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Australian Breastfeeding Association (ABA) – Consultation submission

Date: Tuesday 21 July 2026

Re: P1066 - Review of young-child formula

Organisation: Food Standards Australia New Zealand (FSANZ)

Food Standards Code provisions as they apply to young-child formula (1–3 years), including regulatory definitions, composition, labelling and representation of products.

ABA supports stronger regulation of young-child formula to ensure these products are clearly presented as special purpose products with a limited and conditional role. Regulation must prevent young-child formula from being normalised as a routine toddler drink, positioned as nutritionally superior to breastfeeding, cows' milk or ordinary family foods, or promoted as a necessary stage in child feeding. ABA is particularly concerned about marketing practices that use claims, imagery, stage cues, similar branding and retail promotion to create health-halo effects, undermine continued breastfeeding, encourage unnecessary use and indirectly promote infant formula or follow-on formula product ranges.

ABA recommends that P1066 be strengthened to close definitional and marketing loopholes, prohibit misleading and implied representations, restrict proxy advertising, ensure warning and advisory statements are prescribed and prominent, and prevent industry from shifting marketing to adjacent products that fall outside the proposed definition. The regulatory framework should be broad, enforceable and future-proofed, including coverage of associated advertising, digital promotion, trademarks, taglines, visual design, brand architecture and other express or implied representations that may influence caregiver perceptions.

ABA further notes that the marketing of toddler milks and young-child formula is part of the broader commercial milk formula marketing environment. Evidence considered in the infant formula marketing consultation shows that marketing exposure occurs across social media, retail settings, retail apps, brand websites, digital content, influencer or creator partnerships, in-store promotion, price promotion, catalogues and product reviews. The Virtual Violations Detector (VIVID) findings brief for Australia reported that, between October 2022 and August 2023, VIVID detected 3793 entries as suspected Code violations on company websites, Facebook and Instagram, with 1271 entries classified as having one or more violation types. The most frequently detected violation types were advertisement and general promotion, messages, information, educational materials and labelling, and health and nutrition claims. The Australian Ad Observatory also identified formula marketing through direct product advertisements, creator partnerships, retailer advertisements, downloadable brand content, calls to action such as 'shop now', 'get offer' and 'review to win' and positive customer reviews. These forms of marketing are directly relevant to P1066 because label restrictions will be less effective if equivalent claims, brand cues and promotional messages continue through associated advertising, retail promotion and digital channels.

ABA also notes that inappropriate marketing creates negative externalities: commercial benefits accrue to manufacturers and retailers, while costs may be shifted to families, health systems and governments through unnecessary product use, increased household expenditure, poorer breastfeeding outcomes, consumer confusion and downstream health impacts. FSANZ should therefore consider the public health and cost–benefit implications of young-child formula marketing beyond the physical label, including retail promotion, digital marketing, price promotion, pseudo-differentiation, cross-promotion and the normalisation of routine use.

Q1. Do you agree that the proposed definition does not unintentionally capture products that are not young-child formula?

ABA agrees that the proposed definition does not appear to unintentionally capture products that are not young-child formula. However, ABA considers that the definition is too narrow and should be strengthened to ensure it captures the full range of products currently on the market, as well as foreseeable product innovation designed to avoid regulation. In particular, the reference to 'milk drink' should be amended. 'Milk' is defined in the Food Standards Code as mammary secretion from milking animals and may not clearly capture plant-based products marketed for the same purpose, such as oat-, pea- or other plant-based powders and drinks for young children. The definition should be broad enough to include all products that are represented, positioned or marketed as young-child formula or young-child formula alternatives, regardless of whether they are dairy-based. ABA also recommends that associated provisions make clear that no other drinks, drink powders or formulated supplementary products may be marketed to young children in ways that imply a nutritional role equivalent to young-child formula unless they meet the regulatory requirements for young-child formula. This is important to avoid regulatory avoidance and to prevent industry from shifting marketing to adjacent or reformulated products that fall just outside the definition.

