

## Submission from the Centre for Food & Allergy Research

Food Standards for Australia and New Zealand

Email: [submissions@foodstandards.gov.au](mailto:submissions@foodstandards.gov.au)

**Subject:** P274 Consultation Paper for labelling Minimum Age for Infant Foods

Thank you for the opportunity to comment on the consultation paper concerning minimum age labelling on infant foods.

The **Centre for Food & Allergy Research** is a Centre of Research Excellence funded by the National Health and Medical Research Council. The Centre is a national alliance of allergy researchers and clinicians; many considered world experts in the field of food allergy and food-related immune disorders. It undertakes high-quality research into the prevention and management of food allergy, and provides evidence-based contributions to policy development. The Centre's researchers have published widely on precautionary allergen labelling and when to introduce solids to the infant diet.

The FSANZ consultation paper for minimum age labelling on infant foods has two main aims:

1. Resolve the labelling anomaly created by different wording between the recommended age for exclusive breast feeding and introduction of solids
2. Make the labelling on infant foods consistent with the current national feeding guidelines of Australia and New Zealand

However, we believe that the proposed change; namely relabelling first infant foods as recommended "around 6 months", will not clear the current confusion concerning infant feeding guidelines and is not an adequate representation of the available research evidence concerning the risks and benefits of timing of introduction of solids. Further, this advice may be harmful, considering new findings showing adverse effects of delaying the timing of food introduction.

Our reasons are as follows:

- 1. Neither national nor international infant feeding guidelines are uniform with respect to the timing of introduction of solid foods.**

Although the recent NHMRC guidelines (2013), and the New Zealand National guidelines (2008), along with the WHO guidelines recommend exclusive breastfeeding until around 6 months, the European guidelines (ESPGHAN Committee on Nutrition), American Academy of Allergy, Asthma and Immunology (AAAAI) guidelines and the Australasian Society of Clinical Immunology and Allergy (ASCIA) recommend introduction between 4-6 months.

This discrepancy would remain a source of confusion for practitioners and carers of infants even with the proposed change.

**2. Australian infant feeding practices have already changed in response to ASCIA guidelines.** Tey *et al.*<sup>1</sup> have recently found that the population was less likely to delay the introduction of solids, including allergenic solids (egg, peanut) (Fig 1) immediately following the introduction of new ASCIA guidelines in September 2008. The ASCIA recommendations differ from the current NHMRC guidelines. Following the introduction of these ASCIA guidelines, more children were introduced to solids at the age of 4 months, however, there was no tendency for this to extend to children younger than 4 months. In fact the study reported fewer infants introduced to solids before 4 months after the guideline change. Additionally, Tey *et al.* found that the ASCIA guidelines were in line with usual parenting practice of introducing solids at 4-6 months. Most parents introduced solids at this time, even prior to the change in recommendations. Consequently, a change in labelling of first infant foods to “around 6 months” will be very confusing for consumers.

**3. The evidence concerning timing of introduction of solids is changing.**

In the current report (SD1\_RiskAsses), it is stated that “The critical period to minimise the risk of allergy development seems to be between the ages of 4 and 7 months”, and concluded that there would be no harm done by labelling first foods with “around 6 months” as compared with “from 4 months”. We do not agree. Not only does “around 6 months” fail to accurately represent the window period of 4-7 months, there is also a growing body of evidence to suggest an increased risk of allergic and other diseases from delaying the introduction of solids<sup>2-6</sup>. Additionally, there is new evidence that delaying complementary food introduction for the perceived obesity risk may not be warranted, with a recent systematic review finding no clear association between the timing of introduction of complementary foods and childhood overweight or obesity<sup>7</sup>.

**4. It is not known whether it is the total duration of breastfeeding or exclusive breastfeeding which confers the benefits.** The introduction of solids under the cover of breast milk during the period 4-6 months may have the same benefits as exclusive breastfeeding during this time. Exclusive breastfeeding for 6 months is difficult for some mother/baby pairs. The ability to introduce solids at this time to hungry babies may prevent the supplementation with breast milk alternatives with the follow-on effect of longer total breast feeding as well as delay in formula introduction.

