



12th November 2013

SUBMISSION

To

Food Standards New Zealand and Australia: Submission on Infant Food Labelling

This submission is from:

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Parents Centre New Zealand Inc. submission on the consultation paper to the Food Standards Australia and New Zealand and on Labelling Minimum Age for Infant Foods (P274)

Thank you for the opportunity to make a submission on infant food labelling.

Parents Centre New Zealand Inc. wish to support the proposal to align the labelling requirements of Standard 2.9.2 – Infant Foods of the Australia New Zealand Standards Code with the current infant feeding guidelines in Australia and New Zealand. We would like to see the labelling amended from “four months” to read “around six months”.

INTRODUCTION

Parents Centre has the largest parenting based infrastructure and network to support parents and their children in the 0-6 year's age range. Childbirth education and practical parenting programmes are the primary services of our organisation with a comprehensive network of on-going support for all parents in New Zealand.

Parents Centre believes that parenting is everything and great parents grow great children. We deliver parenting programmes into 17 prisons across the country and into a large number of communities targeting all parents in New Zealand. This work is supported by our 51 Centres and 3,500 volunteers nationwide. Our volunteers are managed, guided, educated and led by our 12 Volunteer Regional Community Coordinators alongside our Centre Operations Manager within our National Support Centre in Mana, Wellington.

We have a membership of over 10,000 families and are the **largest provider of childbirth education classes in New Zealand**, with over 90 contracted childbirth educators currently active. Parents Centre also has one of the largest volunteer networks in the country.

Parents Centres New Zealand Inc. is the major provider of pregnancy and parenting programmes, delivering information for New Zealand families for over 60 years. We target all demographics of parenting and all family compositions.

Our history is long and proud. Parents Centre commenced in 1952 due to a demand in improved birthing practices for women and antenatal and postnatal care for parents. Parents Centre pioneered changes in childbirth education for New Zealand families. The classes of the 60's and 70's were led by parents themselves, with significant input from specialists in the maternity area. Today the classes are delivered by qualified Childbirth Educators and create a participatory learning environment to enhance the knowledge, skills, confidence and self-awareness of expectant parents. Parents are then able to make informed choices and decisions about their own care.

Parents Centre has played a vital role in achieving the widespread acceptance that fathers have the right to be present at the birth of their baby and that they can play a vital role in supporting women in labour. We lobbied vigorously and successfully for mothers' maternity needs, including single labour rooms, rooming-in with baby, planned early discharge, breast feeding on demand and informed consent, amongst many other achievements.

Many of the maternity services and rights for parents that are taken for granted today are the direct result of the work achieved by Parents Centre.

Parents Centre is passionate about quality antenatal and childbirth education. We know that this service greatly improves the health outcomes for women, which has a positive long-term ripple effect for parents, children, whanau and the community as a whole.

Antenatal education supports informed decision making. It is an arena to promote key public health messages such as breastfeeding, immunisation, dental care, smoking cessation, SUDI, and positive conscious parenting skills. A more significant outcome of this service is the ability to link in with social networks and on-going support systems. On-going support systems established through antenatal classes are imperative to enhancing a woman's mental health during the postnatal period. It reduces their feelings of inadequacy, isolation and potential for postnatal depression, of which all have a huge impact on the baby, whanau and wider community.

Parents Centre has a strong postnatal support and education service. One of our more popular courses is 'Moving and Munching'. This is a course to guide new parents on the issues they need to be aware of when baby is on the move (Moving) and with the transition to introducing solid foods (Munching)

The 'Munching' focus of this programme explores the following:

- When and how to start to introduce solids into your baby's diet
- How to continue to include milk in your baby's diet
- Exploring the need for changes in textures, tastes and the quantity of solids over time
- Ways to encourage your baby to develop healthy attitudes to food

Throughout this programme a variety of expert guest speakers are invited, all of whom are familiar and experienced with the changes that baby's are going through during the 6-12 month age group. Speakers may include a dietitian or nutritionist, a paediatric or Plunket nurse, a paediatrician or an infant feeding advisor.