ABA does not support use of the term 'milk drink' in the prescribed name. This language risks normalising the product as an everyday beverage, comparable to cows' milk, rather than signalling that it is a special-purpose product for limited use. This framing is inconsistent with the policy intent and risks reinforcing the misconception that these products are a routine or necessary part of a young child's diet. ABA recommends an alternative prescribed name that is neutral, accurate and does not imply benefit or necessity: 'Special purpose nutrition product for young children'. This wording better reflects the product's limited intended purpose and more clearly distinguishes it.

ABA strongly supports the requirement that an age statement be included on the front-of-pack, co-located with the prescribed name, indicating that the product is suitable only for children aged 1 to 3 years. However, ABA does not support permitting additional voluntary age-range statements. Allowing other age-related statements gives manufacturers scope to reframe age as a marketing device, for example by implying developmental progression, stage-based need or a 'next step' after breastfeeding or infant formula. This risks undermining the intent of the reform. ABA notes that only a small number of products identified in the market carried a specific age range such as 12–36 months or 1–3 years, while many used open-ended age ranges such as 'from 1 year', 'from 2 years' or 'from 3 years'. Young-child formula should be presented as a special purpose product with a limited and conditional role, not as a routine drink or as an expected feeding stage. Its marketing and presentation can normalise use, displace continued breastfeeding, support brand loyalty across product ranges and operate as indirect promotion of infant formula or follow-on formula.

Regulation should therefore be framed to close loopholes, prevent proxy marketing and support the public health objectives reflected in the WHO Code and subsequent WHA guidance.

Q1.1 FSANZ recognises that the maximum level for iodine for FSFYC in the Code was established through Application A528 and considered its application to young-child

formula. Do you support FSANZ's proposed approach to adopt the Codex GUL as a maximum regulatory limit for iodine in young-child formula?

ABA supports FSANZ's proposed approach to adopt the Codex guidance upper level as a maximum regulatory limit for iodine in young-child formula. ABA also strongly supports FSANZ's proposed approach to prescribe a maximum level of 3.0 g/100 kJ for carbohydrate and to restrict the addition of fructose and/or sucrose in young-child formula. These measures are necessary to address excess energy and total sugar content in young-child formula and to ensure that composition is consistent with the product's limited special-purpose role. ABA notes market review data scan identified 20 toddler milk products exceeded the proposed carbohydrate limit, and that 12 of those products contained added sugar in the form of lactose or maltodextrin. The same material indicates that 60% of toddler milks exceeding the carbohydrate limit contained added sugars, and that 46% of toddler milks with added sugar exceeded the carbohydrate limit. This supports a strong regulatory response to carbohydrate and sugar content.

ABA supports a precautionary approach to composition because young-child formula is not necessary for most healthy children and should not be formulated or marketed in ways that position it as superior to breastmilk, family foods or cows' milk. The product should not be designed to replicate infant formula or to encourage routine consumption beyond circumstances where dietary intake may be inadequate and health professional advice has been sought. ABA also notes that compositional restrictions must work together with strong labelling and marketing restrictions. Even where composition is improved, young-child formula can still undermine public health if it is represented as providing superior nutrition, developmental benefit or reassurance to parents. Nutrient fortification should not become a platform for health-halo marketing or claims that encourage unnecessary use.

Q2.1 Are there other overseas labelling regulations relevant to young-child formula that FSANZ should be aware of when considering this proposal?

ABA is not aware of additional overseas labelling regulations relevant to young-child formula beyond those identified by FSANZ. ABA supports FSANZ's consideration of Codex and emerging international approaches, including Canada's developing approach, but emphasises that Australia should adopt a clear, enforceable and future-proofed regulatory framework that reflects the limited and conditional role of young-child formula. Young-child formula should be clearly regulated and labelled as a special-purpose product for young children, with strong restrictions on marketing, branding, imagery, stage cues and cross-promotion that can displace continued breastfeeding, normalise formula use and indirectly promote infant formula and follow-on formula brands. ABA also notes that the absence of comprehensive regulation in many comparable countries should not be treated as a reason for a weaker Australian approach. Instead, it highlights the importance of adopting regulation that prevents misleading representations, proxy marketing and product positioning that undermines public health.

