# Proposal P1066 - *Review of young child formula*

**Response to consultation**
**July 2026**

**Recipient**

Food Safety Australia and New Zealand (FSANZ)

standards.management@foodstandards.gov.au

**Dietitians Australia contact**

Leah Cook, Policy Officer

PO@dietitiansaustralia.org.au

**Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.**

The leading voice in nutrition and dietetics
**A** PO Box 2087 Woden ACT 2606 | **T** 02 6189 1200
**E** info@dietitiansaustralia.org.au | **W** dietitiansaustralia.org.au
Dietitians Association of Australia | ABN 34 008 521 480

# About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9,000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve. Dietitians Australia's credentialling program, the Accredited Practising Dietitian (APD) program, provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians are qualified and credentialed nutrition experts who have an important role in ensuring infants and children receive optimal nutrition, for healthy growth, development, and the best start to life. This submission was prepared by Dietitians Australia staff, in collaboration with expert members following the Conflict of Interest Management Policy and processes approved by the Board of Dietitians Australia. Contributors include members of Dietitians Australia's Nutrition and Breastfeeding Working Group and other members with wide ranging expertise in areas including paediatric and maternal health, lactation, infant and childhood nutrition, public health, and academia.

# Summary

Dietitians Australia welcomes the opportunity to comment on Food Standards Australia and New Zealand's (FSANZ) Proposal P1066 - *Review of young child formula* (1). Young child formula is currently regulated under Standard 2.9.3 *Formulated meal replacements and formulated supplementary foods* as formulated supplementary foods for young children (FSFYC) in the Australia New Zealand Food Standard Code (the code) (2).

This proposal considers adopting a clearer and more targeted regulatory framework for young child formula that reflects its classification as a special purpose food. The current framework may allow inconsistencies in product composition, labelling and cross-promotion between infant and young child formula products, which can contribute to consumer perceptions that young child formula is an essential or beneficial product for supporting child growth and development (2).

Dietitians Australia remains supportive of the proposed approach to introduce a specific product definition and establish a stand-alone division within Standard 2.9.3 to prescribe more refined compositional and labelling requirements for young child formula.

Stronger regulatory requirements are necessary to ensure products remain fit for their intended purpose as a supplementary, special purpose food. A clear and robust regulatory framework will support public health objectives by promoting informed parental decision-making and ensuring greater transparency, consistency and accountability in the composition, labelling and marketing of young child formula products in Australia

# Discussion

## Question 1

***Do you agree that the proposed definition does not unintentionally capture products that are not young child formula?***

**Reference:** Section 2.1, Page 17

No. The proposal to define young child formula as 'formulated supplementary milk drink for young children' risks market fragmentation, consumer confusion between infant formula and follow on formula, and unintentionally captures products that are not young child formula.

The proposed name references 'milk drinks' which should be reworded to:

a) capture any plant-based young child formulas (e.g. oat based); and

b) ensure milk products, such as cows' milk, are clearly distinguished from formula.

Additionally, defining the specific age range of 'young children' within the product definition and on the front-of-pack, co-located with the prescribed name, would capture the products form and intended target audience. This would ensure regulations remain consistent with the product's supplementary purpose for individuals explicitly aged 1-3 years, rather than implying nutritional necessity and product continuation.

As such, amending the definition to **special purpose nutrition product for young children,** clearly distinguishes the products limited use, intended consumers, and clarifies the distinction between a supplementary product and an everyday beverage such as cows milk or 'milk drink'.

## Question 1.1 Iodine Maximum Regulatory Limit

***Do you support FSANZ's proposed approach to adopt the Codex General Upper Level (GUL) as a maximum regulatory limit for iodine in young child formula?***

**Reference:** Supporting Document 1: Nutrient Composition. Section 4.6, Page 39.

Yes, Dietitians Australia supports FSANZ in adopting the codex GUL as a regulatory maximum.

The Codex standard for follow-up formula defines a general upper level of iodine at **60 µg/100 kcal**, while international guidance for follow-up formula among toddlers and children aged 12 to 36 months recommends an iodine content of **12 to 36 µg/100 kcal**(3).

