

## **Submission on Proposal P274 – Minimum Age Labelling of Foods for Infants**

**To:** Food Standards Australia New Zealand

**Details of Submitter:** Otago Breastfeeding Network

**Address for service:** Dunedin Breastfeeding Network

c/- [REDACTED]  
Breastfeeding Peer Counsellor Programme Coordinator  
5c 300 Princes St  
Dunedin 9016  
NEW ZEALAND  
[REDACTED]

### **Introduction**

This submission is presented by the Otago Breastfeeding Network, which is a collaboration of the Dunedin, Central Otago and Wakatipu Breastfeeding Networks (South Island, New Zealand). Memberships of these networks consists of organisations and individuals who collaborate and support projects and programmes that protect, promote and support breastfeeding in line with policies developed by the World Health Organisation and UNICEF<sup>1</sup>. Members include (but are not limited to) Royal New Zealand Plunket Society (Inc), Catholic Social Services, La Leche League, Southern District Health Board, Southern Primary Health Organisation, The Breast Room, the Breastfeeding Peer Counsellor Programme, lactation consultants and lead maternity carers.

### **General Comment**

The Otago Breastfeeding Network congratulates Food Standards Australia New Zealand (FSANZ) on calling for submissions on a proposal to amend minimum age labelling requirements for infant foods from "four months" to "around six months" to be consistent with national and international guidelines.

Optimal nutrition is of significant importance in the first two years of an infant's life, during which time there is a momentous shift in their diet, moving from a diet consisting entirely of milk (breast milk and/or infant formula) to one consisting of a variety of foods. Optimal nutrition has a greater importance during this stage of life than any other because of its effect on brain growth, the development of the nervous system, overall growth and development, and future health.<sup>2</sup>

Before complementary foods are introduced, the infant must be physically and physiologically ready to chew, swallow and digest such foods. Once the infant is "around six months of age", these changes have occurred to make an infant ready for complementary foods. There are many documented risks associated with introducing complementary foods too early, including eczema, childhood asthma and food allergies, respiratory disease, diarrhoea and dehydration.<sup>3</sup> Ensuring

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<sup>1</sup> WHO-UNICEF. 2003. *Global Strategy for Infant and Young Child Feeding*. Geneva: World Health Organization

<sup>2</sup> Ministry of Health. 2008. *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0–2): A background paper (4th ed) – Partially Revised December 2012*. Wellington: Ministry of Health.

<sup>3</sup> *ibid*

infants are started on complementary foods at around six months will significantly reduce those risks.

The information on food labels needs to be consistent with current infant feeding guidelines. The *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2)* recommend for the total New Zealand population that infants be fed exclusively on breast milk to around six months of age, at which time complementary foods can be introduced with continued breastfeeding until the infant is at least one year of age, or beyond.<sup>4</sup> This recommendation also takes account of the Global Strategy for Infant and Young Child Feeding<sup>1</sup>.

The World Health Organisation recommends exclusive breastfeeding “for the child's first six months to achieve optimal growth, development and health”<sup>5</sup>. There are numerous long term health benefits for mothers and their babies from exclusive breastfeeding. “Children never breastfed or those breastfed for less than 12 months are at greater risk for diabetes mellitus (Type 1 and Type 2), lymphoma, Hodgkins Disease, overweight and obesity, and celiac disease and other inflammatory bowel disorders”<sup>6</sup>.

### **Specific Comment**

The Otago Breastfeeding Network supports the labelling requirements of ‘around six months’. We recommend that any mention of four months should be in smaller letters (this would be consistent with the ‘breast is best’ message size on tins of infant formula). Furthermore we are supportive of the fact that the warning statement is no longer required to be placed ‘in association with’ the age statement as we see a potential risk that parents will consider that complementary feeding after the age of four months is acceptable. We recommend that it is a requirement that this warning statement be completely separated from the age statement, in order to minimise potential confusion. The requirement to place the minimum age on the front of the infant food provides a mechanism to separate these messages.

We also support the recommendation around mandatory first stage labelling. We believe the statement ‘around six months’ should be accompanied with wording to the effect that this is intended as a first complementary food for the infant. We endorse the proposed consequential amendment relating to the requirement that a ‘first food’ has a soft and smooth consistency.

### **Conclusion**

The Otago Breastfeeding Network considers it important that these changes will provide consistency between the respective infant feeding recommendations in New Zealand and Australia. This will be supportive of breastfeeding and infant health promotion and be in line with international recommendations. Caregivers will have consistent messages about when to introduce a first complementary food and greater clarity about what recommended first foods should be.

**Signed:**

A large black rectangular box redacting the signature of the person representing the Otago Breastfeeding Network.

<sup>4</sup> ibid

<sup>5</sup> [http://www.who.int/mediacentre/news/statements/2011/breastfeeding\\_20110115/en/index.html](http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/index.html)

<sup>6</sup> Ip et al., 2007; Ip et al., 2009 as cited in Mohrbacher, N. (2010). *Breastfeeding Answers Made Simple*. Hale Publishing Company: Texas, USA (p.177)