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RE: DRAFT ASSESSMENT REPORT PROPOSAL P306 ADDITION OF INULIN/FOS & GOS TO FOOD and INITIAL ASSESSMENT REPORT APPLICATION A609 ADDITION OF GOS, LONG CHAIN INULIN TO INFANT FORMULA PRODUCTS & INFANT FOOD.

The Infant Feeding Association of New Zealand Trust (IFANZ) is a registered Charitable Trust with the vision that “All mothers, families and caregivers are able to make and implement informed decisions about optimal feeding practices for infants and young children.”

IFANZ is a national organisation with a network of subscribed Friends throughout New Zealand and we wish to make a submission on Proposal P306 and Application A609.

Introduction

This submission is in response to the FSANZ Act’s objectives with respect to the ‘protection of public health’ and ‘objective risk analysis’. For ease of writing we have grouped inulin, FOS, GOS and long chain inulin together under the one name; prebiotics. Our stance is that no prebiotics are added to infant formula, follow-on formula or toddler milk and no prebiotics are added to complementary foods as deemed suitable for young children under the age of two years.

We are concerned that prebiotics have already been permitted in formula products sold on the European and Asian markets. There is a conflict in this instance between the objectives of the Act to have due regard for the protection of public health and the promotion of fair trading.

We purport that the protection of public health, in particular protection of our most vulnerable - infants and young children - should outweigh fair trading between formula companies. Also we believe that fair trade is far outweighed by the Covenant on Human Rights enshrined in the Convention on the Rights of the Child that recognises ‘...the right of every child to the enjoyment of the highest attainable standard of health.’ Clearly this means the right to be breastfed.

Rationale

We believe nutritional care of infants and young children, that is free of commercial influence, provides the critical window of opportunity to optimise their growth, development and short and long term health. Until formal human milk banks are established or re-established in New Zealand, there are certain circumstances when

formula is necessary to support feeding. In such cases the formula “should contain components only in such amounts that serve a nutritional purpose, provide another benefit, or are necessary for technological reasons. The inclusion of unnecessary components, or unnecessary amounts of components, may put a burden on metabolic and other physiological functions of the infant and will reduce the margin of safety”¹

The scientific evidence given in the above mentioned report only indicates that an infant or young child has loosened stools. The report shows no scientific evidence that this is of any benefit whatsoever to the infant or child². There appears to have been no risk-based safety assessment and analysis done on the incidence of loose stools in a formula fed child. Indeed it may follow that loose stools cause detrimental malabsorption of important nutrients and increase the risk of dehydration.

We note that there is to be a review of ‘nutritive substances’ and that this application for the addition of prebiotics is for the purpose of adding nutritive value. Given the lack of robust scientific evidence as to the nutritive value of prebiotics in the diet of formula fed infants and young children we believe this proposal should be halted until such time as the review of the ‘nutritive substances’ has been completed.

The public needs to be able to trust that the decisions made by FSANZ are in the best interests of public health and not merely in the best interests of multinational companies profit and free trade. Should the review of ‘nutritive substances’ conclude that prebiotics are of no benefit it will be problematic and costly to reverse the decision.

Conclusion

It is our contention that the benefit of prebiotics has not been established and that any approval by FSANZ would be premature. The addition of prebiotics may well be detrimental, particularly to infants whose total dietary intake comprises infant formula. However, also potentially at risk are formula fed young children and those who consume commercially manufactured complementary foods containing prebiotics. Further we believe this application should not proceed before a thorough risk-based safety assessment is completed to assure that the interests of public health supersede those of commercial companies.

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¹ Koletzko, B. & Shamir, R. (2006) Standards for infant formula milk. *British Medical Journal* 2006;332;621-622

² Braegger, M. D. (2005). Prebiotics: Do they really change infant intestinal immunity? *Journal of Pediatric Gastroenterology and Nutrition* 40:384-385.