Australian Government

National Health and Medical Research Council

INFANT FEEDING GUIDELINES

Public Consultation Report

2012

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Public Consultation Period

The draft Guidelines were released for public consultation, as required by the *National Health and Medical Research Council Act* (1992) from 24 October 2011 until 5 December 2011. Submissions were received from health departments, non-government organisations, health services and individuals, with a total of 130 submissions registered.

Public Consultation Submissions

The Office of NHMRC thanks all who provided submissions. Submissions which were classified as *'not confidential'* are provided at http://consultations.nhmrc.gov.au/public_consultations/submissions/all.

Process of Consideration

A sub-group of the *Dietary Guidelines Working Committee* (the Committee) met on the 6th and 7th of March 2012 to review and consider the comments received during the public consultation period. The Committee gave due regard to all submissions, systematically reviewing and discussing each one. The Committee reached a consensus in each case on incorporating the suggestions made, and evidence raised in submissions.

Summary of Changes to Consultation Draft

This summary provides an overview of substantive changes to specific topic areas. Editorial comments from submissions are not included.

Specific Topic	Committee Response
Language, terminology, tone & structure of the document	The Committee appreciated the sensitivities involved with feeding infants. To improve usability, the Committee advised that the structure be modified so that the contents page is followed by a summary/overview of recommendations. It is noted that final editing will also see the structure of the Guideline further improved. The Committee recommended the use of the Vancouver Referencing System (with numbered in text references).
Recommended length for exclusive breastfeeding	The Committee determined there is no significant evidence at this stage to change the recommendation for introducing 'solid' foods from *around 6 months* to 4-6 months. Additional text has been included on the rationale for exclusive breastfeeding until *around 6 months*. The Committee also advised that the content of the document

	be clarified to ensure that references to the health outcome of obesity are related to 'any breast feeding' and not 'exclusive breastfeeding', as per the reviewed evidence base.
Breastfeeding and allergy development and/or prevention	The Committee determined that the evidence for breastfeeding exclusively to *around 6 months* is compatible with achieving the lowest rates of allergic disease. The evidence also indicates that delaying the introduction of solid foods until after 6 months of age is associated with increased risk of developing allergic syndromes.
Duration and continuity of breastfeeding	The Committee agreed with comments received that the evidence supports breastfeeding be continued for 12 months and beyond as long as the mother and child desire. The Committee recommend the content of the document be amended to ensure that the continuation of breastfeeding beyond the introduction of 'solid' foods is emphasised.
Breastfeeding rates and targets	The Committee supported the inclusion of breastfeeding targets as improvement in both the type and duration of breastfeeding offers considerable benefits for maternal, infant, child and life course health for Australians. NOTE: As there are not nationally agreed targets set out in the *Australian national breastfeeding strategy 2010–2015*, specific targets could not be included in the final document.
Use of partially hydrolysed formula	The Committee agreed that, as supported by the evidence, the content around the use of partially hydrolysed formula could be strengthened. Specifically, there is no evidence that partially hydrolysed infant formula prevents allergic disease when used for supplementary feeding in hospitals, and widespread use for this purpose may undermine breastfeeding.
Introducing 'solid' foods	The Committee agreed that the term 'solid foods' should replace 'spoon foods' throughout the text. A new definition should also be included to define 'solid foods' in the context of infant feeding. The Committee agreed that the reference to '22-26 weeks' is misleading and recommend *that 'around 6 months'* for the introduction of appropriate foods should be referenced consistently. The Committee also agreed that the content relating to the introduction of foods needs to be consistent – that is first foods should be iron rich followed by other nutritious foods of appropriate textures (it does not matter what specific order individual foods are introduced after iron rich foods). The Committee recommended the table covering the developmental stages and examples of foods use the following stages:

