

Submission on Proposal P274 - Minimum age labelling of foods for infants

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Minimum Age labelling of first foods that is consistent with international standards

Thank you for the opportunity to comment on Proposal P274.

It is appropriate that the minimum age labelling in proposals in P274 are consistent with the NHMRC Infant Feeding Guidelines 2013 and approach those of the WHO recommendations, as noted in several submissions, including the Australian Breastfeeding Association submission on this proposal (1/12/2004).

Age labelling of infant foods and management of health risks associated with infant feeding

Minimum Age labelling is related to labelling with health warnings.

Labelling of foods for babies under 12 months, and particularly first foods, should state the following:

“Breastfeeding is the normal way for babies to be fed.

The World Health Organisation recommends that babies should be breastfed exclusively for 6 months, with breastfeeding continuing for two years and beyond.

Complementary foods should be introduced from around 6 months.

Inappropriate feeding of foods and drinks other than breastmilk may lead to premature cessation of breastfeeding. Consult your health professional before feeding complementary foods and drinks to your baby”.

Transition time for proposal P274

The proposed period of three years for the full implementation of the standard is unnecessarily long, given that review of this standard commenced in 2003. In the subsequent decade Australian children have not been protected by the amended

standard and the public has incurred the health costs associated with premature weaning and suboptimal rates of breastfeeding¹. Accordingly, implementation of the revised standard is required within six months.

This position takes into account the size of the infant food industry in Australia relative to the cost of implementing the revised standard. Sales in Australia of 'prepared baby food' and 'other baby food' (excluding formulas and toddler milks) exceeded \$140 million and \$34 million respectively in 2012, and are projected to increase in value on average by 2.0-3.2% annually over 2012-2017².

Note on the regulatory environment for food safety for infants in Australia

Labelling of all infants foods, not just first foods, needs to consider the potential effect of these foods on premature weaning and breastfeeding rates, as noted in earlier submissions to FSANZ on proposal P274³.

On 8 November 2013 the Australian Government announced, without prior public consultation, the cessation of the Advisory Panel on the marketing in Australia of Infant Formula (APMAIF) which administers the 1992 Marketing In Australia of Infant Formula: Manufacturers and Importers Agreement (MAIF Agreement). Accordingly, consideration of this recent change to the regulatory environment is included in this submission.

Australia has not implemented the World Health Organisation (WHO) International Code on the Marketing of Breastmilk Substitutes in 1981 (The WHO Code). The WHO is explicit in its recommendations for infant and young child feeding that they should be fed breastmilk exclusively for the first six months, and that breastfeeding continues for two years and beyond⁴. In 2010, the World Health Assembly (WHA) called upon "infant food manufacturers and distributors to comply fully with their responsibilities under the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions".

The WHA 2010 Resolution states that the "promotion of breast-milk substitutes and some commercial foods for infants and young children undermines progress in optimal infant and young child feeding"⁵.

I urge FSANZ to consult with WHO and seek accurate advice on the scope of the WHO Code, through the representative for the WHO Regional Office for the Western Pacific, Dr Howard Sobel MD, MPH.

Labelling of infant foods is of critical importance in Australia's legislative and regulatory environment, where there is no national legislation in Australia to protect breastfeeding and the implementation plan for the Australian National Breastfeeding Strategy (2010-2015) has not been released.

¹ J.P. Smith, J.F. Thompson, and D.A. Ellwood, 2002, 'Hospital system costs of artificial infant feeding: Estimates for the Australian Capital Territory', in *Australian and New Zealand Journal of Public Health*, vol. 26, no. 6, pp. 543-551

² *Baby Food in Australia* January 2013. Passport. Euromonitor International.

³ Australian Breastfeeding Association submission to FSANZ on proposal P274 (1/12/2004).

⁴ World Health Organisation, 2002, *Infant and young child nutrition Global strategy on infant and young child feeding*, Geneva, World Health Organization.

⁵ World Health Assembly 2010. http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf.

Accordingly, there is now a greater onus on FSANZ to consider the protection of breastfeeding in its role as a food regulator and in varying food standard 2.9.2 to meet all three primary under Section 18 of the Food Standards Australia New Zealand Act 1991 (FSANZ Act), namely:

- a. the protection of public health and safety;
- b. the provision of adequate information relating to food to enable consumers to make informed choices; and
- c. the prevention of misleading or deceptive conduct.

Requirements for labelling infant foods for minimum age need to account for any other measures in place to manage risks associated with the inappropriate feeding of infant foods. Given the absence in Australia of an agency responsible for the overarching implementation of the WHO Code and the National Health & Medical Research Council (NHMRC) Infant Feeding Guidelines, and in the face of existing regulatory and emerging administrative gaps, management of these health risks may require review of the FSANZ Act and other instruments regarding food standards, as well as administrative initiatives that promote cross agency cooperation, at both state and federal levels of government.

Conclusion

The text of the variation to Standard 2.9.2 in Attachment A of Consultation paper [18-13] dated 1 October 2013 is appropriate.

Health warnings of the risk of premature weaning from breastfeeding are required for all infant foods fed for the first 12 months, and up to the age of two years.

The transition period needs to be reduced to six months.

Being a major dairy food exporter, it is particularly important that Australia set high standards domestically to maintain its public health credibility on the international stage.

To improve infant feeding practices in Australia as well as globally, I urge FSANZ to set high standards of labelling and marketing practices for infant foods that support and promote breastfeeding unequivocally.