Submission by the Australian Nursing and Midwifery Federation

Restricting Infant Formula Marketing in Australia

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Australian Nursing & Midwifery Federation

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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives and care-workers across the country.

2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

5. The ANMF thanks the Department of Health, Disability and Ageing (Department) for the opportunity to provide feedback on options to mandate infant formula marketing controls in Australia. In line with the World Health Organisation, infant formula will be referred to as breastmilk substitutes (BMS) throughout this response.

6. Nationally, the ANMF represents more than 15,000 midwife members as well as the interests of maternal, child and family health nurses and nurses working in general practice, both areas of nursing where our members are providing information and care for families with young children. Midwives and nurses are experts in infant and young child feeding and frequently observe the impact of marketing of BMS and associated products in their practice. Thus, the ANMF is well placed to provide feedback on this issue.

Overview

7. In Australia, whilst approximately 96% of infants are breastfed from birth, only 39% are exclusively breastfed at three months of age and just 15.4% at six months[1]. Breastfeeding initiation and continuation rates are significantly lower among Aboriginal and Torres Strait Islander peoples, than their non-indigenous counterparts,[2] evidence supports this is due in part, to the ongoing impacts of colonisation, including the infant formula industry. This has led to early cessation of breastfeeding, furthering the heath inequities for Aboriginal and Torres Strait Islander peoples.[3] [4] These rates are far below the World Health Organisation global nutrition target of 50% of infants exclusively breastfeeding at 6 months of age by 2025.[5]

8. In view of these statistics and the experience of midwives and nurses nationally, the ANMF agrees with the Commonwealth Department of Health, Disability and Ageing, that a suite of actions are needed to be undertaken by Government to promote and support breastfeeding and the health of mothers and babies living in Australia.

9. The ANMF contends that a singular approach fails to address the range of complex issues. To improve breastfeeding duration and exclusivity rates, the ANMF strongly recommends the government advance a layered approach to promoting a breastfeeding-enabled environment for all people in Australia. For example, in addition to introducing stronger regulatory controls on the marketing of BMS, the Government must commit full and ongoing funding to the National Breastfeeding helpline, and implement the recommendations of the Midwifery Futures Workforce report to address midwifery workforce issues and increase access to

[1] Reynolds, R et al. (2023). Breastfeeding practices and associations with pregnancy, maternal and infant characteristics in Australia: A cross-sectional study. International Breastfeeding Journal, 18(8). https://doi.org/10.1186/s13006-023-00545-5
[2] Zheng, C et al. (2023). Factors influencing Aboriginal and Torres Strait Islander women's breastfeeding practice: A scoping narrative review. Women's Birth, 36(1). Doi: 10.1016/j.wombi.2022.03.011.
[3] Mitchell F, Walker T, Hill K, Browne J. Factors influencing infant feeding for Aboriginal and Torres Strait Islander women and their families: a systematic review of qualitative evidence. BMC Public Health. 2023 Feb 9;23(1):297. doi: 10.1186/s12889-022-14709-1. PMID: 36759814; PMCID: PMC9912532.
[4] Wilson A, Wilson R, Delbridge R, Tonkin E, Palermo C, Coveney J, Hayes C, Mackean T. Resetting the Narrative in Australian Aboriginal and Torres Strait Islander Nutrition Research. Curr Dev Nutr. 2020 May 18;4(5):nzaa080. doi: 10.1093/cdn/nzaa080. PMID: 32467866; PMCID: PMC7241202.
[5] World Health Organisation. (2024). Global nutrition targets 2025: breastfeeding policy brief. Accessed 7 October 2024 at https://www.who.int/publications/i/item/WHO-NMH-NHD-14.7

midwifery care[6]

10. As previously stated by the ANMF, The former *Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF)* (the Agreement) did not adopt the International Code of Marketing of Breast-milk Substitutes (WHO code) or subsequent World Health Assembly (WHA) resolutions, consequently it was an ineffectual tool for regulating the marketing of BMS. The Agreement did not include regulations to control the marketing of BMS targeted at infants over 12 months of age including toddler milk products, nor marketing activity by retailers.

