

Scientific Interpretive Summary (SIS)

Project Title: **Infant Formula Preparation**

Given some consumer concern over information sources and practices in the preparation of powdered infant formula in New Zealand, the NZFSA Consumer's Forum requested that NZFSA carry out a survey on information sources and practices in preparation of powdered infant formula in New Zealand. A qualitative research survey investigated:

- Actual practices used by New Zealand caregivers in preparation, use and storage of powdered infant formula, including identification of deviations from recommended practice;
- Sources of information on the preparation of powder infant formula used by caregivers;
- Caregiver knowledge concerning the non-sterile nature of powdered infant formula.

A series of focus groups were run to examine aspects of the preparation of powdered infant formula. Participants in the focus groups were caregivers currently engaged in the preparation of infant formula.

The survey revealed a high level of compliance with information provided on the preparation of infant formula. In most cases, deviations from best practice were driven by cost considerations, pragmatism or an increasingly relaxed attitude with increased age of the infant. Cost considerations were a particular issue affecting decisions around discarding of unfinished feeds. Pragmatism and relaxed attitude-related deviations were more likely to exhibit in pre-preparation of night or away-from-home feeds and/or cessation of boiling of make up water. The decision to relax practices did not appear to be driven by conscious knowledge derived from guidance material, but were consistent with guidelines that include stricter hygiene measures during the first three months of life.

As most mothers approach birth with an intention of breastfeeding, information on preparation of infant formula was often not sought (and generally not provided) until the point in time when it is immediately needed. Caregivers were then hungry for information and access to information on infant formula, in general, and preparation, in particular, was usually less than caregivers required. Information on infant formula tins was viewed as available, authoritative and trusted and was the major information source for most caregivers. Information from health professionals was valued and trusted when it was provided, but in many cases the health professional available at the time was unwilling or unable to provide the necessary information. Participants reported a belief that a number of health professionals were 'not allowed' to provide information on formula feeding. Information from family, friends and other informal sources was accepted if it was found to be useful, although for some caregivers their family is the entire source of information.

The only 'indicator' a caregiver has as to whether they are carrying out sterilisation, preparation, storage and discarding correctly is the health of their baby. The survey indicated that their babies' responses to their feeding regimes initiated several kinds of behaviours, such as seeking advice or information from elsewhere (e.g. internet); re-reading available information; or most commonly, changing the formula.

Preparing formula with hot water was actively discussed in one focus group, with participants unanimously in agreement that this guideline was impractical and potentially dangerous, due to the risk of scalding. It should be noted that this practice has not been included in guidelines for formula feeding in for New Zealand.