While the proposed Codex GUL is higher than international recommendations, the level of fortification varies considerably between products, and the measured iodine content does not always correspond to the declared iodine content(4). Additionally, iodine intake among toddlers is not exclusively derived from young child formula and should be considered alongside contributions from other dietary sources.

The iodine intake for toddlers aged 1-3 years, depends on several factors including: maternal iodine intake, the amount of breast milk consumed, the type of complementary foods consumed, use of iodized salt and its iodine concentration, and consumption of cows' milk, follow-up infant formulas, or complementary foods fortified with iodine (4).

Dietitians Australia notes that the proposals are consistent with international guidance and the typical consumption of young child formula under the proposed Codex limit presents a low risk of excessive iodine intake. We also recognise that current products on the Australian market comply with the proposed maximum, meaning change is unlikely to require reformulation while maintaining consumer safety.

However, to ensure regulations also reduce excessive energy and limit total sugar content in young child formula, Dietitians Australia strongly endorses FSANZ proposal to:

- Prohibit the addition of fructose and/or sucrose to young child formula; and
- Set a maximum carbohydrate content of 3.0 g per 100 kJ

## Question 2.1. Overseas Labelling Regulations:

***Are there other overseas labelling regulations relevant to young child formula that FSANZ should be aware of when considering this proposal?***

**Reference:** Section 1.3.3, Page 12 Supporting Document 2: Labelling for Young Child Formula.

Dietitians Australia notes no other overseas labelling regulations relevant to young child formula that FSANZ should be aware of when considering this proposal.

## Question 2.2 Application of General Code Requirements

***Do you support FSANZ's proposed approach that general Code requirements should apply to young child formula, including:***

- ***warning and advisory statements,***
- ***allergen declarations,***
- ***date marking,***
- ***characterising ingredients and components of foods; and***
- ***foods requiring pre-market approval***

**Reference:** Section 2.1, Page 13

Dietitians Australia supports FSANZ's proposed approach that some general Code requirements should apply to young child formula including:

• *Warning and advisory statements and allergen declarations (Standard 1.2.3)*

• *Date marking (Standard 1.2.5)*

• *Foods requiring pre-market clearance (Standards 1.5.1 and 1.5.2)*

However, Dietitians Australia does not support the proposed approach to adopt standard 1.2.10 of the Code - *characterising ingredients and components of foods*.

This standard requires disclosure of the amount of characterising ingredients or components of food when they are:

- Referred to in the name of the food,
- emphasised on the label of the food in words, pictures, or graphics;
- or otherwise, likely to influence a customer's purchasing decision (2).

If a component or ingredient is highlighted as a products feature, this risks product and brand premiumisation. These promotional tactics may increase product visibility and perceived necessity, which may shape purchasing behaviours at the point of sale, among vulnerable, new or uncertain parents. More broadly, emphasising ingredients or components of food on labels further positions formula as a premium or status symbol, implying that commercial products containing certain nutrients that are essential for growth and development, more modern and/or scientifically superior.

## Question 2.3. Safety-Related Labelling

**Do you support FSANZ's proposed approach to safety-related labelling for young child formula in relation to, prescribed name, required statements, and directions for use and storage?**

**Reference:** Section 3.4.6, Page 24

Dietitians Australia supports FSANZ proposed approach to safety-related labelling for young child formula in relation to the **Directions for use and storage.**

However, Dietitians Australia **does not** support FSANZ proposed approach to safety-related labelling for young child formula in relation to:

- **Prescribed name**
- **Required statements**

**Prescribed name:**

We strongly support that the prescribed name be used on the front-of-pack label, however the proposed prescribed name *Formulated supplementary milk drink for young children* risks market fragmentation, consumer confusion between infant formula and follow on formula, and unintentionally captures products that are not young child formula.

Amending the prescribed name to **special purpose nutrition product for young children,** clearly distinguishes the products limited use, intended consumers, and clarifies the distinction between a supplementary special purpose nutrition product and an everyday beverage such as cow's milk or 'milk drink'.

It is critical that only the prescribed name is permitted, and that the use of any additional names (such as "toddler milk", "junior milk", or "young child formula") is explicitly prohibited.

