

Breastfeeding

Background Paper

This paper provides background information to the PHAA Breastfeeding Policy Position Statement, providing evidence and justification for the public health policy position adopted by Public Health Association of Australia and for use by other organisations, including governments and the general public.

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Summary

1. The PHAA recognises that breastfeeding is an important public health strategy that affects the health of women and children in Australia.
2. Improving breastfeeding exclusivity and duration in Australia will improve public health and reduce health care costs for all Australians.
3. Although most mothers initiate breastfeeding in Australia, few continue to breastfeed exclusively for six months or continue to breastfeed after complementary feeding begins, until their child is at least twelve months old, as recommended by the National Health and Medical Research Council (NHMRC) Australian Dietary Guidelines.
4. Creating supportive environments is necessary to improve infant feeding in Australia. This will require attention to the complex social, economic and commercial factors that determine these practices. Infantfeeding decisions and practices are not simply the result of individual women's choices.
5. The PHAA recognises that families caring for infants who are not breastfed, or not exclusively breastfed, need unbiased, clear information about the available alternatives, and support to manage risks associated with their use.
6. The PHAA endorses the key priority areas of the *National Breastfeeding Strategy, 2019 and Beyond*. PHAA notes the lack of implementation of the Strategy and calls on the Australian Government to urgently allocate sufficient funding to the implementation, monitoring and evaluation of the Strategy.

Background

Infant and young child feeding is a human rights issue. A recent statement by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination Against Women in law and in practice, and the Committee on the Rights of the Child reminded member states “of their obligations under relevant international human rights treaties to provide all necessary support and protection to mothers and their infants and young children to facilitate optimal feeding practices”.¹

Recommendations about infant and young child feeding are remarkably consistent and reflect established scientific consensus on the health implications of infant and young child feeding for women and children. The NHMRC recommends that all babies are exclusively breastfed for the first six months of life, and, together with complementary food, continue to be breastfed for at least 12 months.² The World Health Organization (WHO) recommends exclusive breastfeeding (with no other foods or liquids) for the first six months of life with continued breastfeeding for up to two years and beyond.^{3 4}

Divergence from recommended infant and young child feeding practices increases health risks for both infants and their mothers.

Infant and young child feeding and public health

Breastmilk is a perfectly balanced source of nutrition with immunological factors that cannot be replicated.^{5 6}

The health risks for a non-breastfed infant are many and include:⁷

- Gastrointestinal illnesses
- Respiratory infections

- Otitis media
- Necrotising enterocolitis
- Sudden Infant Death Syndrome

There is increasing evidence that not being breastfed increases the risk of overweight and obesity and type II diabetes in childhood and later life and that the chances of reaching full intelligence potential are reduced.⁷

When women are not supported to reach their breastfeeding goals and completion of the reproductive cycle, there are significant implications for health including an increased risk of certain cancers such as breast and ovarian, type II diabetes, and cardiovascular disease.^{7,8}

The poor health outcomes from not meeting recommended breastfeeding practices presents an economic and social burden on individuals, families and the health system.^{9,10} Non-communicable diseases (NCDs) and their burden to Australia's health system are on the rise and breastfeeding has been associated with a decreased risk of NCDs in offspring and mothers alike.

Globally, billions of dollars in health costs could be saved if women are enabled/supported to achieve the recommended breastfeeding durations.^{11,12}

Global guidance

Aligning with their breastfeeding recommendations, the WHO have set *Global Nutrition Targets* for 2030 with a target of 70% of babies being exclusively breastfed to 6 months.¹³

The United Nations Children's Fund (UNICEF) in partnership with WHO, created the *Global Strategy for Infant and Young Child Feeding (GSIYCF)* to set standards for global action in support of increasing breastfeeding rates and duration.¹⁴ *The Strategy* includes steps required to achieve improvements, such as the Baby Friendly Health Initiative (BFHI). The BFHI is a global program of WHO and UNICEF to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding.

The WHO International Code of Marketing of Breastmilk Substitutes (the International Code) was adopted by the WHO in 1981 at the World Health Assembly (WHA) resolution 32.22 by 118 member states.¹⁵ Australia voted in favour of the resolution. The aim of the Code is to protect and promote breastfeeding and ensure proper use of breastmilk substitutes, when these are necessary. The Code recommends that all advertising and promotion of products to the general public, prohibits the use of the health care system to promote breastmilk substitutes, demands that product information be factual and scientific, and allows health professionals to receive samples but only for research purposes. Since 1981, the International Code has been updated with resolutions put forward to the WHA. In 2016, the WHA welcomed and approved the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children which broadened the scope of recommended restrictions to cover the marketing of commercial foods and drinks intended for children up to the age of 36 months, in order to protect ongoing breastfeeding to 2 years and beyond.¹⁵

