NEW ZEALAND NURSES ORGANISATION

Proposed Labelling Requirements for Export Infant Formula, Follow-on Formula, and Formulated Supplementary Foods for Young Children

Submission to the Ministry of Primary Industries

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Contact

MARILYN HEAD, BA, DIP TCHG, MSC, SENIOR POLICY ANALYST

DDI 04 494 6372 OR 0800 283 848 | E-MAIL **MARILYNH**@NZNO.ORG.NZ **|** www.nzno.org.nz

NEW ZEALAND NURSES ORGANISATION | PO BOX 2128 | WELLINGTON 6140

About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is Freed to care, Proud to nurse.

EXECUTIVE SUMMARY

1. New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Ministry's proposed labelling requirements for export infant formula, follow-on formula, and formulated supplementary foods for young children.

2. This submission is informed by consultation with members and staff, in particular members of the College of Primary Healthcare Nurses, NeoNatal Nurses College Aotearoa, Nurses for Children & Young People Aotearoa, and nursing and policy advisers.

3. It is however, necessarily brief, as we were unaware of the consultation until recently. While we appreciate the extension, we advise the Ministry that there are other health professional and women's groups with an interest in infant formula that ideally would have been informed about these proposals.

4. As discussed in other submissions[1] on infant formulas, which should be properly identified as breastmilk substitutes, NZNO strongly supports regulation to ensure that the nutrition needs of the most vulnerable humans are prioritised above commercial gain.

5. We thus welcome and support the proposed labelling requirements for export retail-ready infant formulas (including breastmilk substitutes) and supplementary foods.

6. We recommend some changes to the proposals in the discussion below.

7. Although outside the scope of this consultation, we also take this opportunity to suggest that the Ministry consider the potential for New Zealand to develop and market its dairy products for maternal rather than infant nutrition, where there is less risk of harm.

8. We do not intend to submit on the accompanying paper *Proposed Requirements for the Export of Infant Formula, Follow-on Formula, and Formulated Supplementary Foods for Young Children*, but agree that there is a need to improve monitoring and oversight to ensure compliance, protect the health of overseas children and protect New Zealand's international reputation for safe, quality food products.

DISCUSSION

Section 2 Introduction

9. While there is high level support for the World Health Organisation's recommendations regarding breastfeeding[2] and the International Code of Marketing of Breast Milk Substitutes[3] ("the Code"), the reality is that in Aotearoa, as in other developed countries, there has been an overall decline in breastfeeding and widespread adoption of (nutritionally inferior) substitutes and the Code is not enforced.

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[1] See for instance, our submissions to Food Standards Australia & New Zealand On Minimum Age Labelling of Food for Infants(2013) and Amendments to Regulation of Infant Formula Products in the Australia New Zealand Food Standards Code (2013)

[2] World Health Organisation. (2009). *Infant and Young child Feeding: model textbook for medical and allied health professionals.*

[3] http://www.who.int/nutrition/publications/code_english.pdf

10. Nurses and midwives are perhaps the first to see the health impact of non-breastfeeding and/or early introduction of formula in the increased hospitalisation, allergies, respiratory and ear conditions, hearing loss, and speech problems of non-breastfed infants[4].

11. There are long term implications for health, and maternal health as well[5], so breastmilk substitutes do not only affect 'vulnerable population groups' as indicated in section 2.1, they affect adult groups and population health outcomes in general.

12. Many of the chronic diseases associated with 'lifestyle' such as diabetes, obesity, asthma, allergies, etc. have long been inversely linked with breastfeeding, while recent research has focused on the protective effect of breastfeeding on DNA, and against cancers, particularly lymphomas[6].

13. Perhaps it is not surprising that, after what has been characterised as a global *in vivo* experiment[7], i.e. the large-scale uptake of breastmilk substitutes over the last century[8], health spending has been increasing faster than our national income for most of the last fifty years[9].

14. Long-term fiscal projections show publicly-financed health spending continuing to increase as a proportion of national income, from 6.9% of GDP in 2011 to 11.1% of GDP by 2060[10]; it would thus seem prudent to consider the economic costs, as well as benefits, of producing and marketing breastmilk substitutes.

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[4] E.g. http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Breastfeeding-research---An-overview/

[5] E.g. Horta B.L. et al (2007) Evidence on the long-term effects of breastfeeding. WHO; Ip S et al (2007) Breastfeeding and Maternal Health Outcomes in Developed Countries. AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality

[6] http://www.acsu.buffalo.edu/~andersh/research/milkcancer.asp

[7] Minchin, Maureen et al. 1998 (4th rev ed). Breastfeeding matters: what we need to know about infant feeding. Alma Publications.