Q2.2 Do you support FSANZ's proposed approach that general Code requirements should apply to young-child formula?

ABA supports the application of general Code requirements to young-child formula in relation to warning and advisory statements, allergen declarations, date marking, novel foods and genetically modified foods. However, ABA does not support applying Standard 1.2.10 on characterising ingredients and components of foods to young-child formula. Young-child formula is not an ordinary food category where product differentiation through highlighted

ingredients is appropriate. It is a special-purpose product intended for limited use by a vulnerable population group, and its labelling should be tightly controlled. Applying Standard 1.2.10 would risk legitimising ingredient-based marketing practices that are inappropriate for these products. Highlighting particular ingredients or components can create a health-halo effect, imply superiority, and encourage caregivers to perceive the product as offering additional nutritional or developmental benefits. This is particularly problematic where such claims may influence parents' feeding decisions, undermine confidence in breastfeeding or ordinary family foods, and position young-child formula as a desirable or necessary product. ABA recommends that young-child formula be subject to a stricter labelling framework comparable to infant formula, with limited scope for product differentiation. This is necessary to prevent marketing tactics that imply benefit, superiority or necessity and to support informed choices free from commercial influence. ABA supports the application of warning and advisory statements, allergen declarations, date marking, pre-market approval requirements for novel foods, and pre-market approval requirements for genetically modified foods. ABA also recommends that permissions and prohibitions applying to infant formula products and formulated supplementary foods for young children be carefully reviewed to ensure there are no loopholes allowing novel ingredients or nutritive substances to be used as marketing devices in young-child formula.

Q2.3 Do you support FSANZ's proposed approach to safety-related labelling for young-child formula?

Restrictions on sale of young-child formula: ABA strongly recommends that restrictions be placed on the sale of young-child formula, including that these products should not be sold in supermarkets. It is proposed that young-child formula should carry a statement that caregivers should consult an appropriately qualified health professional before use. This is inconsistent with routine supermarket sale, where the product is presented alongside ordinary foods and beverages and is exposed to retail marketing practices such as shelf placement, price promotions and brand comparison. Restricting sale to pharmacies, health care settings or other controlled channels would better reflect the product's special-purpose status and support its appropriate use. ABA notes the Ministerial Guidance on Special Purpose Foods, which states that consideration should be given, where appropriate, to controls restricting access to a special-purpose food on the basis of risk to public health and safety. This provides a relevant policy basis for considering access restrictions for young-child formula. Restricting routine supermarket sale would reduce the risk that young-child formula is normalised as an everyday toddler food or used as a proxy marketing vehicle for infant formula brands. ABA's previous submission on infant formula marketing identified retail environments, including supermarkets, as a major channel through which formula companies and retailers shape consumer perceptions and promote brand loyalty.

Retail environments are not neutral information settings. Shelf placement, adjacent placement with infant formula or follow-on formula, price promotions, catalogue specials, loyalty offers, retail app promotions and brand comparison can all operate as marketing. These practices may encourage unnecessary purchase, reinforce brand recognition and present young-child formula as a normal or expected toddler product. Price promotion may appear to improve affordability in the short term, but it can also normalise routine use, encourage switching into higher-cost products and increase longer-term household expenditure. Restricting supermarket sale would reduce these marketing effects and better align product access with the proposed requirement that caregivers consult an appropriately qualified health professional before use.

Prescribed name: ABA strongly supports the requirement that the prescribed name be used on the front-of-pack as an identifier of the true nature of the product. However, ABA recommends that only the prescribed name be permitted and that additional names or

descriptors such as 'toddler milk', 'junior milk', 'growing-up milk' or 'young-child formula' be explicitly prohibited where they operate as marketing-friendly alternatives. If additional descriptors are permitted, there is a substantial risk that the prescribed name will become a regulatory formality while the more familiar or appealing marketing term remains visually dominant. This would undermine the purpose of introducing a neutral prescribed name and allow industry to continue using terms that normalise the product and imply developmental need. As noted in ABA's response to Q1, ABA recommends the prescribed name: **'Special-purpose nutrition product for young children'**.

