



Infant Nutrition Council

Industry supporting both
Breastfeeding & Infant Formula

AUSTRALIA & NEW ZEALAND

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Mr Keith Gardner
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Dear Mr Gardner

Attached are the comments that the Infant Nutrition Council wishes to present on the ***Draft Position Statement: Feeding babies during an emergency (for babies aged 0-12 months)*** and ***Draft Plan to Develop National Position on Infant Feeding in Emergencies.***

Yours sincerely
Jan Carey

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Submission on Ministry of Health *Draft Position Statement: Feeding Babies During an Emergency (for Babies Aged 0-12 Months) and Draft Plan to Develop National Position on Infant Feeding in Emergencies*

INTRODUCTION

This submission has been prepared by the Infant Nutrition Council (INC). The INC is the association for the infant formula industry in Australia and New Zealand and represents manufacturers, marketers and brand owners, who between them are responsible for more than 95% of the volume of infant formula manufactured, sold and exported in 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 Infant Formula Industry is a responsible industry 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
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 (NZ)

Associate Members

A2 Infant Nutrition Ltd	Green Monkey Pty Ltd
Ardagh Group NZ Ltd	Milk World Natural Dairy
Bayer Ltd	Murray Goulburn Co-operative Co Ltd
Best Health Products NZ	New Image Group
Biolife New Zealand Ltd	New Zealand GoldMax Health Limited
Burra Foods	New Zealand Dairy Products Ltd
Cambricare New Zealand Ltd	New Zealand New Milk Ltd
Dairy Goat Co-operative (N.Z.) Ltd	Sutton Group (NZ)
e-Babycare NZ Ltd	Tatura Milk Industries
Ever Health NZ Ltd	Unitech Industries Ltd
Fresco Nutrition Ltd	Westland Co-operative Dairy Company Limited
GMP Pharmaceuticals Ltd	

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.

We welcome the opportunity to provide written comment to the Ministry of Health on its *Draft Position Statement: Feeding Babies During an Emergency (for Babies Aged 0-12 Months)* and on the *Draft Plan to Develop National Position on Infant Feeding in Emergencies*.

EXECUTIVE SUMMARY

INC supports the preparation and review of documentation covering emergency situations. However, INC is concerned that the drafting of both the Position Statement and the Plan do not support the overarching aim and intent of the WHO Code of marketing of breast-milk substitutes or the local New Zealand interpretation of the WHO Code which is “*to contribute to the provision of safe and adequate nutrition for infants...*” Infant formula is part of the solution in providing safe and adequate nutrition for infants and not part of the problem. While we acknowledge that breast milk is by far the better option for infants, infant formula is a scientifically developed breast milk substitute that provides an infant with all its nutritional requirements. The tone of language that is used when infant formula is mentioned in these documents would suggest otherwise. It is negative, alarmist and not helpful for families who are in crisis and depending on this product to feed their babies.

It seems that these documents have been undertaken without reference to the most recent experience in New Zealand. While INC understands that the Ministry of Health wants to reflect the Implementing and Monitoring the *International Code of Marketing of Breast-milk Substitutes* in New Zealand: The Code in New Zealand to the greatest extent possible, to do so without regard to a first world country context and seemingly without reference to the situation experienced by Christchurch is extremely disappointing.

INC considers the recommendation that mothers who have recently weaned their babies be encouraged to restart breastfeeding during and after an emergency to be quixotic. If mothers choose to re-establish breastfeeding they would need considerable support to do so at a time when resources would already be stretched. Of greater concern however is that we consider this recommendation shows a lack of compassion and empathy towards mothers and hungry babies placed in an emergency situation. This is especially disturbing as it has been made without any further recommendation or directive that these mothers would be given extra support and care to ensure that their babies were receiving adequate nutrition during this process. Mothers in some of the worst affected suburbs in Christchurch who were already bottlefeeding an infant would be dealing with ongoing quakes, no power, no water, other traumatised family members and children, potentially an unsafe house plus a suggested approach of a screaming hungry baby as she waits to re-establish breastfeeding. Has any social research been conducted about how mothers would respond to this recommendation when they are in a stressful situation with a hungry and upset baby who is used to infant formula? Are you suggesting an additional stress for these families is reasonable when infant formula is the norm for them and will provide their infant with all the nutrition he/she needs to survive?

INC knows and promotes breastfeeding as being best for baby. There are times – any natural disasters are obvious examples – where practicality and survival has to be applied in parallel with those messages. If a baby is weaned, a natural disaster is not the time to attempt to re-establish breastfeeding particularly when stress is known to affect milk flow.

INC strongly objects to the demonising of donations of infant formula in an emergency as we consider that when donations are managed responsibly, they have an important role both for formula fed infants and for alleviating their family’s stress when supplies are inadequate.

