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27 April 2021

Dear Mr Hatfield,

**Re: Infant Nutrition Council - application for re-authorisation AA1000534**

**Submission on behalf of the Australian Breastfeeding Association**

The Australian Breastfeeding Association feels compelled to make a further submission to the consultation.

During the pre-decision conference we noted that the ACCC appeared to be:

- accepting the INC's assertion that breastfeeding rates are increasing in Australia based on data obtained from the ABS National Health Surveys,
- unaware of the high rates of unnecessary infant formula use, in hospital, by what are described as 'healthy, term breastfed' babies,
- unconvinced that toddler milk sales have risen due to local sales meant for local consumption, and
- looking for further evidence that toddler milk marketing is actually being confused with the marketing of infant formula.

This submission will:

1. Expose the ABS National Health Survey breastfeeding data as weak, inconsistent with other infant feeding surveys, and not sufficient to make the claim that Australian breastfeeding rates are increasing.
2. Provide evidence that better breastfeeding data are currently available in state jurisdictions. These data reveal rates of exclusive breastfeeding to six months have not increased since 2003 and that breastfeeding rates did not change when the MAIF Agreement was signed in 1992.
3. Provide evidence of the overuse of and high rates of infant formula use, in hospital, by what are described as 'healthy, term, breastfed' babies, provided by health professionals, that cannot be justified on medical grounds.
4. Present evidence that toddler milk sales in Australia have skyrocketed since 2005.
5. Endorse the statement by Dr Julie Smith that the share of toddler milk sales, as a proportion of all formula sales, has risen and continues to rise due to local sales meant for local consumption.
6. Suggest that if the ACCC is concerned that mothers and families are confused by toddler milk advertising, then the ACCC should be collecting such data.

Please contact me if you would like further information about the Australian Breastfeeding Association or this submission.

Yours sincerely,



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## The problem with Australian breastfeeding data collection

*The extent and nature of national monitoring and evaluation of breastfeeding practices can influence public awareness and support for breastfeeding and whether it is valued at the population level as part of the food system* (p 37, ANBS, 2019).

In other words, when we value breastfeeding, we will measure it (properly).

Only when we know what the true picture of breastfeeding in Australia looks like over time, can we determine whether interventions, either positive or negative, are having an effect.

The ANBS acknowledges that the current collection of breastfeeding and infant feeding data in Australia is inadequate and the ANBS Action: *Monitor and report on breastfeeding rates* aims to overcome this deficiency by commissioning *a baseline infant feeding survey and repeat the survey every five years* (p 36, ANBS, 2019), but until then we must use the **best available data**.

So, which data is the best available data?

In Table 1, we have summarised the latest data on exclusive breastfeeding to 6 months from several Australian surveys or collections of breastfeeding data at both the national and state level.

Table 1. Rates of exclusive breastfeeding and full breastfeeding to 6 months in Australia.

Survey	Number of children included	Exclusive breastfeeding to 6 months	Fully breastfed <sup>#</sup>	Comments
2010 Australian National Infant Feeding Survey (ANIFS) <sup>1</sup>	52,008 children aged 0 to 2 years	15.4%		Dedicated infant feeding survey
Health and wellbeing of children in Western Australia 2019 <sup>2</sup>		16.9%		Uses the same breastfeeding indicators as the ANIFS.
Victorian Maternal and Child Health Service 2017/18 <sup>3</sup>	78,697 infants from birth to 6 months		22% <sup>@</sup>	<sup>#</sup> Does not regularly (at least once a day) receive milk other than breastmilk but may receive some solids <sup>@</sup> Likely higher than the exclusive breastfeeding rate
National Health Survey 2017-2018 <sup>4</sup>	1498 children aged 0 to 4 years	29%*		*Unchanged from 2014-15

Sources:

1. Australian Institute of Health and Welfare 2011. 2010 Australian National Infant Feeding Survey: indicator results. Canberra: AIHW. <https://www.aihw.gov.au/getmedia/af2fe025-637e-4c09-ba03-33e69f49aba7/13632.pdf.aspx?inline=true>
  2. Dombrovskaya, M, Landrigan, T and Patterson, C. 2020. Health and Wellbeing of Children in Western Australia in 2019, Overview and Trends. Department of Health, Western Australia. <https://ww2.health.wa.gov.au/-/media/Corp/Documents/Reports-and-publications/Population-surveys/Health-and-Wellbeing-of-Children-in-WA-2019.pdf>
  3. Victoria statewide Maternal Child Health Service annual report 2017-18 <https://www2.health.vic.gov.au/about/publications/researchandreports/mchs-2017-18-annual-reports>
  4. National Health Survey 2017-18: Breastfeeding. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/breastfeeding/latest-release>
- \*National Health Survey 2017-18: First Results methodology. Explanatory notes. <https://www.abs.gov.au/methodologies/national-health-survey-first-results-methodology/2017-18>

