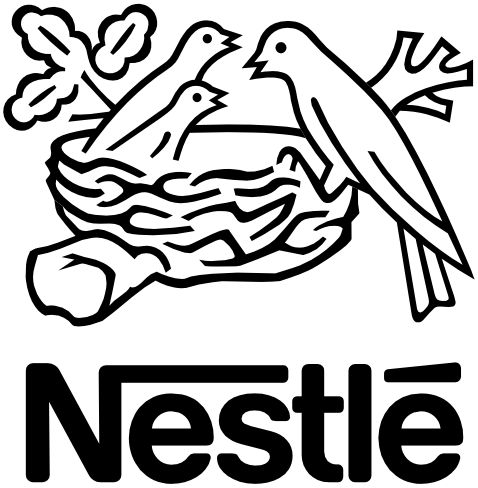

Nestlé Submission

Proposal 274:
Minimum Age Labelling of Foods for Infants

12 November 2013

Nestlé Submission

P274 – Minimum Age Labeling of Foods for Infants

This submission is made on behalf of Nestlé Australia Ltd and Nestlé New Zealand Limited.

Nestlé is a manufacturer and importer of a wide variety of foods for the Australian and New Zealand markets and is globally one of the largest food manufacturers. Nestlé currently imports and markets infant food products which are regulated in section 2.9.2 of the Australia New Zealand Food Standards Code ('the Code'). Nestlé is globally also one of the largest manufacturers of infant foods and well placed to make comment on matters of infant nutrition.

Nestlé welcomes the opportunity to provide comments on Proposal 274 – Minimum Age Labelling of Foods for Infants.

Nestlé SUPPORTS the Regulatory Option to **maintain the STATUS QUO.**

Executive Summary

Nestlé supports maintaining the status quo for the following reasons:

- We believe that breast milk is the best food for infants.
- We support optimal breastfeeding and adequate introduction of nutritious complementary foods when the child is developmentally ready.
- We welcome the consultative efforts of the national health authorities to determine the best nutrition advice for Australian and New Zealand infants. We will continue to comply with national regulations.
- It is important that health recommendations and regulations focus on the best interest of the child and be based on state-of-the art scientific evidence.
- Determining the appropriate age of introduction of complementary foods should be based on both robust scientific evidence and the developmental readiness of each individual child. Public health education messages should enable carers to assess the readiness of their child to consume those foods.
- There is an accumulating body of scientific evidence in favour of introducing complementary foods during the 4-6 months of age window of opportunity, as a means of reducing the risk of food allergies and micronutrient deficiencies. This is consistent with FSC 2.9.2 regulation as well as EU regulation, with national and international scientific bodies such as EFSA (2009), ESPGHAN, American Academy of Paediatrics also in alignment. This evidence has been confirmed in recent Australian studies.
- There is a potential nutritional deficiency risk (e.g. iron) with delayed (> 6 months) introduction of complementary foods such as iron-fortified cereal.
- Any potential changes in present regulation should carefully assess the risk of undermining product availability by introducing trade barriers that would hinder product innovation and renovation as well as unnecessary industry costs associated with label changes and re-formulations.

The proposed regulatory change needs to take into consideration the impact of regulation on the health of infants, on infant foods' suitability, nutrition and affordability, as well the costs and restrictions imposed on industry and consumers.

The comments to the specific questions in Attachment 2 of SD2 are also provided.

Introduction

Breast milk is the best nutrition for infants. Nestlé fully supports this and believes that continued breastfeeding during the introduction of complementary foods is very important for public health.

Nestlé has been independently recognised as having robust systems in place to responsibly market breast milk substitutes. Indeed, Nestlé is the first, and continues to be the only, infant formula company to meet FTSE4Good Breast Milk Substitutes Marketing criteria. FTSE4Good is the FTSE Group's responsible investment index.

In 152 countries which are considered to be higher risk in terms of infant mortality and malnutrition, Nestlé follows a very stringent policy drawn from either the WHO Code or national regulations, whichever is stricter, and thereby Nestlé supports the introduction of safe and appropriate complementary foods at six months in these higher risk markets.

