



Neonatal Nurses College of Aotearoa NZNO

Submission to the Commerce Commission New Zealand

**On the
Infant Nutrition Council request to the
Commerce Commission seeking
authorisation of a restrictive trade
practice**

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INTRODUCTION

Thankyou for the opportunity to comment on Infant Nutrition Council's (INC) application to seek authorisation of a restricted trade practice, the marketing of infant formulas

Neonatal Nurses College of Aotearoa (NNCA) is a college of the New Zealand Nurses Organisation.

It has a committee of six to eight experienced neonatal nurses elected from the membership that work to achieve the following objectives.

- To promote the networking of neonatal nurses, nationally and internationally.
- To provide educational opportunities for Neonatal nurses and to disseminate information regarding neonatal educational programmes.
- To support and encourage New Zealand neonatal nurses to contribute to the international body of neonatal knowledge.
- To raise public awareness of issues relating to the care of neonates.
- To ensure that the views of neonatal nurses are represented in relevant health policy issues.
- To disseminate information to neonatal nurses throughout New Zealand via regular newsletters and electronic media
- To develop / formalise standards and recommendations for neonatal nursing practice.

NNCA committee members have consulted with the NNCA representative on the New Zealand Breast feeding Authority (NZBA), the NNCA/NZNO Professional Nurse Advisor and NZNO policy advisor.

NNCA notes and supports the New Zealand College of Midwives submission.

Executive Summary

1. NNCA support the INC application to the Commerce Commision that the INC code be retained to restrict marketing of infant formula. We agree that if the INC voluntary code of practice was to be disestablished by being deemed anti-competitive, there would be an urgent need for Government intervention to implement these regulatory measures.

2. In the absence of regulation from the New Zealand government, NNCA trust that the Ministry of Health will continue to fulfil their role of monitoring the INC code of practice and addressing any complaints.
3. NNCA adhere to the WHO code and promote breast feeding and use of expressed breast milk or human donor milk for optimal nutrition of premature infants but recognise the need for breast milk substitutes and breast milk fortifier when medically indicated or when breast feeding is not possible.
4. NNCA recognise that restrictions in formula marketing, facilitate a focus on appropriate and scientific and factual information by formula suppliers. This is particularly relevant to premature infants who have a higher nutritional requirement than healthy term infants.
5. NNCA support the two way communication with suppliers of infant formula and neonatal health professionals to share up to date evidenced-based nutrition information such as the European Society of Paediatric Gastroenterology, Hepatology and Nutrition Committee on Nutrition (ESPGHAN).

DISCUSSION

1. Members of NNCA include many neonatal nurses working in Neonatal Intensive Care Units that are accredited with Baby Friendly Hospital Initiative (BFHI). This means that neonatal nurses are well informed to promote the benefits of breast feeding or breast milk as the first option for nutrition. The New Zealand Breast Feeding Authority (NZBA) reports that breast feeding statistics in New Zealand are improving and in line with other OECD countries. (NZBA newsletter DEC 2014).
2. In relation to the specialised care of neonates, it is recognised that preterm infants have higher nutrient requirements than term infants. (ESPGHAN 2010). There are some indications that a suboptimal intake of protein, energy, and other nutrients may lead to lower cognitive achievements. The major goal of enteral nutrient supply to these infants is to achieve growth similar to foetal growth coupled with satisfactory functional development.
3. Energy and protein are the two major nutrients that affect growth and development, and so a key goal of nutritional management is to facilitate adequate delivery of both.
4. In New Zealand, premature infants below 1800grams receive a bovine breast milk fortifier to assist in their protein, vitamin and mineral requirement.
5. All infants below 2000g, who are not receiving breast milk or human donor milk should receive a specialized preterm formula.
6. The restriction of marketing infant formula has allowed members of the Infant Council of Nutrition to compete with each other in the reputation of their

brand. This has public health benefits in that it has facilitated a focus on appropriate, scientific and factual information about infant formula. This approach facilitates a focus on education (for both health professionals and consumers) in order to protect and promote breastfeeding, and safe and adequate infant nutrition when formula is medically indicated.

7. In New Zealand neonatal units, in the absence of breast milk or human donor milk, Nutricia and Nestle assist health professionals in providing specialised preterm formulas and use research innovations based on the ESPGHAN guidelines to provide optimal nutrition with a focus of replicating nutrients found in breast milk.
8. The market definition of supply and distribution in hospitals is different to retail in that New Zealand Neonatal units receive 'ready to feed' liquid formula which is rotated every 6 months usually between Nutricia and Nestle. Free samples are not received and any educational resources are only supplied at the request of the health professional.

CONCLUSION

In summary, we recommend the commerce commission to authorise a restrictive trade practice to the INC with confidence that this is monitored by the Ministry of Health. We recognise the unique nutritional needs of premature babies are different to well term babies and that restricting competition amongst formula companies has fostered a focus on sharing scientific nutritional information to promote growth and development outcomes in this vulnerable population.

Thank you for the opportunity to comment.

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REFERENCES

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