11. Midwives and nurses often observe the detrimental impacts of current BMS marketing, which creates confusion for consumers of BMS due to misinformation and misleading information. Introducing stronger regulatory BMS marketing controls will both promote and support a breastfeeding enabled environment , whilst enabling families to make support informed, evidence-based decisions regarding infant and young child feeding.

12. The ANMF support the principal objectives of the proposed legislation to protect and promote breastfeeding and improve public health outcomes. The ANMF recommend expanding these objectives to support families to make informed, evidence-based decisions regardless of their infant and young child feeding choices. For these objectives to be achieved, unregulated BMS marketing practices must be eliminated.

[6] Midwifery futures report

Discussion Paper Questions

Question 1 – Are you aware of any high-quality studies that quantify the impact of infant formula marketing on infant feeding practices, particularly in the Australian context?

13. The ANMF is not aware of further high-quality studies that are not already identified in the Discussion Paper or recent consultations in relation to BMS and the MAIF Agreement.

14. The MAIF Agreement is an ineffective mechanism to prevent inappropriate marketing of BMS in Australia, as demonstrated by the Department of Health and Aged Care Review of Marketing in Australia of Infant Formulas: Manufacturers and importers agreement[7] (the DoHAC Review) and the ACCC's analysis of the Infant Nutrition Council's (INC) application for revocation and reauthorisation[8],. Numerous stakeholders involved in these consultation processes highlighted evidence to support stronger regulatory controls are required in Australia to support and promote breastfeeding and protect the public from misleading and unethical claims relating to infant and young child feeding. The Discussion paper underpinning this consultation also concludes that given the consistency of findings across comparable high-income countries and the similarity of marketing practices, the international evidence base is directly relevant to the Australian context. Lastly, the WHO have gathered and analysed international evidence to develop the WHO Code and continue to do this work.

15. As a signatory to the WHO Code and subsequent WHA resolutions, and with unfettered access to the consultations on this matter held to date, the Australian government must accept this evidence and determination, to make long overdue, tangible, progress towards stronger regulatory controls on the marketing of BMS and associated products.

[7] Department of Health and Aged Care (2023). Review of the Marketing in Australia of Infant Formulas: Manufacturers and importers agreement. Final Report. Accessed 7 October 2024 from https://www.health.gov.au/sites/default/files/2024-04/review-of-the-marketing-in-australia-of-infantformulas-manufacturers-and-importers-maif-agreement-final-report_1.pdf

[8]

Question 2 – What other key concepts around the relationship between infant formula marketing on perceptions of breastmilk and infant formula and infant feeding practices should be considered?

16. BMS marketing influences perceptions of breastmilk, BMS use and infant feeding practices through a complex interplay of power, vulnerability and social factors, compounded by market dominance. BMS marketing subtly positions BMS as equivalent or superior to breastfeeding, amplifies parental anxiety related to meeting the infant/child's nutritional and health targets, rationalises BMS use, and pathologises normal infant and child feeding behaviours thereby shaping social norms pertaining to infant and child feeding and behaviour more broadly.

17. It is widely acknowledged that becoming a parent is viewed as a challenging time for many. Parents are often distressed by what could be considered by field experts including midwives and nurses, normal infant and child behaviours. Parents seek support, advice and strategies to minimise this distress. Marketing tactics utilise parents' distress and anxiety as a lever to sell products often making misleading claims to do so[9]. As a result, midwives and nurses observe prolific use of unnecessary products in the community and combat misinformation and misleading information provided to families through the marketing of products on a daily basis across a range of health concerns experienced by infants, young children and their families, including infant and young child feeding.

18. Infant and young child feeding is a large industry. Not unlike marketing applied to many other products for parents, infants and children, BMS marketing takes advantage of the anxiety parents commonly feel to ensure their children are meeting nutritional, sleep and developmental milestones by positioning products to address common infant/child behavioural and feeding challenges. In doing so, marketing of BMS has long pathologised normal infant and child feeding patterns, presenting these products as solutions to pseudo

[9] Rollins, N., Piwoz, E., Baker, P., Kingston, G., Mabaso, K.M., McCoy, D. et al. 2023. Marketing of commercial milk formula: a system to capture parents, communities, science, and policy. The Lancet, 401(10375): 486-502. Accessed April 2, 2026 at https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01931-6/fulltext

problems and altered community perceptions of normal infant and child feeding and behaviour.