The Innocenti Declaration was adopted by participants at the WHO/UNICEF policymakers meeting in Florence, Italy in 1990.¹⁶ In 2005, another Innocenti Declaration called for all governments to revitalise the BFHI and to expand the initiative to include maternity, neonatal and child health services, and community based support for lactating women and caregivers of young children.¹⁷

In 1996, the WHA expressed concern that "health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health" and urged countries "to ensure that the financial support for professionals working in infant and child

health does not create conflicts of interest...". In 2002, the WHO endorsed the GSIYCF, and continues to urge member states to implement the International Code.¹⁵

In April 2022, the WHO launched a report that revealed the scale and sophistication of [digital marketing strategies](#) used to promote breastmilk substitutes, and their growing influence of the feeding decisions of women and their families.¹⁸ These digital marketing techniques often circumvent national regulations and the intent of the Code.¹⁹ In response to these concerns, the 2025 WHA endorsed a resolution urging member states to implement WHO guidance on restricting the digital marketing of breastmilk substitutes.¹⁸

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Breastfeeding contributes to the United Nations Sustainable Development Goals (SDGs) through its impact on health (Goal 3: Good Health and Wellbeing), nutrition (Goal 2: Zero Hunger), intelligence and human capital (Goals 1: No Poverty; Goal 4: Quality Education; Goal 8: Decent Work and Economic Growth), and increased sustainability (Goal 13: Climate Action). In addition, breastfeeding provides these benefits to all, regardless of social situation, making it applicable to Goal 10: Reduced Inequalities.²⁰ The contribution of breastfeeding to the SDGs has been recognised by the WHO.

Current situation in Australia

Breastfeeding policy and practice in Australia

Most mothers in Australia initiate breastfeeding (96%) but the majority do not breastfeed exclusively for six months or continue breastfeeding for twelve months or more according to 2010 Australian National Infant Feeding Survey data.¹⁶ While improvements have been seen since 2010 when only 15% of infants were exclusively breastfed to five months, rates have not improved in recent years. There has been no repeat of the Australian National Infant Feeding Survey since 2010.¹⁷

Australia is lagging behind the rest of the world in its efforts to promote and support breastfeeding. The World Breastfeeding Trends Initiative (WBTi), launched in 2004 by the International Baby Food Action Network (IBFAN), provides a tool to assess a country's breastfeeding policies and programs against the GSIYCF.⁽³⁶⁾ This assessment of Australia was carried out recently with a report released in 2023.¹⁸ Australia scored 33 out of 100, placing the nation at 98th out of 100 countries. The WBTi report showed that the main issues for Australia to address are an absence of a national breastfeeding policy, national advisory committee and absence of legislation on the WHO Code. Currently, only 26% of Australia's hospitals which provide maternity services are BFHI accredited.¹⁹⁾

Previous large scale national data collection of infant feeding was completed in 2010 by the Australian Institute known as the Infant Feeding survey.¹⁶ Since then National Health Surveys (NHS) included some breastfeeding questions to a portion of their samples. These surveys had a relatively small sample size and relied on participant recall of up to 18-20 months. The 2014-15, 2016-17 and 2022 surveys each only collected infant feeding data on about 1,500 children – not enough for a rigorous analysis of the nationwide trend.¹⁷ Despite the 2019 Strategy promise of a full nationwide survey every five years, this has not occurred.²⁰

While human milk banks services are available in several states and territories, there are no national guidelines regarding the establishment and operation of human milk banks in Australia. When maternal breast milk is not available in sufficient quantity, donor breast milk is an important alternative source of

nutrition, particularly for low birth weight or premature infants.⁹ Processed human milk should be available to preterm and low birth weight infants in all states and territories. Australian Lifeblood established a milk bank in 2018, and initially provide pasteurised donor human milk to NSW and South Australia, with increasing distribution including to Victoria, Tasmania and West Australia in 2025.²¹

The *National Breastfeeding Strategy: 2019 and Beyond*, identifies priority actions to protect and support breastfeeding in Australia.²⁰ This enduring Strategy is ambitious and extensive, including the interaction of macro and micro factors enabling and constraining breastfeeding in Australia. Importantly, it recognises that a mother's breastfeeding decisions are influenced by societal pressures, societal attitudes to mothering, access to breastfeeding education, professional lactation support, employment arrangements and workplace settings, her partner, her mother, religious and cultural beliefs, and mental health barriers.

The vision for the Strategy is that "Australia provides an enabling and empowering environment that protects, promotes, supports and values breastfeeding as the biological and social norm for infant and young child feeding", with stated objectives to:

- Increase the proportion of babies who are breastfed – including rates of exclusive breastfeeding to around 6 months of age increasing 50% by 2025.
- Enable access to evidence-based, culturally safe breastfeeding education, support and clinical care services for informed decision making.
- Increase the number of breastfeeding-friendly settings/environments.
- Strengthen the regulatory arrangements for marketing of infant formula and breastmilk substitutes so that inappropriate marketing and distribution ceases.
- Increase the proportion of health professionals who receive adequate, evidence-based breastfeeding education and training that is free from commercial influence.
- Raise awareness in the broader community of the significance of breastfeeding (and the risks associated with not breastfeeding).

