

PHAA submission: Proposal P274 – Minimum Age Labelling of Foods for Infants



Public Health Association
AUSTRALIA

**Public Health Association of Australia
submission on
Submission: Proposal P274 – Minimum Age
Labelling of Foods for Infants**

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12 November 2013

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Dear Sir/Madam,

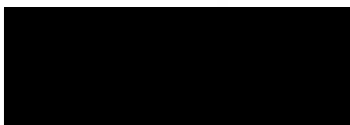
Call for submissions Proposal P274 – Minimum Age Labelling of Foods for Infants

Thank you for the opportunity to comment on the policy options paper regarding Proposal P274 – Minimum Age Labelling of Foods for Infants. The PHAA supports the proposed FSANZ approach to amend Standard 2.9.2 by varying the minimum reference age on infant food labelling to 'around six months'

Please find attached a submission from the Public Health Association of Australia (PHAA).

If you have any questions about the submission or need any further information, please do not hesitate to contact Michael Moore, CEO, PHAA, by phone on (02) 6285 2373 or by email at phaa@phaa.net.au

Yours sincerely,



CEO

Public Health Association of Australia

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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

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Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

This submission

The Public Health Association of Australia (PHAA) appreciates the opportunity to provide comment on Proposal P274 – Minimum Age Labelling of Foods for Infants.

Overview

The PHAA, supported by several PHAA policy statements^{i,ii,iii} relevant to minimum age labelling of foods for infants supports the proposed FSANZ approach to amend Standard 2.9.2 by varying the minimum reference age on infant food labelling to ‘around six months’. This change reflects and reinforces the continued recommendation in Australia for exclusive breastfeeding until around 6 months of age, a position also consistent with World Health Organisation (WHO) recommendations. Further, the PHAA suggests additional issues that have arisen since 2008 and should be considered in the labelling of foods for infants, to continue to protect the health and safety of infants.

Nutrition during the early years of life provides a critical foundation for a lifetime’s health. The PHAA affirms that breastfeeding is the optimum, natural and most healthy way of feeding infantsⁱ and notes the WHO states that ‘breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants’. The health risks of not breastfeeding include increased risk of acute ear infection, eczema, gastrointestinal infection, asthma, childhood obesity, Type 2 diabetes mellitus some leukaemia and sudden unexplained infant deaths^{iv}.

Exclusive breastfeeding means no other food or fluids (including water). In Australia, only 15% of infants continue to be exclusively breastfed at 5 months of age suggesting the majority of Australian infants do not achieve current recommendations. The current minimum age labelling of infant foods (i.e. from 4 months) in Australia contributes to undermining exclusive breastfeeding by the very existence of such products that are labelled and marketed as suitable “from 4 months”.

In Australia, it is recommended that infants are exclusively breastfed until around 6 months of age when solid foods are introduced and that breastfeeding is continued until 12 months of age and beyond for as long as the mother and child desire. The PHAA notes the evidence around the timing of introduction of

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solid foods is not conclusive and continues to emerge. However, in consideration of all available evidence in their most recent reviews, both the NHMRC^v and FSANZ^{vi} have concluded that the timing of ‘around 6 months’ for introduction of solid foods for infants as an appropriate age to have minimal effect on the risk of adverse health outcomes^{vi}. Given the delay in progressing Proposal P274 largely around this issue, it is now urgent that the minimum reference age on infant foods be labelled ‘around 6 months’.

It is important that consumers are given clear, concise and consistent messages on feeding infants and PHAA notes that health workers have an invaluable role to support mothers achieve these recommendations^{iv}. However, it is reasonable to suggest that the majority of parents have far greater exposure to food labels and associated marketing of infant food products than they do health worker driven education. Changing infant food labels to reflect national recommendations provides consistent messaging to parents, reduces consumer confusion, facilitates evidence based message exposure to Australian families and importantly reinforces caregiver education.

Currently in Australia the mean age for introducing solid foods is 4.7 months, despite the recommendation being *around* 6 months since 2003^{vii}. Data shows population sub groups most likely to introduce solids before 4 months of age were very young mothers, first-time mothers, mothers with lower levels of education and mothers speaking languages other than English^{viii}.

Food labelling of food products available in Australia needs to support public health efforts to improve health in Australia, as it is the Australian society, tax payer and health system that carries the burden of these sub optimal practices. Industry concern regarding harmonisation with international labelling of infant foods should not be prioritised over the protection and promotion of public health.

