

Submission

to

New Zealand Food Safety Authority and
New Zealand Ministry of Health

on the

Proposed Draft Code of Hygienic Practice for Powdered Formulae for Infants and Young Children at Step 3

From



Infant Feeding Association of New Zealand (Trust)

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Introduction

The Infant Feeding Association of New Zealand is a non-governmental charitable trust. The Trust has 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.”**

We support full implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions in the Pacific region. We welcome the opportunity to make comment on the Proposed Draft Code of Hygienic Practice for Powdered Formulae for Infants and Young Children at Step 3.

Please find below, comments on the draft - hereafter referred to as the “draft Code”.

1. We fully support the draft Code covering powdered infant formula, follow-up formula, formula for Special Medical Purposes intended for infants and human milk fortifiers.
2. In the draft Code breastmilk is inconsistently spelt as “breast milk” or “breast-milk”. The most common spelling, including that in the title, International Code of Marketing of Breastmilk Substitutes, is “breastmilk” - as one word. Therefore we recommend a uniform change to 'breastmilk'.
3. An inconsistency occurs between use of the word “nipples” (to describe a silicone or rubber teat) and “teats”. We recommend “teat” in keeping with the scope of the International Code of Marketing of Breastmilk Substitutes.
4. We strongly recommend use of “risk” or “reducing risk” to replace safe or safety throughout the draft Code. Powdered formula should be considered fundamentally risky. Further, we recommend clauses for manufacturers to absolve the product be removed (eg. page 4, para 6 “While PIF was established as the source of *E. sakazakii* in some of the cases, in many cases it was neither ...” and page 17, last para “...Such mishandling could result in illness, even when adequate hygiene control measures have been taken earlier in the food chain.”
5. Page 4, para 3: Infants of HIV positive mothers tend to receive and use more powdered infant formula, however, we recommend exclusive breastfeeding to 6 months of age, pasteurized breastmilk or donor human milk options be given more consideration.
6. Page 5, para 2: We recommend including 'pasteurized donor human milk' before the use of commercially available sterilized liquid products for infants at greatest risk.

7. Page 5, last para: Products in the scope of the draft Code are also in the scope of the International Code of Marketing of Breastmilk Substitutes. Therefore we strongly urge inclusion of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions under “Scope” in the draft Code to establish the important link and help ensure it complies with their provisions.
8. Page 6: The International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions should be re-stated within manufacturers and distributors responsibilities.
9. Page 7, para 2: We recommend adding 'where needed' (as in the International Code) at the end of the sentence “Hospitals and institutions should provide effective training to their caregivers of infants *where needed*”. Not all care givers will require such training. Where needed, training should bridge in-hospital feeding practice (ready-to-feed infant formula) and in-community feeding practice (powdered infant formula).
10. Page 7, para 3: In addition to caregivers ensuring that powdered formula is prepared, handled and stored properly they also must know that it is not sterile (in accord with WHA58.32). We recommend adding a new para saying “*Manufacturers should ensure appropriate labelling on the packaging of all powdered formulae. This should include the World Health Organisations recommendations for preparation, storage and use of PF and state that the product is 'not sterile.'*”
11. Page 17, first point in Objectives box: The addition of the word “labels” in the first sentence will give clarity to the objectives. For example, “Product *labels* should bear appropriate information to ensure that:” rather than 'Products should bear appropriate...'. The list would need to be adjusted accordingly to read well.
12. Page 17, last Objective: The International Code should be added to “Control measures....education and training.” To read “Control measures can be communicated to different users in the form of instructions for use, e.g., through product labels, education and training *providing such labels, education and training comply with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions*”.
13. Page 17, last Rationale point: The two references to mishandling are unnecessary and simplify the problem with powdered formula.
14. Page 18, 9.3: We would like to see this labelling section modified to include, but not be limited to, the following. “*This product is not sterile. All instructions should be strictly followed to reduce risks of illness. The feed should be prepared fresh each feed and be used immediately. Never save unfinished feeds*”.

15. Page 18, 9.4: Education should state that “*All educational materials should comply with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions and be written and/or presented free from all commercial influences or inputs*”.
16. Page 19, Section X: Training on reconstitution and use of PF should be received from sources *without conflicts of interest*.
17. Page 28, Step 6: The words, 'rapid' and 'short' should be specifically defined.
18. Page 36, 3.5.2: Use of “if not hot” in the heading is confusing and should be eliminated. There is a typo in 3rd line “...for at least 30 seconds...” should read *for at least 30 seconds*. Line 4 regarding regular tap maintenance is unrealistic. We suggest the assumption that all tap water is of poor quality, including bottled water, so it should always be run fresh, boiled, cooled and then used immediately.
19. Page 36 before 3.5.3: We recommend a new section to cover re-heating reconstituted PF if it has become too cool before using. In particular, a point about the use of microwaves for heating. This should also be covered in the chart on page 41 Step 4 and page 43 as Step 6.

Conclusion

The Infant Feeding Association of New Zealand supports the inclusion of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions into the International Code of Hygienic Practice for Powdered Formulae for Infants and Young Children in addition to the minor changes outlined above to make the document applicable in the Pacific region.

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