[8] "Only 47 percent of babies were breastfed by the end of the 1960's as opposed to the 87% breastfed in the 1920's." McBride-Henry, K. & Clendon, J. (2010) *New Zealand College of Midwives Journal* 43, 5-9. , Breastfeeding in New Zealand: from colonisation until the year 1980: an historical review. "

[9] http://www.treasury.govt.nz/government/longterm/externalpanel/pdfs/ltfep-s4-01.pdf

[10] ibid

15. While there are many factors influencing changes in infant feeding practices, and while innovative dairy based formulas have an important role in the nutrition of some infants, it is important that we do not in the short-term allow the interests of New Zealand's most important export industry to pre-empt the long-term health of children/adults in our own or other countries.

16. Nor should we allow a lower standard for infant food than what is acceptable here. As a developed country Aotearoa New Zealand has a particular responsibility not to undermine the health of people in developing countries, much less profit from it.

17. We note that the statement "Breast is best" is a sloganlike statement of fact, not a 'warning statement' (2.1.1). It should be on the front of the label, and the warning should be that the product should only be used on the advice of a health professional.

Section 3 Proposal

18. We support the proposed labelling requirements for exported retail-ready food for infants and the permissions needed for nutrition content and health claims, and country of origin.

19. As indicated, NZNO believes that breastmilk substitutes for infants in the first six months of life should be labelled accordingly. I.e. breast milk substitutes and not as infant formula.

20. We believe this is in keeping with the Code and will give more effect to the WHO recommendations on infant feeding, i.e. increase breastfeeding, especially exclusive breastfeeding in the first six months, improve the health of children and mothers, improve long-term population health outcomes and reduce the costs associated with increased health demand in non-breastfed infants.

21. Section 2.3 of the Animal Products Notice should be amended as follows:

    - replace infant formula with breastmilk substitutes;
    - amend 2.3 (1) l) Important Notice to require the statement 'Breast is best' to be on the front of the product and to be accompanied by a warning only be used on the advice of a health professional;
    - 2.3 (1) m Statement of suitability must state the "product may be used from birth *to 6 months*".

22. We strongly support the mandatory labelling requirements and the prohibitions on the idealisation of infant formula and government emblems and logos.

23. We see no reason to restrict prohibitions on health claims to breastmilk substitutes for under six months and strongly recommend this restriction is extended to two years.

24. Though we agree that all restrictions on marketing, even rational ones that require health claims to be evidence-based, are contentious, the health of children and vulnerability of parents warrants the protection of the State from the marketing of food products for children under two years of age.

25. Regulation must be in the best interests of population health, which as evidence presented at the 2008 WHO Ministerial Conference on Health Systems "Health systems: health and wealth" shows, makes good economic sense as well[11].

26. We also draw your attention to the appreciable work done to systems for food environments.

27. The proposed criteria for New Zealand origin label and verification and compliance requirements are outside NZNO's area of expertise, but as health advocates we recognise the importance of clear, non-ambiguous language, rigorously enforced.

28. NZNO does not support a lengthy 18 month transition period; the whey contamination incident happened quite some time ago, and should have been enough of a signal to prepare producers for regulatory change.

29. A shorter transition time would improve the reputation of New Zealand's dairy exporters.

30. Lastly, we take this opportunity to recommend that the Ministry notes the potential for the development and marketing of nutritional dairy products for mothers rather than for vulnerable babies and children.

31. We suggest that this would be a more ethical pathway for extracting value from New Zealand's primary produce, since it could improve the health of mothers and the infants they breastfeed, and would not present the health risks or adversely impact breastfeeding rates and the health of children the way breastmilk substitutes do.

[11] http://www.euro.who.int/__data/assets/pdf_file/0009/83997/E93699.pdf

CONCLUSION

32. In conclusion, NZNO **supports** the proposed labelling requirements for export infant formulas and supplementary foods and makes the following recommendations that you:

- amend 2.3 (1) l) to require the statement 'Breast is best' to be on the front of the product;
- require a statement to the effect should only be used on the advice of a health professional;
- amend 2.3 (1) m) to the "product may be used from birth to 6 months";
- require breastmilk substitutes for babies 0 to six months to be labelled breastmilk substitutes, not infant formulas; and
- reduce the transition time for compliance.

Nāku noa, nā

Marilyn Head
Senior Policy Analyst