19. Persuasive and pervasive misleading information provided by BMS marketing does not align with and undermines public health messaging. For instance, toddler milks are not a recommended source of nutrition for healthy children over the age of 12months and cessation of bottle feeding is also recommended from this age for oral hygiene and dental health.[10] However the marketing of toddler milks, pathologising developmental changes in a toddlers appetite to influence parents that their child's diet requires supplementation with a toddler BMS, is inconsistent with public health messages

20. The impact of marketing strategies permitted under the MAIF Agreement on changing social norms surrounding infant and young child feeding and their impacts on perceptions of infant feeding options and practices should be considered.

21. BMS marketing also dominates publicly available infant and young child feeding information. Public health messages regarding infant and young child feeding are often confined to community health centres, general practitioner offices and through maternity service providers. All other domains are within the remit of industry with high visibility across retailers and social media. Thus, the BMS industry has been able to lead the narrative around infant and young child feeding, further influencing social norms and perceptions around infant and child feeding in broader society. Social media and digital marketing has enhanced marketing capacity to influence public health messaging.

22. Marketing targeted at health professionals subtly shapes clinical advice and normalises BMS use within healthcare settings, reinforcing public perceptions of BMS as a standard feeding option.

[10] National Health and Medical Research Centre. 2024. Infant Feeding Guidelines. Accessed at https://www.nhmrc.gov.au/health-advice/public-health/nutrition/infant-feeding-guidelines

23. Lastly, discussions surrounding breastfeeding and BMS must also consider how targeted marketing of BMS contributes to perpetuating stigma and social discourse associated with infant and young child feeding choices with both breastfeeding and BMS use valued and demonised by various narratives. Midwives and nurses observe the conflict families experience when making choices around infant and young child feeding, regardless of feeding method. Misleading marketing and subtle messaging inherent in BMS marketing exacerbate community debate, emotional distress, and perceived barriers to accessing advice from health professionals. Respect for parental autonomy requires unbiased information and non-coercive narratives.

Question 3 – Please outline the pros and cons of infant formula marketing (if any). Please include contextual information to explain your perspective as required.

24. It is the position of the ANMF that there is no advantage of BMS marketing. Broadly, BMS marketing undermines breastfeeding as the social norm, distorts scientific information relating to infant and young child feeding, misleads and confuses consumers and violates international standards.

25. The marketing of BMS and associated products have led consumers to believe there is a tangible, measurable difference between products and outcomes associated with their use. Australia has a strict minimum standard that set the requirements for BMS manufacturing to meet the nutritional needs of infants and children who require its use. All products sold must meet these standards. This is not widely accepted. Consumers lack awareness of regulations that influence labelling of products and loopholes manufacturers can use to make claims.

26. Midwives and nurses observe that many parents believe claims made by product marketers that are eligible to be sold in Australia are accurate and true. However, research published in 2023 in the BMJ reports that "*most products did not provide scientific references to support*

claims, and referenced claims were not supported by robust clinical trial evidence"[11]. A study on health and nutrition content claims on websites advertising BMS in Australia found that, without exception all contained at least one health claim, whereas only 12% outlined the nutritional content of breastmilk. [12] There can be no advantage in the exploitation of regulatory loopholes to provide misleading information to Australian consumers.

27. The marketing of BMS also comes at a financial, health and emotional cost to families. Nurses and midwives observe that for families that have chosen to use BMS or are required to utilise BMS as a health intervention are:
    - often overwhelmed by marketing claims, often switching between products multiple times in an attempt to "fix" a feeding or behavioural problem.
    - economically disadvantaged by pressures exerted by marketing strategies to select the most expensive product or those labelled as gold or premium despite the escalating cost of living and these products likely offering no nutritional benefit over lower priced products.
    - inadequately prepared for the risks, challenges and issues relating to BMS use

28. Furthermore, nurses and midwives frequently report the challenges of myth-busting persuasive and pervasive misinformation pathologising normal infant and child behaviour relating to nutrition and feeding that is implied or inferred through the marketing of BMS. These messages undermine public health messaging and key Government strategies including the National Breastfeeding Strategy, National Women's Health Strategy, National Obesity Strategy and the National Preventative Health Strategy.

