

codex alimentarius commission



FOOD AND AGRICULTURE
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Agenda Item 6

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JOINT FAO/WHO FOOD STANDARDS PROGRAMME

CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES

Twenty-third Session

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DRAFT REVISED STANDARD FOR PROCESSED CEREAL-BASED FOODS FOR INFANTS AND YOUNG CHILDREN - Comments at Step 4 of the Procedure -

Comments from:

- INTERNATIONAL SPECIAL DIETARY FOODS INDUSTRIES (ISDI),
- INTERNATIONAL BABY FOOD ACTION NETWORK (IBFAN), AND
- EUROPEAN NETWORK OF CHILDBIRTH ASSOCIATIONS (ENCA)

ISDI

Following the twenty-first session on the Codex Committee on Nutrition and Food for Special Dietary Uses (CCNFSDU) in 1998, ISDI sent comments to the Codex secretariat on the proposed draft revised standard for cereal based foods for infants and young children at step 5 of the procedure (Document 99/075 dated March 1999). These comments are reproduced in the working document CX/NFSDU 01/06 circulated in September 2001 in view of the twenty-third session of CCNFSDU (Berlin, November 2001).

In its comments, ISDI stated “*In the future, if the WHO changes its recommendation, the Standard should be modified accordingly*”. Therefore, ISDI believes that CCNFSDU should follow the full findings, as formulated in its conclusions and recommendations, of the WHO Expert Consultation, as referenced in the WHA resolution 54.2. and wishes to make new comments on point 1 (Scope) and point 8.5.4 (Labelling / Information for use), the other comments remaining valid.

1. SCOPE

ISDI therefore urges the Committee to ensure that the wording in the Scope of the Proposed Draft Revised Standard for Processed Cereal-Based Foods for Infants and Young Children allows for the diverse nutritional needs of all infants and young children to be met. The following proposition for wording in the scope would better suit the nutritional needs of infants:

“This standard covers processed cereal-based foods intended for feeding infants as a complement to breast-milk or infant formula from the age of six months onwards, or when breastfeeding alone

or infant formula is no longer sufficient to satisfy nutritional requirements, and for feeding young children as part of their progressively diversified diet”.

8.5.4 Labelling / Information for use

ISDI also believes that in keeping with the WHO Expert Consultations’ recommendations, point 8.5.4 must also be re-worded to ensure that the individual needs of all infants and young children are met. ISDI therefore proposes that point 8.5.4 be re-worded to read:

“[The label shall indicate clearly from which age the product is intended for use. In addition the label shall include a statement indicating that the decision when precisely to begin complementary feeding should be made in consultation with a health worker, based on the infant specific growth and development needs. Additional requirements in this respect may be made in accordance with the legislation of the country in which the product is sold].”

ISDI strongly recommends that the wordings above replace the present ones in brackets, in order to reflect the conclusion of the WHO Expert Consultation on “The optimal duration of exclusive breastfeeding” as referred to in the WHA Resolution 54.2.

IBFAN

1. SCOPE

Delete brackets, and change to read "about six months". Also delete "when" and the phrase "breastfeeding alone or infant formula is no longer sufficient to satisfy nutritional requirements". Reword text to read "This standard covers processed cereal-based foods intended for feeding infants as a complement to breastmilk or infant formula from the age of about 6 months and for feeding young children as part of their progressively diversified diet."

The age of "about six months" for the appropriate age of introduction of complementary foods is in line with World Health Assembly resolutions of both 1992 and 1994 which state that complementary foods should begin "at about six months" of age. Resolution 47.5 (1994) states, "the forty-seventh World Health Assembly urges member States to...promote sound infant and young child nutrition...by...fostering appropriate complementary feeding practices from the age of six months, emphasizing continued breastfeeding and frequent feeding with safe and adequate amounts of local foods". Complementary feeding continued to be a concern for WHA Member States in 1996. In that year the WHA unanimously passed resolution WHA 49.15 which states, "The forty-ninth World Health Assembly urges Member States to...ensure that...complementary foods are not marketed in ways that undermine exclusive and sustained breast-feeding".

A recent comprehensive WHO-UNICEF review of current scientific findings concluded that the appropriate age of introduction of complementary feeding was about six months. (Complementary Feeding of Young Children in Developing Countries: a review of the scientific knowledge, WHO 1998) As scientific evidence accumulates, "about six months" is increasingly accepted by major respected national and international agencies -International LA Leche League International, the International Lactation Consultants Association, USAID Linkages, the American Academy of Pediatrics, PAHO and UNICEF.

2. DESCRIPTION

Delete: "and/or starchy root and stem products" and change "25 %" to "75%".

Allowing starchy roots and stem products as a partial or whole basis of a cereal-based complementary food can potentially lower the nutritional density, especially energy, protein and some micro-nutrients. and is therefore incompatible with adequate infant nutrition. Manufacturers could then try to raise the protein

level by adding amino acids which would only address this aspect of the nutritional density. If a complementary food is named "cereal-based" it should have more than 25% cereal content. The degree of milling should be specified in the product description. A large part of the nutritional benefits of cereal grains are lost when only the starchy endosperm and not the germ part of the cereal grain is included in the product.

3. ESSENTIAL COMPOSITION AND QUALITY FACTORS

3.1 Essential composition

Reword to read: "dry cereal is prepared primarily from one or more milled cereal grain such as wheat, rice, barley, oats, rye, maize, millet, sorghum and buckwheat and/or legumes (pulses) and/or sesame."

The item "starchy roots (such as arrowroot, yam or cassava) or starchy stems" should be deleted. The addition of starchy roots will have a negative impact on the nutritional density and quality of the cereal-based products.

