

# NZ has opted out of an infant formula standard—the evidence says that's a backward step

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The government's recent [decision to opt out](#) of the Australia-New Zealand joint infant formula standard is a step in the wrong direction for

child health policy.

Food Safety Minister Andrew Hoggard said New Zealand now plans to develop its own standard after Australia declined to review labeling restrictions on the joint standard proposed.

The standard would have added controls on what statements manufacturers can make on product labels, and limited sales of specialist [formula](#) to pharmacies or health care professionals.

This is important, as only one in ten New Zealand babies is [exclusively breastfed](#) for six months.

Infant formulas are a safe alternative for families who do not breastfeed. But parents have to choose a product from a wide range of manufacturers competing in a global industry [worth more than US\\$55 billion](#).

The financial stakes for industry players are high, and marketing is therefore key. There is no better way of doing this than [appealing to the parental instinct](#) of wanting to [give the best to your child](#).

However, surveys show many formula companies make unsubstantiated nutritional claims about their products. Without the joint infant formula standard, addressing this becomes more difficult.

## **The global formula industry**

The global infant formula market is highly profitable and driven by [high prices](#), particularly for premium and specialized formulas.

Consumption of formula for infants under six months has [risen in regions](#) with upper and middle incomes, including in Eastern Europe,

Central Asia and the Middle East.

In comparison to the size of the formula industry, which spends about [US\\$2–3 billion on marketing globally](#), public health investment in breastfeeding support is minimal.

The US spends about US\$60 million per year on a nutrition program for women, infants and children, compared to its US\$3 billion formula market. In the UK, public health funding for breastfeeding support is around £14 million annually, against a £200 million infant formula market.

The [formula market in Australia](#) and [New Zealand](#) is valued at about AU\$500 million annually.

New Zealand's Ministry of Health received NZ\$35 million over four years (2020–2024) to support the maternity sector through the expansion of the [Maternity Action Plan](#). This includes the national breastfeeding strategy, among other initiatives.

## **Unfounded health benefit claims**

As scientists learn more about the composition of breast milk and infant development, formula companies try to match the ingredients of their products by adding new components, such as prebiotics or probiotics.

However, the way [biological systems](#) work is not as simple, and synthetic forms of added ingredients don't act the same way as natural ones. Formula products will never be able to fully replicate the [complexity and dynamic composition](#) of breast milk.

It is well established that breastfed children have lower rates of respiratory and gastrointestinal infections, better cognitive development

and a [lower prevalence of developmental delays](#).

A large [randomized trial of more than 17,000 infants](#) demonstrated that breastfeeding is associated with improved [cognitive development](#), including better performance at school age.

Despite this, a [major study](#) published in 2023 found unsupported health claims are a common marketing practice in the formula industry. It showed most [infant formulas](#) add labels claiming the product supports brain development or a healthy immune system, without providing scientific references.

## **Scientific evidence is lacking**

A [recent survey](#) conducted in 15 countries, including Australia, examined the specific health and nutrition claims made by infant formula manufacturers on their product labels and websites.

The survey also examined [scientific evidence](#) cited in support of these claims, which were mostly related to positive impacts on brain development, immune health and growth.

For the majority (74%) of products making specific health claims, no scientific reference was provided. For most of the remainder, evidence was deemed to have a high risk of bias, with more than 80% of the authors affiliated with the formula industry.

On the other hand, independent reviews clearly question the benefits of added components, reporting these did [not promote long-term cognitive benefits](#) compared with standard infant formulas. And there is [no robust evidence](#) to recommend the use of prebiotic-supplemented formulas.

## A code for marketing

While infant formulas are a safe alternative, the benefits of breastfeeding are extensive, including positive impacts on infant and maternal health, [society and the environment](#). Hence, breastfeeding is a [key public health strategy](#).

To protect consumers from the marketing strategies of the formula industry, the World Health Organization established the [International Code of Marketing of Breast-milk Substitutes](#) in 1981. The code restricts advertising, free samples and promotional activities related to breast milk substitutes. Adherence is enforced by national regulations and local monitoring mechanisms.

Countries such as Norway and the Philippines, with strict adherence to the code, have high exclusive breastfeeding rates (around 80%). In contrast, countries such as the US and China, where the code is not fully implemented, have much lower rates (around 20%).

[New Zealand complies only partially](#) because the code is managed primarily through voluntary agreements rather than laws and policies.

One of the proposals under the Australia-New Zealand joint infant formula standard would have addressed legislative shortfalls, particularly in the regulatory framework, product definitions, nutrient composition and limits on additives and contaminants.

The proposed regulations would have enabled families to make unbiased, informed decisions, free from unfounded nutritional claims or unnecessary added components. The decision not to adopt the standard is a backward step.

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