In lower risk countries (such as Australia, New Zealand, Europe and USA), Nestlé complies with all applicable laws and regulations related to the time of introduction of complementary foods.

In these lower risk countries, where food and water supply is safer and education of carers is significantly more comprehensive than in higher risk countries, it is relevant to consider the emerging evidence related to the potential benefits for infants of earlier introduction of complementary foods, that is, introduction before 6 months but not before 4 months.

Nestlé supports the principle that the development of regulatory requirements should be based on risk analysis using the best available scientific evidence, to assess potential health and safety risks and to achieve the best possible health outcome.

The age of introduction of first complementary foods is highly debated amongst health professionals, with no clear and unified position. Until relatively recently, this has been an area of limited research and hence limited evidence-based recommendations have existed. As such, at this point in time, for lower risk countries, there is no conclusive scientific rationale as a driver for regulatory change; rather, the evolving science is indicating potential benefits for earlier introduction of complementary foods. This is described by EFSA, ESPGHAN, ASCIA, and the American Academy of Paediatrics.

Our view that the status quo should be maintained is supported by:

[1] Potential allergy risk and potential nutritional deficiency risk with delayed introduction of complementary foods

The consultation paper states that when Proposal P274 recommenced in 2013, FSANZ reviewed research literature from 2008, with the main purpose of the risk assessment to consider risks to an infant's health and safety that would be linked to the introduction of solid food at 'around 6 months', as compared to 'from 4 months' of age. General health factors associated with introducing complementary foods to infants, including the risk of allergies, were considered.

- **Potential allergy risk with delayed introduction of foods:**

The consultation paper acknowledges that there is increasing evidence that the timing of complementary food introduction may be related to a decreased risk of food-related allergy, and that the critical period to minimise the risk seems to be between the ages of 4 and 7 months. Currently the evidence is not conclusive, and it is known that several randomised trials are currently underway on this topic (Metcalfe 2013).

In the absence of conclusive evidence, it is important to note that potential benefits of early introduction may be missed.

Wheat introduction and its timing is a key consideration. The EFSA report concludes that gluten

containing foods be introduced *"…**not later** than 6 months of age"* due to the potential elevated risk for coeliac disease and Type I diabetes mellitus." (EFSA, 2009)

With the proposed change to "around 6 months", a situation is facilitated where – if a parent closely follows the FSANZ proposal – the introduction of gluten containing foods will almost certainly occur after 6 months of age. The reasons for this are:

- FSANZ research has shown that "around 6 months" can *"mean 2-3 weeks either side of 6 months…and that complementary foods should not be delayed later than 7 months"* (SD2, p14).
- The usual solid foods introduced in an Australian context usually include rice cereal, fruit, and vegetables, before gluten containing foods are introduced. Indeed, the NHMRC Infant Feeding Guidelines (2013) state examples of first foods to *be "fortified cereals (e.g. – rice), vegetables (e.g. – legumes, soy beans, lentils), fish, liver, meat and poultry, cooked plain tofu"* (NHMRC 2013, p88). Gluten containing foods such as wheat, bread, pasta are not amongst "first foods" but rather listed amongst *"other nutritious foods to be introduced before 12 months"* (p88). Thus if a parent waits until 6 months, or even a few weeks later, before starting complementary foods, then follows the recommended first foods, they will most likely delay feeding their baby gluten containing foods until considerably later than 6 months of age.

FSANZ identified (in SD1 – Attachment 1, p13) this important aspect from both the 2009 EFSA report and the ESPGHAN review in 2008. Indeed, Attachment 1 is highly supportive of the status quo position when it is considered that the only three aspects of evidence that differ from a "4 months" position to a "6 months" position are:

- Allergy, atopic disease, and/or asthma – *"Yes, possible increased risk of allergy with introduction of solids outside the 4-6 month period"* (p13)
- Coeliac Disease and/or Type I diabetes mellitus – *"Yes, possible increased risk of allergy with delayed introduction of solids (i.e. later than 4-6 months)"* (p13)
- Nutritional adequacy – *"…some infants may require solid foods at 4-6 months for Fe and Zn sufficiency"* (p12)

It is important to note that infant food allergy is common in the Australian context, and a significant public health concern. A recent (Osborne, 2011) and robustly designed Australian study found that in excess of 10% of Australian infants had confirmed challenge-proven food allergy in a large (>2800 infants) and unselected Melbourne population. This prevalence is among the highest ever reported globally, and is in line with other atopic measures such as asthma and eczema which are comparatively higher in Australia (Osborne, 2011).