	- Birth-6 months - First foods (from around 6 months) - Other nutritious foods to be introduced before 12 months - From 12-24 months The Committee disagreed with the inclusion of more prescriptive information on how, and in what quantities foods should be given to infants. This information is outside the scope of this document and should be determined on an individual basis. Additionally, there is limited evidence from peer reviewed journals to support the inclusion of this information.
Treatment of constipation	The Committee agreed that sufficient information is included in the document. The inclusion of further information relating to treatment and management is outside the scope of this document and further information should be sought from health professionals.
Baby Friendly Hospital Initiative (BFHI) and practice of rooming-in	The Committee agreed that this is an important initiative to include in the document. Given there are variations, it is recommended that this document refer to the original WHO version of the BFHI, as this has been extensively evaluated. The Committee recommended the following text be included to highlight the slight difference in the Australian version of the BFHI, step 4: "place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed". The Committee also advised the content of this document must be very clear to ensure the information on the practice of rooming-in does not encourage co-sleeping.
Marketing in Australia of Infant Formulas (MAIF) Agreement and World Health Organisation (WHO) Code	The Committee agreed that a greater linkage between the WHO Code and MAIF Agreement is required. The relevant area from the Commonwealth Department of Health and Ageing was consulted and the section revised accordingly.
Use of toddler formula	The Committee agreed that from 12 months of age and beyond, toddlers should be consuming family foods consistent with the *Australian Dietary Guidelines*. Toddler milks and special and/or supplementary foods for toddlers are not required for healthy children. This is demonstrated in the *Food Modelling System* underpinning the *Australian Dietary Guidelines* and *Australian Guide to Healthy Eating*. The Committee also recommended the following additional text be included for clarity, 'from 12 months of age, water and milk are preferred drinks. Sugar sweetened drinks and fruit juice should be limited. Tea, coffee and other caffeinated drinks are not suitable for toddlers.'

Oral hygiene/Dental caries	The Committee recommend adding information on the importance of not putting anything in an infant's mouth if it has been in a parent/careers mouth to avoid spreading bacteria that could cause tooth decay. Any further changes to this content fall outside the scope of the document.
Use of antidepressants and other medications during pregnancy and breastfeeding	The Committee recommended that reference to 'Consumer Medicine Information (CMI)' be included. No other significant evidence was provided to support further changes to the document.
Mental health information	The Committee agreed that further information on this topic would be outside the scope of this document. The Committee recommended that the included information be aligned with existing NHMRC documents including '*Depression and related disorders — anxiety, bipolar disorder and puerperal psychosis — in the perinatal period'*. It is also recommended that greater emphasis be placed on seeking further advice from an appropriate health professional.
Support for parents about formula feeding	The Committee agreed that while health workers have a responsibility to promote breastfeeding first, where it is needed they should educate and support parents about formula feeding. Some mothers may experience feelings of grief or loss if they decide not to breastfeed. A mother's informed decision not to breastfeed should be respected and support from a health worker and/or other members of the multidisciplinary team provided. The Committee recommended that this advice be included in the document wherever appropriate.
Expressing and storing breast milk	The Committee recommended the following changes: - Disclaimer required to emphasise that breast milk storage guideline recommendations do vary - Storage of breast milk in a refrigerator should be amended to *5°C or lower*, as per Australia New Zealand Food Standards Code - Clearly state that the evidence indicating storage of breast milk in a refrigerator up to 96 hours is a <u>maximum</u>. The table recommendation of storage of breast milk in a refrigerator for no more than 72 hours is <u>optimal</u>
Safe preparation and storage of formula	The Committee recommended the information on preparation and storage of formula should reflect the WHO Food Safety Section and as such recommended prepared formula should be stored for no more than 24 hours in the fridge in sterile containers.