## 1. 2010 Australian National Infant Feeding Survey (2010 ANIFS, AIHW, 2011)

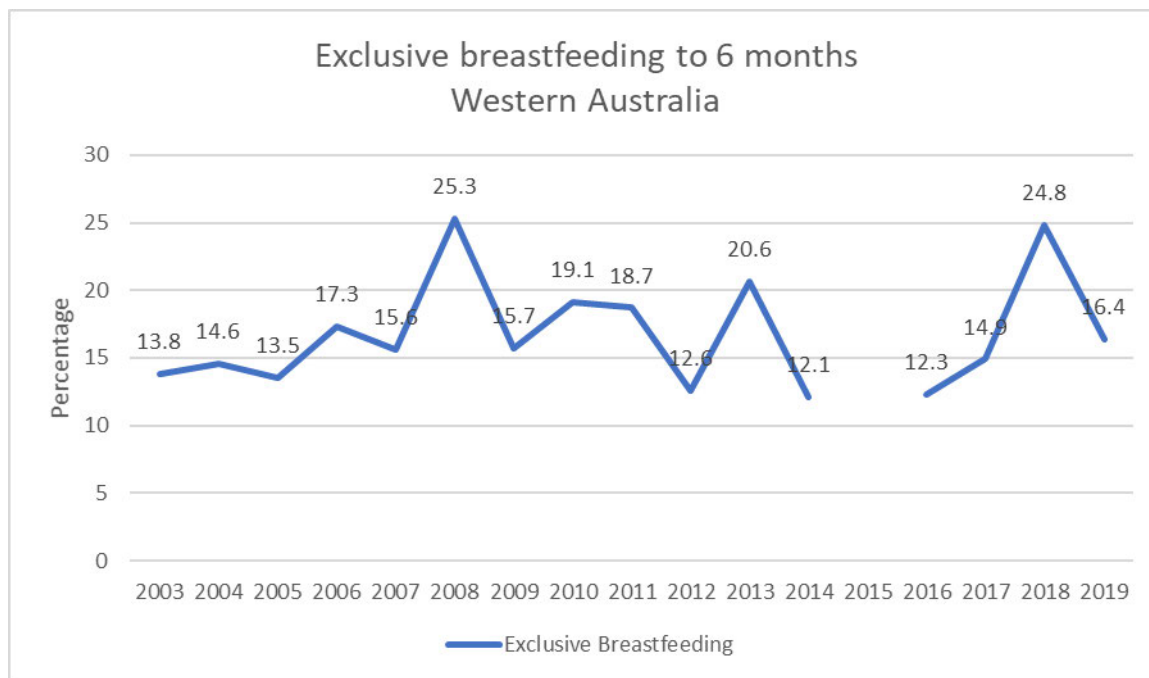
The 2010 ANIFS currently provides the best available breastfeeding data – the nationally-representative data comes from surveying the feeding experiences of 52,008 children. Since this survey has not been repeated, it provides a ‘snapshot’ of breastfeeding rates, but does not provide longitudinal data which allows us to see trends in breastfeeding rates over time. In 2010, the rate of exclusive breastfeeding to 6 months was 15.4%.

## 2. Health and wellbeing survey, Western Australia (WA)

Data from the Health and Wellbeing Survey undertaken yearly in WA provides good evidence. Exclusive breastfeeding to 6 months data has been collected yearly from a small sample of young children (599 in 2018) as part of the WA Health and Wellbeing Survey since 2003 (see Figure 1). Since 2013, WA infant feeding data have been collected using the same national breastfeeding indicators as the 2010 ANIFS. Yearly fluctuations were seen, but average rates of exclusive breastfeeding to 6 months in WA from 2003 to 2012 were 16.2% (Tomlin and Joyce, 2013) and from 2013 to 2019 were 16.4%. In 2019, the prevalence of exclusive breastfeeding to 6 months was 16.9%

These data clearly reveal that rates of exclusive breastfeeding to 6 months in WA have not changed since 2003 and are very similar to the 2010 figure of 15.4% obtained in the 2010 ANIFS.

