



Australian  
Breastfeeding  
Association

# Election priorities 2025



**Full, 4-year funding for ABA's Breastfeeding Helpline and LiveChat services**



**Legislation of new controls of the marketing of breastmilk substitutes in Australia that encompass the full scope of the WHO Code and subsequent WHA resolutions**



**A 2025 repeat of the National Infant Feeding Survey**



**Improved access to continuity of maternity care**

# Supporting Australian mothers to reach their breastfeeding goals

Most Australian women want to breastfeed. This is reflected in the over 95% initiation rate of breastfeeding.<sup>1</sup>

ABA's National Breastfeeding Helpline counsels more than 52,000 families each year and is staffed by trained volunteers who listen, reassure and offer options to the women and families that call. LiveChat offers a web based chat service that receives more than 5000 chats from women and families each year. Both Helpline and LiveChat rely on federal government funding to operate and ABA can plan its services and supports better if longer term funding is assured.

Australia has a once in a generation opportunity to ensure that regulation of infant formula advertising and promotion is comprehensive, legally binding and mandatory for all infant formula importers and manufacturers. With the expiry of the previous voluntary industry code – the Marketing in Australia of Infant Formula: Manufacturers and Importers (MAIF) Agreement, the government must design and pass into legislation a comprehensive, legally-binding and mandatory national code that reflects the full scope of the International Code of Marketing Breastmilk Substitutes and subsequent WHA resolutions (the WHO Code). Families in Australia should be able to make informed decisions about infant feeding without being influenced by commercial interests.

The Australian National Infant Feeding Survey was undertaken for the first time in 2010 and has not been repeated since. We value what we can measure. Given the significant lifelong health benefits conferred by breastfeeding for both mother and baby, there is a clear mandate for breastfeeding rates to be optimised through a broad range of positive interventions and environments. Measuring population-wide rates of initiation and duration of breastfeeding at 5 year intervals will guide and measure the impact of policy and interventions over time. The methodology of the Australian National Infant Feeding Survey remains the gold standard and would not require modification to be repeated.

There is strong evidence that continuity of care models (particularly midwifery-led), provide more positive birth experiences and better breastfeeding outcomes for mothers and babies. While many women in Australia would prefer to receive their maternity care in a continuity model, very few are able to access these models of care. All women deserve to receive high quality evidence-based maternity care with a known caregiver.



## Increase and continue investment in support

ABA calls for ongoing funding of \$14 million over four years to expand and strengthen our services.

ABA's 24-hour, 7 day a week, National Breastfeeding Helpline along with ABA's LiveChat service are key in the implementation of the *Australian National Breastfeeding Strategy 2019 and beyond: Priority Area 3: Individual enablers* (ANBS)<sup>2</sup>, accessed by almost 60,000 women and their families a year with a customer satisfaction rating of 93%. These services offer universal and priority population access to breastfeeding support. Delivered by a team of more than 500 qualified volunteer breastfeeding counsellors and educators, ABA provides high quality, yet exceptionally cost-effective breastfeeding support services.

ABA's world-class health professional education resources are critical to meeting the objectives of the ANBS *Priority Area 2: Settings that enable breastfeeding*. In 2023-24 ABA supported and resourced thousands of healthcare professionals to provide best-practice care to breastfeeding mothers and their babies.

ABA is a key implementation partner to support and progress the objectives of the ANBS. Increased funding will mean ABA can:

- Future-proof current services with modernised technology to ensure continued support of breastfeeding mothers and their families
- Establish warm hand-over support between LiveChat and Helpline and with external agencies to enhance clients' breastfeeding support, health outcomes, continuity of care and bridge current mental health barriers
- Promote the National Breastfeeding Helpline and LiveChat services to increase awareness, including amongst priority groups
- Increase our digital engagement with health professionals to provide world-class, evidence-based breastfeeding education that is free from commercial influence
- Continue our work as a key delivery partner for the ANBS.



## No more exploitative marketing

ABA calls for new legal controls of the marketing of infant formula in Australia that align with the full scope of the International Code of Marketing Breastmilk Substitutes and subsequent WHA resolutions, including funding for monitoring and enforcement of strong penalties, within 2 years.

