



# Petition 2005/123 of Valerie Ann James and 214 others

Report of the Health Committee

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## Petition 2005/123 of Valerie Ann James and 214 others

### Recommendations

The Health Committee recommends:

That the current mandatory labels on soy-based infant formulas be amended to read, “Breastmilk is best for babies. Soy-based formulas have a high phytoestrogen content, which may pose a risk for long-term reproductive health of infants. Before you decide to use this product, consult your doctor or nurse for advice.”

That the Government undertake more proactive education about the risks of infants’ consuming soy-based infant formulas through health professionals, the Royal New Zealand Plunket Society and Well-Child providers.

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### The petition

This petition requests that the House take action to ensure that:

- soy-based infant formulas are made available only on prescription
- the advice of the United Kingdom’s Department of Health Chief Medical Officer that “soy-based formulas have a high phytoestrogen content, which could pose a risk to the long-term reproductive health of infants” be provided to all New Zealand health professionals, and clearly printed on the labels of any soy-based infant formulas sold in New Zealand.

### Background

Soy-based infant formulas are sold commercially in New Zealand. Concerns have been raised about the fact that the high phytoestrogen content of soy milk could affect the long term reproductive health of infants.

In the United Kingdom these concerns have resulted in the United Kingdom’s Chief Medical Officer issuing the following advice, which is available on the United Kingdom Department of Health’s website.

“Soy-based formulas have a high phytoestrogen content, which could pose a risk to long-term reproductive health of infants, according to a 2003 report from the Committee on Toxicity (COT), an independent scientific committee that advises the Department of Health and other agencies.

The Scientific Advisory Committee on Nutrition another independent advisory body, has advised that there is no particular health benefit associated with the consumption of soy-based infant formula by infants who are healthy (no clinically diagnosed

conditions). SACN also advised that there is no unique clinical condition that particularly requires the use of soy-based infant formulas.

As an alternative to soy-based products, more appropriate hydrolysed protein formulas are available and can be prescribed. Soy-based formulas should only be used in exceptional circumstances to ensure adequate nutrition. For example, they may be given to infants of vegan parents who are not breast-feeding or infants who find alternatives unacceptable.

The Chief Medical Officer advises that soy-based infant formulas should not be used as the first choice for the management of infants with proven cow's milk sensitivity, lactose intolerance, galactokinase deficiency and galactosaemia."

The petitioner requests that this advice is provided to all health professionals and clearly printed on the labels of any soy-based infant formulas sold in New Zealand.

### **The New Zealand situation**

The New Zealand Ministry of Health provides the following advice on the use of soy-based infant formulas on its website: "Breast milk is the best food for babies. Dairy-based infant formula is the next best choice. Under the advice of a health practitioner, soy-based infant formula may be recommended as a substitute for a dairy-based infant formula for infants with cow's milk allergy or intolerance, or lactose intolerance."

The ministry informed us that it is aware of concern among various health practitioners and policy makers about the safety of soy-based infant formula, mainly because of its high level of phytoestrogens, which international research has indicated can affect sexual development in animals and in rare circumstances may affect the function of the thyroid gland. It therefore advocates a "precautionary" approach and recommends that soy-based formula be used "only where it is medically indicated". "Medically indicated" refers to conditions for which soy-based infant formula is useful. The ministry also advises people to talk to their health professionals, lists appropriate health professionals, and mentions where leaflets can be obtained. The ministry makes the relevant information available to health professionals such as GPs and the Royal New Zealand Plunket Society (Inc.).

The ministry says it considers soy-based infant formula appropriate for babies under six months with galactosaemia, a rare condition. It informed us that it is not aware of soy-based infant formula having been removed from supermarket shelves in any country. It did not support the petitioner's request that soy-based infant formula be available only on prescription.

The New Zealand Food Safety Authority informed the committee that it monitors international developments and research on soy-based infant formulas. It believes there is insufficient evidence to support either a mandatory warning statement on labels, or the provision of advice to health professionals as requested by the petitioner. It pointed out that the labelling of infant formula already includes the following statement: "Breastmilk is best for babies. Before you decide to use this product, consult your doctor or health care worker for advice". On the current weight of evidence it considers this advice to be appropriate and sufficient. However, it said it is open to changing this advice in response to new evidence.

## Conclusion

We support the petitioner's request for more accurate labels on soy-based infant formula, which highlight the potential long-term risks of feeding soy-based infant formula to infants. We accept that there is evidence that soy-based formulas have a high phytoestrogen content that may pose a risk to the long-term reproductive health of infants. We acknowledge that the current labels do advise consumers to consult a doctor or health care worker for advice. However, we believe it would be prudent to supplement this advice with more specific wording which points out that the high phytoestrogen content of soy-based infant formula may pose a risk to the long term reproductive health of infants.

We therefore recommend that the current mandatory labels on soy-based infant formula should be amended to read: "Breastmilk is best for babies. Soy-based formulas have a high phytoestrogen content, which may pose a risk for the long-term reproductive health of infants. Before you decide to use this product, consult your doctor or nurse for advice."

We do not consider it necessary at this stage to limit the availability of soy-based infant formulas to prescription only, as this would make such formulas difficult and more expensive to obtain.

We note that the advice of the United Kingdom Chief Medical Officer is available to New Zealand health professionals on the United Kingdom Department of Health's website, and is also reflected in the advice that is available on the New Zealand Ministry of Health's website. We acknowledge that the New Zealand Ministry of Health's advice is practical and comprehensive, whereas that of the United Kingdom Chief Medical Officer of Health includes more referenced information, which may be useful for health professionals.

However, we recommend that the Government undertake more proactive education on the need for a precautionary approach. We therefore recommend that the Government seek ways of better informing people, through health professionals, the Plunket Society and Well-Child providers about the risks of infants' consuming soy-based formulas.

## **Appendix**

### **Committee procedure**

The committee heard evidence on 17 October 2007 from Valerie Ann James, the New Zealand Food Safety Authority and the Ministry of Health.

### **Committee members**

Sue Kedgley (Chairperson)

Lesley Soper (Deputy Chairperson)

Dr Jackie Blue

Dr Jonathan Coleman

Jo Goodhew

Ann Hartley

Jill Pettis

Hon Luamanuvao Winnie Laban

Hon Tony Ryall

Barbara Stewart

Tariana Turia

Hon Luamanuvao Winnie Laban replaced Hon Maryan Street, and Jill Pettis replaced Sue Moroney on 6 November 2007.