SUBMISSION

Parents Centre is committed to evidence-based information for parents. There is an overwhelming amount of research and evidence highlighting potential negative health outcomes as a result of introducing solids too early. Throughout, exclusive breastfeeding for the first 6 months then the introduction of solids is recommended. These messages are shared with parents who come through Parents Centre classes. Conflicting messages are then met by parents when shopping for infant foods, which are labelled "four months". We are passionate about parents receiving consistent and concise messages; to increase their confidence as parents and to ensure their baby's health is at the foremost.

- Breast milk alone provides a baby with all the nourishment needed for the first 6 months of life. Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants. Breastfeeding is also an integral part of the

reproductive process with important implications for the health of mothers. According to the World Health Organisation, review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond (WHO, 20001)

- New Zealand Ministry of Health (MOH) guidelines state that 'Babies should be exclusively breastfed (have breast-milk only) until they're ready for – and need – extra food. This will be when they're around six months old.'
- Breastfeeding helps lay the foundations of a healthy life for a baby and also makes a positive contribution to the health and wider wellbeing of mothers and whānau/families. Exclusive breastfeeding is recommended until babies are around six months (MOH)
- Starting solids within the first 4 months of life was common practise in the US and elsewhere for many years. However research found that this practice is associated with an increased risk of atopic disease and other health problems.
- Before 1997, the American Academy of Paediatrics (AAP) recommended that babies start eating solid foods between 4 and 6 months of age. This has changed. The change began in 1997 when the AAP section on Breastfeeding issued its revised policy statement, recommending delaying solids until 6 months of age (AAP, 1997).
- In 2001 the World Health Organisation published a report by its expert panel (WHO, 2001), which reviewed over 3,000 studies and concluded that starting solids before 6 months had health drawbacks for both mothers and babies:
 - Babies are at greater risk of gastrointestinal infections and diarrhoea in both developed and developing countries (Kramer, 2003).
 - Mothers lose less weight and return to fertility sooner.
- There was also some evidence that babies who are not exclusively breastfed for 6 months are at increased risk for delayed motor development (K.G. Dewey, Cohen, Brown & Rivera, 2001). The WHO expert panel agreed that in most cases exclusive breastfeeding for 6 months results in normal growth and that the benefits of waiting until 6 months to start solid foods outweighed the risks (WHO, 2001).

- Other authors agreed based on a reanalysis of studies in Brazil and Bangladesh, which concluded that breastfed infants in the first 6 months of life given solid foods died at a two to three fold higher rate from diarrhoea and pneumonia compared with babies who were exclusively breastfed (R. E. Black & Victoria, 2002).

This led to the following conclusion in one Cochrane Review article (Kramer & Kakuma, 2002):

Infants who are exclusively breastfed for 6 months experience less morbidity from gastrointestinal infection than those who are mixed breastfed as of 3 or 4 months, and no deficits have been demonstrated in growth among infants from wither developing or developed countries who are exclusively breastfed for 6 months or longer.

- Studies published since the WHO expert panel review have also found an association between very early solids and an increased risk for allergy (Murano et al, 2004) and celiac disease (Norris et al, 2005). Other more recent studies found that when babies who are at risk for developing type 1 diabetes mellitus start gluten-containing foods younger than 3 to 4 months of age, they are at increased risk of developing the autoantibodies associated with type 1 diabetes mellitus, which may increase their chances of developing this disease later in life (Norris et al, 2003; Rosenbauer, Herzig, Kaiser & Giani, 2007; Ziegler, Schmid, Huber, Hummel & Bonifacio, 2003).
- Babies require physical skills before starting on solids. Babies who have still got the tongue-thrust reflex (when food put into the mouth gets pushed back out by the tongue) are not ready for solid food. At around 6 months of age the baby will lose this reflex and show an interest in eating when their parent does.