A number of recent studies help to inform the growing evidence base, particularly concerning the age of complementary foods introduction and allergy development. Importantly, there have been two large recent Australian studies - conducted and published subsequent to the NHMRC Literature Review (completed in 2010) - which informed the development of the 2013 Infant Feeding Guidelines. In the Victorian HealthNuts population-based study of over 2500 infants, the introduction of cooked egg between the ages of 4 and 6 months had a significant protective effect compared to later introduction (Koplin, 2010). More recently (Palmer, 2013) showed that early and regular egg exposure can reduce the incidence of egg allergy, although it is noted that these participants were a highly selected group who already had eczema.

Additionally, a recently published Australian review (Metcalfe, 2013) on the topic of allergy and complementary foods introduction noted eight on-going clinical trials globally, including three which are underway in Australia. One of these trials relates to Palmer 2013, while the other two are yet to be completed and published. It would appear prudent to await the results of these trials before making final determinations on this question, due to:

- As noted earlier, until recently very few studies existed upon which to base any evidence-based recommendations on this topic, meaning that it is anticipated these studies will make a significant contribution to the body of evidence;
- The two most recent Australian studies support early (4-6 months) rather than later (around 6 months) introduction of complementary foods;
- The three most recent reviews – all from 2013 - have all concluded that 4-6 months is the most appropriate time in developed countries (EAACI 2013; AAAAI 2013; Metcalfe 2013).

It is also relevant to note that allergy groups around the world are updating their recommendations on the age to introduce complementary foods.

- In October 2013, the American Academy of Paediatrics released a new position statement on primary prevention of allergic disease, which recommends that "*Complementary foods can be introduced between 4 and 6 months of age, when an infant is developmentally able to sit with support and has sufficient neck control*".
- In June 2013, the European Allergy group (EAACI) publicly released their new draft position on allergy prevention, which includes advice on the age of introducing of complementary foods; specifically "…*we recommend introducing complementary foods from 4-6 months of age according to standard local practices and the needs of the infant, irrespective of atopic heredity*" (p12).
- Both the American and the Europeans are in line with the current ASCIA (Australasian Society of Clinical Immunology and Allergy) recommendations, which were last updated in 2010.

- **Potential nutritional deficiency risk with delayed introduction of foods:**

There are issues with potential misinterpretation by consumers as to what "*Around 6 months"* really means. If complementary foods are introduced after 6 months and closer to 7 months, there are concerns around nutritional deficiency risks.

In a recent review, Przyrembel (2012) focused solely on the scientific evidence pertaining to developed countries (such as Australia and New Zealand), and concluded that *"Delaying the introduction of complementary food beyond the age of 26 weeks is associated with the risk of nutritional insufficiency, particularly in low-income populations, and such delays may be associated with an increased risk for disorders connected with the immune system*" (p18).

The most recent EFSA scientific opinion on nutrient requirements and dietary intakes of infants and young children in the European Union of October 2013 concludes that "*dietary intakes of ALA, DHA, iron, vitamin D and iodine (in some European countries) are low in infants and young children living in Europe*". The report also clarifies that "*fortified cereals and cereal-based foods, or the early introduction of meat and fish into complementary feeding and their continued regular consumption, are efficient alternatives to increase intakes of these nutrients*."(p.3)

The New Zealand Ministry of Health states that: "*Stores of iron and zinc are likely to be depleted **by** six months of age, so iron and zinc must be supplied by complementary food…Once an infant reaches six months of age, complementary feeding with solid foods that provide a source of iron is essential*".

