



PROPOSED CHANGES TO NHMRC'S 2012 INFANT FEEDING GUIDELINES

May 2015

INFANT NUTRITION COUNCIL COMMENTS

OVERVIEW OF THE INC

This submission has been prepared by the Infant Nutrition Council (INC). The INC represents the majority of companies marketing infant formula and companies who manufacture infant formula in Australia and New Zealand.

INC aims to:

1. Improve infant nutrition by supporting the public health goals for the protection and promotion of breastfeeding and, when needed, infant formula as the only suitable alternative; and
2. Represent the infant formula industry in Australia and New Zealand.

The INC is a responsible body that voluntarily restricts its marketing practices to support government policies for the protection and promotion of breastfeeding. The companies represented by INC are:

Ordinary Members

Abbott Australasia Pty Ltd
Aspen Nutritionals Australia
Danone Nutricia Early Life Nutrition
Fonterra Co-operative Group Ltd

H J Heinz Company Australia Ltd and H J
Heinz Company (New Zealand) Ltd
Nestlé Australia Ltd and Nestle NZ Ltd
Synlait Milk Ltd

Associate Members

A2 Infant Nutrition Ltd
Australian Dairy Park
Bayer Ltd
Best Health Products NZ
Biolife New Zealand Ltd
Burra Foods
Cambricare New Zealand Ltd
Cargill Australia
Dairy Goat Co-operative Ltd
Fresco Nutrition Ltd
GMP Dairy Ltd
GrainCorp Ltd

Jamestrong Packaging Pty Ltd
Murray Goulburn Co-operative Co Ltd
Peerless Foods
New Image Group
New Zealand GoldMax Health Limited
New Zealand New Milk Ltd
Tatura Milk Industries
The Infant Food Co.
Unitech Industries Ltd
Westland Co-operative Dairy Company
Limited
Yashili Dairy New Zealand

The INC believes that breastfeeding is the normal way to feed infants as it has numerous benefits for both mothers and babies.

When an infant is not given breast milk the only suitable and safe alternative is a scientifically developed infant formula product. For these infants, infant formula is the sole source of nutrition for around the first 6 months. It is important that scientific advances in infant nutrition are captured and incorporated into these products to ensure the best possible outcome for infants that are unable to have the benefit of breast milk.

Submission Comments

Introduction

INC welcomes the opportunity to comment on the proposed changes to the NHMRC's 2012 Infant Feeding Guidelines. As a general comment, the Summary of Advice at the start of the Guidelines reflects the summary points in the relevant sections of the contents so alignment between this Summary and the subsequent text needs to be considered.

We suggest that the NHMRC might review section 8.5.1 to move the allergy treatment text to section 8.5.2 and to provide advice for parents in both sections. We would also suggest that the NHMRC considers a re-write of the elaborations of the summary points on Allergy treatment once the relevant provisions have been moved to section 8.5.2.

We note as well, that the current text on hydrolysed formulas in section 8.5 does not differentiate between partially and extensively hydrolysed formula. We suggest this might be considered at the time of reviewing sections 8.5.1 and 8.5.2.

We also note that ASCIA plans to update its Infant Feeding Advice in the coming months to reflect findings from recent allergy studies including the substantial new body of work (systematic review of 74 studies) undertaken by the European Association of Allergy & Clinical Immunology on primary prevention of allergy, published in 2014. This raises the possibility that further updating of the Guidelines may be required to maintain currency.

Specific Comments

NHMRC Proposed Amendment #1: Summary of Advice (Bottle Feeding), page 5

Remove:

“Soy or goat’s milk-based formulas are not suitable alternatives for infants with allergies to cow’s milk-based formulas.”

Replace with:

“There is no evidence that the use of soy or goat’s milk-based formulas will prevent the development of allergies to cow’s milk-based formulas.”

“Goat’s milk-based formulas are not suitable alternatives for infants with allergies to cow’s milk-based formulas.”

Rationale for Change:

To improve clarity and better align with the advice for parents in the Guidelines, that soy milk-based formulas are a suitable alternative for infants with medically diagnosed cow’s milk-based formula allergies.

Question:

Do you agree with the proposed change? If no, please provide rationale and relevant citations.

INC Response

Yes, in part – INC recommends against inclusion of the first sentence of the proposed new text and suggests alternative text as set out in 1) and 2) below. INC suggests additions to the second proposed sentence as described in the below in 3) to 6).

1) INC recommends against inclusion of the proposed new text:

“There is no evidence that the use of soy or goat’s milk-based formulas will prevent the development of allergies to cow’s milk-based formulas.”