Figure 1. Exclusive breastfeeding rates to six months in WA from 2003 to 2019.



Sources: Tomlin S and Joyce S 2013, Health and Wellbeing of Children in Western Australia 2012, Overview and Trends.

Trevithick, Richard, Radomiljac, Ali and Joyce, Sarah 2013. The Health and Wellbeing of Children in Western Australia in 2013, Overview and Trends. Department of Health, Western Australia.

Tomlin, S., Radomiljac, A. and Kay, A. 2015. Health and Wellbeing of Children in Western Australia in 2014, Overview and Trends. Department of Health, Western Australia.

Powell, A., Joyce, S. and Radomiljac, A. 2017. Health and Wellbeing of Children in Western Australia in 2016, Overview and Trends. Department of Health, Western Australia.

Merema M, Radomiljac A. 2018. Health and Wellbeing of Children in Western Australia in 2017, Overview and Trends. Department of Health, Western Australia.

Patterson C, Landrigan T, and Radomiljac A. 2019. Health and Wellbeing of Children in Western Australia in 2018, Overview and Trends. Department of Health, Western Australia.

Dombrovskaya, M, Landrigan, T and Patterson, C. 2020. Health and Wellbeing of Children in Western Australia in 2019, Overview and Trends. Department of Health, Western Australia.

### 3. Victorian Maternal and Child Health Service

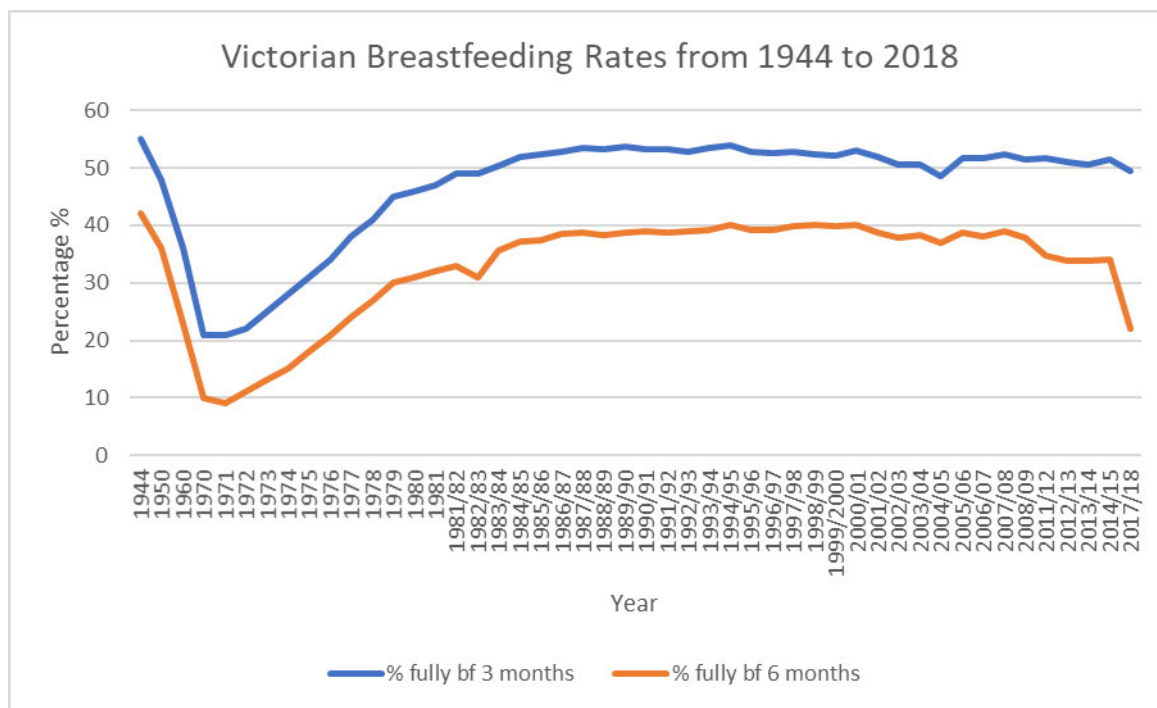
Possibly, the best longitudinal evidence comes from Victorian data collected every year from tens of thousands of mothers and babies (78,697 babies in 2017/2018) who were visited by or attend clinics run by maternal and child health nurses (Figure 2.). These data have been collected for decades and reveal:

- breastfeeding rates have been stable since that late 1980s,
- no increase in breastfeeding was seen after the signing of the MAIF Agreement in 1992, and
- the rates of babies fully breastfed to 6 months (orange line) appear to have been falling since 2007/08.