**Required Statements:**

While Dietitians Australia supports the required statements, the first required statement,

"A description that the food is to be used as a supplement to the diet of a 1 to 3 year old child, to address situations where intakes of energy and nutrients may not be adequate to meet the child's requirements, and that caregivers should consult an appropriately qualified health professional before using this product."

Should be preceded with "important notice – warning statement".

Noting a warning, and the supplementary nature of the product for children aged 1-3 years within the statements, ensures the product is clearly marketed for its intended purpose and avoids product fragmentation, and confusion for consumers.

Additionally, we recommend including mandatory statements including:

- Breastfeeding is recommended up to two years of age and beyond, consistent with Codex Standard CXS 156-1987.
- This product should not be used as a replacement for breast milk or cow's milk.
- This product should not replace a balanced diet.
- This product is not intended to provide the sole source of nutrition for young children.

## Question 2.4. Provision of Information Through Labelling:

Do you support FSANZ's proposed approach to labelling requirements for the provision of information in relation to:

- Nutrition information requirements
- Statement of ingredients
- Nutrition content and health claims
- Stage labelling
- Product differentiation
- Proxy advertising
- Other representations

**Reference:** Section 4.7.5, Page 45

**Nutrition information requirements:** Dietitians Australia supports FSANZ's proposed approach to retain the nutrition information requirements.

**Statement of ingredients:** We do not support the proposed approach to allow the voluntary use of a separate format for declaring vitamins and minerals, or the removal of the requirement for these nutrients to be listed in descending order of ingoing weight. This is inconsistent with FSANZ ingredient list requirements.

This approach will reduce transparency by making it more difficult for consumers to assess the relative quantities of added vitamins and minerals and compare the nutritional composition of products. It also risks creating a 'health halo' effect, misleading consumers of the overall nutrition quality.

**Nutrition content and health claims:** We strongly support the proposal to prohibit nutrition content and health claims on young child formula and prohibit endorsements - nutrition content and health claims made with permission of an endorsing body on young child formula.

While we support the proposed prohibition of nutrition content and health claims on young child formula, we are concerned that this approach may not address the broader range of marketing statements currently used to influence consumer perceptions. Many existing claims fall outside the definitions of regulated nutrition content and health claims under the Code, including implied, developmental, structural and marketing-based statements such as 'formulated for tiny tummies', 'backed by mums' and 'sourced from pure high-quality produce'.

Although these statements may not constitute formal health or nutrition claims, they can convey positive health, developmental or quality-related messages that influence purchasing decisions. To ensure the intended health outcomes are achieved, the prohibition should be expanded to capture these broader forms of promotional claims.

Restricting the prohibition to defined claim categories only, may create opportunities for the continued use of alternative marketing language that achieves similar effects and undermines the objectives of the proposed regulatory changes. To ensure the policy intent is fully realised, these forms of claims should also be explicitly prohibited.

**Stage labelling:** We support the proposed approach for prohibiting the use of stage numbers.

**Product differentiation:** We support the proposed approach to require that young child formula is differentiated from infant formula, follow-on formula, special medical purpose product for infants, other formulated supplementary foods for young children, and other foods by the use of text, pictures and/or colour. Differentiation is necessary to prevent the marketing of unnecessary product continuation between infant formula and young child formula.

**Proxy advertising:** We strongly support the proposed approach to prohibit proxy advertising of all other food products, by means of a name, a number, a picture, an image, a word or words, on the label of young child formula.

**Other representations:** We strongly support the proposed approach to prohibit the following representations on young child formula:

- pictures of feeding bottles, infants, older infants, young children and adults;
- the terms 'humanised', 'maternalised' or other similar terms;
- Images of a scientific theme that suggest young child formula is scientifically superior
- any other picture, text or representation that:
- undermines or discourages breastfeeding;
- makes a comparison to milk or breast milk, including suggesting that the product is similar, equivalent, or superior to milk or breast milk;
- might convey pseudoscientific information or be construed as endorsement or approval by an individual or organisation.