The rationale given by the NHMRC for making changes to this section is to provide better clarity and alignment regarding advice on use of soy-based formula. This new statement proposed is providing information with regard to allergy prevention and it is

negative statement which is not overly helpful to parents and caregivers. INC recommends a statement about, “reducing the risk of developing allergy,” in preference to, “allergy prevention,” as no formula option, nor breast-feeding, can guarantee prevention of allergic diseases.

The further addition of the following statement from the ASCIA, Infant Feeding Advice, 2010, would also be helpful:

“Infants are unlikely to develop a new allergy to any milk* that is already tolerated, if it is given regularly.” *suggest replacing ‘milk’ with ‘formula.’

- 2) INC agrees that goat’s milk-based formulas are not suitable alternatives for infants with established allergies to cow’s milk-based formulas.
- 3) However, current Australian paediatric allergy consensus advice (Kemp et al, 2008) is for extensively hydrolysed formulas to be used for these infants, particularly for those infants under 6 months. This accords with the DRACMA Guidelines, that extensively hydrolyzed formulas have proved a useful and widely used protein source for infants suffering from cows’ milk allergy. (Fiocchi et al, 2010 p70).
- 4) As well, while current Australian paediatric allergy consensus advice (Kemp et al, 2008) is that soy milk-based formulas not be recommended for infants under 6 months, soy milk-based formulas can be utilised for infants over 6 months. This is reinforced in the DRACMA Guidelines produced by the World Allergy Organisation (Fiocchi et al, 2010). This is consistent with the following point under the heading of ‘Foods that should be avoided’ in the Summary section of the NHMRC Guidelines (page 6): “Soy (except soy follow-on formula) and other nutritionally incomplete plant-based milks (e.g. rice, oat, coconut or almond milk) are inappropriate alternatives to breast-milk or formula in the first 12 months.”
- 5) Amino acid formula is recommended as first choice in anaphylaxis and eosinophilic oesophagitis (Kemp et al, 2008).
- 6) In summary of the above, INC suggests alternative replacement text to that proposed by NHMRC which is:
“Goat’s milk-based formulas are not suitable alternatives for infants with allergies to cow’s milk-based formulas.”

“Infants under 6 months of age with allergies to cow milk should use an extensively hydrolysed formula under medical supervision or, in certain circumstances, an amino-acid based infant formula. Infants over the age of 6 months with allergies to cow milk may be recommended a soy based formula.”

NHMRC may also consider that adding the following statement from the ASCIA, Infant Feeding Advice, 2010, would be helpful:

“Infants are unlikely to develop a new allergy to any milk* that is already tolerated, if it is given regularly.” *suggest replacing ‘milk’ with ‘formula.’

References

ASCIA, Infant Feeding Advice, 2010 <http://www.allergy.org.au/health-professionals/papers/ascia-infant-feeding-advice>

AAAAI. *Primary prevention of allergic disease through nutritional interventions: Guidelines for healthcare professionals*, Physician Reference Card. American Academy of Allergy, Asthma, and Immunology, 2013

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Kemp AS, Hill DJ, Allen KJ, Anderson K, Davidson GP, Day AS, Heine RG, Peake JE, Prescott SL, Shugg AW, Sinn JK. "Guidelines for the use of infant formulas to treat cows milk protein allergy: an Australian consensus panel opinion". *Medical Journal of Australia* 2008; 188: 109-112.

Fiocchi A, Brozek J, Schunemann H, Bahna SL, von Berg A, Beyer K, Bozzola M, Bradsher J, Compalati E, Ebisawa M, Guzman MA, Li H, Heine RG, Keith P, Lack G, Landi M, Martelli A, Rancé F, Sampson H, Stein A, Terracciano L, Vieths S. World Allergy Organisation (WAO) Diagnosis and Rationale for Action against Cow's Milk Allergy (DRACMA) Guidelines. *Pediatric Allergy & Immunology* 2010; 3(4): 57-161.

NHMRC Proposed Amendment #2: 4.3.4 Eosinophilic Oesophagitis, page 52

Replace last sentence in paragraph with:

"There is a need for more evidence on the management of these infants, who, if they are formula fed, may benefit from antigen elimination by switching from a standard to an amino acid-based (elemental) formula under medical and dietetic supervision."

Rationale for Change:

To assist those providing specialised advice on this topic, reference to hydrolysed formula has been removed noting the lack of quality evidence on its use for this condition.

Question:

Do you agree with the proposed change? If no, please provide rationale and relevant citations.

INC Response

Yes – INC agrees with the proposed changes as described above.