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**From:**  
**Sent:** Sunday, 1 September 2019 8:23 PM  
**To:** submissions  
**Subject:** Call for submissions oligosaccharides in foods for infants and young children

Infant formula (industrial powder) is a food, originally created as a substance of last resort when breastmilk, through circumstances was not available. It was created to decrease a high historical infant mortality rate in a select group of infants. This industrial product has now, through slick aggressive marketing, lack of health professional breastfeeding education and government malaise, is seen as an alternative to breastfeeding and as a consequence breastfeeding rates cognitive and health outcomes are negatively impacted. Industrial powder is not a product that is meant to be used as a "choice", or without appropriate supervision. World Health Organisation " Infants who are not breastfed, for whatever reason, should receive special attention from the health and social welfare system since they constitute a risk group."

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2684040/>  
[https://www.who.int/maternal\\_child\\_adolescent/documents/9241562218/en/](https://www.who.int/maternal_child_adolescent/documents/9241562218/en/)

The race to create a commercial product which, as the application states "more closely mimics the composition of human milk". Well if you think of industrial powder being the moon with some gravity, soil and the ability to reflect light compared to the complex eco systems of earth being human breastfeeding then that is an appropriate comparison, not the slick one step closer to human milk. There are 200 oligosaccharides currently known in human milk who speak with each other and other components of human, of varying amounts and varying amount in each woman. How are these industrial dead components able to be referred to as Identical when they are not alive, not active and not part of a greater eco system? What is their long term impact on breast milk epigenetics when such a large percentage of our population in some hospitals 70% of new borns are receiving formula and go on to be mixed fed. How does this ingredient interact with the DHA and ARA added to some formulas? Can industry unequivocally state that there are no long term impacts. We are moving from a food into an unknown area of science.

<https://www.mdpi.com/2072-6643/10/8/1038/htm>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4011062/>

Toddler formula is unnecessary as stated in the following documents and in fact are simply a way to increase market share and avoid MAIF, adding these so call ingredients accross the board simply further instills a sense of legitimacy to an illegitimate product.

<https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers>  
<https://www.sciencedaily.com/releases/2018/02/180205113039.htm>  
<https://www.choice.com.au/babies-and-kids/feeding-children/making-healthy-choices/articles/are-toddler-formulas-just-marketing-spin>  
<https://apps.who.int/iris/bitstream/handle/10665/254911/WHO-NMH-NHD-17.1-eng.pdf?ua=1>  
<https://www.who.int/nutrition/publications/infantfeeding/information-note-followup-formula-bms/en/>

Telling the truth is paramount in product disclosure, these ingredients should not be added to industrial powder. The true role of ingredients should be added to the labelling of industrial powder, imagine if the words genetically modified E Coli added to this product, don't think that would be a marketing win but more likely and as shown in this application the words "identical to breastmilk" "closer to breastmilk" would find their way into the launch. This must stop this on going experiment in infant nutrition.

Our members have answered a poll and evidenced their approach with their avatars to the the question "Should baby/infant/child powder (formula) have genetically engineered contents shown on the label?" this would also apply to DHA and ARA currently in formula and anecdotally known to cause some infants digestion challenges.

[https://www.facebook.com/groups/BreastfeedingAdvocacyAustralia/search/?query=genetically&epa=SEARCH\\_BOX](https://www.facebook.com/groups/BreastfeedingAdvocacyAustralia/search/?query=genetically&epa=SEARCH_BOX)

<https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-014-0020-7>

Why has the European Union not been included in the accepted countries? Put simply we do not know enough about the long term impact of these new proposed ingredients which are not the same as those found in human milk semantics just dont cut it in the world of science.

In the book Milk Matters Infant Feeding and Immune Disorders Maureen Minchin refers to the ongoing experiment in infant feeding, this is a good example of that experimentation. Put simply we do not know enough long term about the addition of these HMOs we need to understand the impact of all 200 before any addition is made. There are enough dubious components as it is in industrial powder.

FSANZ what is your role? Is it to allow industry to dictate their marketing and use any means at their disposal to decrease the breastfeeding rate? Or is your role to protect the health and well being of mothers and infant/children? Caution and care is required here and some major shakeups in labelling and marketing restrictions and certainly a more long term approach to the increasing experimentation on our population

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Warm regards