In summary, for the reasons stated, we don't believe that the proposed changes will alleviate any confusion and do not believe the change in labelling reflects the current evidence concerning infant feeding.

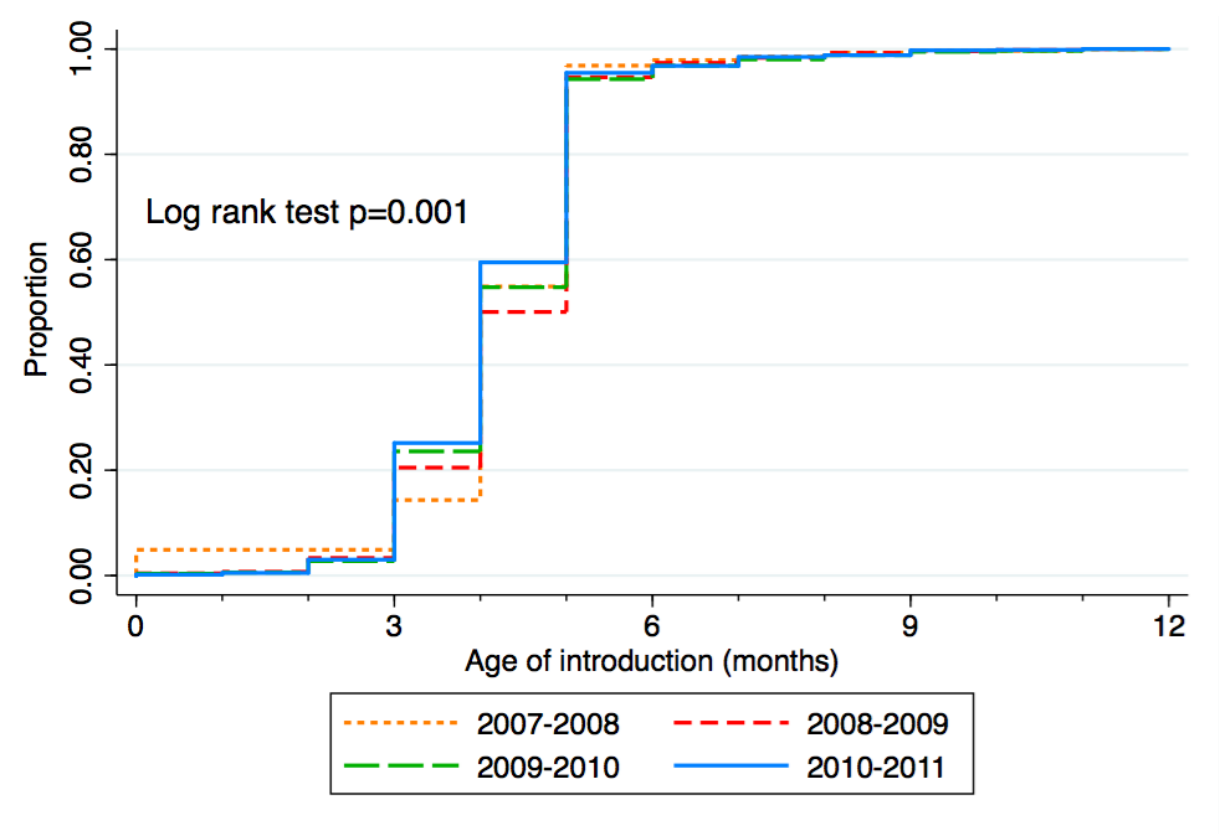
We look forward to your response to this submission.

Yours sincerely

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on behalf of the Centre for Food & Allergy Research.

Figure 1: Kaplan Meier graphs for recruitment year and solids introduction



Ref: Tey *et al.* J Allergy Clin Immunol. 2013 (in press)

## References

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