



Submission on

## Proposal P274 – Minimum Age Labelling of Foods for Infants

**Submission to:** Food Standards Australia New Zealand  
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## Introduction

Women's Health Action is a women's health promotion, information and consumer advisory service. We are a non-government organisation that works with health professionals, policy makers and other not for profit organisations to influence and inform health policy and service delivery for women. Women's Health Action, which grew out of Fertility Action, founded by women's health activist Sandra Coney is in its 29<sup>th</sup> year of operation and remains on the forefront of women's health in Aotearoa New Zealand. We are highly regarded as leaders in the provision of quality, evidence-based consumer-focused information and advice to ensure health policy and service delivery meets the needs of diverse women, and has intended and equitable outcomes. We provide:

- Expertise in the development of high-quality health consumer information resources.
- Consumer representation and women's health perspectives in a range of consultations, working parties and health service reviews.
- Extensive networks in the public health and not-for-profit sector. We coordinate regional networks in breastfeeding, eating disorder services and family violence.
- Discussion forums, seminars and presentations on women's health, public health and gender issues
- Evidence-based analysis and advice to health providers, NGOs and DHBs, the Ministry of Health, and other public agencies on women's health (including screening), public health, gender and consumer issues including a focus on reducing inequalities particularly for Maori women.
- A range of breastfeeding promotion activities which connects us with young women, their families, and communities.

This submission is informed by our extensive background in maternal and child health promotion and policy analysis and through our knowledge and understanding of the spirit and intent of the International Code of Marketing of Breast-milk Substitutes and the New Zealand Ministry of Health, Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2): A Background Paper, (2008).

**Please note** that in addition to the views of Women's Health Action, aspects of this submission represent the views of wider networks with whom we are involved with including:

- Health Professionals (including midwives and lactation consultants)
- Parents and caregivers
- Tamariki Ora providers (Including Māori and Pacific Providers)
- Public health and not-for-profit sector
- Breastfeeding support services

## Summary:

Women's Health Action consider that the review of the minimum age labelling of foods for infants is necessary and timely to ensure consumer safety and confidence, and to ensure the activities of the industry do not undermine activities towards the protection, promotion and support of appropriate infant and young child feeding. We strongly support the Food Standards Australia New Zealand proposal to increase the youngest minimum age labelling requirements for infant foods in Standard 2.9.2. The following submission presents our perspectives on the questions posed in 'Supporting document 2'

### 4.1.1.2 Food intended as a first food

- A) Is the concept and definition of first food a useful way to apply certain labelling and formulation requirements?** *No - Whilst we feel that it is important to include relevant definitions in standards we prefer the use of the term 'Complementary Foods' **Complementary foods:** any food, whether manufactured or locally prepared, suitable as a complement to breast milk or to a breast-milk substitute, when either becomes insufficient to satisfy the nutritional needs of the child.<sup>i</sup>*
- B) Is the definition of 'first food' enforceable?** *As above we do not agree with the use of the term 'first food' and suggest using the term 'Complementary foods'*

### 4.1.1.3 Impact of labelling on other infant food:

- A) 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:** No: Women's Health Action supports the World Health Organisation's recommendation for optimal infant and young child feeding including that infants should be exclusively breastfed for the first 6 months of life to achieve optimal growth, development and health, and thereafter, they should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to 2 years or beyond.*

### 4.1.2 Mandatory advisory statements

- A) Do the changes to the wording of the warning statements change the intent of these statements? If so, please explain why.** *No*
- B) Should the 'not before 4 months of age' statement apply to food represented for infants 'around 6 months' of age only? If not, please describe which foods should carry this warning statement and the reasons why.** *No: Women's Health Action **does not** support the use of the 'not before 4 months of age' warning statement. We feel that a continued reference to 4 months anywhere on infant food labelling would continue to confuse consumers and undermine the 'around 6 months' recommendation.*

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<sup>i</sup> Strengthening action to improve feeding of infants and young children 6-23 months of age in nutrition and child health programmes: report of proceedings, Geneva, 6-9 October 2008.

#### 4.1.3 Location of mandatory statements on infant food labels

- A) **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?** *As above Women's Health Action **does not** support the use of the 'not before 4 months of age' warning statement. We feel that a continued reference to 4 months anywhere on infant food labelling would continue to confuse consumers and undermine the 'around 6 months' recommendation. We suggest wording to the effect of "Early introduction of Complementary foods is associated with a number of risks, please talk to your well child provider for more information"*
- B) **Will the removal of the association between the relevant minimum age statement and the 4-month warning statement reduce the risk of caregiver confusion on the age of introducing solid foods? Yes**

#### Conclusion

In addition to the above comments Women's Health Action and our stakeholders involved in this consultation believe that increasing the youngest minimum age labelling requirements for infant foods in Standard 2.9.2 to reflect the World Health Organisation's recommendation for optimal infant and young child feeding will strengthen adherence to Section 18 of the Food Standards Australia New Zealand Act 1991 (FSANZ Act) by supporting:

1. The protection of public health and safety;
2. The provision of adequate information relating to food to enable consumers to make informed choices; and
3. The prevention of misleading or deceptive conduct.

We support the overarching goal of this proposal to address problems with the current labeling requirements and mandatory advisory statements, as well as providing clarity in areas of regulatory uncertainty as to the intent of the relevant standards.

Thank you again for the opportunity to comment on the Proposal P274 – Minimum Age Labelling of Foods for Infants