One of the key nutrients in the first year of life is iron. The EFSA (2009) review on the appropriate age to introduce complementary foods notes that "*The need for dietary iron increases from about 4 months after depletion of the iron stores*" (p14), and that "*breast milk may not provide sufficient iron and zinc in some infants after the age of 4-6 months, and these infants require complementary foods*" (p25). Butte (2004) clearly shows that 98-99% of iron requirements need to come from complementary foods after 6 months if the infant continues to be breastfed. Iron deficiency is the most prevalent nutritional deficiency in the world (WHO) and its prevention is an important factor to consider with regards to this proposal. Iron-rich containing infant foods such as infant cereals being introduced earlier than "Around 6 months" can help counter this issue.

These risks need to considered in conjunction with the potential for consumer confusion. The assertion made in SD2 (page 14) that "around 6 months" means *"…that solids should not be delayed later than 7 months….This is in line with the intent of the current infant feeding recommendations"* is strongly disputed. At no place in the NHMRC Infant Feeding Guidelines is 7 months mentioned as an appropriate time to start complementary foods; further, the NHMRC attempted to define "around 6 months" in its draft document of 2011 as being between *"22-26 weeks",* which in effect means 5-6 months. Even the World Health Organization, in developing its recommendation on complementary foods (and with strong emphasis placed on conditions in developing countries), set a recommendation of introducing complementary foods *"…**at** 6 months".* Therefore, it could be argued that the proposal

by FSANZ is actually stricter than the WHO recommendation. Nestlé is not aware of any other regulation, recommendation, or guideline anywhere in the world that suggests that 'by 7 months' is an appropriate starting time for complementary foods. This ambiguity relating to the wording of 'around', and the extremely strict interpretation by FSANZ, is of concern as it does not appear to be the intention of the NHMRC Guidelines.

[2] No evidence of negative effect of complementary foods from 4 months in local context

Infants have been introduced to complementary foods in Australia and New Zealand from 4 months and before 6 months of age for many years with no evidence of market failure or negative health effects. It is also important to consider the individual circumstances, as infants will develop readiness for complementary foods at different speeds. Every child is different, and considerable emphasis should be placed on introduction of complementary foods when the child is ready from a developmental viewpoint.

The considered review on this question in Europe conducted by the 'EFSA Panel on Dietetic Products, Nutrition and Allergies' and published in 2009, is noted. The Panel's view supports the status quo of "from 4 months" as the minimum age for solids introduction – *"…the Panel concludes that the introduction of complementary food into the diet of healthy term infants in the EU between the age of 4 and 6 months is safe and does not pose a risk for adverse health effects (both in the short-term, including infections and retarded or excessive weight gain, and possible long-term effects such as allergy and obesity)."* (EFSA, 2009)

Clearly, there are no safety concerns with the current status quo position of introduction of complementary foods "from 4 months" as the earliest minimum age in a local context, as described above by EFSA 2009 and reinforced by Przyrembel 2012.

[3] Variation in child's readiness to eat complementary foods

Currently, many carers of infants introduce complementary foods earlier than 6 months of age. This is due likely to the individual developmental readiness of the infant.

The Australian NHMRC Infant Feeding Guidelines (2012) state: "*The 2010 Australian National Infant Feeding Survey reported a median age for introduction of solids of **4.7 months**…. The 2010 Australian National Infant Feeding Survey found that 35.3% of infants aged 4 months and 91.5% of those aged 6 months had received soft/semi-solid/solid food in the previous 24 hours. Other studies reported introduction of solids at a median age of 17.5 weeks in Perth and at a mean age of 4.3 months in Melbourne.*"

[4] Measures to minimise consumer confusion may not be sufficient

SD2 notes that the term 'around 6 months' of age allows for the introduction of complementary foods prior to 6 months if required to meet individual need. However, the same case could be made for introduction after 6 months. FSANZ's previous consumer research indicated that consumers view this statement to mean 2–3 weeks ***either side of*** 6 months. The proposed "around 6 months" can translate in practice to complementary foods being introduced later than 6 months (equivalent to > 26 weeks). As discussed earlier, the introduction of complementary foods after 6 months is linked to adverse health outcomes in developed countries such as Australia, New Zealand, Europe, and USA (Przyrembel 2012).