Regarding product differentiation, proxy advertising, and other representations, retail marketing and promotional practices can significantly influence parental feeding decisions, particularly during key

transitional periods. In-store promotional tactics such as similar or enticing images, terms, text, pictures, and/or product colour may increase product visibility, product continuation, and perceived necessity, which may shape purchasing behaviours at the point of sale, especially among new of uncertain parents (5).

More broadly, marketing strategies foster strong brand attachment, influence caregivers' preferences and encourage the continued purchase of perceived 'premium' or non-essential products, such as toddler milks (5). Ensuring product differentiation between infant and young child formula, as well as prohibiting poxy advertising, and the undermining of breastfeeding, ensures marketing strategies are centred around the health and benefit of consumers, rather than allowing industry stakeholders to derive disproportionate benefits at the expense of families.

## Question 3.1. New Food Class for Young Child Formula:

**Do you support FSANZ's preferred option (Option 3) to establish a new food class in the table to section S15—5 for young child formula, with food additive permissions listed separately from formulated meal replacements and formulated supplementary foods?**

**Reference:** Section 2.6.1, Page 8. Supporting Document 3: Safety and Food Technology Assessment

Dietitians Australia supports the proposed food additive permissions and prohibitions for young child formula, including alignment with Codex Standard CXS 156-1987.

However, we do not support option 3, establishing a separate food class for young child formula under Schedule 15. The regulatory intent of Proposal P1066 would be better achieved by retaining and strengthening Standard 2.9.3 Division 4, including a clearer definition and scope for young child formula products. The category should be explicitly narrowed to apply only to clearly defined young child formula products, while prohibiting other formulated supplementary foods and drinks for young children.

A strengthened Division 4 would provide a more cohesive regulatory framework, ensuring compositional, labelling, and additive requirements are considered together within a purpose-specific standard. This approach would reduce regulatory complexity, prevent unintended expansion of products marketed to young children, and better support the objective of ensuring young child formula remains appropriately regulated as a special purpose food.

## Question 3.2. Alignment with Codex Food Additive Permissions:

**Would young child formula currently available on the Australian and New Zealand market be disadvantaged from a food technology perspective by alignment with the food additive permissions in Codex Standard CXS 156-1987 (refer to Table 4)?**

**Reference:** Section 2.6.1, Page 8

Dietitians Australia has elected not to respond to this question at this time due to limited capacity. We welcome the opportunity to explore this further.

## Question 3.3. Permissions for Specific Food Additives:

**Do the following seven food additives require permissions in the proposed new food class for young child formula?**

- Ascorbyl palmitate (INS 304)
- Ascorbyl stearate (INS 305)
- Potassium hydroxide (INS 525)
- Sodium hydroxide (INS 524)
- d-alpha-Tocopherol (INS 307a)
- Tocopherol concentrate mixed (INS 307b)
- dl-alpha-Tocopherol (INS 307c)

**Reference:** Section 2.9.2, Page 11.

Dietitians Australia has elected not to respond to this question at this time due to limited capacity. We welcome the opportunity to explore this further.

## Question 4.1. Microbiological Criteria:

**Is there a need for microbiological criteria in Schedule 27 for young child formula, specifically:**

**a) Criteria for Salmonella**

**b) Criteria for Cronobacter**

**Reference:** Section 5.3, Page 55. Supporting Document 4: Microbiology Assessment

Dietitians Australia supports the proposed approach to apply microbiological criteria and preparation requirements for young child formula that are equivalent to those established for infant formula products.

## Question 4.2. Extension of the Compendium:

**Should the Compendium of Microbiological Criteria for Food be extended to include young child formula?**

**Reference:** Section 6.2, Page 57

Dietitians Australia has elected not to respond to this question at this time due to limited capacity. We welcome the opportunity to explore this further.

## Question 4.3. Standard Plate Count:

**Should the Standard Plate Count for all powdered formula in the Compendium of Microbiological Criteria for Food be aligned or retained?**

**Reference:** Section 6.3, Page 57

Dietitians Australia has elected not to respond to this question at this time due to limited capacity. We welcome the opportunity to explore this further.