Required statements: ABA supports the proposed required statements but recommends that the wording be prescribed to ensure consistency, clarity and prominence. The statement explaining that the product is to be used only as a supplement to the diet of a 1- to 3-year-old child, where energy or nutrient intakes are not adequate to meet the child's requirements, should not be left to industry to adapt. ABA recommends that this statement have a heading such as **'Important notice'** and that the statement itself be preceded by the words **'warning statement'**, consistent with the approach used for infant formula and follow-on formula. The required statements should also be subject to legibility and print-size requirements similar to those that apply to infant formula and follow-on formula. Experience with young-child formula marketing shows that cautionary or advisory statements can be overwhelmed by more visually prominent claims, imagery and branding. Prescribing the wording, prominence and presentation is necessary to ensure the statement is not diluted or reframed. ABA recommends the following additional required statements: 'this product is not suitable as a sole source of nutrition'; 'this product is not a suitable substitute for breastmilk or cows' milk'; and 'breastfeeding is recommended up to 2 years and beyond'. These statements are necessary to ensure caregivers understand the limited role of young-child formula and to avoid representations that displace continued breastfeeding or position the product as superior to breastmilk, cows' milk or ordinary family foods. ABA also recommends that any reference to consulting an appropriately qualified health professional should make clear that the advice should be independent of industry influence.

Directions for storage and use: ABA supports the proposed provisions for directions for storage and use and notes that they appropriately reflect similar provisions for infant formula and follow-on formula. ABA particularly supports clear directions that young-child formula should not be added to other foods except on medical advice.

ABA is concerned about emerging marketing practices that present young-child formula as an ingredient in recipes, smoothies, snacks or other foods, including through social media content, parenting influencers, 'mumfluencer' content, nutritionist-style commentary and brand-sponsored 'expert' advice. These practices can normalise unnecessary use, blur the product's limited role and undermine the proposed requirement that the product not be added to other foods except on medical advice.

Q2.4 Do you support FSANZ's proposed approach to the labelling for provision of information for young-child formula?

Nutrition information requirements: ABA supports FSANZ's proposed approach to nutrition information requirements for young-child formula. Clear and consistent nutrition information is necessary to support parent/caregiver informed decision-making and to distinguish young-child formula from infant formula, follow-on formula and ordinary foods.

Statement of ingredients: ABA does not support FSANZ's proposal to permit voluntary use of a separate format for declaring vitamins and minerals. Vitamins and minerals will already be declared in the nutrition information panel under the proposed 'Composition information' sub-heading. A separate grouped format is unnecessary and risks creating a health-halo effect. Grouping vitamins and minerals separately may encourage caregivers to focus on

fortification rather than the product's overall nutritional profile or limited intended purpose. It may also reinforce the perception that young-child formula provides superior nutrition or is needed to fill presumed dietary gaps.

Nutrition content and health claims: ABA strongly supports prohibiting nutrition content claims, health claims and endorsements that are nutrition content or health claims on young-child formula. ABA recommends the prohibition be broadened to capture implied, structural, developmental and marketing-driven claims that fall outside the strict definitions of nutrition content and health claims, including stand-alone words, taglines, trademarks, symbols or imagery such as 'immunity', 'brain', 'gentle', 'advanced', 'tiny tummies', 'trusted by parents' or similar cues. These representations may not always meet the technical definition of a health claim, but they can still imply developmental, health, nutrition or functional benefit; suggest equivalence or superiority to breastmilk, cows' milk or ordinary family foods; imply that young-child formula is necessary for healthy growth or development; exploit parental concerns about nutritional adequacy; or promote brand trust across infant formula, follow-on formula and young-child formula ranges. ABA also recommends that restrictions apply to labels and associated advertising, including digital and retail advertising, to avoid a loophole where claims are removed from packaging but continue to influence caregivers through linked advertising or promotional material.