Position Summary

The PHAA is in support of the proposed amendments to the minimum age labelling of foods for infants and makes the following recommendations:

- The definition of ‘*first foods*’ be amended to include the word ‘*complementary*’ to reiterate the continuation of breast or infant formula feeding
- The use of age/number 6 should be prohibited on infant food labels, other than in conjunction with the word ‘*around*’
- Products suitable as ‘*first foods*,’ as based on the proposed definition, should be clearly labelled and differentiated from other infant food products suitable for later stages of weaning

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- ‘*Not before 4 months*’ warnings should extend to include rusks and other infant finger foods, currently marketed and sold to infants older than *around* 6 months
- Infant foods which contain any added sugars or salt should display a front of package label such as ‘sweetened’, ‘added sugar’ or ‘added salt’
- Food pouches which are becoming increasingly popular, require additional warning labels

Response to specific questions

4.1.1.2

1: Concept and definition of food

Is the concept and definition of first food a useful way to apply certain labelling and formulation requirements?

The concept of ‘*first food*’ is a useful way to apply certain labelling and formulation requirements of infant food and is consistent with terminology by the NHMRC. The PHAA recommends that the term ‘*complementary*’ be added to the proposed definition such that it reads: *a first food is a complementary food for infants that is intended for use in the first stage of weaning an infant*; to ensure that it is reiterated that ‘*first foods*’ are intended to complement breast and infant formula feeding of infants at this stage.

2: Is the definition of ‘first food’ enforceable?

Yes, the definition of ‘*first food*’ is enforceable and makes implicit that foods intended for this purpose will be of consistency and texture as appropriate by the given definition.

4.1.1.3:

Use of age/number 6

Should the use of the age/number 6 on labels of infant food be prohibited, other than in conjunction with the word ‘around’? Please explain your view?

The use of the age/number 6 on labels of infant food should be prohibited other than in conjunction with the word *around*. Products suitable as ‘*first foods*’ as based on the proposed definition, should also be clearly labelled and differentiated from other infant foods suitable for later stages of weaning.

Given mandated stage labelling is not proposed, manufacturers can voluntarily develop and use their own stage-based labelling system. Without prohibiting the use of “6” on labels, manufacturers could develop

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systems that include “6” thus creating consumer confusion and increasing the risk of potential harm to infants by consumption of non-recommended foods or foods of inappropriate texture.

Ensuring consumers are able to clearly identify products of appropriate texture and consistency is important however simply prohibiting the use of the age/number 6 on infant food labels other than in conjunction with the word *around* is not likely to sufficiently achieve this.

Currently infant food products labelled “6+ months” are of varying textures and consistency making some suitable as ‘*first foods*’ as based on the proposed definition, while others are suitable for later stages of weaning. Under the current proposed amendments these products could be relabelled as “around 6+ months” which provides no further clarification about the appropriateness of the product as a ‘*first food*’ and may contribute to further consumer confusion about the appropriateness of the product.

The PHAA proposes mandating the use of ‘*suitable first food*’ or similar words, in conjunction with ‘*around 6 months*’, to indicate to consumers foods of a suitable texture and consistency for the first stage of weaning without implying that this food must be used as the first food.

4.1.2

1: Changes to wording of warning statements

Do the changes to the wording of the warning statements change the intent of these statements? If so, please explain why.

Changing of the warning statement does not change the intent of the statement.

2: Not before 4 months of age

Should the ‘not before 4 months of age’ statement apply only to first food represented for infants ‘around 6 months’ of age? If not, please describe which foods should carry this warning statement and the reasons why.

The warning statement ‘*not before 4 months*’ should not only apply to ‘*first foods*’, but should also be applied to:

- Infant rusks, finger foods and other similar products, which may not comply with ‘*first foods*’ by definition but are commonly given to young infants
- Infant foods which are packaged in food pouches; food pouches give consumers the impression that they are a suitable first food for infants due to the presumed texture and consistency of the product.

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Food pouches are becoming an increasingly prevalent package for infant foods. Food pouches are commonly used unsupervised and as a feeding vessel. The hard nozzle can cause damage to soft gums and teeth, the caps could be considered a choking risk and frequent use as a feeding tool is likely to influence the development of age appropriate chewing and biting. Further to this food in pouches, when fed directly from the pouch, has the potential to cause dental caries or choking due to the large amounts that can easily and quickly be dispensed into an infant's mouth. Further research is required, however the PHAA suggests any foods packaged in pouches require the 'not before 4 months of age' warning.

