

**IFANZ summary for Health Committee oral submission for the
“Inquiry into Obesity and Type Two Diabetes in New Zealand”**

12 July 2006

1) Robust exclusive breastfeeding to 6 months of age represents an ideal window of opportunity for reducing the risks of obesity and diabetes

Breastfeeding contributes to optimal health and confers life-long protective effects. Optimal breastfeeding means *Exclusive breastfeeding for the first six months of life followed by the gradual introduction of safe, ideally home-prepared, indigenous complementary foods with continued breastfeeding to two years or beyond.*

NZ exclusive breastfeeding rates (Plunket 2005)

- 95% initiation to
- 51% by start of week 6 to
- 38% by start of 16 weeks to
- 11% by end of 6 months
- Global EBF is around 39%

Despite high initiation of breastfeeding, early mixed feeding is also high. Evidence indicates that early exposure to cow's milk protein can increase both type 1 and 2 diabetes and adding cow's milk to breastfed babies alters their sleeping metabolic rate. This "metabolic programming" is implicated in obesity later in life. Formula fed children's intake of protein is much greater compared to breastfed babies. Early high intake of protein is correlated with obesity later in life.

2) The new WHO growth charts provide a technically robust tool to measure, monitor and evaluate the growth of all children worldwide, regardless of ethnicity, socioeconomic status or type of feeding. Under-nutrition, overweight and obesity, and other growth and nutrition-related conditions can be detected and addressed at an early stage in a child's life.

3) In State of the Code by Country (2006) It is encouraging to see NZ listed as having “Policy or voluntary measure” but it's very disappointing knowing that NZ is governed by an industry Code and not the International Code of Marketing of Breastmilk Substitutes. Examples that voluntary compliance isn't working in NZ include:

Look What They're Doing! Monitoring Code Compliance in New Zealand 2005.

Nutricia breach - advertising that infant formula can be started from birth and that women can breastfeed and bottle feed at the same time = obesity, untimely weaning.

“Designer milks” by Bayer Health Care claim to be “*special infant formulas which feed, while helping prevent common infant feeding problems*” “Colic” milk helps decrease wind and bloating, “Sweet Dreams” milk contains altered carbohydrates to slow gastric emptying.

Increased advertising of “toddler” milks – target 1-3years. May reach the “wrong” audience. A health advert 2 days ago said that 2 year olds should drink water and / or low fat milk. What are parents to believe?

Decreased exclusive breastfeeding means less health, less money at household level, less affordable healthcare at government level simultaneous to more profits for big business!

Therefore we call on the Health Committee to:

- Increase community support to enable higher exclusive and on-going breastfeeding rates.
- Adopt the WHO Growth Charts that place the growth and development of breastfed children as the biological norm.
- Implement as law, the International Code of Marketing of Breast Milk Substitutes and subsequent relevant World Health Assembly Resolutions.