This should include influencer, parenting and 'mumfluencer' content, nutritionist-style and expert commentary where the overall impression is that young-child formula provides developmental, nutritional or functional benefits, even if the content is framed as education, lived experience, a recipe, a feeding tip or general parenting advice.

ABA is also concerned about pseudo-differentiation, where products are presented as materially different or superior through premium descriptors, packaging cues, added ingredients and health-related language despite limited evidence of meaningful benefit. Pseudo-differentiation increases consumer confusion, supports higher-priced product tiers and encourages unnecessary purchasing. It should therefore be addressed as part of the prohibition on claims, implied claims and other representations.

Stage labelling: ABA recommends that this prohibition be broad enough to capture all forms of stage labelling, not only numerals. This should include letters, colours, symbols, sequential naming, 'step' language or other devices that imply progression through a product range. Stage labelling contributes to the perception that young-child formula is the next expected step after infant formula, follow-on formula or breastfeeding and supports proxy marketing and brand loyalty across product ranges.

Product differentiation: ABA strongly supports the proposed approach and recommends that the regulations replicate the wording used in Standard 2.9.1-15 for infant formula and follow-on formula. Similar packaging, brand architecture, colour schemes and imagery can operate as proxy marketing even where direct references to infant formula are prohibited. Differentiation requirements must therefore be sufficiently strong to prevent cross-promotion across infant formula, follow-on formula and young-child formula product ranges.

Proxy advertising: ABA's recent infant formula marketing submission emphasised that toddler milks are commonly used as proxy marketing for infant formula. Shared branding, similar packaging, stage labelling and related product ranges build brand recognition and loyalty while avoiding direct infant formula advertising restrictions. The prohibition should be interpreted and enforced broadly to prevent explicit and indirect representations that link young-child formula to infant formula, follow-on formula or other products in the same category or brand.

ABA recommends that the proxy advertising prohibition extend beyond physical labels to associated advertising, retail environments, retail apps, social media, influencer activity,

brand-owned content and other digital promotion. Evidence considered in the infant formula marketing consultation indicates that toddler milk advertising increasingly occurs through digital and retail channels and can be used to sustain brand visibility where direct infant formula marketing is restricted. Restrictions confined to labels would risk shifting proxy marketing into associated advertising and digital promotion.

Proxy advertising restrictions should also capture brand-sponsored influencer content, creator partnerships, recipe content, reviews and expert-style commentary where young-child formula is used to maintain brand visibility or cross-promote a product range.

Other representations: ABA recommends that the prohibition explicitly capture imagery and visual design that idealises young-child formula or implies naturalness, scientific superiority, developmental benefit or equivalence to breastfeeding. This includes imagery of young children, parents or caregiving scenes that normalise the product as part of everyday feeding, and wording or design that implies the product is close to, equivalent to, or superior to breastmilk. Such representations create health-halo effects, exploit parental aspirations and anxieties, and risk positioning young-child formula as a superior food.

Q3.1 Do you support FSANZ preferred option establishing a new food class for young-child formula?

We support the list of food additive permissions and prohibitions set out in the consultation documents. However, we do not support implementation via option 3. Rather than creating a new stand-alone division for young-child formula, Standard 2.9.3 Division 4 should be strengthened so that it applies narrowly and consistently to young-child formula.

Creating a stand-alone division for young-child formula risks creating a two-tier system in which stricter rules apply to young-child formula, while weaker or less specific rules continue to apply to other formulated supplementary foods, powders or drinks targeted at young children. This creates incentives for industry to reformulate products so they fall outside the young-child formula definition, reposition products as general foods, or develop alternative 'nutritional' products that avoid the stricter requirements.

To avoid fragmentation and reduce opportunities for regulatory circumvention, ABA recommends that the same tightened restrictions apply to all formulated supplementary drinks and foods for young children, including additive prohibitions, labelling controls and restrictions on misleading representations. This would align more closely with Codex's broader approach to products for young children with added nutrients and better support the objective of preventing misleading representations and unnecessary product proliferation.

