



Restricting marketing of infant formula in Australia: briefing paper for consultation

27 March 2026

This briefing paper has been compiled to help ABA volunteers, members, partner organisations and other individuals who have an interest in participating in the Australian Government's Restricting Infant Formula Marketing in Australia consultation.

The Australian Department of Health, Disability and Ageing (DOHDA) is seeking consultation as they develop the legislation for a new mandatory prescribed framework to regulate marketing of breastmilk substitutes (BMS).

The Department are hosting an [online survey](#) to gather views from interested individuals and organisations.

The survey and discussion paper mainly focus on areas that were not addressed in the previous voluntary, industry-led Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) about:

- marketing by retailers,
- marketing of toddler milks,
- marketing of bottles and teats, and
- how contact between health professionals and the infant formula industry should be managed.

While it is important to have as many individuals and organisations as possible offer their views in the survey, we think it would be most persuasive for responses to reflect people's own concerns. Feel free to use parts of the response we have provided, and please add and use your own words if possible.

We recommend that you read the Australian Government's [discussion paper](#) downloadable from the DOHDA website.

Feel free to only respond to the survey questions that are most important to you.

To support you in your responses and submission, ABA's WHO Code Taskforce will be offering a live briefing and Q&A webinar on Wednesday, 1 April at 3pm AEDT – register [HERE](#).



Questions from the online survey	Suggested responses
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?	<p>No.</p> <p>We strongly support the Discussion Paper conclusion 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. We are not aware of any studies particularly for the Australian context.</p>
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?	<p>Cross promotion and brand extension strategies further blur distinctions between infant formula, toddler milks and other products, reinforcing brand recognition and normalising formula use.</p> <p>Collectively, these mechanisms influence parental perceptions of infant feeding in ways that are not neutral or purely informational.</p>
3. Please outline the pros and cons of infant formula marketing (if any). Please include contextual information to explain your perspective as required.	<p>The pros of infant formula marketing disproportionately favour industry interests and ultimately reduce to a single driver: profit. The cons land almost entirely on parents and young children, exactly the groups most vulnerable to the impacts of aggressive infant formula marketing.</p> <p>Infant formula marketing cons include:</p> <ul style="list-style-type: none">-the undermining of breastfeeding-undermining of key Government strategies, including the National Breastfeeding Strategy, National Women's Health Strategy, National Obesity Strategy, National Preventative Health Strategy-dissemination of misleading or incomplete claims



	<ul style="list-style-type: none">-failure to adequately communicate risks-exploitation of parental vulnerability and fears during a sensitive life stage-violation of international standards and ethical guidelines-Creation of financial burdens for families-Contributing to health risks, especially in low-resource settings-Undermining mothers' confidence to breastfeed-Distorting healthcare and scientific environments-Contributing to large-scale public health and economic costs
4. Question 4 – What other infant formula marketing prevalence data should be considered?	No response.
5. Do you think restrictions on marketing by retailers should be included in mandatory infant formula marketing regulations?	<p>Yes.</p> <p>As identified in the Discussion Paper retailers are a major source of infant formula marketing exposure.</p> <p>There is no delineation between where the manufacturer's marketing stops and the retailer's begins. As part of an overall marketing strategy, the retail elements encompass a range of tactics and strategies aimed at reaching and engaging customers effectively, including through catalogues, instore promotion, shelf placement and price discounting. For example, manufacturers pay to have their products at eye level in stores.</p> <p>Excluding retailers from regulation creates a substantial regulatory gap and would undermine policy objectives.</p>



