

16th November 2022

Pregnancy warning labels and corrugated cardboard packaging

New Zealand College of Midwives

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The New Zealand College of Midwives is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are approximately 3,000 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, Te Whatu Ora, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing.

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Food Standards Australia New Zealand (FSANZ)

submissions@foodstandards.gov.au

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Tēnā koutou

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the application to amend the FSANZ code for pregnancy warning labels on alcoholic beverages, and the corrugated outer packaging. The College has a consensus statement on alcohol and pregnancy which was developed in 1995, and regularly updated since then. We have also made previous submissions related to alcohol and pregnancy, and remain committed to supporting actions to reduce alcohol related harms such as Fetal Alcohol Spectrum Disorder, and the potential pregnancy complications such as miscarriage, stillbirth or premature birth.

The College recognise that warning labels on alcohol are part of the overall public health initiative aimed at the prevention of alcohol related harms. The social, environmental, and cultural contexts shape peoples' drinking habits and in Aotearoa New Zealand the normalisation of alcohol consumption, particularly at social events continues to be an issue. All efforts to reduce alcohol related harms are warranted, and this includes the use of pregnancy warning labels.

The College is disappointed to see the application made by the Brewers Association of New Zealand, which will reduce label effectiveness and further delay implementation.

Feedback from the College is below.

1. Fetal Alcohol Spectrum Disorder (FASD) is a significant public health and social problem globally, and in Aotearoa New Zealand. The costs of FASD, which include the use of services and support, has been estimated to be NZ\$690 million annually, which is around

NZ\$15,000 for every individual with FASD.¹ The annual loss to economic productivity due to FASD has been estimated to be around NZ\$200 million.² There are also additional costs associated with FASD which are borne by the individuals with FASD, and their families, which are unable to be quantified. These combined costs greatly outweigh the estimated costs to industry of printing a three colour alcohol and pregnancy warning label on corrugated cardboard cartons.

2. Millot et al. reported that an evolution in format for pregnancy warning labels has been proposed in France which is designed to improve pictogram visibility by increasing the size and imposing a colour or contrast.³ Unfortunately, opposition from the alcohol industry has prevented this improved format from being implemented in France. Aotearoa New Zealand currently has a welcome opportunity to privilege public health over industry interests
3. The College considered the discussion in the consultation document about the proposed colour of the warning labels which would be black text, pictogram and border with a, “kraft brown, recycled brown or grey or white” background. These colours do not sound appropriate for a warning label. We do not support the proposal to remove the colour red from the warning labels.
4. The effectiveness of a warning label depends on its ability to attract the attention of the consumer. Effectiveness moderators include vividness-enhancing characteristics such as colour and symbols.⁴
5. As noted in the beginning of this submission, it is recognised that alcohol warning labels do not work in isolation but they are a very important part of increasing awareness, and promoting conversations about alcohol risks and pregnancy.⁵
6. A survey looking at consumer awareness, and understanding of alcohol pregnancy warning labels, found that 97% of the consumers identified the red-coloured pictogram as associated

¹ Gibbs, A., & Sherwood, K. (2017). Putting Fetal Alcohol Spectrum Disorder (FASD) on the map in New Zealand: A review of health, social, political, justice and cultural developments. *Psychiatry Psychol Law*, 24(6):825-842.

² Easton, B., Burd, L., Rehm, J., & Popova, S. (2016). Productivity losses associated with Fetal Alcohol Spectrum Disorder in New Zealand. *The New Zealand Medical Journal*, 129(1440): 72-83.

³ Millot, A., Serra, M., & Gallopel-Morvan, K. (2022). How the alcohol industry fought against warning labels in France: A press coverage analysis spanning 20 years. *Frontiers in Public Health*, 10(933164) <https://pubmed.ncbi.nlm.nih.gov/36091564/>

⁴ Wilkinson, C., Allsop, S., Cail, D., Chikritzhs, T., Daube, M., Kirby, G., & Mattick, R. (2009). *Alcohol Warning Labels: Evidence of effectiveness on risky alcohol consumption and short term outcomes*. Report 1 prepared by National Drug Research Institute (Curtin University of Technology), in collaboration with Drug and Alcohol Office (WA), National Drug and Alcohol Research Centre (University of New South Wales), Public Health Advocacy Institute. (Curtin University of Technology).

⁵ Rout, J., & Hannah, T. (2016). *Consumer awareness and understanding of alcohol pregnancy warnings*: Research Report. Wellington. Health Promotion Agency.

with a warning.⁶ This survey report strongly indicates the need to retain the colour red on the warning label.

7. Warning signs and stop signs use the colour red for a reason. As described by Petticrew et al. we expect the signals we receive to be compatible with the actions we are expected to take.⁷ For example a traffic light stop sign is red, we do not expect it to be green, and we would be confused if it was. The absence of red in a warning sign is described as an “incompatible configuration / stimulus incompatibility”, which makes it difficult for people to process.
8. The College notes that consumption of ready to drink (RTD) alcoholic beverages in Aotearoa New Zealand has been increasing, and evidence indicates that women aged between 18-44 years are 40% more likely to drink RTDs than men.⁸ This information about consumption patterns indicates that reducing the impact of warning labels in any way is misguided, unethical, and potentially damaging to health.

Conclusion

FASD has no cure but it is entirely preventable. The College of Midwives strongly recommends the three colour pregnancy warning label should be retained. If there are printing issues related to size and margins, the obvious and safest solution is for industry to demonstrate social responsibility, and support the prevention of FASD by increasing the label margins and size to accommodate the most effective warning label.

Thank you for the opportunity to provide feedback.

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⁶ Rout, J., & Hannah, T. (2016). *Consumer awareness and understanding of alcohol pregnancy warnings*: Research Report. Wellington. Health Promotion Agency.

⁷ Petticrew, M., Maani, N., Pettigrew, L., Rutter, H., & Van Schalkwyk, M. C. (2020). Dark nudges and sludge in big alcohol: Behavioral economics, cognitive biases, and alcohol industry corporate social responsibility. *The Millbank Quarterly*, 98(4):1290-1328.

⁸ Health Promotion Agency. (2017). *Types of alcoholic beverages – what is available and who drinks what types?* AlcoholNZ, 7:5-7. 376 Manchester Street / PO Box 21106 Edgware Christchurch / Telephone (03) 377 2732 / Facsimile (03) 377 5662 / Email nzcom@nzcom.org.nz