The priority areas are:

- Structural enablers: community education and awareness; prevent inappropriate marketing of breastmilk substitutes; policy coordination, monitoring, research and evaluation; dietary guidelines and growth charts.
- Settings that enable breastfeeding: Baby Friendly Health Initiative; Health professionals' education and training; breastfeeding-friendly environments; milk banks.
- Individual enablers: universal access to breastfeeding support services; breastfeeding support for priority groups.

A National Breastfeeding Committee will be established to oversee the implementation, monitoring and evaluation of the Strategy, with annual reports to the Australian Health Ministers. However, while funding is mentioned for some specific items within the Strategy, there is no indication of amounts, timing, or funding for the overall Strategy. A national committee was established in 2021 but has not met, and other action is lacking.

WHO Code and the Marketing of Infant Formula Agreement (MAIF)

Australian consumers are exposed to advertising that promotes the use of breastmilk substitutes including infant formula, follow on formulas, toddler milks, feeding bottles and teats, and ultra-processed complementary foods. The International Code has not been legislated in Australia, aside from FSANZ regulations on labelling of infant formula, despite being one of the original countries that voted to adopt

the Code in 1981. The Marketing of Infant Formula (MAIF) agreement, was a voluntary agreement in place up until 2025, between the Australian Government and certain importers and manufacturers of infant formula, and administered by the Australian Competition and Consumer Commission (ACCC). The agreement applied only to manufacturers and importers that chose to become signatories. It had no legal force and was not binding on non-signatories, nor was it enforceable under legislation. February 2025, the ACCC declined the application by the Infant Nutrition Council for reauthorisation of the MAIF. Concurrently, the Department of Health, Disability and Ageing announced its intention to develop and implement a mandatory, legislated framework to govern infant formula marketing within a two-year timeline. Many academics and public health experts are calling on the Department to widen the scope and include retailers to ensure that the new legislation is as close as possible to the scope of the International Code.²⁷

Recommended actions

1. Full implementation and funding for the *National Breastfeeding Strategy 2019 and Beyond*.
2. Ongoing funding provided for breastfeeding research in Australia, particularly for evaluation of independent and cumulative effects of breastfeeding interventions aimed at individuals, group (health services, home, work and community environments) and societal levels.
3. Breastfeeding knowledge, clinical competence and attitudes of relevant health professionals to be regularly audited and updated.
4. Antenatal and postnatal breastfeeding education provided as part of normal clinical care including:
 - Funding for the production and dissemination of nationally consistent, accessible information on breast and non-breast milk feeding for parents and parents-to-be. Parents need to be aware of the risks of not breastfeeding and how to formula feed in a safe manner. Breastfeeding women need easy access to support and advice.
 - Breastfeeding education and support, including evidence of continuity throughout the perinatal and postnatal periods, included in clinical governance and audit mechanisms.
5. Legislative support for breastfeeding at environmental and social levels:
 - All businesses and employers provide flexible work practices, work breaks and facilities to allow employees to combine breastfeeding and work.
 - Large organisations encouraged to provide on-site childcare.
 - Paid maternity leave for at least six months, and preferably 12 months, adopted nationally.
 - Provision of parenting facilities (to enable breastfeeding) in public places, included in local government planning requirements for all large public amenities, such as shopping centres.
6. The Federal Government legislate in full the International Code and subsequent World Health Assembly resolutions, the scope of this including:
 - All breastmilk substitutes products marketed for infants and children up to 36 months of age
 - Development of legislation and policies must be government led and free from conflict of interest.

- This comprehensive legislation should be administered by the Department of Health, Disability and Ageing in line with international best practice
 - A comprehensive plan for monitoring of effectiveness of this legislation using the WHO's Netcode²²
 - Widely disseminate information to health professionals about their obligations under the Code
7. Address sponsorship and conflict of interest issues:
- Government departments and health professional organisations not accept any funding or other support from infant formula manufacturers for health professional education, including conference sponsorship and exhibition.
 - Editors and publishers of journals and magazines for health professionals not accept infant formula advertisements.⁽³⁹⁾
 - Editors and publishers of journals for health professionals not accept manuscripts submitted by authors who have received funding or support from infant formula manufacturers.
8. Governments to explore the best way to provide easily accessible evidence-based accurate information on medicines for breastfeeding women for health professionals and consumers.
9. Government support financially, the development and ongoing operation of human milk banks in all states and territories. Volunteer donor milk should be available free of charge to any infant who requires human milk.

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