<p>6. What are the potential pros and cons of price promotions on infant formula products?</p>	<p>Pros disproportionately favour retailers and manufacturers and ultimately result in one thing: profit.</p> <p>Cons disproportionately affect parents and young children and include:</p> <ul style="list-style-type: none">- influencing parental purchasing behaviour, particularly among price sensitive households- impact on feeding decisions during key transition periods- financial burden on families who switch to expensive infant formula feeding when they otherwise may not have <p>Allowing price promotions on infant formula does not support increased affordability for consumers. Evidence shows it works against families' financial interests in the long run and poses significant risks for low-income households.</p> <ul style="list-style-type: none">- Promotions undermine public health objectives to support breastfeeding- Promotions mask systematically high prices driven by profit motives- Promotions generate brand loyalty that can lock families into more expensive products- Promotions may offer short-term relief, they do not address the fundamental unaffordability of formula- Promotions can lead to harmful cost-cutting behaviours
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	<ul style="list-style-type: none">- The cost of promotion is born by the consumer and ultimately drive prices up over the long-term <p>It is important to ensure that parents are not persuaded to switch to formula on the basis of a special low-price offer. Formula feeding is an expensive infant feeding option and when a family with limited resources decides to formula feed on the basis of a special offer, they may not be able to afford to continue to purchase sufficient product to feed their baby safely when the special offer is over.</p>
7. What other data on retailer marketing should be considered?	No response.
8. Do you think restrictions on marketing of toddler milk products should be included in mandatory infant formula marketing regulations?	<p>Yes. Restrictions should apply to the marketing of toddler milks.</p> <p>As noted in evidence introduced in the Discussion Paper toddler milk marketing operates as indirect promotion of infant formula through brand extension, naming conventions and shared branding. This is because toddler milk marketing:</p> <ul style="list-style-type: none">- contributes to consumer confusion- cross promotes infant formula and builds misguided brand loyalty- normalises formula feeding across the child's life- undermines breastfeeding confidence- exploits parental anxieties <p>Excluding toddler milks from mandatory regulations would leave an essential gap in marketing controls, one that industry has historically exploited (under the limited MAIF</p>



	<p>arrangements) and continues to exploit to promote infant formula indirectly.</p> <p>Including toddler milks is necessary to protect against consumer misinformation, reduce cross-promotion, support breastfeeding, and align Australian policy with WHO recommendations and international best practice.</p> <p>Toddler milks are themselves a harmful and unnecessary product for toddlers who have no nutritional need for them, in some cases they have been shown to contain as much sugar as soft drinks.</p> <p>The aggressive marketing of these toddler milk products as a normal part of toddlers' diets is contrary to Australian Dietary Guidelines and World Health Organization recommendations.</p>
<p>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?</p>	<p>Not aware of any other data sources.</p>
<p>10. Do you think restrictions on marketing of bottles and teats should be included in mandatory infant formula marketing regulations?</p>	<p>Yes. Restrictions on the marketing of bottles and teats should be included because these products are part of the broader system of breastmilk substitute promotion envisioned in the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions (the WHO Code) and excluding them creates a significant loophole that manufacturers and</p>



	retailers can use to indirectly promote infant formula.
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?	No. However, as noted in the Discussion Paper international studies and ethical analyses demonstrate the influence of feeding equipment marketing on parental attitudes and feeding patterns. A precautionary approach is needed.
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?	<p>Yes.</p> <p>Current safeguards, both globally and in Australia, are insufficient to prevent inappropriate influence, and clearer limits on where and when engagement may occur would strengthen protections for families.</p> <p>As identified in the Discussion Paper engagement between infant formula companies and healthcare workers are a significant pathway for indirect marketing, normalisation and influence. Evidence cited demonstrates that such interactions can create real or perceived conflicts of interest, undermine trust in health advice, and influence professional norms and practices related to infant feeding. International guidance, including the WHO Code, emphasises the importance of insulating health systems and health professionals from commercial influence in order to protect breastfeeding and ensure evidence-based care.</p>
13. Do you consider infant formula company sponsorship of professional development opportunities such as webinars, training courses and conference	No. Sponsorship of professional development by infant formula companies is not appropriate, as it creates real and perceived conflicts of interest that can influence clinical advice and undermine breastfeeding.



attendance as appropriate in any circumstances?	
14. What other key data sources and interactions between infant formula companies and healthcare professionals should be considered?	No further key data sources.
15. Do you agree with the policy objectives? If not, please provide alternatives for consideration.	<p>We strongly support the ultimate goal as outlined in the Discussion Paper: <i>to help protect and promote breastfeeding to improve public health outcomes.</i></p> <p>We note however, that the long-term goals should also include:</p> <ul style="list-style-type: none">- ensuring the proper use of breastmilk substitutes, when necessary, based on adequate information- sustained maintenance of successful outcomes of all short/medium term objectives <p>In relation to the short and medium-term objectives we strongly recommend that:</p> <ul style="list-style-type: none">- all these objectives centre around the elimination (rather than reduction) of marketing- all refer to 'breastmilk substitutes' (as defined in the WHO Code) rather than infant formula- objectives in relation to the public (caregivers) and objectives in relation to healthcare professionals and settings are separate- it is very clear, in all objectives, that all forms of marketing (including digital and future forms) are intended to be captured- information that informs decision making by parents and caregivers is 'impartial' and 'free from commercial influence' as well as 'evidence-based'.