They also need to be able to:

- Hold their head up when placed on their stomach, supporting their weight on their forearms and pushing up on their arms with straight elbows.
- Hold their head up when sitting in someone's lap; keeping their head controlled when they're tipped; sit with less help and reaches out for a toy.

- Frequently put their hands and toys in their mouth; explores their fingers, thumbs and fists with great interest.
 - Eruption of teeth. Teething encourages chewing and makes it easier for a baby to break down food for easier swallowing
- Family and friends are major influencers of new parents on what foods to give and when to give them (Alder et al, 2004; Crocetti et al, 2004, Gijsbers et al, 2005). Research has also found many mothers start solids early because they believe infant crying is a sign of hunger and that giving solids will help “settle” their baby (Crocetti et al, 2004; Danowski & Gargiula, 2002).
- The belief that solids will help their babies sleep better is another reason mothers give for early introduction of solids, which is often reinforced by family and friends (M. M. Black, Siegel, Abel & Bentley, 2001; Crocetti et al, 2004; Danowski & Gargiula, 2002; Heinig et al, 2006). In one Scottish study, many mothers reported believing that milk alone was not enough to satisfy their babies and that solid food were needed to help babies sleep through the night (Savage et al, 1998). Although research has found no association between solid foods and babies sleeping through the night, this belief is still strong in many places (Keane, 1988, Mackin, Medendorp & Maier, 1989).
- Based on available evidence, the allergists at The Royal Children’s Hospital Melbourne recommend starting solids foods from around six months. (Murdoch Children’s Research Institute, 2012)
- A common misconception to starting solids early is when baby has a growth spurt. The baby will be more hungry than usual and need to breastfeed more frequently to increase the mother’s milk supply. If this is misinterpreted as the need to introduce solids, food labelling indicating 4 months will back this belief. The baby then start solids earlier than is optimal for baby’s health and equally Mum’s breast milk production reduces as a consequence.
- A common reason UK mothers give for early introduction of solids is rapid weight gain, which they interpret as meaning their baby “needs” other foods (Savage et al, 1998; Wright, Parkinson & Drewett, 2004). Some baby food manufacturers encourage this belief by advising parents to start solids based on weight rather than age.
- In cultures where overweight babies are considered “healthier”, introducing solid foods may be considered necessary to ensure babies “get enough”. If these beliefs cause

mothers to override their baby's signs of fullness and continue to feed, they may increase the risk of childhood obesity.

- Researchers at the Centre for Disease Control and Prevention in the U.S., who surveyed 1,334 new mothers, found that 40% had introduced solid food before their child reached four-months-old, and nine per cent had even offered solids to their baby before they were four-weeks-old. **The researchers warned that feeding solid foods to babies before they are six-months-old could increase their risk of developing chronic diseases such as diabetes and celiac disease.**

They also fear that introducing solids prematurely could increase a child's risk of obesity in later in life.

CONCLUSION

Parents Centre New Zealand Inc. believes it is imperative that parents receive evidence-based, consistent information regarding infant feeding and the introduction of solids. Conclusive evidence shows that exclusive breastfeeding for the first 6 months of a baby's life is essential for the well-being and optimum health of both mother and baby. There is much evidence to support the detrimental health outcomes of introducing solids too early.

By providing parents with food labelling consistent with evidence, messages from the World Health Organisation, Ministry of Health, Childbirth Educators and other health professionals is the most responsible and evident action to take.

REFERENCES:

AAP. (1997). Breastfeeding and the use of human milk. American Academy of Pediatrics. Work Group on Breastfeeding. *Pediatrics*, 100(6), 1035 – 1039.

Alder, E.M., Williams, F.L., Anderson, A. S., Forsyth, S., Florey Cdu, V., & van der Velde, P. (2004). What influences the timing of the introduction of solid food to infants? *British Journal of Nutrition*, 92(3), 527-531.