The recommended minimum reference age of '*around* 6 months'' may lead to confusion about what '*around*' 6 months means. It is possible that close to 7 months could be considered 'around' 6 months and could lead to infants not being introduced to complementary foods until later than 6 months. Leaving the current age references of From 4 months, 4-6 months or 4+ months is much clearer to the consumer. If a consumer interprets "Around 6 months" as being in the 6-7 month window, then potentially certain risks around deficiencies and allergies / coeliac disease / type I diabetes may exist (based on ESPGHAN 2008, EFSA 2009, Przyrembel 2012).

[5] Regulatory and Global precedence of key developed markets, and International Trade Barriers

EU Legislation (2006/125/EC) Processed cereal-based foods and baby foods for infants and young children states that labelling on these products must bear "the age from which the product may be used, which must not be less than four months".

Changes as proposed in P274 would create an inconsistency in key international benchmark regulations, where at present one does not exist.

Nestlé currently imports all its infant cereals from Europe. Inconsistency to key precedent regulations will lead to trade barriers.

Noting that the EU is seen as a regulatory benchmark by FSANZ, it is our view that the opinion of the EFSA Expert Panel, and indeed the current regulatory situation in the EU, should be considered as highly relevant to this review.

[6] Alignment to NHMRC and NZ Ministry of Health Guidelines

Nestlé understands the driver for regulatory change is to advocate consistency to local national infant feeding guidelines – NHMRC (for Australia) and NZ MoH (for New Zealand).

In doing so however, a misalignment will be created to international regulation, in particular Europe, which is a key benchmark regulation of importance.

There needs to be a balance between the advantages of alignment to local guidelines, and, the potential significant impacts of change. Inconsistencies and misalignment in other areas (such as NRVs, maximum storage time of infant formula, etc) already exist between AU and NZ guidelines yet have not all necessitated a change in regulation.

It is important to point out that both the NHMRC Guidelines and the WHO recommendations on the age of introducing complementary foods are population-based guidelines, whereas carers and indeed infants' health professionals need to make feeding decisions based on the circumstances of the individual infant. WHO recognises this and states – "*This recommendation applies to populations. The Expert Consultation recognizes that some mothers will be unable to, or choose not to, follow this recommendation*" (WHO, 2002). Clearly infants develop at different rates and some infants will be ready to start complementary foods well before 6 months. Australian data showing that 91% of infants had commenced complementary foods by 6 months supports this.

Generally, there is a difference between feeding guidelines and regulation, in that feeding guidelines may be worded flexibly to communicate the intent of the guidelines. Infant feeding guidelines are intended to ensure carers do not introduce complementary foods before 4 months, or after 6 months; on the other hand, regulations are more prescriptive, and rely on carers knowing that there is some flexibility on the age of introduction of complementary foods that sit behind the regulation. This flexibility cannot be reflected in regulation if labelling for minimum age is changed to 'Around 6 months'. It misleads the consumers into thinking 6 months is the minimum age, and doesn't allow manufacturers to communicate that from 4 to 6 months is also suitable for many infants in the local context. Carers want clear, unambiguous labelling in order to be confident that they are purchasing the correct product suitable for their infant. The proposed regulatory approach to amend the label to "Around 6 months" does not satisfy this need.

Conclusion

For all the reasons outlined above, Nestlé SUPPORTS the regulatory option to **maintain the STATUS QUO**.

The proposed regulatory change needs to balance and take full consideration of their impact on the health of infants, on infant foods' suitability, nutrition, and affordability, as well as on the restriction and costs imposed on industry and consumers.

In this instance, it is Nestlé's view that "Alignment to national guidelines" as a key driver for regulatory change, is not balanced against:

- An accumulating body of scientific evidence that suggests a potential window of opportunity to reduce allergic responses in infants by the introduction, not avoidance, of complementary foods, between 4 and 6 months of age;
- Potential risks of nutrient deficiency (such as iron) with delayed introduction of complementary foods such as iron-fortified cereals;
- Clear consumer understanding and flexibility to choose the right infant food to start introduction of complementary foods;
- The substantial industry costs associated with label changes and re-formulations in a clear absence of market failure;
- Consistency of FSC 2.9.2 regulation to the above mentioned accumulating body of scientific evidence, as well as EU regulation; and
- Potential trade barriers and therefore product availability and barriers to innovation and renovation.