	<p>We note that all objectives need to be measurable and to enable this, Government will need to take baseline data for all objectives.</p>
<p>16. What are the advantages and disadvantages of Option 1 (status quo)? Please explain your reasoning.</p>	<p>The disadvantages of not regulating infant formula marketing fall disproportionately on families and the public health system, while the advantages accrue almost entirely to industry.</p> <p>The primary benefit of Option 1 is the preservation of industry profit and marketing freedom, outcomes that run counter to WHO guidance and public health goals.</p> <p>The disadvantages are extensive and include ongoing regulatory gaps, limited enforcement capacity, continued high exposure to marketing, misalignment with international best practice, and undermining breastfeeding and public health.</p>
<p>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?</p>	<p>No.</p>
<p>18. What are the advantages and disadvantages of Option 2 (MAIF aligned legislation)? Please explain your reasoning</p>	<p>Option 2 will not enable the government to achieve its policy goals. New legislation must be fully aligned with the WHO Code.</p> <p>The disadvantages fall disproportionately on families and government:</p> <ul style="list-style-type: none">- Huge cost of implementation and monitoring for little change if limited to MAIF scope as the vast majority of marketing is toddler milks- Failure to close known regulatory gaps



- Continued high exposure to toddler milk, bottle/teat, and retail marketing
- Limited impact on breastfeeding outcomes
- Persistent confusion from exposure to major marketing sources
- Continued industry capture of health systems and health workers
- **Enforcement complexity** Excluding retailers maintains an uneven playing field, meaning government must still manage out-of-scope complaints. This limits the effectiveness of enforcement and increases administrative burden
- **Financial burden.** Unregulated marketing would continue to encourage unnecessary or early formula use, imposing higher costs on families

The advantages fall disproportionately to industry who would retain access to its most lucrative and influential marketing channel – toddler milks. That means:

- Industry continues to benefit from high, stable profits and margins driven by toddler milk marketing
- Cross-promotion of infant formula via toddler milks remains unchecked
- Families continue to face heavy exposure to persuasive marketing of unnecessary product

Public health objectives (e.g., supporting breastfeeding) remain compromised.



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?	No.
20. What are the advantages and disadvantages of Option 3?	<p>Introducing MAIF-aligned legislation PLUS controls on retailers and toddler milk marketing will significantly improve the policy impact compared with MAIF-only legislation.</p> <p>It is the only option that will ensure the Governments policy objectives can be met. We note, Option 3 must also include the expanded restrictions on marketing of bottles and teats and to health professionals to align with the WHO Code.</p> <p>The advantages of Option 3 disproportionately favour families and government.</p>
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?	<p>Option 3 offers the greatest potential long-term benefits through improved breastfeeding outcomes, reduced healthcare costs, and clearer regulatory expectations.</p> <p>However, a full description of legislation intentions that regulate industry contact with health services and health professionals that reflect the WHO Code is needed.</p>
22. Which is your preferred policy option?	<p>Option 3. with additional scope items to fully align with the provisions of the WHO Code. Option 3 is the only option that will ensure the Government's policy objectives can be met.</p> <p>It provides the most effective and coherent framework for protecting breastfeeding by addressing contemporary marketing practices.</p>



<p>23. What other considerations should be addressed in the legislative development process?</p>	<p>We strongly recommend that the Department of Health Disability and Ageing develop, monitor and enforce the legislation and that the legislation includes mechanisms for monitoring which are independent of industry with appropriately allocated resources for the long-term.</p> <p>We do not support legislation development by any agency other than the Department due to the requirement for independence from industry.</p> <p>We do not support the legislative mechanism being implemented as part of the FSANZ Act Review.</p> <p>We do not support FSANZ as the developer of the regulation or for monitor and enforcer of the legislation once in place.</p>
<p>24. Do you have any suggestions regarding the most appropriate enforcement and evaluation arrangements for this policy?</p>	<p>Monitoring and enforcement should not be governed through a partnership arrangement with industry, as was the case in the MAIF agreement. Rather, it should be the independent responsibility of government.</p>
<p>25. What other monitoring, enforcement and evaluation considerations should be considered?</p>	<p>Ongoing monitoring and evaluation should include proactive surveillance of digital marketing and retailer practices, supported by transparent reporting and emerging AI enabled monitoring approaches.</p>
<p>26. Do you have any other comments that may not have been addressed in this consultation?</p>	<p>Strong, comprehensive and enforceable regulation of breastmilk substitute (as defined in the WHO Code) is necessary to safeguard infant and maternal health and uphold public health commitments.</p>



**Australian
Breastfeeding
Association**