

Fortification of flour with folic acid

BPAS response to DEFRA consultation – November 2022

The British Pregnancy Advisory Service (BPAS) is a reproductive healthcare charity that, as part of our work, provides Terminations of Pregnancy on the grounds of Foetal Anomaly (TOPFA) for women who have received a diagnosis of a Neural Tube Defect (NTD). One of the most effective ways to reduce the incidence of NTDs is for women to take folic acid before they conceive.

BPAS has long campaigned for the mandatory fortification of flour with folic acid to reduce the prevalence of foetal anomaly diagnoses. In September 2021, following a public consultation, the UK Government announced their intention to proceed with arrangements to require the mandatory fortification of non-wholemeal wheat flour with folic acid to help prevent neural tube defects in foetuses. More information can be found [here](#).

Questions 1 – 12

N/A

Folic Acid Questions

Question 11

*The cost to consumers of the proposed implementation of flour fortification with folic acid are accurately represented - **Agree***

*The cost to government/ enforcement authorities of the proposed implementation of flour fortification with folic acid are accurately represented - **Agree***

Question 12

*There are two options for how the Bread and Flour regulations could be drafted. We propose that they should specify how much folic acid must be added to flour, not how much folic acid must be present in flour (except where there are explicit exemptions for example for wholemeal). Do you agree or disagree with this proposal? - **Agree***

Question 13

Do you have any further comments or supporting evidence on the proposed implementation of mandatory fortification of flour with folic acid?

We support the proposal to introduce into the Bread and Flour Regulations, the legal requirement to add 250 micrograms folic acid per 100g of non-wholemeal wheat flour. Current regulations already require non-wholemeal wheat flour to be fortified with a range of nutrients, it means that existing regulations and business practices could be easily adapted to include the addition of folic acid, rather than new rules and systems having to be introduced.

The amount proposed will help to prevent between 15 and 22% of NTDs per year, whilst balancing current evidence around tolerable upper limits. We also support the approach of determining a set level at which to fortify non-wholemeal wheat flour, as this allows for standardised approach and assessment of compliance.

We agree that it is reasonable for consumers to have options regarding whether to purchase fortified or unfortified products. However, new regulations should require unfortified flour and grains to carry a ‘health alert’ warning to inform consumers of the risk of NDTs. It is well understood that current guidance on independent supplementation with folic acid for women of childbearing age is ineffective in preventing neural tube defects in wanted pregnancies. Highlighting the risk of NDTs on unfortified foods could help encourage the supplementation of folic acid in other ways will help prevent the termination of wanted pregnancies.

Scope of Mandatory Fortification Questions

Question 14

Does the summary above accurately represent the main costs for industry, consumers, and government/enforcement?

The cost and benefits of the proposed policy changes to consumers are accurately represented – Agree

Questions 15 – 18

N/A

Question 19

If you would like to add any further comments or supporting evidence to your responses to questions 14-18 above or any other comments relevant to the proposal to explicitly limit flour fortification requirements to flour derived from “common wheat”, please do so here.

Whilst, on balance, we support the proposals put forward in the consultation documents, we are concerned that there is not enough evidence presented to entirely rule out the fortification of all flour in the UK and other non-wheat products in the future. Information provided in the consultation document regarding the amount of ‘common wheat’ flour milled for human consumption appear to be largely anecdotal (DEFRA sights an industry source reporting that only 1.8% of the 5 million tonnes of wheat milled for human consumption per year in the UK is made with grains other than “common wheat”). However, The National Association of British and Irish Flour Millers (NABIM) have previously indicated that up to 40% of UK flour production does not fall within the narrow description of ‘non-wholemeal wheat flour.’

More robust data should be collected in order to better understand levels of ‘common wheat’ production and levels of consumer consumption, and regular reviews should be conducted to assess the public health impact of only fortifying ‘common wheat.’ Although wholemeal products do have higher levels of naturally occurring folic acid (40µg/100g) compared with common wheat (25µg/100g). There is not enough naturally occurring folate in wholemeal to help prevent NDTs and it’s important that the public health impact of not fortifying wholemeal and non-wheat products is more fully understood.

Questions 20 – 32

N/A

Enforcement Questions

Question 33

Do you agree or disagree that enforcement of the regulations should extend to manufacturers of flour-based products where unfortified flour is purchased under the condition it is to be used in an exempt product or to be exported outside the UK?

Agree - if manufacturers plan to use unfortified flour it is important that rules regarding labelling and exportation are properly enforced to ensure that products adhere to new regulations.

Question 34

N/A

General Questions on Implementation of Policy Changes

Question 35

The proposal to add folic acid to non-wholemeal flour requires time for industry to adapt premixes and make subsequent labelling changes which will impact a wide range of products. A 24-month transition period before proposals brought forward come into force is proposed to accommodate for this. In your opinion, is the proposed transition period of 24 months for the new requirements to come into force.

Too long - given that the changes proposed are not without precedent and relatively inexpensive, the transition period should be shortened. Fortification with folic acid is already long overdue and timelines should be ambitious. Further delay will result in more preventable diagnoses of Neural Tube Defects and the termination of more wanted pregnancies.

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