The definition of 'fully breastfed' is not as strict as exclusively breastfed and, as such, even fewer babies would be exclusively breastfed.

In 2017/18, 22% of Victorian babies were 'fully breastfed' to 6 months – the exclusive breastfeeding to 6 months rate would be lower.

Figure 2. Victorian breastfeeding rates from 1944 to 2017/18



Source: Victorian Maternal and Child Health Service. Data presented are the percentage of fully-breastfed\* infants (not exclusively-breastfed infants) at 3 and 6 months, according to the definition used by the Victorian Maternal and Child Health Service. Data from 2015/2016 and 2016/2017 were not published.

\*From 1995, a fully breastfed infant is defined as an infant who does not regularly (at least once a day) receive milk other than breastmilk but may receive some solids. A partly breastfed infant is defined as an infant who regularly (at least once a day) receives some breastmilk but also receives infant formula or other milk.

### 4. The National Health Survey

The ABS National Health Surveys provide the least robust data on Australian rates of exclusive breastfeeding to 6 months. The data comes from a very small sample of the population, 1498 children, and definitions and collection time points have changed over time (NHS 2011-12; NHS 2014-15; NHS 2017-18; p147, AIHW 2020), so longitudinal data showing trends over time for exclusive breastfeeding to six months are not available.

The latest data from NHS 2017-18 found that 29% of babies had been exclusively breastfed to 6 months. This figure is 1.5 to 2 times higher than other Australian infant feeding surveys and unchanged from NHS 2014-15\*.

ABS National Health Survey breastfeeding data is weak, inconsistent with other infant feeding surveys, and not sufficient to make the claim that Australian breastfeeding rates are increasing.

National Health Survey 2011–12: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/6664B939E49FD9C1CA257B39000F2E4B> National Health Survey 2014–15: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.002~2014-15~Main%20Features~Breastfeeding~10000>  
 National Health Survey 2017-18: Breastfeeding. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/breastfeeding/latest-release>  
 \*National Health Survey 2017-18: First Results methodology. Explanatory notes. <https://www.abs.gov.au/methodologies/national-health-survey-first-results-methodology/2017-18>  
 National Health Survey 2017-2018 Breastfeeding Endnote 1 The 2014-15 NHS exclusively breastfed rates have been recalculated and do not match the datacube tables in Health Service Usage and Health Related Actions, 2014-15 (cat. no. 4364.0.55.002). Updated 2014-15 NHS data is provided with this publication. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/breastfeeding/latest-release>

## The overuse of formula in hospitals

Australian mothers want to breastfeed their babies. However, despite 96% of Victorian mothers initiating breastfeeding in 2018, their babies left Victorian public and private hospitals having been supplemented with infant formula at high rates, 27% and 37.8%, respectively (Table 2). That is one in three babies described as ‘term, breastfed babies’ have received infant formula in hospital. This infant formula will have been offered to mothers and given to babies by health professionals and it is likely that much of it will not have been medically indicated (Biggs et al., 2018; Nelson et al., 2016).

So, even before Victorian babies leave hospital, more than 30% have been exposed to infant formula and are therefore not exclusively breastfed.

The unnecessary overuse of infant formula in hospital undermines mothers’ confidence in their ability to feed their babies. They are being given the message by healthcare professionals that they are inadequate, and their bodies are incapable of producing enough breastmilk for their babies, rather than being provided with skilled lactation support when it was needed. This, after they have just created a baby!

Table 2. Formula use in Victorian hospitals in 2018

Indicators 8a, 8b and 8c	Victorian hospitals	
	Public	Private
Breastfeeding initiation in term babies (baby put to the breast or attempted to express breastmilk at least once)	95.4%	96.7%
Use of formula by term, breastfed babies	27%	37.8%

Source: Hunt RW, Ryan-Atwood TE, Davey M-A, Gaston J, Wallace E, Anil S on behalf of the Maternal and Newborn Clinical Network INSIGHT Committee 2019, Victorian perinatal services performance indicators 2018–19, Safer Care Victoria, Victorian Government, Melbourne. [https://www.bettersafecare.vic.gov.au/sites/default/files/2019-12/02028\\_safer\\_care\\_PSPI\\_18\\_19\\_WEB.pdf](https://www.bettersafecare.vic.gov.au/sites/default/files/2019-12/02028_safer_care_PSPI_18_19_WEB.pdf)

Biggs, K. V., Hurrell, K., Matthews, E., Khaleva, E., Munblit, D., & Boyle, R. J. (2018). Formula milk supplementation on the postnatal ward: a cross-sectional analytical study. *Nutrients*, 10(5), 608.

