Regulation of Infant Formula Products in the Australia New Zealand Food Standards Code

Submission to Food Standards Australia New Zealand

Principal Author

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About the New Zealand Nurses Organisation

The New Zealand Nurses Organisation is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 46 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

EXECUTIVE SUMMARY

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Regulation of Infant Formula Products in the Australia New Zealand Food Standards (FSANZ) Code consultation paper.

This submission is informed by consultation with our members and staff, in particular members of NZNO's College of Primary Health Care Nurses, Nurses for Children & Young People Aotearoa, Neo Natal Nurse College, and professional nursing, policy and research advisors.

NZNO supports aligned and stringent regulation of infant formula products that is consistent with the principles of the *International code of marketing of Breast-milk substitutes* (WHO, 1981).

Accordingly we recommend that FSANZ investigates:

- more stringent controls around marketing;
- labelling which recognises the risks of breast milk substitutes; and
- the full costs of resourcing breast milk substitutes to enable robust cost benefit analysis for both families and governments.

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DISCUSSION

1. NZNO thanks FSANZ for a consultation paper which clearly articulates the status quo for the regulation of infant formula products in each country, and notes key inconsistencies.

2. However, we would have liked to have seen more information in support of 'breast is best' and promotion of expressing breast milk where breast feeding is not possible at the beginning of the document;, along with the WHO Code. The Code clarifies current issues and product regulation, and its precedence should be overt.

3. NZNO supports consistent standards between Australia and Aotearoa New Zealand that are fully compliant with the Code. Accordingly, we expect that, where there are inconsistencies, the focus should be on aligning regulation that is closest to the Code. For example, the New Zealand agreement, which currently applies to products for infants up to six months, should be modified to align with the Australian agreement covering products marketed to infants up to 12 months.

4. NZNO would like to suggest that the wholesale marketing and acceptance of infant formula products as a substitute for brestfeeding, particularly for those under six months, is inconsistent with public health and safety; it is, in effect, a global *in vivo* experiment on the most vulnerable humans, the long-term results of which are unknown (Minchin, 1998). In this context, we note that many of the chronic diseases associated with 'lifestyle' such as diabetes, obesity, asthma, allergies, etc. are inversely linked to breastfeeding.

5. The decline in breastfeeding and large-scale adoption of an inferior nutritional 'substitute' in developed counties is the result of complex interactions between changing social values and structures, and science-based innovation. While we acknowledge the limitations of regulation to address societal mores, we also recognise its potential to influence production and behaviour. Although outside the scope of this consultation, NZNO does suggest that it would be desirable if regulation was used to steer industry towards promotion of milk products to mothers rather than babies, where there is less risk of harm.

6. We note that "an efficient and internationally competitive food industry" is a primary objective of Section 18 of the *Food Standards Australia New Zealand Act 1991.* Sustainability is an important aspect of efficiency yet, while there has been a marked effort to investigate and inform the public about the immediate health *risks* of not breastfeeding, there is very little public information or education about the long-term health and financial *costs* of formula feeding.

7. We suggest that both countries would benefit from a full investigation and analysis of the true costs of resourcing formula feeding - i.e. processing, transport, heating, sterilisation, tins, waste disposal, marketing etc. at both a national and family level.

8. NZNO agrees with other stakeholders that the "Breast is best" labelling is inadequate and does not convey even the well-known risks of feeding babies infant formula. Its placement on formula packing is bizarrely cynical: at the least, it is confusing, at worst damaging. Mothers need information, not slogans.

9. Nurses are not satisfied that the WHO Code for marketing and advertising is honoured in principle or practice in New Zealand. Though we were pleased to note that Nutricia, one of two suppliers of formula to District Health Boards, was advised that its provision of teats with ready-made formula to neonatal units contravened the Code, it should not have occurred at all. Reliance on consumer reporting is an inefficient way of ensuring health and safety.

10. While breastfeeding rates have improved, they are generally far from optimal, and few babies enjoy the extended period of nutrition and comfort for the two years recommended by the WHO.

11. Mothers' paid employment is a significant barrier to continued breastfeeding and it is disappointing that there has been little focus on the benefits of expressing breast milk in comparison with formula feeding, which surely offers industry a comparable market for products. Industry should be encouraged to explore healthier alternatives than infant formulas.

12. Nurses are increasingly concerned with a relatively new trend towards the purchase of expensive and unnecessary formula products for older, normal babies in response to heavy advertising for 'follow on' formulas. Of particular concern is that these are being introduced as early as three months, in spite of labelling, with parents assuming that it will benefit ‘hungry’ babies or build stronger ones, regardless of age related needs that formulas are designed for.

13. The association of 'stronger' formula with robust babies is underlined by sponsorship associations with sport, such as with the Warriors rugby league team which is partly sponsored by Fernleaf, a Chinese-owned infant formula manufacturer that reportedly plans to export New Zealand-made formula to China for $78 a tin!

14. While infant formulas may not attract the same premium pricing here, they certainly may take up a substantial part of the budget, and must be at least a contributing factor to the estimated 270,000

children currently living in poverty (Children's Commissioner, Solutions to Child Poverty, 2012).

15. There are obvious risks with mixing formulas especially where there are language barriers and financial limitations, and we draw your attention to the fact that current estimates are that about 40 percent of people currently living in Auckland, Aotearoa's largest city, were born overseas. It seems pertinent to at least consider the effect that powerful visual marketing, including sponsorship, may have on parents in these communities.

16. In NZNO's opinion, advertising and sponsorship of infant formula products for normal children is inappropriate and breaches the Code. We strongly recommend that meaningful, highly visibly labelling that reflects the health risk of formula feeding of babies replaces the "Breast is Best" slogan. We also suggest that labelling in all languages whether products are sold in Australasia or exported should be the same.

17. There is an important place for infant formulas for low birth weight (LBW) infant nutrition; in this situation, six monthly rotation agreements should be clearly documented and actioned.

18. Where there is a clinical need, we support infant formulas being subsidised by PHARMAC and note that there is concern that the Trans Pacific Partnership Agreement currently being negotiated could adversely affect PHARMAC's purchasing processes.

19. Industry sponsorship of nutrition, education and/or conference for *relevant health practitioner group*s, for example neonatal nurses who deal with LBW infants needing formula for optimal nutrition and growth, is acceptable as this is an appropriate industry context.

20. In conclusion, NZNO thanks you for the opportunity to comment and recommends tighter controls on marketing and sponsorship; larger, clearer and more accurate labelling; and a full publicly available assessment and analysis of the financial costs of formula feeding babies.

Marilyn Head

REFERENCES

1. Minchin, Maureen et al. 1998 (4th rev ed). Breastfeeding matters: what we need to know about infant feeding. Alma Publications.
2. Expert Advisory Group on Solutions to Child Poverty. 2012 *Solutions to Child Poverty, Issues paper.* Children's Commissioner retrieved http://www.occ.org.nz/publications/child_poverty