The instruction to 'avoid donations' and to 'not accept donations' is rejected. INC is very clear on the responsibilities of its members through Article 6.6 of the Infant Nutrition Council Code of Practice for the Marketing of Infant Formula in New Zealand (INC Code of Practice). However, in an emergency situation and for a region struck by disaster in a first world country where water, power, housing, heating, food and the basics of life may be lost, an instruction to reject donations for what might be starving infants is heartless, insensitive and short sighted.

For emergency agencies to be advised to provide 'infant formula to families who request it' but to provide no meaningful way for the emergency service to source that product other than purchase, places an unnecessary and additional burden on the service agencies. No thought appears to have been given to where agencies might get such product and it appears again to be a case of blindly following the WHO Code. 'Agencies' in an emergency can often only obtain food and goods to distribute by donation since it takes time for any purchasing arrangements to be established. Funds allocated to purchase goods which might be freely donated, deprives those affected of goods or services that for which no alternative to purchase exists. In our view it is those outside the emergency centre who need to act responsibly and manage donations entering an emergency area rather than place additional and unnecessary burdens on those operating within an emergency area.

For these reasons, INC has major problems with both the Position Statement and the Plan to Develop National Position on Infant Feeding in Emergencies and suggests a range of amendments and changes in the following.

BACKGROUND

INC has prepared its comments against the background of the role it shared with other agencies, particularly the New Zealand Food & Grocery Council, in the aftermath of the Christchurch earthquakes. INC has also had experience dealing with emergencies during and following the Queensland cyclone and flooding event in January 2011 and the Tasmanian bushfires in January 2013. During all these events, INC coordinated the provision and delivery of infant formula to health practitioners with a letter from INC signed by the CEO for accompanying each can to make it unequivocal that breast feeding was best and the donation was for infants who were already formula fed.

INC is aware of views and suggestions/reports that have been made about both the Christchurch earthquakes and the Queensland floods that these events were used by the infant formula industry as opportunities to donate vast quantities of infant formula into the areas. INC absolutely and publicly denies that any such action was taken and has challenged groups to provide evidence that this was ever the case. Any suggestion that there was a flood of infant formula is completely wrong. The INC CEO was personally and closely involved in the provision of infant formula and believes that around two pallets of ready-to-consume infant formula was donated to Christchurch after the second quake for distribution by health practitioners. Additional written information was distributed with each and every can.

To repeat for the sake of clarity, while INC has seen evidence of claims that Queensland and Christchurch were "awash" with donated infant formula after the floods and earthquakes respectively, this is entirely and blatantly false.

Specific Comments

A. Draft Position Statement: Feeding babies during an emergency (for babies aged 0-12 months)

Advice for parents / caregivers etc

The second sentence reads:

“Women who have recently stopped breastfeeding can be encouraged and supported to start breastfeeding their babies again.”

As advised in the Executive Summary INC questions the practicality and sensitivity of this sentence. It would be helpful to understand what “recently” means in this context. Does it refer to a timeframe of a couple of weeks when a mother might still be lactating and it may be relatively easy to re-establish breastfeeding, or does it cover a greater period when the mother would have ceased lactation altogether and medical intervention would be required to re-establish it and breastfeeding?

INC finds it concerning that this sentence is in a place of prominence and the first option in a position statement. This position sends a dispassionate message to mothers whose infants have been weaned and places what may be perceived as an uncaring burden on them at a time when support is the most critical role of the emergency agencies and personnel. It is impossible to imagine, in the aftermath of the Christchurch quakes, what resources would have been available to support mothers to restart breast feeding when the necessities of life were unavailable.

INC is strongly of the view that the less pressure on the individual who is already coping with perhaps lost or injured family members, shelter, hygiene and general necessities of life, the better. It is not the time for ideology to be dealt out but for mothers to receive, should they need it, the goods, services and support that will ensure families are adequately fed and have water and shelter.

The advice for agencies ‘working with babies and families during an emergency response situation’ is helpful until the last bullet that reads:

“avoiding donations of infant formula, and only providing infant formula to families who request it”.

INC believes it is inconsistent to ‘avoid donations’ but to have infant formula on hand for families that ‘request it’. In Christchurch, agencies couldn’t access stock or communicate with suppliers or manufacturers in many instances. INC is not aware of Civil Defence or aid agencies carrying readily available, accessible and within date stocks of infant formula. We wonder where the ‘infant formula to be provided when asked for’ is going to come from.

Recommendation: INC recommends that this dot point be rewritten to say: “avoiding inappropriate donations of infant formula, and only providing infant formula via health practitioners to families who request it”.

For breastfed babies

For the reasons set out above, INC finds the recommendation to restart breastfeeding could be perceived to lack compassion and empathy when there is no accompanying recommendation about providing additional support.

