

David Hatfield
Director, Competition Exemptions Branch
Australian Competition & Consumer Commission
exemptions@accc.gov.au

27 November 2020

Dear Mr Hatfield,

Re: AA1000534 – Infant Nutrition Council

Reauthorisation of the Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement for 10 years

Submission on behalf of the Australian Breastfeeding Association

The MAIF Agreement, Australia's response to the World Health Organization's *International Code of Marketing of Breastmilk Substitutes* (WHO Code), plays a role in limiting the inappropriate marketing of infant formula.

The Australian Breastfeeding Association (ABA) finds the limited scope of the Agreement to be of concern but considers that, in the absence of an alternative broader and stronger regulatory instrument, it should remain in place.

An independent review of the MAIF Agreement has been highlighted as a priority action in the Australian National Breastfeeding Strategy: 2019 and beyond. ABA agrees that such a review is required and well overdue.

There is also a need, and the collective will of Australian breastfeeding advocates, to ensure that the scope of the MAIF agreement is:

- expanded to include all manufacturers, importers, marketers and retailers of infant formula and breastmilk substitutes,
- expanded to include all breastmilk substitutes including toddler milk drinks, and
- is updated to reflect the many subsequent World Health Assembly resolutions that give effect to the WHO Code.

In regard to toddler milk drink advertising, the ACCC acknowledged in the 2016 Determination that:

- toddler milk drink advertising has the effect of promoting infant formula (in addition to toddler milk) which may undermine benefits arising from the MAIF Agreement, and
- any impact of toddler milk marketing on the effectiveness of the MAIF Agreement would be a relevant factor in the ACCC's consideration of any future authorisation application by the Council.

VIC Health and Deakin University research shows that toddler milk drinks are high in sugar, contain fewer key nutrients and are more expensive than cows' milk and have been deemed unnecessary for children over the age of 12 months by the Australian National Health and Medical Research Council.

Despite the concerns articulated by the ACCC in the 2016 Determination, toddler milk drink sales continue to increase in Australia, and formula manufacturers and importers (including signatories to the MAIF Agreement) are actively recruiting celebrities and social media influencers to market toddler milk drinks directly to their social media followers.

Australian Breastfeeding Association recommendations

Given the impending independent review proposed in the Australian National Breastfeeding Strategy: 2019 and beyond, and the real possibility of substantial changes to the MAIF Agreement, ABA contends that a 10-year reauthorisation period is inappropriate and recommends a reauthorisation period of 2 years.

Given 1) the ACCC acknowledgement that toddler milk drink advertising has the effect of promoting infant formula, 2) the huge rise in toddler milk drink sales in Australia and 3) the use of celebrities and social media influencers to market toddler milk drinks directly to their social media followers, ABA recommends the ACCC make reauthorisation of the MAIF Agreement conditional on further amendments that would limit toddler milk advertising to reduce detriments and improve the net public benefit.

We provide evidence for our concern that the limited scope of the MAIF Agreement is not effectively protecting and promoting breastfeeding in Australia in Appendix 1.

We are happy for our submission to be made public on the public register on the ACCC's website.

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

Yours sincerely,



Margaret Grove

President

Australian Breastfeeding Association

E: 



Appendix 1

Protecting breastfeeding in Australia

A reminder of what we are seeking to protect and promote

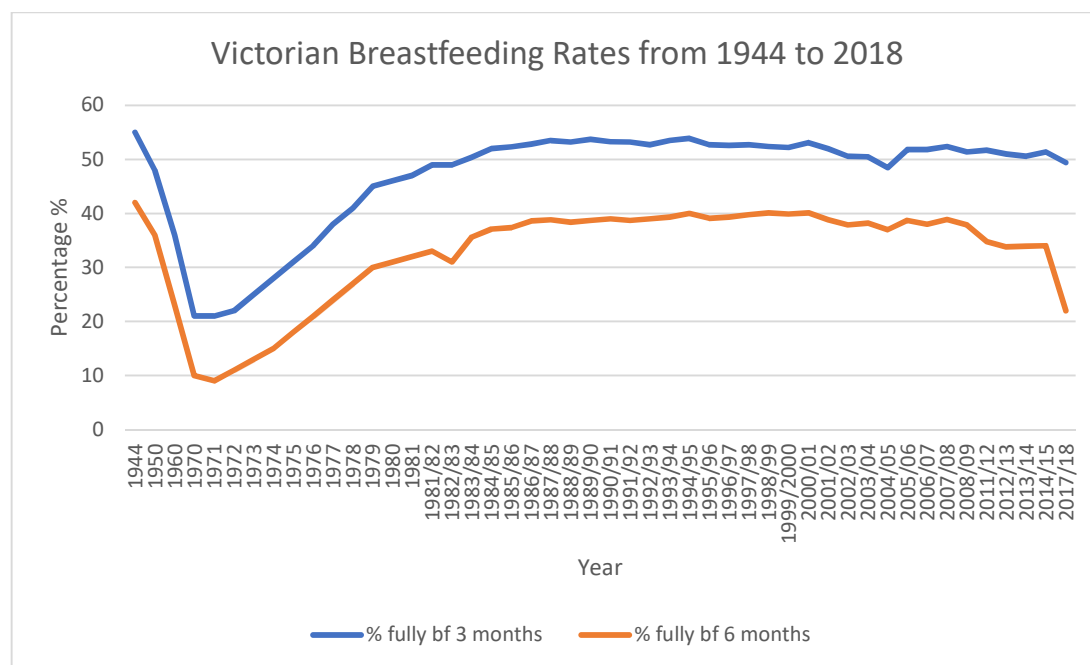
Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production (p 8–9, World Health Organization (WHO), 2003).

