



14 August 2015

Mr David Hatfield
Director
Adjudication Branch
PO Box 313
Canberra ACT 2601
Australia

Via email: adjudication@accc.gov.au

Dear Mr Hatfield

Infant Nutrition Council Limited applications for authorisation A91506 and A91507- interested party consultation

The Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. With a membership of over 249,000 nurses, midwives and assistants in nursing, the core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

It is the position of the ANMF that breastfeeding should be encouraged due to the real and measurable benefits to mothers and their babies. Breast milk is the ideal food for infants. It is safe, clean and contains antibodies which assist in protecting the infant against many common childhood illnesses. The primary benefit of breast milk is nutritional. Human milk contains the right amount of fatty acids, lactose, water and amino acids for human digestion, brain development and growth. Breastfeeding reduces child mortality and has health benefits that extend into adulthood.

The World Health Organisation (WHO) recommends that infants should be exclusively breastfed for the first six months of life in order to achieve optimal growth, development and health. Following this, to meet their nutritional requirements, infants should receive adequate and safe complementary foods whilst breastfeeding continues up to two years of age and beyond.

Promoting breastfeeding is an important public health strategy. Support and encouragement at all levels of the community are essential to maintain and improve initiation rates and the duration of breastfeeding by Australian women.

Please find attached, the ANMF Policy on promoting breastfeeding which includes our endorsement of the Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement.

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ANMF Journals

**Australian Nursing and
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**Australian Journal of
Advanced Nursing**
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ABN 41 816 898 298

The ANMF have considered the Infant Nutrition Council Limited applications for authorisation A91506 and A91507 to the Australian Competition and Consumer Commission and do not wish to make a submission at this time. However, we would like to be informed of the progress of the applications at the draft and determination stages.

Should you require any further information please contact Julianne Bryce, Senior Federal Professional Officer, ANMF Federal Office, Melbourne on 03 96028500 or julianne@anmf.org.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Annie Butler', with a stylized flourish at the end.

Annie Butler
Assistant Federal Secretary
Australian Nursing and Midwifery Federation

Encl.



Promoting breastfeeding

It is the policy of the Australian Nursing and Midwifery Federation that:

1. Breastfeeding should be encouraged due to the real and measurable benefits to mothers and their babies.
2. All parents have a right to make an informed choice about infant feeding, and to receive accurate evidence based information. The decision to breastfeed can be affected by a variety of factors, including: health care facility practices; social attitudes; lack of facilities that enable women to breastfeed in public; paid maternity leave; and the absence of workplace policies that facilitate working mothers to continue to breastfeed.
3. All health care facilities must have a written breastfeeding policy which promotes breastfeeding as the optimal method of infant feeding. The policy should be communicated to all staff, patients and clients.
4. Promotion of and education to facilitate breastfeeding should commence antenatally.
5. The early initiation of breastfeeding, rooming-in, and exclusive breastfeeding are practices that encourage the establishment of breastfeeding, and in turn lead to measurable benefits to mothers and their babies.
6. Support and information should be readily available to women and their partners who, for a variety of reasons, may be unable to initiate or sustain breastfeeding.
7. Maternal and child health services must be adequately staffed by maternal and child health nurses who have the appropriate knowledge and expertise to promote breastfeeding.
8. Ideally breastfeeding women should have access to lactation consultants who are registered midwives to provide information and support for breastfeeding.
9. Community facilities where professional and expert breastfeeding assistance is available, should be widely accessible and provided in a timely manner.
10. Workplaces should be sufficiently flexible to permit working mothers to choose breastfeeding as an option, and actively encourage breastfeeding by:
 - the promotion of a positive attitude towards breastfeeding in the workplace;
 - the development of a 'breastfeeding and workplace' policy;
 - flexible working hours and other family friendly working conditions;
 - flexibility of times of usual breaks and/or lactation breaks as required for expressing or breastfeeding;
 - a clean, private (lockable) area which is safe from hazardous waste and chemicals, with comfortable seating and access to a power supply;
 - facilities for washing hands and equipment, and for storage of equipment;
 - refrigeration facilities for storage of breast milk;



- readily available information regarding parental leave and policies relating to breastfeeding in the workplace;
 - information displayed and distributed where appropriate to inform employees who are pregnant or considering pregnancy.
11. The joint WHO/UNICEF Baby Friendly Hospital Initiative¹, which is designed to encourage breastfeeding, is supported.
 12. All maternity services in Australia are provided with, and comply with, the World Health Assembly (WHA) Resolution 47.5 (Infant and Nutrition).²
 13. The World Health Assembly's International Code of Marketing of Breast Milk Substitutes (the WHO Code)³ is endorsed. The aim of the Code is the safe and adequate nutrition of infants by protecting and promoting breastfeeding, and by ensuring that when breast milk substitutes are necessary, they are properly used with adequate information. The WHO Code recognises that there is a legitimate market for infant formula when mothers do not breastfeed, but seeks to ensure that infant formula is not marketed or distributed as a preference to breastfeeding.
 14. The WHO Code is supplemented at a national level by the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement⁴. This Agreement is also endorsed by the ANMF.
 15. The commercial promotion of breast milk substitutes by the supply of free or low cost samples is not supported.

endorsed June 1998

reviewed and re-endorsed September 2000

reviewed and re-endorsed November 2004

reviewed and re-endorsed December 2007

reviewed and re-endorsed June 2011

reviewed and re-endorsed February 2015

References

1. *Baby Friendly Hospital Initiative*. Revised, updated and expanded for integrated care. World Health Organisation. UNICEF, 2009. Available at: http://whqlibdoc.who.int/publications/2009/9789241594967_eng.pdf
2. This resolution requests that health departments cease accepting free and subsidised samples and supplies of breast milk substitutes by formula manufacturers in any part of the health care system, and that strategies are implemented to end this practice (adopted by consensus, Geneva, May 1994)
3. *International Code of Marketing of Breast-milk Substitutes*. Frequently Asked Questions. Updated Version 2008. WHO. Available at: http://apps.who.int/iris/bitstream/10665/43947/1/9789241594295_eng.pdf?ua=1
4. Department of Health and Ageing. 2003. *Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement*. Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-publicat-document-brfeed-maif_agreement.htm