Recommendation: INC recommends that an additional dot point be added under the recommendations for breast fed babies: “If a mother chooses to restart breastfeeding ensure that she is given additional support and care to ensure that her baby is receiving adequate nutrition during this process.”

At the end of this section, in the last bullet point, the suggestion is made “For parents or caregivers needing further advice, contact your lead maternity carer or well-child provider.” INC considers this could be impractical. Our experience in both Christchurch and the Queensland flood areas was that areas were so badly affected that for days afterward it still took several hours to move relatively short distances. In such a situation the statement needs to be clearly prefaced with a condition of ‘if possible’ or similar. An alternative might be suggested.

Recommendation: INC recommends the sentence “For parents or caregivers needing further advice, contact your lead maternity carer or well-child provider” be prefaced by a phrase that suggests ‘Where possible’ or ‘Where feasible’.

For formula fed babies

The second bullet point reads “Infant formula can be bought as usual...”. In an emergency, nothing is ‘usual’ and in the aftermath of the Christchurch earthquake, many supermarkets and pharmacies were closed for clean up and to allow staff to attend to families etc.

Recommendation: INC recommends that the text in this section would be more accurate if it read:

- “Infant formula might still be bought from those supermarkets and pharmacies that remain open. If this is not possible, contact may be possible with your usual care provider for advice or the local Civil Defence Centre... who should be able to provide access to the required infant formula, and feeding and sterilisation equipment.”

INC notes that the care provider or Civil Defence Centre is to be the repository for feeding and sterilisation equipment. Amongst all the other important tasks Civil Defence has to do within hours after a major emergency, is the Department now aware that it is to become the keeper of baby feeders, breast pumps and sterilisation equipment? In many instances this equipment would be from donations and again, the instruction ‘not to accept donations’ is the wrong message.

Infant formula donation

INC rejects this section in its entirety. Infant formula manufacturers must comply with Article 6.6 of the INC Code of Practice, which sets out conditions for the donation of infant formula supplies in an emergency. Providing infant formula to emergency centres for distribution as appropriate by health professionals during a disaster situation is an entirely sensible approach in a first world country and the Infant Nutrition Council and its members are able to act quickly when donations are needed. The issues that INC has with this section relate to:

- Receipt of donations
- Alternative to donations
- Removal of donations.

The first sentence reads “Emergency response centres will not accept donations of breast milk substitutes”. Such a draconian rule would deprive numbers of mothers and bottle fed infants from their sole source of nutrition. INC understands that in the immediate aftermath of the Christchurch earthquakes, the emergency response centres struggled to get ANY donations into the area because of transport disruptions by sea, air and land. Even when donations got through, dealing with the distribution in a devastated city raised further issues.

INC does not know of any emergency centres that had time to sort through pallet loads of products to reject any infant related products. Instead, what actually happened is that there was a heavy reliance on the responsibility of suppliers to manage infant related donations

and as noted above, in a first world country where the requirements of the INC Code of Practice are well known, the issues were managed by suppliers.

To suggest that emergency personnel can purchase goods for the affected population based on their needs takes no account first of funding and communication issues and second, how to assess the needs of a population in an immediate aftermath (the earlier mentioned Haiti emergency started this exercise some months after the earthquake). This is simply unrealistic and ignores the value for money and efficiency that donations offer over purchases.

Stating that “In an emergency situation, unsolicited donations create problems and are unhelpful” is to ignore entirely how much the Christchurch population benefitted from the donations made by the food and grocery sector in the immediate aftermath of the earthquake. What is the evidence that underpins this statement?

Finally, to suggest that an emergency centre can a) contact a DHB, b) the DHB has personnel to spare to remove goods and c) there is somewhere to put removed goods is impractical.

Recommendation: INC recommends deleting this section and replacing it with the following which places the responsibility for meeting the requirements of the INC Code of Practice on those outside the emergency centre and thereby not creating issues or diverting emergency centre resources within an emergency centre:

Infant formula donations

- Emergency response agencies will accept limited or controlled donations of breast milk substitutes (including infant formula or other formula products) so that they are available when they are necessary to feed babies that are already fed infant formula.
- These products will be provided to caregivers/mothers when they are requested by families or health practitioners and will be supplied in accordance with Article 6.6 of the INC Code of Practice.
- When donations are initiated either on request of emergency centre coordinators or through external agencies, suppliers will ensure they are accompanied by explicit instructions as to their receipt and distribution to ensure recipient agencies manage them in compliance with the INC Code of Practice.
- If donations of breast milk substitutes are provided to your agency inappropriately or which are deemed to be surplus to needs, contact your local DHB and when resources are available, they will arrange for this stock to be collected.

B. Plan to Develop National Position on Infant Feeding in Emergencies

Ministry of Health's role

INC appreciates the logic of drawing on foundation documents for the development of a Position Statement and considers that one of the most important and relevant is the Infant Nutrition Council Code of Practice for the Marketing of Infant Formula in New Zealand (INC Code of Practice) and as such should be referenced in this document.