The International Code of Marketing Breastmilk Substitutes and the subsequent World Health Assembly resolutions (the WHO Code)<sup>3</sup> aims to stop the confusing and exploitative marketing of breastmilk substitutes (including infant formula). Currently, implementation of the WHO Code in Australia is through the limited provisions in the Food Standards Act 1991 and the Food Standards, which cover required information on product labelling only.

The WHO and UNICEF report entitled How the marketing of formula milk influences our decisions on infant feeding<sup>4</sup> outlines the pervasive, personalised and powerful nature of formula milk marketing. Tactics such as exploiting parents' anxieties and aspirations by promoting formula milks to solve normal infant behaviours (sleep, colic etc.) are common. The report also found formula milk marketing distorts science with false and misleading claims, undermines parents' confidence in breastfeeding and deliberately targets health professionals to push their products.

One of the most disturbing findings was the lack of transparency in marketing with formula milk companies sponsoring baby clubs and social media groups. These groups sometimes offered gifts and discounts, information, and access to 'carelines' for 'support and advice', often without the sponsorship being revealed.

While the study did not specifically examine marketing practices in Australia, there is a demonstrated global trend of confusing and exploitative practices which undermine informed decision-making when it comes to infant and young child feeding.

When implementing the appropriate regulation of marketing of breastmilk substitutes (including infant formula), funding for monitoring and enforcement is vital. The need for robust monitoring and enforcement mechanisms to ensure regulations are effective has been demonstrated internationally.<sup>5</sup> Without monitoring and enforcement, confusing and exploitative marketing continues.

Families deserve to make informed decisions about infant and young child feeding based on objective, factual information, free from aggressive and confusing marketing.



## Repeat the Australian National Infant Feeding Survey

ABA calls for the Australian National Infant Feeding Survey to be urgently repeated and continue to be repeated every five years in perpetuity, with initial survey results to be published no later than 2026.

The last time comprehensive data was collected on breastfeeding rates was in 2010 when the Australian National Infant Feeding Survey was undertaken. It was intended as a baseline for future surveys, but it has never been repeated. It's been far too long.

The ANBS<sup>2</sup> outlines the need to collect this data in *Priority Area 1: Structural Enablers*. The Strategy identifies the importance of understanding the current state of breastfeeding in ensuring appropriate and targeted support is delivered to mothers who need it. Good quality nationwide data captured at regular intervals has the power to identify trends and improve women's and children's healthcare across the board.

Data from the 2010 Australian National Infant Feeding Survey<sup>1</sup> showed vulnerable mothers were breastfeeding at lower rates. The lowest breastfeeding rates (for babies 6 months and younger) were observed amongst the youngest mothers (24 years and younger) and breastfeeding rates decreased with decreasing socioeconomic status. Without data to inform where breastfeeding support needs to be focused, vulnerable families are at risk of continuing to miss out on the support they need.

There is no substitute for a comprehensive survey conducted by government, free from commercial interest.

The format, structure and means to conduct another Australian National Infant Feeding Survey in 2025 already exist.

All that is left to do is repeat the survey and publish the results.



## Improved access to continuity of maternity care

ABA calls for universal access to woman-centred continuity of care models.

There is strong evidence that continuity of care models (particularly midwifery-led), provide more positive birth experiences and better breastfeeding outcomes for mothers and babies.<sup>6,7,8,9,10,11,12,13</sup>

The COAG Woman-Centred Care strategic document (2019)<sup>14</sup> and the Australian National Breastfeeding Strategy (2019)<sup>2</sup> both identify the need for improved access to these models as a priority.

There is also a growing body of evidence that has found better outcomes for at-risk and priority populations in continuity models that employ collaborative care approaches.

While many women in Australia would prefer to receive their maternity care in a continuity model, unfortunately very few (between 8 and 15%) are able to access a model of care that offers continuity of caregiver through the childbirth continuum.

ABA believes that all women deserve to receive high quality evidence-based maternity care with a known caregiver.

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Level 3, Suite 2  
11 Queens Road  
Melbourne VIC 3004