3.3 Protein

3.3.1 Add: "The minimum content of the product protein shall be no less than 10% on a dry weight basis." *One has to assume that in many situations where animal milks are not available or not part of the local diet that cereal-based foods will be mixed with water. The refinement of the cereal-based foods should be limited to retain the maximum protein content. This also ensures that other micronutrients are retained and not lost in the milling. The inclusion of rusks, biscuits and pasta to the product description of this standard permits the cereal-based foods (pap) to be reduced to the nutritional minimum of these foods.*

3.4 Carbohydrates

3.4.1 and 3.4.2 Delete: "honey"

The sugar content should be lower. It would be preferable to lower the maximum amount permitted.

3.5 Lipids

Add: "no hydrogenated fats containing trans fatty acids should be added to the products defined as cereal-based foods intended for infants and young children."

Trans fatty acids are undesirable ingredients, which have been implicated in impairing the metabolic conversions of linolenic and linoleic acids to DHA and AA. There are concerns that trans fatty acids may be incorporated into developing brain and retinal tissue and alter optimal physiological function.

3.6 Minerals

3.6.1 Retain brackets

3.6.2 Delete *The sodium content of complementary foods should be as low as possible. Research has shown that infants and young children may acquire a preferred taste for salty foods when fed salty foods during infancy and early childhood.*

3.8 Optional ingredients

3.8.1 Delete. *The text as it now reads ("In addition to ingredients listed under 3.1, other ingredients suitable for infants who are more than four to six months of age and for young children can be used.") allows the addition of any ingredients. If the phrase is to be retained then the "four to six months" should read "at about six months". A standard for infant and young child foods should not allow unspecified optional ingredients.*

3.8.3 Change: "...after 9 months..." to "...after 12 months..."

Cocoa can cause allergic reactions and should be introduced into the young child's diet as late as possible, at the very least after 12 months of age.

3.10 Consistency and particle size

3.10.1 Delete brackets.

Bottle feeding complementary foods is a harmful practice which undermines breastfeeding and should be discouraged.

4. FOOD ADDITIVES

4.4 Delete reference to flavours.

These substances can cause allergic reactions in children less than 12 months of age.

5. Contaminants

5.1 Reword to read: "The product shall be prepared with special care under the good manufacturing practices, so that residues of those pesticides which may be required in the production, storage or processing of the raw materials or the finished food ingredient do not remain, or if technically unavoidable, do not exceed a maximum level of 0.01 mg/kg for each substance in the product as sold."

This standard should have a stated maximum level for pesticides and not vague phrases such as the present text, "pesticides...are reduced to the maximum extent possible". There are 200 known pesticides found in baby foods. By stating the maximum allowable levels for each pesticide the cumulative pesticide load is unclear and may present a health hazard to babies and young children.

5.2 Other contaminants

Delete "practically" to read: "The product shall be free from residues of hormones, antibiotics as determined by means of agreed methods of analysis and free from other contaminants, especially pharmacologically active substances."

6. Hygiene

6.1 Reword to read: "The product covered by the provisions of this standard shall be prepared and handled in accordance with the appropriate sections of the Recommended International Code of Practice -General Principles of Food Hygiene (CAC/RCP 1 1969, Rev.3,1997), and other relevant Codex texts such as Codes of Hygienic Practice and Codes of Practice."

Stating that the product shall be manufactured in accordance with these Codes of practice is stronger than a recommendation that the product be made in accordance with them.

8. LABELLING

Add the following two texts:

"The label shall have no pictures of infants or young children or text which idealizes the use or suggests an inappropriate age of introduction of these products." Label graphics should be for product identification not for product promotion. By showing a very young infant's image, parents can be misled to feed the product to infants before about six months. "No health claims, shall be made regarding the dietary properties of the products covered by the provisions of this standard." Health claims are used to idealize the health and nutritional aspects of processed infant foods. Such claims are promotional and have a high potential for misleading consumers. Claims should not be permitted, in order to protect consumers from making infant feeding choices based on unsubstantiated and misleading claims.

"The use of or the addition of genetically modified ingredients shall be clearly indicated on the label."

It is preferable that they not be permitted. If they are permitted then the above statement is needed.

8.5 Information for utilization

8.5.3 Delete [].

This bracketed statement says that milk or a milk product must be used to mix low protein products. It is a necessary warning and must stay in the draft. If the product is low in protein a higher protein food like milk should be used to mix with the product to raise the protein level.

8.5.4 Remove square brackets. Change: "before 4 to 6 months" to "before about six months".

8.5.5 Add 8.5.5 "labels shall contain the following statement: 'Important notice-for best child nutrition and health, breastfeeding should continue along with feeding complementary foods.' "

Parents should be warned that the introduction of complementary foods does not signal a need to stop breastfeeding. Breast milk continues to be the most important source of nutrition. WHO and UNICEF policy encourage mothers to breastfeed for 2 years and beyond.

ENCA

Scope

We support as age for introduction about six months because: new outcomes since the meeting in Berlin, where no consensus on the age of introduction could be reached have occurred.

For the European Region

The Eurodiet Report where experts from all over Europe decided as a population goal exclusive breastfeeding for about 6 months <http://eurodiet.med.uoc.gr>

On the worldwide level

The age of "six months" for the appropriate age of introduction of complementary foods is consistent with the WHO Expert consultation on the duration of exclusive breastfeeding (of 28-30 March 2001).

In May 2001 the results of the WHO Expert Consultation on the Duration of Exclusive Breastfeeding were incorporated into WHA Resolution 54.2 which calls on Member States to:

...strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on the optimal duration of exclusive breastfeeding, and to provide safe and appropriate complementary foods, with continued breastfeeding to two years and beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;...