

# Submission Form

## Introduction

Folic acid is an essential B vitamin important for the healthy development of babies early in pregnancy. There is overwhelming evidence that consuming sufficient folic acid before conception and during early pregnancy can prevent many cases of neural tube defects (NTD) such as spina bifida.

New Zealand's rate of NTDs is higher than it could be, and Māori women have higher rates of affected live births than other groups. The financial, social, and emotional impact from these birth defects can be significant for many families, whānau, and communities across New Zealand.

MPI recognises the importance of this issue and is seeking feedback on whether the government should:

- continue with the current voluntary approach of fortifying up to 50% of packaged sliced bread
- ask industry to enhance the voluntary approach to fortify 80% of packaged sliced bread, or
- introduce mandatory fortification of bread, bread-making wheat flour, or all wheat flour.

There is no consistent evidence that folic acid, when fortified in food at the recommended level, has any harmful health effects.

All options would exclude organic products.

We are seeking your feedback on these options. Hearing the views of the public will help us understand the possible impacts of the proposals.

## Once you have completed this form

Email to: [Food.Policy@mpi.govt.nz](mailto:Food.Policy@mpi.govt.nz)

While we prefer email, you can also post your submission to:

Consultation: Folic Acid Fortification  
Ministry for Primary Industries  
PO Box 2526  
Wellington 6104

**Submissions must be received no later than 5:00pm on 12 November 2019.**

## Submitter details:

Name of submitter or contact person:	Kirsty Peel – Submission Coordinator
Organisation (if applicable):	Canterbury District Health Board
Email:	kirsty.peel@cdhb.health.nz
Person approving submission	Evon Currie, General Manager, Community and Public Health on behalf of Executive Management Team
Date	8 November 2019

Signature

A handwritten signature in black ink, appearing to read "Ewan Curran", is centered within a white rectangular box. This box is positioned between two larger, light gray rectangular areas that extend horizontally across the top of the page.

**Official Information Act 1982**

All submissions are subject to the Official Information Act and can be released (along with personal details of the submitter) under the Act. If you have specific reasons for wanting to have your submission or personal details withheld, please set out your reasons in the submission. MPI will consider those reasons when making any assessment for the release of submissions if requested under the Official Information Act.

## The problem

The number of folic acid-sensitive NTD-affected pregnancies in New Zealand could be reduced if the blood folate levels of women of childbearing age was improved. Most women of childbearing age cannot get enough folate from natural food sources to ensure optimal blood folate levels for the prevention of NTDs.

Supplementation only works for women who plan their pregnancies and know about the importance of taking folic acid tablets during the critical period of at least one month before and for the three months following conception. Around 53% of New Zealand pregnancies are unplanned.

Some foods are voluntarily fortified with folic acid. This is not enough, however, to sufficiently reduce the risk of NTD-affected pregnancies across the New Zealand population.

### 1. DO YOU AGREE WITH THE PROBLEM AS STATED?

- Agree.
- Disagree.
- Unsure.

Please explain why:

The Canterbury District Health Board (DHB) acknowledges the significant impact of folic acid-sensitive NTD-affected pregnancies. As the South Island regional referral centre for fetal abnormalities, our fetomaternal medicine service sees women and their partners with pregnancies affected by neural tube defects. We have experience in counselling, arranging the termination of pregnancy (where desired) and managing these pregnancies and know the devastating impact that this diagnosis has on a woman, her partner and whānau and this applies irrespective of the choice or not to terminate the pregnancy.

Local data confirms the problem of unplanned pregnancies and late booking with a LMC resulting in reduced opportunities for supplementation. The Canterbury DHB acknowledges the potential inequities in health outcomes (with only 56.6% of Pacific women registering with an LMC in the first trimester in 2017 compared to 67.6% for Māori and 85% for European<sup>1</sup>) and recommends that these inequities are acknowledged in this overview of the problem definition.

## The objective of the review

The objective of this review is to increase the consumption of food containing folic acid by women of childbearing age, thereby reducing the number of NTD-affected pregnancies, while considering consumer choice, increasing equity of health outcomes, and minimising impacts on industry.

### 2. DO YOU AGREE WITH THE OBJECTIVE OF THE REVIEW?

- Agree.
- Disagree.
- Unsure.

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<sup>1</sup>Ministry of Health. 2019. New Zealand Maternity Clinical Indicators 2017. Wellington: Ministry of Health – accessed on 30/10/19 at <https://minhealthnz.shinyapps.io/maternity-clinical-indicator-trends/>

Please explain why:

The Canterbury DHB supports the objective to increase the consumption of folic acid through fortifying food commonly consumed by women of child bearing age to reduce the number of NTD-affected pregnancies, given that the current voluntary regime has not achieved its desired goal. It also supports a focus on health equity and considering health impacts as well as consumer choice.

## Option 1: Maintaining the status quo

Option 1 would involve continued voluntary support by large bread bakers through their Code of Practice. Their goal is to fortify up to 50% of their packaged sliced bread, by volume.

MPI has assessed option 1 against the criteria for health impacts, cost effectiveness, equity, consumer choice, and other impacts on pages 19 – 21 in the discussion paper.

### 3. DO YOU AGREE WITH THE ASSESSMENT OF THE STATUS QUO AGAINST THE CRITERIA?

- Agree.
- Disagree.
- Unsure.

Please explain why and provide any evidence you may have:

The Canterbury DHB agrees that this option will not affect the improvements required to solve the problem as defined. Current voluntary measures are not even meeting the 50% fortification target and hence having limited impact and not reducing health inequities.