Black, M.M>, Siegel, E.H., Abel, Y., & Bentley, M.E. (2001). Home and videotape intervention delays early complementary feeding among adolescent mothers. *Pediatrics*, 107 (5), E67.

Black, R.E., & Victora, C.G. (2002). Optimal duration of exclusive breastfeeding in low income countries. *British Medical Journal*, 325(7375), 1252-1253.

Crocetti, M., Dudas, R., & Krugman, S. (2004). Parental beliefs and practices regarding early introduction of solid foods to their children. *Clinical Pediatrics*, 43(6), 541-547.

Danowski, L., & Gargiula, L. (2002). Selections from current literature. Attitudes and practices regarding the introduction of solid foods to infants. *Family Practice*, 19(6), 698-702.

Dewey, K.G., Cohen, R.J., Brown, K.H., & Rivera, L.L. (2001). Effects of exclusive breastfeeding for four versus six months on maternal nutritional status and infant motor development; results of two randomised trials in Honduras. *Journal of Nutrition*, 31(2), 262-267.

Gijsbers, B., Mesters, I., Andre Knottnerus, J., Legtenberg, A.H., & van Schayck, C.P (2005). Factors influencing breastfeeding practices and postponement of solid food to prevent allergic disease in high risk children; results from an explorative study. *Patient Education and*

Counseling, 57(1), 15-21.

Keane, V., et al (1988). Do solids help baby sleep through the night? *American Journal of Diseases of Children*, 142, 404-405.

Kramer, M.S., & Kakuma, R. (2002). Optimal duration of exclusive breastfeeding. *Cochrane Database of Systematic Reviews* (1), CD003517 003510.001002/14651858. CD14003517.

Macknin, M.L, Medendorp, S.V., & Maier, M.C. (1989). Infant sleep and bedtime cereal. *American Journal of Diseases of Children*, 143 (9), 1066-1068.

Murano, A., Dreborg, S., Halken, S., Host, A., Niggermann, B., Aalberse, R. et al. (2004). Dietary prevention of allergic diseases in infants and small children. Part III: Critical review of published peer-reviewed observational and interventional studies and final recommendations. *Pediatric Allergy and Immunology*, 15(4), 291-307.

Norris, J.M., Barriga, K., Hoffenberg, E.J., Taki, I., Miao, D., Haas, J.E. et al, (2005). Risk of celiac disease autoimmunity and timing of gluten introduction in the diet of infants at increased risk of disease. *Journal of the American Medical Association*, 293(19), 2343-2351.

Norris, J.M., Barriga, K., Klingensmith, G., Hoffman, M., Eisenbarth, G.S., Erlich, H.A. et al (2003). Timing of initial cereal exposure in infancy and risk of islet autoimmunity. *Journal of the American Medical Association*, 290(13), 1713-1720.

Rosenbauer, J., Herzig, P., Kaiser, P., & Giani, G. (2007) Early nutrition and risk of Type 1 Diabetes Mellitus – a nationwide case-control study in preschool children. *Experimental and Clinical Endocrinology and Diabetes*, 115(8), 502-508.

Savage, S.A., Reilly, J.J., Edwards, C.A., & Durnin, J.V., (1998). Weaning practice in the Glasgow Longitudinal Infant Growth Study. *Archives of Disease in Childhood*, 79(2), 153-156.

WHO (2001). Optimal Duration of Exclusive Breastfeeding: Report of an expert consultation.

Retrieved from

http://www.who.int/nutrition/publications/optimal_duration_of_exec_bfeeding_report_eng.pdf.

Wright, C.M., Parkinson, K.N., & Drewett, R.F. (2004) Why are babies weaned early? Data from a prospective population based cohort study. *Archives of Disease in Childhood*, 89(9), 813-816,

Ziegler, A.G., Schmid, S., Huber, D., Hummel, M. & Bonifacio, E. (2003). Early infant feeding and risk of developing type 1 diabetes-associated autoantibodies. *Journal of the American Medical Association*, 290(13), 1721-1728.