



australian  
breastfeeding  
association

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## Supplementary Submission Parliamentary Inquiry into Breastfeeding

In consideration of the evidence provided by others, the Australian Breastfeeding Association would like to make the following comments.

In relation to the MAIF Agreement and the International Code of Marketing of Breastmilk Substitutes:

1. There appears to be some confusion about whether or not the International Code of Marketing of Breastmilk Substitutes applies to Toddler Formula. Since Toddler Formula was not in existence in 1981, the original Resolution did not address the marketing of Toddler Formula. However, since 1981, there have been a number of subsequent resolutions that make the WHO position on the marketing of such products clear. In particular,

- WHA 39.28 paragraph 3b states that, 'the practice being introduced in some countries of providing infants with specially formulated milks (so-called "follow up milks") is not necessary';
- WHA 49.15 paragraph 3(1) urges Member States 'to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding'.
- In his 1991 report on infant and young child nutrition the Director-General addressed this issue specifically, in relation to a query by the Australian delegate.

His report states,

*'Taking into account the intent and spirit of the Code, there would appear to be grounds for the competent authorities in countries to conclude [that these products do indeed fall within the scope of the Code] in the light of the way follow up formula is perceived and used in individual circumstances. Perception and use could serve as a measure of the impact of the phrase "otherwise represented to be suitable" in the Code's article 2.'*

We note that the PHAA representative and the NSW CPHN representative report observing that Toddler formula is unnecessary and is perceived and used as a replacement for breastmilk.

2. It has been observed that there is no evidence that the marketing of Toddler Formula undermines breastfeeding. The World Health Assembly has made a response to this argument. WHA 47 ANNEX 1 states that,

*'Those who suggest that direct advertising has no negative effect on breastfeeding should be asked to demonstrate that such advertising fails to influence a mother's decision about how to feed her infant.'*

3. It has been observed that mothers who need to use infant formula need information about the products that are available. WHA 58.2 enjoins Member States to

- 'ensure that nutritional and health claims are not permitted for breast milk substitutes, except where specifically provided for in national legislation.'
- 'ensure that clinicians and other health care personnel, community health workers and families, parents and other care-givers ... are informed that powdered infant formula may contain pathogenic micro-organisms ... that this information be conveyed through an explicit warning on packaging'

We also note that women who are considering using infant formula need information from a source that is independent of the infant feeding industry. They should be strongly encouraged to make that decision in consultation with a health care professional who is also skilled in the management of the breastfeeding problems that may have led to the consideration of weaning. The

International Code at Clause 4.1 is very clear that the provision of information about infant and young child feeding is the responsibility of government and not industry.

In relation to the operation of the MAIF Agreement

1. The high volume of complaints that lie outside the scope of the agreement demonstrate that the community is not satisfied that the MAIF is adequately discharging its stated aim
2. The decreasing number of complaints ruled in breach of the agreement (0/50 in the four months to April 07) suggest that either the Agreement is too narrow or it is being interpreted too narrowly by the Panel.
3. In response to the question of whether the ABA would prefer the MAIF Agreement or the WHO Code in Australia, we would like to see a unique Australian response to the problem of unethical marketing of infant feeding products that combines the strengths of both instruments into an effective legislative framework.

In relation to the provision of product information to mothers, it is the view of the Association that

1. it is the responsibility of government and not industry to provide such information. The International Code of Marketing (4.1) states *'governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition.'* Decisions about infant feeding should never be made on the basis of marketing claims. Information about infant feeding, including infant formulas, should be provided by a body such as the NHMRC or the CPHN, in an environment that is free from commercial influence.
2. if the addition of novel ingredients to infant formula is demonstrated in the scientific literature to be of benefit to artificially fed infants, they should be available to all infants and not only those whose parents can afford 'gold' formula. The addition of these ingredients should not be used to gain market advantage. Therefore nutritional, health and functional claims on infant feeding products should be banned in accordance with WHA 58.32 which urges Member States *'to ensure that nutritional and health claims are not permitted for breastmilk substitutes ...'*