## Option 2: Asking industry to enhance voluntary fortification

Option 2 would involve asking industry (currently the large plant bakers) to voluntarily increase the volume of packaged sliced bread being fortified under the Code of Practice from the 2017 level of 38% to a new goal of 80%.

MPI has assessed option 2 against the criteria for health impacts, cost effectiveness, equity, consumer choice, and other impacts on pages 22 – 24 in the discussion paper.

### 4. DO YOU AGREE WITH THE ASSESSMENT OF THE ENHANCED VOLUNTARY FORTIFICATION OPTION AGAINST THE CRITERIA AND LIKELY IMPACTS?

- Agree.
- Disagree.
- Unsure.

Please explain why and provide any evidence you may have:

The Canterbury DHB cannot comment on impacts on industry or likely further take-up of voluntary codes by industry. If an 80% target was able to be reached it would provide better coverage than currently achieved and retain some consumer choice, however the Canterbury DHB preference is for mandatory approaches that have a better chance of reducing health inequities.

### **Option 3a: Mandatory fortification of non-organic bread**

Option 3a would see bread fortified with folic acid at the bread-making stage. It would apply to all non-organic bread products, and include bread made from cereals other than wheat (e.g. corn and rice bread).

The Australia New Zealand Food Standards Code would continue to permit the voluntary fortification of folic acid in other specified foods (such as breakfast cereals).

MPI has assessed option 3a against the criteria for health impacts, cost effectiveness, equity, consumer choice, and other impacts on pages 26 – 29 in the discussion paper.

#### **5. DO YOU AGREE WITH THE ASSESSMENT OF MANDATORY FOLIC ACID FORTIFICATION OF BREAD AGAINST THE CRITERIA AND LIKELY IMPACTS?**

- Agree.
- Disagree.
- Unsure.

Please explain why and provide any evidence you may have:

The industry impact and cost would likely be too great and likely to discriminate disproportionately against small businesses.

### **Option 3b: Mandatory fortification of non-organic bread-making wheat flour**

Under option 3b, all non-organic wheat flour for bread-making would be fortified with folic acid at the flour-milling stage. In general, folic acid is best added late in the milling process and at a point that ensures thorough and consistent mixing with the flour.

Cereals other than wheat that are processed into flour for bread-making purposes would not be required to be fortified with folic acid (such as rice).

Flour used for purposes other than bread making would not be required to be fortified.

The Australia New Zealand Food Standards Code would continue to permit the voluntary fortification of folic acid in other specified foods (such as breakfast cereals).

MPI has assessed option 3b against the criteria for health impacts, cost effectiveness, equity, consumer choice, and other impacts on pages 30 – 34 in the discussion paper.

#### **6. DO YOU AGREE WITH THE ASSESSMENT OF MANDATORY FOLIC ACID FORTIFICATION OF BREAD-MAKING WHEAT FLOUR AGAINST THE CRITERIA AND LIKELY IMPACTS?**

- Agree.
- Disagree.
- Unsure.

Please explain why and provide any evidence you may have:

This is the Canterbury DHB's preferred option according to the available evidence. It still allows some (albeit limited) consumer choice for other products (cakes / alternative flours and organic products) but has less cost and difficulty to implement and has less risk of inadvertent overdose of folic acid to children than option 3(c).

### **Option 3c: Mandatory fortification of all non-organic wheat flour**

Option 3c would require the fortification of all non-organic wheat flour, whether milled in New Zealand or imported from overseas.

The Australia New Zealand Food Standards Code would continue to permit the voluntary fortification of folic acid in other specified foods (such as breakfast cereals).

MPI has assessed option 3c against the criteria for health impacts, cost effectiveness, equity, consumer choice, and other impacts on pages 35 – 39 in the discussion paper.

#### **7. DO YOU AGREE WITH THE ASSESSMENT OF MANDATORY FOLIC ACID FORTIFICATION OF NON-ORGANIC WHEAT FLOUR AGAINST THE CRITERIA AND LIKELY IMPACTS?**

- Agree.
- Disagree.
- Unsure.

Please explain why and provide any evidence you may have:

The Canterbury DHB considers this option is more restrictive with less consumer choice for those people wishing to avoid folic acid. The increased risk of overconsumption by infants is also a concern.



## Implementation

MPI provides information on the proposed approaches to implementation for the three options presented on pages 40 – 43 in the discussion paper.

### 8. DO YOU AGREE WITH THE APPROACH TO IMPLEMENTATION?

- Agree.
- Disagree.
- Unsure.

Please explain why and provide any evidence you may have. Note: if you are one of the businesses that could be affected, what do you estimate the increased costs to be?

No comment

## General comments

If you have any other general comments or suggestions for the *Folic acid fortification: Increasing folic acid availability in food* discussion paper, please let us know.

The Canterbury DHB supports mandatory fortification, and suggests option 3(b) is the most pragmatic option to proceed with.

The Canterbury DHB suggests that on-going monitoring of emerging research of the health impacts of increased folate for those with the MTHFR SNP variant be undertaken to ensure there are no unintended consequences for this population of mandatory fortification.

The Canterbury DHB promotes a multifactorial approach to changing systems to effect positive outcomes. We recommend that fortification should be considered alongside public health campaigns, dietary education as well as clear front of packaging and in store labelling. This will support public understanding of the changes and their rationale and facilitate consumer choice. This will be particularly important for that group of the population aware of their MTHFR status who wish to avoid folic acid supplementation.

The Canterbury DHB suggests that MPI consults with Māori regarding any cultural implications of the options outlined.