Attachment 2

Questions for submitters

4.1.1.2 Food intended as a first food

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

The proposed definition of first food is -

"***first food*** *means a food for infants that is intended for use in the first stage of weaning an infant*."

Nestlé considers the concept of "first food" is easily understandable to the lay consumer, and can be applied to both the "From 4 months" (status quo) or proposed "Around 6 months" labelling, although the relevance is more pertinent for the proposed "Around 6 months".

Nestlé therefore **supports** the concept of first food as a useful way to apply certain labelling and formulation requirements. We consider however the definition could be amended - to include a link to texture/consistency appropriate for that minimum age introduction that is un-prescribed.

The rationale for this proposed amendment to the definition is linked to enforceability as well as optimised nutrition for the young infant and therefore is as outlined in the response to Q2 below.

2. Is the definition of 'first food' enforceable?

Potential Interpretative issues for consideration:

The proposed definition of "first food" is potentially subject to different interpretation.

On its own merit without consideration of texture, one will need to rely on an interpretation of what foods are intended for, and appropriate for, the initial weaning of an infant from an exclusively liquid diet, onto solid foods. What then defines an appropriate food for "weaning"?

In the absence of supplementary definitions for "weaning", we would look to other authoritative sources for interpretative guidance, and point out that there does exist inconsistencies. As an example, the NHMRC (2013) has a definition for weaning to include breast milk substitutes, which is clearly not the intention of being in scope of FSC 2.9.2:

> *Weaning* – The period during which an infant is introduced to breast milk substitute or solid foods, or both, with the intention of ceasing breastfeeding (this term should be used with care as in the literature, 'weaning', 'weaning foods' and 'weaned' are used in several different ways).

NZ MoH prefer the term "complementary feeding" instead of weaning.

For the definition of "First food" itself , the NHMRC states in Chapter 9 – "First foods should be iron-rich and an increasing range and quantity of foods should be introduced so that by 12 months the infant is consuming a wide variety of family foods".

Advice for parents

- As long as iron-rich foods are included in first foods, foods can be introduced in any order and at a rate that suits the infant.

Table 9.1: Developmental stages and examples of foods

Stage	Reflexes and skills	Examples of foods that can be consumed
Birth–6 months	**Suckling, sucking and swallowing**	**Breast milk**
First foods (from around 6 months)	Increased strength of suck Appearance of early chewing Movement of gag reflex from mid to posterior third of tongue	Fortified cereals (e.g. rice), vegetables (e.g. legumes, soy beans, lentils), fish, liver, meat and poultry, cooked plain tofu

Nestlé considers that appropriate "first foods" and the suitability of such for initial complementary foods introduction may be better defined if characterised by texture.

The rationale is as outlined below -

Texture -

If texture requirements are considered in conjunction with the definition of "first food", then Nestlé considers potentially it is enforceable. Typically, food texture and choking hazard is the principal consideration with respect to staging with respect to age introductions and helps better characterise the definition.

Nestlé however **does not** support the prescriptive nature of Clause 4A "*A first food must have a **soft and smooth** consistency*", and prefers the status quo in FSC 2.9.2 Clause 2 (5) – "*Food for infants intended for infants under the age of 6 months must be formulated and manufactured to a consistency that minimises the risk of choking This has been sufficient to date*

There is no precedence set (in key international regulations) for specifically prescribing texture/sensory aspects (i.e. *soft and smooth*) of the infant food, and there has been no evidence of market failure in this respect. ". Although to align to the "First food" concept, this clause will need to be appropriately re-worded.

4.1.1.3 Impact of labelling on other infant food:

1. 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.

Should the proposed "Around 6 months" minimum age labelling be implemented, Nestlé **does not** support a prohibition of the age/number 6 on labels of food, other than those designated first foods. The intent of "Around" is to allow the possibility of solid food introduction before 6 months of age. Amending the status quo of "From 4 months" should aim to consolidate the impact to the existing group of products on the marketplace labelled as such. By prohibiting the use of the age/number 6 on other labels of infant food would mean products in the "From 6 months" or "6+ months" category will be greatly impacted. These products are definitely suitable from 6 months of age, however not necessarily before 6 months.