[11] Yan Cheung, k., Petrou, L., Helfer, B., Porubayeva, E., Dolgikh, E., Ali, S et al. 2023. Health and nutrition claims for infant formula: international cross sectional survey. BMJ 380:e071075. Accessed 31 March 2026 at https://www.bmj.com/content/380/bmj-2022-071075

[12] Berry, N. J., & Gribble, K. D. (2017). Health and nutrition content claims on websites advertising infant formula available in Australia: A content analysis. *Maternal & Child Nutrition*, *13*(4), n/a-N.PAG. https://doi.org/10.1111/mcn.12383

Question 4 – What other infant formula marketing prevalence data should be considered?

29. No response.

Question 5 – Do you think restrictions on marketing by retailers should be included in mandatory infant formula marketing regulations?

30. Yes. The ANMF support restrictions on marketing of BMS by retailers in mandatory regulations. As identified in the Discussion Paper retailers are a major source of BMS marketing.

31. Marketing by retailers is a component of an overall marketing strategy employed by industry to target and engage customers effectively. Advertising of BMS through catalogues, in-store promotion, shelf placement and price discounting exposes the community BMS use claims by the manufacturer as well as subtle messaging inherent in brand labelling, such as gold, premium, plus that position breastmilk substitutes as an optimal, health-supportive, and favourable infant and young child feeding choice.

Question 6 – What are the potential pros and cons of price promotions on infant formula products?

32. It is the position of the ANMF that there is social equity in accessing basic resources needed to achieve health and wellbeing, The ANMF acknowledges that BMS can be an essential and sometimes life-saving intervention for families who need it and also acknowledge and respect the complexity of infant feeding decisions made by families.

33. The use of BMS is an expensive infant feeding option. Access to affordable, equitable BMS is essential for the health and wellbeing of many infants and young children living in Australia and regulation must ensure families are able to access these products without increased financial burden.

34. Whilst it may seem counterintuitive to restrict price promotions on BMS products, it is broadly accepted that marketing strategies inherently favour manufacturers and retailers, not consumers. Any loophole regulation of BMS product marketing will enable industry to

target consumers and expose the community to subtle messaging against public health ideals.

35. The international evidence provided in the Discussion paper suggests that, in other countries where price promotions have been restricted, the cost of BMS substitutes has not escalated and consumers have not been negatively affected.

Question 7 – What other data on retailer marketing should be considered?

36. No response.

Question 8 – Do you think restrictions on marketing of toddler milk products should be included in mandatory infant formula marketing regulations?

37. Yes, the ANMF supports the inclusion of restrictions on marketing of toddler milk products in mandatory infant formula marketing regulations.

38. As acknowledged in the ACCC's draft determination[13] and the Discussion Paper, the evidence demonstrates consumers do not differentiate between advertising of BMS for infants aged under 12 months and toddler milks and there is a subsequent negative effect of infant formula promotion through toddler milk marketing. Marketing strategies that compound this include imagery of very young children to promote toddler milks, and identical packaging across the product range from infancy through to toddler.

39. Marketing of toddler milks also negatively impacts on the protection and promotion of breastfeeding for children over 12 months of age.

40. Optimal nutrition in the first 2 years of a child's life is seen as particularly important for lowering morbidity, mortality, and long-term chronic disease[14]. Breastfeeding and human breastmilk have a pivotal role in this optimal nutrition not only in the first year of life but also

[13] ibid

[14] World Health Organisation (2020). Infant and young child feeding. Available at: https://www.who.int/newsroom/fact-sheets/detail/infant-and-young-childfeeding#:~:text=The%20first%202%20years%20of,and%20fosters%20better%20development%20overall

into toddlerhood offering significant public health advantages over other milks.

41. Toddler milk advertising sends an inherent, false message that breastfeeding and breastmilk do not continue to provide benefit beyond the first year of life for individual and long-term health. This is inconsistent with recommendations by the National Health and Medical Research Council[15] and the World Health Organisation.

42. Furthermore, toddler milks are themselves a harmful and unnecessary product for healthy toddlers. Toddler milks are not a recommended source of nutrition for healthy children over the age of 12 months and cessation of bottle feeding is also recommended from this age for oral hygiene and dental health.[16]

Question 9 – Are you aware of other data sources that should be considered, including research on the impact of toddler milk marketing on cross-promotion of infant formula and links to infant feeding decisions and breastfeeding rates?