4.1.3:

1: Front of Pack Minimum Age

Is it important for minimum age to be always displayed on the front of a product? Please give your reasons. If not, are there any other labelling measures that should be mandated?

It is important for the minimum age to always be displayed on the front of a product to ensure consumers have a quick point of reference regarding the suitability of a product that is clear, concise and consistent between products. Any voluntarily staged based labelling of products should not mask, dominate or disguise minimum age labelling, which should be prominently labelled and similarly positioned on the front of packages (e.g. top left corner).

The PHAA suggests that infant foods which contain any added sugars or salt display a front of package label such as 'sweetened', 'added sugar' or 'added salt' to assist consumers make informed choices regarding infant feeding practices which are consistent with current recommendations. The addition of sugar or honey (sterilised) to infant foods is in contradiction with the current NHMRC Infant Feeding Guidelines which states honey or sugar should not be added to infant food as it increases the risk of dental caries^{iv}. A recent study of commercial infant foods in the UK showed, of 479 commercial infant foods analysed, 65% were sweetened^{ix}. ^x. Similarly the addition of salt to infant foods is in contradiction with the current NHMRC Infant Feeding Guidelines which states that salt should not be added to infant food and is considered an important safety risk as immature kidneys are unable to excrete salt^{iv}.

2. Reducing Caregiver Confusion

Will the removal of the association between the relevant minimum age statement and the under 4-month warning statement reduce the risk of caregiver confusion on the age of introducing solid foods?

The PHAA supports the proposal to remove the 'not before 4 months' warning in association with the 'around 6 months' statement will assist to reinforce health messages about when to introduce 'first foods'

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to infants as consistent with current recommendations^{iv}. However, whilst FSANZ proposes to mandate the minimum age statement to be always placed on the front of the label the PHAA disagrees that the warning statement placement should be left to manufacturer's discretion. The PHAA would support FSANZ mandating placement of the warning label to ensure reduction in consumer confusion.

4.1.4:

Additional Labelling Proposal

The PHAA suggests that in addition to '*not before 4 months*' warnings, foods packaged in food pouches should display additional warnings due to the following perceived risks which are in contradiction to FSANZ objective for health and safety:

- Frequent feeding of infants from food pouches may fail to promote development of motor skills such as age appropriate biting and chewing, clearing a spoon with lips and texture transition ^{iv}
- The hard plastic feeding nozzle on food pouches may cause damage to soft gums and teeth
- Use of food pouches may promote unsupervised feeding of infants which is a serious safety risk and not consistent with current NHMRC Infant Feeding Guidelines ^{iv}
- Many food pouches are secured with small plastic caps which pose a choking risk

In light of these concerns the PHAA proposes that food pouches:

- Are not recommended as a package for a '*first food*' and must display '*not before 4 months*' warning
- Contain warnings regarding supervising feeding and/or choking risk
- Are required to be fitted with larger style caps to reduce the risk of choking
- Contain a recommendation that pouches are designed for serving convenience, rather than intended as a feeding device

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References

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- ⁱ Public Health Association of Australia (2013). Breastfeeding Policy. Women's Health Special Interest Group, www.phaa.net.au
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- ^{iv} National Health and Medical Research Council (2012). Infant Feeding Guidelines. Canberra: National Health and Medical Research Council
- ^v National Health and Medical Research Council (2012). Literature Review: Infant Feeding Guidelines Canberra: National Health and Medical Research Council.
- ^{vi} Food Standards Australia New Zealand (2013). Risk Assessment – Proposal P274 Review of Minimum Age Labelling of Foods for Infants. Canberra: Food Standards Australia New Zealand.
- ^{vii} National Health and Medical Research Council (2003). Infant Feeding Guidelines. Canberra: National Health and Medical Research Council.
- ^{viii} Australian Institute of Health and Welfare (2011). 2010 Australian National Infant Feeding Survey: Indicator Results. Canberra: Australian Institute of Health and Welfare
- ^{ix} García A RS, Parrett A, Wright CM (2013). Nutritional content of infant commercial weaning foods in the UK. Arch Dis Child.
- ^x García A RS, Parrett A, Wright CM (2013). Nutritional content of infant commercial weaning foods in the UK. Arch Dis Child.