## Question 5.1. Identification of Major Impacts

**Have all major impacts to industry, consumers, and government arising from the proposed options been identified in Table 2 of Supporting Document 5?**

**Reference:** Section 3.1, Page 5. Supporting Document 5: Preliminary Consideration of Costs and Benefits.

Yes. Dietitians Australia have no further impacts to add and support FSANZ summary on the Impact on different stakeholder groups arising from the preliminary regulatory approach in Table 2, supporting document 5.

## Question 5.2. Quantification of Costs and Benefits:

Do you have information that may assist FSANZ in quantifying the costs and benefits currently identified as unquantified in Table 3 of Supporting Document 5?

Please provide relevant data and evidence.

**Reference:** Section 3.1, Page 5

Dietitians Australia have no further data to provide regarding the quantification of costs relevant to table 3, supporting document 5.

## Question 5.3. Reformulation Cost Assumptions:

**Do you agree with the assumptions proposed in Supporting Document 5 to estimate the cost of reformulation?**

**Reference:** Section 3.5, Page 8

Dietitians Australia acknowledges that industry may incur one-off reformulation costs to comply with the proposed compositional requirements. While the estimated cost of AUD $200,000 per SKU, based on Proposal P1028, appears to provide a reasonable starting point, in the absence of more specific data, these costs should be considered in the context of the long-term public health benefits of ensuring young child formula products are appropriately formulated for their intended purpose. Assuming industry has an implementation period aligned with P1028 (until 2029 to reformulate) this gives industry three years.

In Supporting document 5, the average domestic sales of young child formula in Australia and New Zealand in 2024 were around $145.28 million (see Table 1 SD5). Thus, less than 7% of total annual sales for 1 year would be the estimated reformulation costs.

Reformulation costs are likely to be offset over time through ongoing product sales and should not outweigh the benefits of strengthening the nutritional quality of products available to young children and improving consistency across the regulatory framework.

## Question 5.4. Re-labelling Cost Assumptions:

**Do you agree with the assumptions proposed in Supporting Document 5 to estimate the cost of re-labelling?**

**Reference:** Section 3.6, Page 9

Dietitians Australia agrees with the assumption that industry will incur one-off costs to update young child formula product labels to align with the proposed labelling requirements. While these changes require investment, the costs are justified by the long-term benefits. These benefits include, strengthening consumer protection, health, and nutrition, while also improving marketing transparency, consumer understanding, and ensuring labelling accurately reflects products that are appropriate for their intended purpose. These implementation costs should not outweigh the public health benefits of clearer, evidence-based labelling and a more consistent regulatory framework.

**Bibliography:**


1. Food Standards Australia New Zealand. P1066 – Review of young child formula [Internet]. Canberra: Food Standards Australia New Zealand; 2026 [cited 2026 Jul 15]. Available from: https://www.foodstandards.gov.au/food-standards-code/proposals/p1066-review-young-child-formula

2. Food Standards Australia New Zealand. Australia New Zealand Food Standards Code – Standard 2.9.3 – Formulated meal replacements and formulated supplementary foods [Internet]. Canberra: Food Standards Australia New Zealand; 2024 [cited 2026 Jul 15]. Available from: https://www.legislation.gov.au/F2015L00419/latest

3. Suthutvoravut U, Abiodun P, Chomtho S, Chongviriyaphan N, Cruchet S, Davies PSW, et al. Composition of follow-up formula for young children aged 12–36 months: recommendations of an international expert group coordinated by the Nutrition Association of Thailand and the Early Nutrition Academy. Ann Nutr Metab. 2015;67(2):119-132. doi:10.1159/000438495

4. Andersson M, Braegger CP. The role of iodine for thyroid function in lactating women and infants. Endocr Rev. 2022;43(3):469-506. doi:10.1210/endrev/bnab029

5. Department of Health Disability and Aging. Review of Marketing of Infant Formula by Retailers Final Report [Internet]. Australian Government Department of Health, Disability and Ageing. 2026 [cited 2026 Jul 15]. Available from: https://www.health.gov.au/resources/publications/review-of-marketing-of-infant-formula by-retailers-final-report?language=en