

The World Health Organization (WHO) recently released two reports on formula milk marketing [How the marketing of formula milk influences our decisions on infant feeding](#) and the [Scope and impact of digital marketing strategies for promoting breastmilk substitutes](#). These reports detail the shocking extent of exploitative formula milk marketing.

These reports also coincide with an upcoming review of the Marketing in Australia of Infant Formulas (MAIF) Agreement, an industry-led, self-regulatory agreement governing infant formula marketing in Australia.

While formula milk, bottles and teats should be available when needed, the pervasive marketing of these products in Australia disrupts informed decision-making when it comes to infant feeding.

The Australian Breastfeeding Association (ABA) and the WHO Code Taskforce believe **all families deserve to make decisions about infant and young child feeding informed by objective evidence-based information, free from aggressive and confusing marketing.**

The WHO Reports found:

- Formula milk companies use manipulative marketing tactics that exploit parents' anxieties and aspirations. Including claiming products can solve common infant problems, such as sleep or colic, for which there is no scientific basis.
- Formula milk companies make false and incomplete scientific claims and position formula as close to, equivalent or superior to breast milk despite evidence to the contrary.
- The sustained flow of strategic and persuasive formula marketing undermines women's confidence in their ability to breastfeed, with the themes and messaging of marketing often mirroring fears and doubts women express about breastfeeding.
- Formula milk companies use highly targeted online marketing to influence women during their first pregnancy, and in the first weeks after birth when breastfeeding issues are likely to arise.
- Formula milk companies also aggressively harvest data to target women with online marketing when they are most vulnerable. They not only use algorithms and user data collected from websites and social media platforms, but also use parenting apps to harvest identifying data from mothers and their families to individualise marketing messaging.
- Lack of transparency of formula milk marketing poses a significant threat to the decision-making of families. The strategies employed are often discreet, making it difficult to identify the source, or underlying motivation. Sponsorship of events for health professionals, collaborative research studies, and the establishment of online mothers' groups, are examples of such tactics.

Most importantly, the WHO reports found that the regulation of breastmilk substitutes can be effective, however, in Australia it must be comprehensively expanded and scaled up. The International Code of Marketing Breast Milk Substitutes and subsequent World Health Assembly resolutions (the WHO Code) provide a blueprint for effective regulation of formula milk.

This is why we are asking public health organisations, institutions, and individuals to join us in calling on the Australian Government to legislate the WHO Code in its entirety, and to request funding be allocated to the monitoring and enforcement of strong and effective penalties.

It is important to clarify that this campaign is not intended to harass, or shame women in choosing infant formula as a feeding option. And while the regulation of breastmilk substitutes can lead to an increase in breastfeeding rates, the true benefit would be the improvement in informed decision-making, which would allow women and their families to base what they feed infants and young children in their formative years, on high-quality and non-biased research, not marketing spin.

Why breastfeeding is important for public health

Breastfeeding plays a significant role in the first 1000 days of a child's development and health throughout life, and benefits extend to maternal health. Breastfeeding supports optimal development of infants and young children, while providing powerful antiviral and anti-bacterial protection to the youngest members of society. Formula feeding on the other hand, has been shown to increase the risk of infections, and subsequent hospitalisations, death due to SIDS, suboptimal cognitive development leading to lower IQ, increases in obesity, and in chronic disease. Breastfeeding also protects the long-term health of women, reducing the risk of diabetes, and ovarian and breast cancers.

It is vital that Australian families are able to make infant feeding decisions without commercial influence.

Australia's current regulations

The Marketing in Australia of Infant Formulas (MAIF) Agreement is Australia's response to the WHO Code. The MAIF Agreement is a self-regulatory agreement between infant formula manufacturers and importers who are signatories to the Agreement, and is overseen by the Department of Health and Ageing.

The MAIF Agreement has a very narrow scope, is not legally binding, and any sanctions can only be applied to signatories. This means that if a company is not a signatory, they are not obliged to follow the MAIF Agreement. Furthermore, it does not cover the marketing of infant formulas by retailers.

The narrow scope of the MAIF Agreement means many products, including toddler drinks, are not covered. Whereas the WHO Code covers all breastmilk substitutes, feeding bottles, and teats. Breastmilk substitutes include any milks (or products that could be used to replace breast milk such as fortified soy milk), which are specifically marketed for feeding children up to the age of 3 years,

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including follow-up formula and growing-up milks. The WHO Code also seeks to prevent inappropriate promotion of foods and drinks as being suitable for feeding an infant during the first 6 months of life, when exclusive breastfeeding is recommended.

Under the MAIF agreement, confusing and exploitative marketing of these products continues without repercussions or regulation.

Increased support

Most Australian women want to breastfeed. This is reflected in the over 95 per cent initiation rate of breastfeeding following birth. The Australian Infant Feeding Guidelines recommends women continue to breastfeed until 12 months. However, under one-third of Australian women achieve these recommendations, and fewer than 1 in 10 breastfeed their children to 24 months, which is the recommendation of the WHO.

Regulating formula milk marketing is one way of supporting families to make informed decisions about infant feeding. It is also vital that the Australian government removes the decision-making onus from nursing mothers, as it removed the onus from Australian citizens when it implemented protective legislation against insidious Big Tobacco tactics. Australian society should not have to pay the cost of big corporations profiteering. Improved breastmilk substitute regulation would recognise that the protection, support, and promotion of breastfeeding is multisectoral, and should never be the sole responsibility of individual women, men, or families.

It is the responsibility of everyone to ensure mothers are supported to reach their optimal breastfeeding goals and the Australian Breastfeeding Association will continue to advocate for improved support for mothers in all areas.

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