of this SD, in Australia and New Zealand, breast milk substitutes are intended only for infants up to the age of 12 months who are not breastfed (or are partially breastfed), and are regulated as infant formula products. While young child formula is not regulated as a breast milk substitute domestically, infant and toddler feeding guidelines recommend the continuation of breastfeeding beyond 12 months of age alongside the appropriate introduction of solid foods (NHMRC 2012, Ministry of Health 2021). As a result, the intended age range for young child formula overlaps with ages for which continued breastfeeding is recommended. In this context, it is important to ensure that young child formula, despite not being a breast milk substitute, is not represented in a manner that implies it replaces human breast milk. FSANZ has therefore considered whether greater alignment with CXS 156-1987 is warranted in the domestic context.

Young child formula is intended to supplement the diet of children aged 1-3 years whose intake of energy and nutrition may be insufficient. The Guidelines on special purpose foods establishes a policy principle that information on the label of special purpose foods should accurately reflect the intended purpose and target population. FSANZ therefore considers that representations on young child formula labels should not contradict this intended purpose or mislead a purchaser about the role of the product.

Representations that idealise the use of young child formula or imply that it is similar, equivalent, or superior to milk or human breast milk are inconsistent with its intended purpose. FSANZ is aware of a minority of young child formula products currently sold in Australia and New Zealand that include representations prohibited by Codex, such as images of children and parents. Prohibiting such representations would align with the Guideline on special purpose foods, Codex Standard CXS 156-1987 and domestic infant feeding and toddler guidelines. FSANZ also notes that similar prohibitions are being considered in overseas regulations (Canada), which would further support international regulatory alignment.

FSANZ's 2025/26 Market Survey also found a minority of products contained statements to indicate its use had been endorsed by a medical professional or dietitian. Product endorsements by medical professionals or dietitians do not take into account whether the young child formula would be suitable for an individual child's specific needs, and may imply generalised approval or suitability. FSANZ therefore proposes to prohibit endorsements on young child formula to reinforce that the product should be used only in line with its intended purpose, and should consult with an appropriately qualified health professional, consistent with the proposed revised required statement (see section 3.3.6 of this SD).

Taken together, the proposed prohibitions on voluntary representations are intended to support caregiver understanding of the specific and limited role of young child formula by preventing representations that may imply broader or inappropriate uses. As FSANZ's 2025/26 Market Survey observed a minority of products using these representations, the impact of the proposed prohibitions on the young child formula industry is expected to be limited. FSANZ considers these measures appropriate to support clarity of product purpose and alignment with CXS 156-1987 and domestic infant and toddler feeding guidelines.

4.7.5 Proposed approach

FSANZ is proposing to prohibit the following representations on young child formula:

- pictures of feeding bottles, infants, older infants, young children, and adults;
- the terms 'humanised', maternalised' or other similar terms;
- any other picture, text, or representation that:
- undermines or discourages breastfeeding;
- makes a comparison to milk[2] or breast milk, including suggesting that the product is similar, equivalent, or superior to breast milk;
- might convey or be construed as endorsement or approval by an individual or organisation.

Question to submitters:

Q2.4 Do you support FSANZ's proposed approach to the labelling for provision of information for young child formula in relation to:

- Nutrition information requirements
- Statement of ingredients
- Nutrition content and health claims
- Stage labelling
- Product differentiation
- Proxy advertising
- Other representations.

Please organise your response by issue and provide justification and any supporting evidence.

[2] 'Milk' is defined at section 1.1.2—3 of the Code to mean the mammary secretion of milking animals, obtained from one or more milkings for consumption as liquid milk or for further processing, but excluding colostrums; or such a product with phytosterols, phytostanols and their esters added.

5 Summary of consultation questions

FSANZ invites stakeholders to provide comment on the proposed approaches outlined in this SD. To facilitate this feedback, FSANZ has proposed a series of questions for consideration and requests that supporting evidence be provided in responses.

List of consultation questions:

Q2.1 Are there other overseas labelling regulations relevant to young child formula that FSANZ should be aware of when considering this proposal?

Q2.2 Do you support FSANZ's proposed approach that general Code requirements, including requirements for warning and advisory statements, allergen declarations, date marking, characterising ingredients and components of foods and foods requiring pre-market approval should apply to young child formula?

Please provide justification and any supporting evidence to support your response.

Q2.3 Do you support FSANZ's proposed approach to safety-related labelling for young child formula in relation to:

- Prescribed name
- Age-related information
- Required statements
- Directions for use and storage.

Please organise your response by issue and provide justification and any supporting evidence.

Q2.4 Do you support FSANZ's proposed approach to the labelling for provision of information for young child formula in relation to:

- Nutrition information requirements
- Statement of ingredients
- Nutrition content and health claims
- Stage labelling
- Product differentiation
- Proxy advertising
- Other representations.

Please organise your response by issue and provide justification and any supporting evidence to support your response.

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