Discussion in SD2 derives this proposal from issues around potential consumer concern. As a manufacturer, Nestlé considers that there are voluntary discretionary labelling elements we may place on the label so as to mitigate this concern, such as staging icons and perhaps even the use of "first foods" wording.

Maintaining the status quo (as supported by Nestlé) however, would eliminate this potential concern.

4.1.2 Mandatory advisory statements

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

Status quo:

Table 2: Warning statement requirements in Standard 2.9.2

Warning statement	Conditions
Not recommended for infants under the age of 4 months	Where the food is recommended for infants between the ages of 4–6 months
Not suitable for infants under the age of 6 months	Infant food contains more than of 3 g/100 kJ of protein

Proposed:

Table 3: Modified warning statement requirements in Standard 2.9.2

Warning statement	Conditions
Not before 4 months of age	Where the food is represented for infants 'around 6 months' of age
Not before 6 months of age	Infant food contains more than of 3 g/100 kJ of protein

Nestlé considers that from a regulatory viewpoint, the proposed changes above do not change the intent of these statements.

From a consumer and marketing viewpoint, however, the status quo is preferred and could be seen to read better for the consumer.

We are also concerned that in SD2, it is suggested that the current requirement to display the 'under 4 months' warning statement *in association with* the relevant minimum age is to be removed from Standard 2.9.2. Nestlé considers that the proposed statements above need a contextual basis to explain to the consumer what exactly is "*Not before x months of age*". Nestlé **supports the status quo** of requiring the association with the relevant minimum age and does not support the removal.

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

Yes – Nestlé considers the 'not before 4 months of age' statement should apply to food represented for infants 'around 6 months' of age only. First foods could potentially be introduced just before 6 months of age. Other infant foods do not require this mandated statement as the stage age labelling should be clear. This is also the current case in the marketplace, with no evidence to date that we are aware of relating to market failure with respect to – for example, choking hazards, as evidenced by consumer care lines.

Maintaining the status quo (as supported by Nestlé) however, would eliminate this potential concern of confusion.

4.1.3 Location of mandatory statements on infant food labels

1. 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?

Nestlé **does not support** that the minimum age is mandated on the front of pack, and we point out this is not a regulated point in key international regulations. However, Nestlé does recognise the consumer research work FSANZ had undertaken in 2004, as well as updated 2013 consultation with stakeholders including health care professionals that confirms this view.

In significant respects, minimum age labelling on front of pack is the current market practice anyway. We highlight that the voluntary approach, analogous to FOPL for general foods, should be undertaken here, rather than mandated.

Nestlé also **does not support** mandating any additional labelling measures.

2. 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?

As commented previously above, Nestlé **does not support** the removal of the association between the relevant minimum age statement and the 4-month warning statement.

5.3.2.1 Labelling cost estimate

Questions for manufacturers are provided in the table below. If you have previously supplied any of this information to FSANZ, there is no need to provide it again.

However, please note the **additional question*** in the table i.e. could industry please provide evidence of which additional costs will be incurred and quantified estimates of the size of these costs? Would these costs be less if they were incurred at the same time as other voluntary labelling changes? If so, to what degree would they be reduced?

Nestlé has already provided this information to FSANZ previously in-confidence.

OTHER COMMENTS

Nestlé would like to make an additional comment with respect to the proposed draft variation [2.8] and [2.9] as shown:

[2.8] omitting from subclause 3(1)

"is promoted as suitable for infants over the age of 6 months"

and substituting

"is claimed to be suitable for infants over the age of around 6 months"

[2.9] omit subclause 3(2)

Nestlé expresses a concern that the draft variation above proposes to prohibit iron-fortification for the "Around 6 months" group of cereal-based foods, and in fact any vitamin mineral fortification of first food, due to the wording of "over" in the draft variation, taken together with the proposed deletion of Clause 3(2). Nestlé considers this is not likely the intent of P274, however regulatory clarity is sought with respect to the proposed wording of the above [2.8].

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