Proposal P274

Minimum age labelling of foods for infants

Submission to Food Standards Australia New Zealand (FSANZ) November 2013

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P274: Minimum age labelling of infant foods

I support the FSANZ proposal to revise the labelling on baby food previously marketed as being suitable for the age range of 4-6 months. This revision, to remove the misleading 4 months statement, is long overdue.

- **Information on all commercially produced foods marketed as suitable for infants (and young children) should be consistent with optimal feeding guidelines.**

The World Health Organisation's global optimal infant and young child guidelines are still based on the current best available evidence and these guidelines inform the New Zealand Ministry of Health's recommendations. The World Health Organisation's global public health recommendations are for infants to be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, infants should be given nutritious, safe and appropriate complementary foods and continue breastfeeding up to the age of two years or beyond.

Labelling of baby foods as suitable from four months has encouraged the introduction of solid foods before the majority of babies are developmentally ready to eat family foods. It has also compromised both exclusive breastfeeding and breastfeeding continuance.

- **Information on all commercially produced foods marketed as suitable for infants (and young children) should be considered only in the context of consumer safety, health and well-being.**

The reasons for considering the relabeling of infant foods – previously marketed as suitable for four to six months of age – should lie firmly in the interests of infant health, development and well-being. It is inappropriate to be concerned with industry's attempts to either prevent or slow down the implementation of these changes due to the claim of loss of profit or financial hardship. This is a multi-million dollar industry concerned only with their responsibilities to shareholders. At a time when we are concerned at the rising rates of ill-health there is an ethical responsibility to put the interests of vulnerable infants at the forefront of any discussions. Industry funded research has also attempted to cast doubts on such issues as timing of introduction of gluten into the infant diet and suggested that exclusive breastfeeding for six months represents a 'risk' factor. There has been no convincing argument or evidence to support these claims. Interestingly an independent systematic

review found that the continuation of breastfeeding while gluten is introduced into the infant diet represents a means of reducing the incidence of coeliac disease. Breastfeeding at the time of gluten introduction was found to be the most significant variable in reducing the risk. [1]

- **Misleading labels of all kinds, 4-6 month age range, as well as health claims, should be removed from all foods marketed for infants.**

The use of health claims, as well as age range labelling, represent marketing tools with the sole aim of persuading parents and others to purchase these products. These misleading messages make no contribution to health but instead they undermine health because they are part of the reason why mothers reduce or cease their breastfeeding and introduce other foods too early.

Questions for submitters

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

'First foods' is not a useful way to describe what would be better known as 'complementary foods' to reduce any existing confusion. The World Health Organisation in 2002 suggested that immediate global action should to be taken by governments and international partners to reach agreement on common definitions and indicators for appropriate complementary feeding. [2] Complementary feeding means giving other foods in addition to breast milk (or in the absence of breastfeeding, a suitable breast-milk substitute). This gradual shift from breast milk to solid foods is a transition period that begins when an infant reaches around six months of age and continues until the age of two years or more.

Q: Is the definition of first food enforceable?

The definition should be changed to complementary foods (as above). In regards to complementary feeding, all concerned parties should adhere to the provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent, relevant World Health Assembly resolutions. Governments have a responsibility to monitor and enforce the Code, to provide education about optimal infant feeding and to produce up to date and evidence based guidelines. Consumers International in 2012 called on the WHO to assist countries to end the inappropriate promotion of commercial complementary foods for infants and young children (WHA 63.23).

Q: 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.

It is not necessary to prohibit the use of the number six to describe appropriate complementary foods for infants. The global guidelines for infant feeding state infants should be exclusively breastfed for the first six 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 two years or beyond. The reasons for labelling are related to national and professional policies and regulations such as baby food labels, rather than an erroneously perceived (or industry promoted) 'danger' of starting complementary foods 'too late'. Given that the infant developmental readiness for starting complementary foods represents a biological variable, as in a Bell shaped curve, many infants may be developmentally ready *after* than before six months. (This makes any reference to four months on labels even more inappropriate). Recent evidence to add to the studies used by the WHO to inform the Global Strategy for Infant and Young Child Feeding, provide evidence to show that six months of exclusive breastfeeding provides adequate energy intake and normal infant growth. [3] Wells et al., also found that exclusive breastfeeding to age six months did not compromise infant growth or body composition and energy intake at age six months was comparable to that in complementary fed infants. [4] Appropriate labelling will assist with the protection and support of breastfeeding, alongside a reduction in the numbers of infants introduced to complementary foods too early.

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

No they do not.

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

The statement 'not before 4 months of age' should no longer be allowed on any commercial infant foods. It represents a misleading statement that will confuse parents, undermine the optimal infant feeding guidelines and reduce breastfeeding.

Q: 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?

The minimum age, as in the 'not before 4 months of age' statement should no longer be permitted. A replacement for this misleading statement could be one that simply alerts parents to the risks of early introduction of complementary foods with a suggestion that information may be accessed from a Well Child Nurse.

Q: 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?

Yes it will.

Thank you for the opportunity to comment on the proposed changes to the labelling of foods for infants.

I strongly support proposal P274 to increase the minimal age labelling of infant foods and congratulate FSANZ on this proposal.

Carol Bartle

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[1] Henrikkson, C., Bostrom, A. M., Wiklund, I. E. (2013). What effect does breastfeeding have on coeliac disease? A systematic review update. *Evidence Based Medicine,* 18,(3):98-103.

[2] World Health Organisation. (2002). *Complementary feeding: Report of the global consultation: Summary of guiding principles for complementary feeding*. Geneva, WHO.

[3] Nielson, S. B., Reilly, J. J., Fewtrell, M. S., Eaton, S., Grinham, J., & Wells, J. C. K. (2011). Adequacy of milk intake during exclusive breastfeeding: A longitudinal study. *Pediatrics*, doi: 10.1542/peds.2011-0914.

[4] Wells, J. C. K., Jonsdottir, O. H., Hibberd, P. L., Fewtrell, M. S., Thorsdottir, I., Eaton, S., Lucas, A., Gunnlaugsson, G., & Kleinman, R. E. (2012). RCT of 4 compared with 6 months of exclusive breastfeeding in Iceland: Differences in breast-milk intake by stable-isotope probe. *The American Journal of Clinical Nutrition*, 96, (1):73-79.