Fruit juice and/or fruit drink	The Committee agreed that fruit juice and/or fruit drink is not necessary for infants under 12 months – text to be amended to reflect this. It is advised that from 12 months of age, information provided in the *Australian Dietary Guidelines* relating to fruit juice consumption should be followed.
Plain bottled water	The Committee recommended the following information be included in the document: - Exclusively breastfed infants do not require additional fluids up to 6 months of age - For formula-fed infants, cooled boiled tap water may be used if additional fluids are needed - From around 6 months, small amounts of cooled boiled water can supplement breast milk or infant formula - Note: Plain bottled water can be used if unopened to prepare formula but the use of bottled water is not necessary
Honey	The Committee recommended correcting the target group to 'infants under 12 months' as per the Australia New Zealand Food Standards Code.
Goat's milk	The Committee agreed that a balanced review on different sources of milk be included in the document including: - State that any milk from non-human species, for example cow's, goat's and sheep's milk, is not suitable for human infants due to differences in protein and electrolyte concentrations (breast milk or formula should be used for infants) - It is important to illustrate the very low levels of folate and vitamin B12 in goat's milk
Cow's milk and cow's milk products	The Committee agreed that cow's milk products such as yoghurt, custard and cheese should be included in the nutritious foods list (to be introduced before 12 months).
Tofu	The Committee agreed that cooked plain tofu should be included in the list of first foods as this is a good source of iron, appropriate texture and easy to incorporate into food.
Inborn errors of metabolism	The Committee considered inborn errors of metabolism to be outside the scope of this document. Phenylketonuria (PKU) has only been included to provide an example of how infants with special needs require specialist paediatric advice.
Growth charts	The Committee noted that in 2012, all Australian jurisdictions agreed to adopt the WHO 2006 growth charts as the standard for Australian children aged 0–2 years. The text within this document has been amended to reflect this.

Informed consent forms	The Committee recommended including an example of a supplementary feeds information and approval form in the appendix.
Date of evidence base	The Committee agreed that there is significant evidence post the date of the systematic literature review. This should be included to support the text wherever possible to ensure currency.
Inclusion of evidence grades	The Committee agreed that an explanation of NHMRC Grades (A-D) be included in the relevant appendix before the evidence statements are listed. The Committee also recommended including more information in the appendix covering the 'process report' on the literature reviews underpinning this document. Suggested evidence statements and associated grading recommendations received during the public consultation period were not adopted in the document, following consideration by the Committee, which determined the suggestions were not of equivalent strength to the wording and grading of the Systematic Literature Review to inform the revision.
Use of milk banks	The Committee agreed that information should be included which states that breast milk bank products are only available in Australia for preterm infants or those with serious medical conditions. The Committee also advised that information be included which emphasises that milk banks can ensure the quality of products and minimise risks to infants of transmitting infections. Outside established hospital milk banks, there may be dangers from sharing milk from unknown sources.
Ankyloglossia & Oropharyngeal dysphagia	The Committee advised that these have been included to provide examples of how infants with special needs require specialist clinical advice. Further information relating to management and treatment would be outside the scope of this document.
Vegetarian and vegan dietary patterns	The Committee agreed that care needs to be taken with the use of the terms 'vegan' and 'vegetarian', and these should not be used interchangeably. It was recommended that this terminology be reviewed throughout the document.
Pacifiers/Dummies	The Committee recommended including the following statement 'a pacifier may be offered, while placing the infant in back-to-sleep-position, no earlier than 4 weeks of age and after breastfeeding has been established'.
Boiling/sanitising/sterilising	The Committee recommended the word 'sterilise' be used consistently throughout the document.

Enterobacter	The Committee recommended the use of the newer terminology '*Chronobacter Sakazakii'* throughout the text. Where necessary, a statement that '*Enterobacter*' is still used in current literature should be included.
Lactiferous Sinuses	The Committee agreed that there is insufficient evidence (only one ultrasound study) to suggest that lactiferous sinuses are not a physiological feature.
Use of term 'birthed'	The Committee recommended that 'birth' be used consistently throughout the text. The context should also be reviewed and where appropriate the term 'delivery' should be used.
Use of term 'nurses'	The Committee agreed that the term 'nurse' should be replaced with the term 'nurses and midwives' throughout the text where appropriate.
Test weighing	The Committee recommended deleting all reference to 'test weighing' from this document.
Prebiotics/Probiotics	The Committee advised that there is limited evidence to support the use of prebiotics/probiotics in infants at this time.
Caffeine consumption	The Committee recommended including further information that cola, energy drinks and some sports drinks also contain significant amounts of caffeine.
Child abuse	The Committee recommended no further changes to the document as the evidence linking hormonal changes in women, with rates of child abuse is weak.