Q3.2 Whether young-child formula currently on the market would be disadvantaged from a food technology perspective by alignment with CXS 156-1987 food additive permissions.

ABA has no additional evidence to provide on this question.

Q3.3 Whether the seven food additives assessed for young-child formula require permissions in the new proposed food class.

ABA does not have specific market data to provide on whether these seven food additives require permissions in the proposed new food class. However, ABA supports a precautionary approach to additive permissions for young-child formula and other formulated supplementary products marketed for young children. ABA notes that some international safety assessments for these additives are dated and were not necessarily conducted specifically for young-child formula or contemporary young-child food environments. ABA therefore recommends that any permissions be tightly limited, clearly justified by technological need, and assessed in the context of cumulative exposure and the vulnerability

of young children. ABA also supports FSANZ's proposal that novel foods or new nutritive substances be considered case-by-case through pre-market assessment and recommends that future approvals not be used as a basis for marketing claims, health-halo positioning or product differentiation.

Q4.1 Is there a need for microbiological criteria in Schedule 27 for young-child formula, specifically *Salmonella* and *Cronobacter*?

ABA supports the recommended approach by public health experts to replicate infant-formula-equivalent microbiological criteria and preparation practices for young-child formula. Foodborne illnesses can be severe for vulnerable young children. Powdered formula is not sterile, and strict controls are needed to prevent even low-probability but high-consequence harms. ABA notes the assessment of microbial risk including *Cronobacter* and *Salmonella*. A precautionary approach is therefore warranted, particularly given the product's special-purpose status and the need to ensure caregivers receive clear and consistent preparation and storage information.

Q4.2 Is there a need to extend the Compendium of Microbiological Criteria for Food to include young-child formula?

ABA has no additional evidence to provide on this question.

Q4.3 Do you support aligning or retaining the Standard Plate Count for all powdered formula in the Compendium of Microbiological Criteria for Food?

ABA has no additional evidence to provide on this question.

Q5.1 Have all the major impacts to industry, consumers and government from the proposed options been identified?

ABA supports FSANZ's preliminary conclusion that the benefits of the proposed regulatory approach are likely to outweigh the costs. ABA considers that the key public health benefits include reducing misleading representations, limiting inappropriate marketing, improving consumer understanding of the limited role of young-child formula, and reducing the risk that these products displace continued breastfeeding, cows' milk or ordinary family foods. ABA recommends that FSANZ also recognises regulatory avoidance as a major impact. If young-child formula is regulated separately while other formulated supplementary foods, powders or drinks for young children remain subject to weaker or less specific controls, industry may have an incentive to reformulate or reposition products to avoid the stricter requirements. This could undermine the intended public health benefits and perpetuate proxy marketing, health-halo claims and product proliferation. ABA therefore recommends that costs and benefits be assessed on the basis of a regulatory model that closes loopholes and prevents products marketed to young children from being used to circumvent the proposed restrictions. ABA also recommends that public health benefits be considered broadly, including reduced household spending on unnecessary products, reduced exposure to misleading marketing and reduced normalisation of routine young-child formula use.

ABA recommends that FSANZ explicitly recognises inappropriate marketing as a cost-shifting mechanism. Marketing may generate commercial gains for manufacturers and retailers while transferring costs to families, health systems and governments through unnecessary product purchase, confusion about feeding choices, reduced confidence in breastfeeding, and potential displacement of lower-cost appropriate foods. These impacts are not fully captured by narrow estimates of industry reformulation or relabelling costs. The benefits of regulation should therefore include reduced marketing exposure, reduced proxy promotion, reduced unnecessary use, and reduced household expenditure associated with routine purchase of young-child formula.

Q5.2 Do you have information to assist FSANZ in quantifying currently unquantified costs and benefits?