43. No response – please see question 1.

Question 10 – Do you think restrictions on marketing of bottles and teats should be included in mandatory infant formula marketing regulations?

44. Yes. The ANMF support restrictions on the marketing of bottles and teats in mandatory BMS marketing regulation.

45. Midwives and nurses frequently observe that the marketing of bottles and teats creates a further source of confusion and misinformation for families when utilising BMS. These products create financial burden for families often purchasing multiple products and lured by health claims (such as reflux reducing or breast-like) in their desperate search to fix their infant's distress. Again, parents assume there is some legitimacy to these claims due to existing

[15] National Health and Medical Research Council, Australia (2012). Infant Feeding Guidelines: information for health workers. Available at: https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelinesinformation-health-workers
[16] National Health and Medical Research Centre. 2024. Infant Feeding Guidelines. Accessed at https://www.nhmrc.gov.au/health-advice/public-health/nutrition/infant-feeding-guidelines

regulation of products sold in Australia.

46. If bottles and teats are excluded from BMS regulation this will also create a loophole whereby retailers and manufacturers can indirectly promote BMS use, and make unsubstantiated claims regarding these products.

Question 11 – Are you aware of other data sources that should be considered, including research demonstrating a link between marketing of bottles and teats and attitudes around breastmilk, infant formula and infant feeding patterns?

47. No response.

Question 12 – Do you think stronger regulations on infant formula company engagement with healthcare workers is required, such as stipulations on where and when such engagement can occur?

AND

Question 13 – Do you consider infant formula company sponsorship of professional development opportunities such as webinars, training courses and conference attendance as appropriate in any circumstances?

48. Yes. The ANMF support stronger regulations on infant formula industry engagement with healthcare workers, including sponsorship of professional development opportunities.

49. As identified in the Discussion Paper engagement between infant formula companies and healthcare professionals are a significant pathway for indirect marketing, normalisation of BMS use and influence on advice provided to families.

50. Under the MAIF Agreement, there was, and there continues to be, a lack of unbiased, non-industry funded data available to families and health professionals to guide BMS selection and use.

51. Education of health professionals should not be the remit of industry and the ANMF calls on the Government to ensure health professionals and families have access to independent, transparent research and information to support the optimal use of BMS.

Question 14 – What other key data sources and interactions between infant formula companies and healthcare professionals should be considered?

52. No response.

Question 15 – Do you agree with the policy objectives? If not, please provide alternatives for consideration.

53. The ANMF support the principal objectives of the proposed legislation to protect and promote breastfeeding and improve public health outcomes. However, the policy intent must also clearly identify that restrictions on the marketing of BMS are also required to protect parents utilising BMS from misleading information. Thus, the policy objectives must aim to eliminate, not purely reduce misleading marketing. Elimination of misleading marketing is a key element to ensuring families can make evidence-based feeding decisions and public health messages are visible and not contradicted by those with commercial interests. The policy objectives must be amended to reflect these elements.

54. It must also be an objective of this regulation that information and evidence regarding the use of BMS, the components of BMS and any health claims is no longer provided by industry and is free from commercial influence.

55. Lastly, the ANMF further recommends that as defined in the WHO Code, the term breastmilk substitutes is used rather than infant formula.

<u>Option 1: Status Quo – No regulation</u>
<u>AND</u>
<u>Option 2: Australian Government legislation aligned with the scope of the former MAIF Agreement</u>

Question 16 – What are the advantages and disadvantages of Option 1? Please explain your reasoning
AND
Question 18 – What are the advantages and disadvantages of Option 2? Please explain your reasoning.

56. The ANMF are concerned that option 1 and option 2 have been proposed.

57. As identified through the DoHAC Review and the ACCC's analysis of the INC's application for revocation and reauthorisation[17], inadequate regulation of the marketing of BMS has been shown to inadequately protect and promote a breastfeeding enabled environment in Australia. Numerous stakeholders involved in these consultation processes highlighted evidence to support that stronger regulatory controls are required in Australia to support and promote breastfeeding. The Discussion paper underpinning this consultation also concludes that given the consistency of findings across comparable high-income countries and the similarity of marketing practices, the international evidence base is directly relevant to the Australian context. Lastly, the WHO have gathered and analysed international evidence to develop the WHO Code and continue to do this work that demonstrate the necessity of regulation of BMS marketing for the protection and promotion of breastfeeding.