In relation to the discussion of the education of health professionals about breastfeeding,

1. We would like to draw the attention of the Committee to the public comments of the President of the AMA in relation to the evidence given to this Inquiry. She said, 'It would be best if we could encourage mothers to breastfeed beyond three months, certainly at least to six months. Six to eight months is a good period of time and some mums go on a bit further than that.' This comment suggests that even the leaders of the medical fraternity are not well informed about the importance of breastfeeding or the NHMRC recommendations.
2. The Association believes that health professionals are aware that pharmaceutical advertising is tightly regulated by the TGA. When advertising for infant feeding products, such as infant formula appears in medical journals, they expect that these are subject to the same rigorous regulation. The combination of this misperception and the lack of independent education about infant feeding leaves them, and the mothers they treat, very vulnerable to misleading advertising claims. We remind the Committee that the PHAA representative mentioned that it is frequently difficult for her (as a doctor) to obtain the references that are represented as providing support for marketing claims made by IFMCs.
3. We believe that health professionals and mothers are best served when information about appropriate infant feeding choices is provided independently by a body that is free from commercial interest and that the commercial sponsorship of ongoing professional education by IFMCs creates a conflict of interest. We recommend that the sponsorship of educational events aimed at health professionals be banned or at very least, tightly regulated in order to protect mothers and their babies from the influence of IFMCs on health professionals

In relation to the discussion about the need for further research into the determinants of breastfeeding, we also encourage the Committee to recommend further research into why women begin using infant formula.

In relation to the increasing disparity in infant feeding behaviour according to demographic differences, we suggest that this may be a result of the observation effect, where mothers who

socialise with mothers who breastfeed are more likely to breastfeed and those who socialise with mothers who bottle feed tend to imitate the behaviour they see sanctioned in their peer groups. Organised peer support, such as that offered by the ABA, in conjunction with professional advice can facilitate positive modelling of breastfeeding behaviours.

In relation to the Committee's suggestion that the inclusion of ABA materials in sample bags might improve mothers' awareness of the Association and its services, we suggest that mothers would be better served by the inclusion of our materials in the Centrelink maternity pack that is distributed to all mothers through the hospital system.

In relation to the high volume of calls received by the Wyeth Careline, the Association believes that this can be attributed to the lack of availability of independent information about infant feeding products and to an effective marketing strategy employed by Wyeth (providing fridge magnets to mothers and health professionals that promote the 'Wyeth Careline'). We believe that the advertisement of the Wyeth Careline constitutes the solicitation of contact between mothers and Wyeth staff and is a clear breach of the International Code of Marketing Paragraphs 5.5 and 8.2

In relation to the Committee's enquiry regarding funding received from the various state governments, we have included a copy of our most recent Annual Report. The funding received from state governments varies widely from state to state and is used, wherever possible to maintain the 7day Breastfeeding Helplines, co-ordinate collaborative efforts with the health services and maintain administrative offices.

The Australian Breastfeeding Association including its 7 branches has revenues of around \$2 million a year. In the 2005-06 financial year, around \$520,000 of this came from grants.

This is mainly provided by State governments to ABA branches. In 2005-06, this was higher than usual because of the partial carryover of funding from the previous year's unspent State government grant in one branch.

The Australian Government funding to ABA is mainly as a contribution to the costs of our breastfeeding counsellor training activities, and for training and education of health professionals. This grant commenced in 1999 and provides \$100,000 (ex GST) annually to ABA nationally.

We have recently been advised that this Australian Government grant will not be renewed when it expires in 2008.

This is a matter of considerable concern to ABA at a time when we are investing a high and increasing level of resources in the high quality training and education of our counsellors, community educators and health professionals, including as a result of gaining accreditation as a registered training organisation (RTO). Further details about ABA's financial performance and position are in our annual report.

**Should you have any further queries, please do not hesitate to contact me or the Executive Officer, Sue McIvor – [eo@breastfeeding.asn.au](mailto:eo@breastfeeding.asn.au) or by phone on 03 9885 0855.**

**Nina Berry**

**National Manager: Community and Government Relations**