Nelson, J. M., Perrine, C. G., Scanlon, K. S., & Li, R. (2016). Provision of non-breast milk supplements to healthy breastfed newborns in US hospitals, 2009 to 2013. *Maternal and child health journal*, 20(11), 2228-2232.

## Toddler milk sales have skyrocketed in Australia

Recent Australian research has revealed toddler milk sales have increased by 220% world-wide between 2005 and 2019. Toddler milk sales have risen dramatically in Australia since 2005 and are some of the highest in the world (Figure 2, see sticky note on bottom left graph below, Baker et al., 2020).



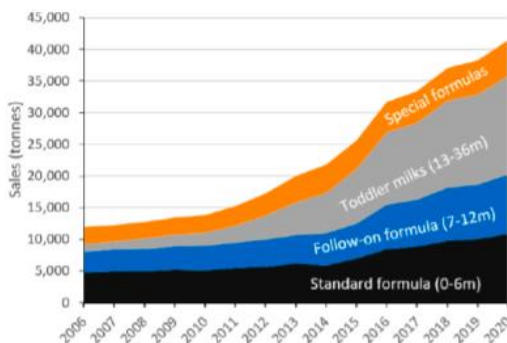
Figure 2. World-wide formula and toddler milk sales - volumes (kg) per child in 2019 compared to 14-year compounding annual growth rate.



Source: Baker, P., Melo, T., Augusto Neves, P., Machado, P., Smith, J., Piwoz, E., ... & McCoy, D. (2020). First-food systems transformations and the ultra-processing of infant and young child diets: The determinants, dynamics and consequences of the global rise in commercial milk formula consumption. *Maternal & Child Nutrition*, e13097.

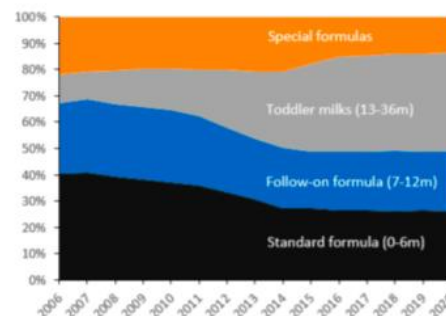
During the pre-decision conference, Dr Julie Smith presented Euromonitor data that showed 1) trends in milk formula category retail sales and 2) changes in the proportionate share of milk formula category retail sales in Australia from 2006 to 2020, see figure below. Toddler milk sales increased and increased more than other categories of milk formula (standard, follow-on and special).

Figure 1. Trends in milk formula category retail sales (tonnes) in Australia, 2006-2020



Source: Euromonitor Passport

Figure 2. Changes in the proportionate share of milk formula category retail sales (tonnes) in Australia, 2006-2020



Source: Euromonitor Passport

ABA endorses the statement by Dr Julie Smith that the share of toddler milk sales, as a proportion of formula, continues to rise based on the evidence presented in her presentation at the pre-decision conference.

If, as was implied during discussions in the pre-decision conference, increasing sales are due to sales to China through daigou, then all types of formula, especially infant formula, should have risen equally, but toddler milk sales increased more than other formula categories, suggesting an increase in local sales for local consumption.

### [Australian mothers and families are confused by toddler milk marketing](#)

ABA has sufficient anecdotal evidence to be convinced that Australian mothers and families are confused by toddler milk marketing. However, ABA is a breastfeeding advocacy organisation and does not systematically collect data about formula use.

It is the responsibility of the ACCC to promote competition and fair trade in markets to protect and benefit consumers, businesses, and the community. The mothers of Australian babies have the right to expect that regulators take their interests into account.

Accordingly, if, as it should be, the ACCC is concerned that mothers and families are confused by toddler milk marketing and seeks to understand this in more detail, then the ACCC should be collecting relevant data. Indeed the ACCC should have been collecting such data or arranged for its collection since 2016, when it flagged its concern about the public detriment outweighing the public benefit.