58. Thus, it is highly improbable to conclude that no regulation or regulation aligning with the former MAIF Agreement would achieve the policy objectives.

59. No or incomplete regulation of BMS marketing will continue to preserve industry profit and allow industry the freedom to market products in contradiction of the WHO code and Australian public health targets. Whilst burdening the community with misinformation, confusion, financial burden and poor public health outcomes relating to infant and young child feeding.

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60. To this end, it is the position of the ANMF that option 1 and 2 are not viable if Government is to achieve the policy objectives. The Australian government must make long overdue, tangible, progress towards stronger regulatory controls on the marketing of BMS and associated products.

Question 17 – Do you have data on the costs and benefits associated with Option 1 that could contribute to a cost-benefit analysis to inform the policy development process?
AND
Question 19 – Do you have data on the costs and benefits associated with Option 2 that could contribute to a cost-benefit analysis to inform the policy development process.

61. No response

Option 3: Australian Government legislation aligned with the scope of the former MAIF Agreement, plus controls on retailer and/or toddler milk marketing
Question 20 – What are the advantages and disadvantages of Option 3? Please explain your reasoning.

62. As identified in the discussion paper, option 3 has greater benefits over options 1 and 2. Including retailer marketing and toddler milks in regulatory controls will:

- more closely align with the WHO Code and WHA resolutions thereby reducing the potential for regulatory loopholes
- reduce cross promotion of BMS for infants under 12 months of age through toddler milk advertising
- protect and promote breastfeeding as a normative feeding option for young children over 12 months of age
- uphold public health messaging relating to nutrition and oral health for children over the age of 12months
- reduce potential for misleading information thereby supporting parents and carers to make informed infant and young child feeding decisions

63. Furthermore, international evidence would demonstrate adopting the WHO Code and WHA resolutions results in improved breastfeeding outcomes and reduced healthcare costs.

64. The disadvantages of Option 3 are that it does not include bottles and teats, nor clearly identify the present and emerging risks of targeted digital marketing through algorithm-driven technologies.

65. As identified in response to question 10, exclusion of bottles and teats from regulatory controls, creates a marketing loophole whereby BMS manufacturers and retailers are able to continue to employ unethical and misleading marketing strategies influencing infant and young child feeding choices made by families.

66. The Discussion Paper explores the harms of digital marketing and algorithm-driven technologies and the reach of these marketing techniques. Strong regulatory controls must address the present and emerging risks including mechanisms to proactively monitor for non-compliance.

67. The ANMF recommends that bottles and teats and greater clarity on restrictions of digital marketing restrictions be included in option 3.

Question 21 – Do you have data on the costs and benefits associated with Option 3 that could contribute to a cost-benefit analysis to inform the policy development process?

68. No response

Question 22 – Which is your preferred policy option?

69. The ANMF support option 3.

Question 23 – What other considerations should be addressed in the legislative development process?
AND
Question 24 – Do you have any suggestions regarding the most appropriate and enforcement arrangements for this policy?
AND
Question 25 – What other monitoring, enforcement and evaluation considerations should be considered?

70. It is imperative that regulatory controls introduced to restrict the marketing of BMS are monitored and enforced. Monitoring and enforcement of this legislation must:
    - be considered in the process of legislative development
    - be an independent responsibility of government
    - be independent of industry
    - include proactive surveillance and transparent reporting
    - have the resourcing required to effectively respond to non-compliance

Question 26 - Please provide any other comments or points for consideration that may not have been addressed in this consultation.

71. While restricting the marketing of BMS represents an important step in supporting a breastfeeding enabled environment in Australia, meaningful improvements in breastfeeding rates will also require sustained investment in the midwifery and nursing workforces across the acute and primary care sectors. Ensuring families can access skilled practitioners in infant feeding is essential to support informed decision making.

Conclusion

72. Thank you for the opportunity to provide feedback on options to mandate BMS marketing controls in Australia. It is imperative that Australia introduce strong regulatory controls that encompass all avenues for BMS marketing to protect the public from misinformation and unethical marketing regarding infant and young child feeding.