

Submission on Consultation Paper – Labelling Review Recommendation 17: Per serving declarations in the nutrition information panel.

Thank you for opportunity to comment on the proposal to change per serving declarations in the nutrition information panel. This submission has been compiled by the metabolic dietitians for, Starship Childrens Health Auckland City Hospital and the National Metabolic Service. We are responsible for the nutrition management of all infants, children and adults in New Zealand who have been diagnosed with an Inborn Error of Intermediary Metabolism (IEM) and supporting the families, caregivers and the local dietetic services who manage these patients. These patients are diagnosed with an IEM as a result of a positive and then confirmed newborn screen as supported by the national newborn screening programme. The majority of IEM are treated with a very strict diet and for many this is lifelong.

Q1: How do you or your organisation use the per serving information in the nutrition information panel on food labels?

- Metabolic dietitians use the per serve information on the NIP for patient education and the life-long nutrition management of patients with an IEM. The majority of patients who have an IEM are required to be on very restricted and measured diets. For example, patients with Phenylketonuria usually only have 3-12grams of natural protein from food in their diet per day, plus medically prescribed amino acid formula. Persons with disorders of long chain fatty acid oxidation are prescribed a very low fat diet up to 6g of fat per day, plus a medically prescribed low long chain fat formula. An integral part of management of their condition is to count every gram of protein or fat they eat. The per serve information on NIP assists this specialist patient group assess the serve size and appropriateness of the serve size for their strict diet requirements.
- Some patients have low literacy and or numerousy skills and for others English is a second language. Anecdotal experience suggests this group of patients with an IEM do not have the skills to confidently and consistently calculate portions or serve size from the 100g column accurately. An error in calculation can result in over or under consumption of the restricted nutrient resulting in elevated metabolites which can have medical consequences and at worst admission to hospital with a metabolic crisis for some IEM conditions
- As part of transition of care the per serve column is used when educating children and young adults how to manage their own diets. This is an easier concept to learn than calculating serves from 100g information.
- Per serve information is also used to educate parents and patients as to what is an appropriate portion size for their/their child's age and requirements.

Q2: Are there any particular food categories or types of food packages for which per serving information is particularly useful? If so what are they? Explain why the information is useful

- This information is most useful for individually packaged or presented foods or packaged foods in sizes greater than a single serve, for example muesli bars, bread, crackers, biscuits, yoghurts, potato crisps, sausages, pizza, sauces, rice, pasta, jellies, milk and milk alternatives
- As an example 100g bread (using Food Works version 5 computer food analysis programme) whole grain bread (heavy) 1 slice = 44.6g thus 2.2 slices equates to 100g. The general public would not be informed sufficiently to appreciate or interpret that in this case 100g bread is more than a 1 or a 2 slice serve.
- We support the use of common standard household measures and equivalent metric quantity and number of serves per container

Q3: The Labelling Review recommendation suggests that per serving information be voluntary unless a daily intake claim is made. Do you support this approach?

- No. Dietitians working with IEM support per serving information be mandatory to provide sufficient information for consumers to make informed choices about their food intake. This is particularly important for those on medically prescribed diets.

Q4: As noted in section 4, there is currently variation in the format of NIPs on food labels because of volunteer permissions for the use the %DI labeling and the option to include a third column for foods intended to be prepared or consumed within at least one other food. If per serving information in the NIP was voluntary this would results in more variability in the format of NIP across the food supply. Do you think this would be a problem?

- It is important that NIP's are kept as clear as possible to avoid misinterpretation of information by consumers. The NIP needs to be consistent in their information and lay out. Metabolic dietitians support per serve is more important than %DI for individual nutrients.

Q5: If per serving information in the nutrition information panel was voluntary, do you think the inclusion of per serving information panel should be mandatory when a nutrition content claim about vitamins, minerals, protein, omega 3 or dietary fibre is made?

- Yes. It is the consumers right to know product information when claims are made. If there is no regulation in this area then there is concern a number of inappropriate claims would increase confusing and mislead consumers. However, we do not support per serving information being voluntary we support it being mandatory.

Q6: If per serving information in the NIP was voluntary, do you think the inclusion of per serving information on the NIP should be mandatory in any other specific regulatory situations?

However we do not support per serving information being voluntary we support it being mandatory across all NIP.

Q8: From your perspective, what are the advantages and disadvantages of per serving information in the NIP being voluntary? Please provide evidence where possible

Disadvantages to per serve information being voluntary:

- Per serve gives a guide as to amount of food considered to be a single serve.
- People cannot visualize what 100g of food/product looks like.
- There is a significant group of people in NZ with medically prescribed diets who use the per serve information on NIP on a daily basis when making food choices.
- For people with some types of IEM an error in calculation can result in over or under consumption of the restricted nutrient resulting in elevated metabolites which can have medical consequences and at worst admission to hospital with a metabolic crisis.

Q9: do you think the declaration of the amount of energy and nutrients per serving in the NIP should be voluntary? YES/NO/UNCERTAIN

Please give evidence and reason to support your view. If you are UNCERTAIN please indicate what further information you would need.

No.

In NZ and Australia we have been in a privileged position to have both 100g and per serve data on NIP. This information has enabled NZers to make more informed choices around food.

Metabolic dietitian's support per serve information on NIP be mandatory and not voluntary.

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