

Submission to Food Standards Australia - Proposal P1028 Infant Formula

[2nd Call for Submissions – Proposal P1028](#)

Infant Formula

Submission deadline: 7 July 2023

Submissions to be forwarded to: submissions@foodstandards.gov.au

Individual submission from:

[REDACTED]

FSANZ Proposal P1028

2nd Call for submissions document

- Section 2.3.4 is **NOT supported**. Lactose-free and low lactose infant formula should not be available as general infant formula. Lactose-free and low lactose formula should be classified as SMPPi

SD2 Nutrient Composition

- Section 4.1 Carbohydrate Source is NOT supported. Lower limits for the amount of carbohydrate and lactose (specifically) in infant formula must be included.

Issues:

1. The categorisation of lactose free infant formula needs to be classified as a category 2 - Special Medical Purpose Product for Infants (SMPPi).

The development of lactose free infant formula milk was developed to be used for infants with medically diagnosed lactose intolerances. The key point here is “medically diagnosed” by a registered health professional. Without correct labelling or categorisation lactose free infant milk may be used by mothers, parents and families who have a desire to use lactose free milk for a variety of reasons without realising the formula milk is specialised for lactose intolerant infants. Human milk is a high lactose concentrated milk and the marketing of a lactose free infant formula which is biologically significantly deviated from the biological

norm needs to be regulated, with clear controls and labelling in regard the potential risks to non lactose intolerant infants if consumed. It is also important that parents of infants who suspect their baby may have a lactose intolerance seek professional medical consultation rather than self diagnosing and then purchasing lactose free infant formula that is not labelled as a specialised medical product.

2. Proposal P1028 contains a factual error in key definitions.
The regulations for carbohydrate limits are missing and there is no appropriate longitudinal data proving long-term safety. **Classification of lactose-free infant formula as suitable for general use is misleading for caregivers and risks infant health.** **The availability of infant formula that is extensively hydrolysed AND lactose-free needs to be urgently reviewed** (Boss et al., 2018)
3. The health and wellness industry has a lot of misleading information unsubstituted by scientific evidence in regard to lactose, gluten and dairy intolerances. Human babies thrive on biological human breast milk. **The marketing of lactose free infant formula requires regulation, clear labelling and categorisation as a specialised infant formula to assure parents and consumers are aware of this product's intended target group (infants with medically diagnosed lactose intolerances).** Without regulatory controls such as this, the product has the potential to be marketed unethically, promoted and recommended incorrectly and to significantly increase the manufacturer's profits, as this product is three times more expensive than standard infant formula milk! These factors can potentially negatively impact infant health and may pose a financial burden on mothers and parents who are using the product without knowing that it is not recommended for their infant who does not have a diagnosed lactose intolerance (Munblit et al., 2020).

Please consider my objections and the rationales provided. My overarching motivation is to protect infants and families from misleading information and to promote short and long term infant health and wellbeing.

References

- Boss, M., Gardner, H., & Hartmann, P. (2018). Normal Human Lactation: closing the gap [version 1; referees: 3 approved]. F1000Res, 7 (F1000 Faculty Rev):801.
<https://doi.org/10.12688/f1000research.14452.1>
- Munblit, D., Crawley, H., Hyde, R., & Boyle, R. J. (2020). Health and nutrition claims for infant formula are poorly substantiated and potentially harmful. BMJ, 369, m875.
<https://doi.org/10.1136/bmj.m875>