Overall we suggest that as well as these documents the Position Statement should be realistic, reasonable, practical, and above all, supportive for both the assisting and assisted parties. For New Zealand this means taking the following into account:

- New Zealand is a developed country with a high standard of living and sophisticated communication, transport, finance and supply chain systems
- Manufacturing is distributed throughout the country even though population is concentrated in the north
- Disruptions to systems in one area do not mean the entire country falls into anarchy and lawlessness
- New Zealanders are fiercely loyal to compatriots and generous to those in need.

Recommendation: INC recommends that the first dot point in the Plan read:

- *World Health Assembly Resolution 63.23 (2010)* and related documents including the Infant Nutrition Council Code of Practice for the Marketing of Infant Formula in New Zealand (INC Code of Practice)

INC would be interested in evidence of the extent of infant formula donations recorded by the Canterbury DHB or the Ministry's National Health Coordination Centre as having been made/rejected during and after the Christchurch earthquake. We have no record of the National Health Coordination Centre or the DHB contacting INC during this time and neither were we expecting it.

Recommendation: INC recommends that the last paragraph in the Plan be deleted as it is not part of developing a position statement and refers to only one aspect of providing appropriate support to families to feed their infants in an emergency situation.

Managing donations of infant formula should be covered under the Policy Document in the section dealing with infant formula donations.

If the paragraph is not deleted then INC recommends that it be replaced to read:

"Provide support for DHBs in relation to infant formula supplies that may be needed in an emergency by liaising with agencies coordinating donations and the Infant Nutrition Council to ensure the requirements of the INC Code of Practice are met during an emergency."

Ministry of Civil Defence & Emergency Management's Role

INC notes that the MCDEM is responsible for coordinating advice on the provision of goods in an emergency. In our view the MCDEM's role should not be to "decline donations of infant formula" since this blanket instruction is not based on reality and is not consistent with delivering to the needs of people in an emergency. The same applies to CDEM Groups although the inconsistency is very clear – CDEM Groups on the one hand are to supply infant formula on request but not to accept donations raising questions about sourcing product for supply on request. In any case the MCDEM's overarching role is not just about managing donations of infant formula and should be about providing appropriate infant feeding support.

Recommendation: INC recommends that the first dot point should read that "MCDEM will:

- assist families to receive support to feed their infants through appropriate health practitioners and in accordance with the policy statement"

Recommendation: INC recommends that the dot points under CDEM Groups should be amended to read:

- provide infant formula and feeding equipment for infants in an emergency, but only to health practitioners and families that request it (will not include infant formula and feeding equipment for infants in 'general rations') (already in place)
- decline inappropriate donations of infant formula (already in place)

DHBs' Roles

INC believes that emergency situations are not the time for promoting ideology and that the approach proposed in the Plan is unnecessarily burdensome. This is because 'pre-planning' and 'operation in an emergency' have been combined. A more practical approach is suggested.

Recommendation: INC recommends that the second bullet point under DHBs' roles be deleted and replaced by the following:

- Have a single-point of contact for the pre-planning of infant feeding in emergencies that could provide advice and promote infant feeding policy to local emergency planning
- Have a contact group for dealing with infant feeding during an emergency that could:
 - Provide advice on infant feeding in emergencies
 - coordinate the collection (return, disposal, or removal) of all donations of infant formula that have not been received in accordance with the infant feeding policy and that are surplus to requirements (and feeding equipment), on behalf of all agencies responding to an emergency (*DHBs to do*)
 - provide feedback on infant feeding policy issues to the Ministry (via Charles Blanch) (*DHBs to do*)

Plunketline and Healthline's Role

INC suggests that once communication lines are operating there would be an important role for these groups.

Food, Grocery and Infant Formula Industries' Role

INC finds it insulting to be instructed to "refrain from donating infant formula" in emergencies. For ensuring bottle fed infants have access to their food as other groups in the population have through donations in emergencies, it would be more constructive for this section to be a collaboration in a pre-emergency situation (as this consultation is reflecting) and to rely on responsible action during an emergency.

Recommendation: INC recommends that the Food, Grocery and Infant Formula Industries' Role be described in the Plan as follows:

"The New Zealand Food & Grocery Council has a broad role in an emergency situation to liaise with members and coordinate donations in liaison with MCDEM and related regional emergency groups. The Infant Nutrition Council and the infant formula industry form one part of any emergency response programme. The INC will work with the NZFGC to:

- Contribute to the development of MCDEM and Ministry of Health emergency preparation plans and activities as necessary
- Ensure coordination with both agencies as necessary during an emergency
- Provide feedback on undertaking after an emergency event as might be requested."