ABA does not have additional data to provide to quantify costs at this stage. However, ABA recommends that FSANZ gives greater weight to unquantified public health benefits, including reduced exposure to misleading marketing, reduced normalisation of unnecessary young-child formula use, and reduced risk of marketing practices that undermine continued breastfeeding.

ABA notes that FSANZ's microbiological risk assessment estimated that 20% of Australian and New Zealand children aged 1 to 3 years consume young-child formula. Working group material indicates that consumption may be higher than this estimate, meaning household, health and health-system costs associated with unnecessary use may be underrepresented. ABA recommends that FSANZ considers whether these costs are understated, including direct household expenditure on unnecessary products, displacement of lower-cost appropriate foods, breastmilk, water or cows' milk where suitable, and broader health-system impacts associated with marketing that encourages routine use.

These impacts are also likely to have an equity dimension. Price-sensitive households may be more vulnerable to retail promotions, health-halo claims, loyalty offers and perceived savings. Unnecessary purchase of young-child formula can create avoidable household cost pressures while displacing lower-cost, more nutritionally appropriate options. ABA recommends that FSANZ considers these household and equity impacts as part of the unquantified benefits of stronger regulation.

Q5.3 Do you agree with the assumptions proposed to estimate the cost of reformulation?

ABA agrees with the assumption that reformulation costs will be a one-off cost for industry. ABA does not have data to challenge the estimated reformulation cost of $200,000 per SKU used by FSANZ, but considers that any reformulation costs should be assessed in the context of the size and profitability of the young-child formula market, the broader company portfolios of many manufacturers, and the public health objectives of the proposal. For the estimated 55 young-child formula products sold in Australia and New Zealand, the total estimated reformulation cost would be approximately $10.4 million. Domestic sales of young-child formula in 2024 were reported as $145.28 million. On that basis, total reformulation costs would represent less than 7% of 1 year of domestic sales. If implementation is aligned with the P1028 timeframe to 2029, these costs could be spread over approximately 3 years, reducing the annual impact to around 2.29% of annual sales. ABA therefore considers the estimated reformulation costs proportionate, particularly given the benefits of reducing excess carbohydrate and sugar content, improving consistency with international guidance, and reducing marketing-driven product proliferation. ABA also notes that if stage-based products are consolidated, the number of SKUs may reduce, which may offset some industry costs. Any potential cost pass-through to consumers should be considered against lower-cost healthy alternatives, such as cows' milk where suitable, and ordinary family foods.

Q5.4 Do you agree with the assumptions proposed to estimate the cost of relabelling?

ABA agrees with the assumptions that the required label changes will be a one-off cost and that all young-child formula products are likely to need to be relabelled. ABA considers this appropriate given the extent of changes required to ensure labels accurately communicate the limited role of young-child formula, remove misleading or idealising representations, prohibit health and nutrition claims, prevent proxy advertising, and strengthen required statements. ABA notes that relabelling costs should be considered in light of routine packaging refresh cycles and the need to protect caregivers from misleading marketing. ABA supports timely implementation while ensuring that any transition period does

not allow continued use of labels that imply young-child formula is necessary, superior to breastmilk or ordinary foods, or part of a staged feeding progression.

ABA also recommends that transition arrangements be accompanied by active monitoring of market responses. This should include monitoring of product reformulation, new product positioning, relabelled trademarks and taglines, retail promotion, digital advertising, influencer activity, brand-owned support content, and the emergence of adjacent products marketed as alternatives to young-child formula. Without active monitoring and enforcement, there is a risk that claims and promotional strategies removed from labels will reappear in associated advertising or adjacent product categories.

Monitoring should include emerging promotional strategies such as recipe-based marketing, parenting and 'mumfluencer' content, nutritionist-style commentary, product reviews and expert or educator-style brand content, particularly where these strategies promote young-child formula as an ingredient or everyday feeding solution.

References

Vivid Violations Detector (VIVID) and findings: Findings brief September 2023
https://www.breastfeeding.asn.au/sites/default/files/2026-04/VIVID%20report%20Australia.pdf