Australian breastfeeding rates: Victorian breastfeeding rates as a proxy measure

Breastfeeding at 6 months

Australian breastfeeding rates are low, may be decreasing further and, as such, are increasingly vulnerable. Current Australia-wide breastfeeding rates are not known and have not been known for a decade. The best evidence we have comes from Victorian data and that data suggests breastfeeding rates may have been falling since 2007/08 (Figure 1). From 2014/2015 to 2017/18, the rates of babies being fully breastfed* at 6 months fell from 34% to 22%.

Figure 1. 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.

Formula use 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 formula at high rates, 27% and 37.8%, respectively (Table 1). That is 1 in 3 babies described as ‘term, breastfed babies’ receiving formula in hospital. This formula will have been offered to mothers and given to babies by health professionals and it is likely that much of it will not be medically indicated.

Table 1. Formula use in Victorian hospitals in 2018

Indicators 8a, 8b and 8c	Victorian hospitals	
Breastfeeding in hospital	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.bettersafercare.vic.gov.au/sites/default/files/2019-12/02028_safer_care_PSPI_18_19_WEB.pdf

Breastfeeding into the second year of life: toddler milk drinks are being used as breastmilk substitutes and are displacing breastmilk in the diets of infants

The WHO recommends that breastfeeding continue into the second year of life to achieve optimal growth, development and health (WHO, 2003). Often the WHO recommendation for breastfeeding to continue into the second year of life is dismissed as not being relevant to high-income, developed countries like Australia.

Breastmilk provides significant macronutrients, micronutrients and energy (calories) when young children are breastfed into the second year of life (Czosnykowska-Łukacka et al., 2018; Perrin et al., 2017). Recent research has focused on the nutrients in breastmilk beyond 12 months, in part to determine whether breastmilk produced from 12 months onwards could be a source of donated breastmilk for milk banks.

In the second year, breastmilk still contains macronutrients – carbohydrates, protein and fats – and protein and fats increase as the duration of lactation increases. Energy levels also increase correspondingly (Czosnykowska-Łukacka et al., 2018). Research into key breastmilk nutrients and macronutrients in the second year of lactation (11 to 17 months) has revealed that:

- the concentrations of total protein, lactoferrin, lysozyme, Immunoglobulin A, oligosaccharides and sodium significantly increased,
- there were no changes observed in lactose, fat, iron and potassium, and
- zinc and calcium concentrations declined, but not significantly (Perrin et al., 2017).

Breastfeeding into the second year is important and the use of toddler milk drinks from 12 months is unnecessary and is likely to be detrimental to the continuation of breastfeeding and the health and wellbeing of young Australian children.

Australian Infant Feeding Guidelines (National Health and Medical Research Council (NHMRC), 2012) state that:

- Toddler milks and special and/or supplementary foods for toddlers are not required for healthy children.
- From 12 months of age and beyond, toddlers should be consuming family foods consistent with the Australian Dietary Guidelines.

Recent VIC Health and Deakin University research revealed that toddler milk drinks are high in sugar, contain fewer key nutrients and are more expensive than cows' milk (VIC Health, 2020a).

The Infant Nutrition Council claims that toddler milk drinks are not breastmilk substitutes:

Toddler Milk, which is not a breastmilk substitute, and is formulated supplementary food for young children over 12 months of age. Toddler Milk is also referred to sometimes as 'growing up milk' or GUM. (p 8, Infant Nutrition Council, 2020)

Despite the Infant Nutrition Council's attempt to claim that toddler milk drinks are not breastmilk substitutes, and are not formulated to be breastmilk substitutes, it can be argued that they are being used as breastmilk substitutes.

Toddler milk drink sales and marketing of toddler milk drinks in Australia

Recent Australian research has revealed toddler milk drink sales have increased by 220% world-wide between 2005 and 2019. Toddler milk drink 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 drink 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.

In Australia in 1992 with the introduction of the MAIF Agreement, there was an immediate reduction in infant formula marketing in Australia but a corresponding increase in toddler milk marketing (Smith and Blake, 2013). In its previous determination the ACCC found that toddler milk drink advertising did have the effect of promoting infant formula and highlighted an ongoing concern about toddler milk advertising:

The ACCC considers that toddler milk advertising that has the effect of promoting infant formula (in addition to toddler milk), may undermine benefits arising from the MAIF Agreement.

...any impact of toddler milk marketing on the effectiveness of the MAIF Agreement would be a relevant factor in the ACCC’s consideration of any future authorisation application by the Council (p1, Australian Competition and Consumers Commission (ACCC), 2016).

It is clear that toddler milk drink sales in Australia have increased dramatically and the tactics the infant formula manufacturers and importers are using to advertise it are highly likely to be the cause.

Social media promotion of toddler milk drinks

Recent work by VIC Health has revealed the substantial use of social media marketing by formula manufacturers and importers:

Manufacturers are using Instagram influencers, targeted digital advertising and on-pack claims to try and lure families into believing these ridiculously priced products are ‘essential’ for their child’s health. VicHealth CEO, Dr Sandro Demaio (VIC Health, 2020b).

The Breastfeeding Advocacy Australia Facebook group has compiled a list of Australian celebrities and social media influencers who promote toddler milk drinks directly to their social media followers (see Figure 2, Breastfeeding Advocacy Australia, 2020).

Most of the formula manufacturers and importers using this tactic are not signatories to the MAIF Agreement, but Nutricia Australia Pty Ltd, Wattle Health Australia Limited and Nature One Dairy Pty Ltd are signatories.

Figure 2. Celebrities and social media influencers and the brands of toddler milk drinks they directly promote to their social media followers.

Influencers promoting unnecessary toddler drink	Scientific Guidelines
Miranda Kerr – Biostime Justin Coulsen Phd – Nutricia Jimmy Rees – Nutura Emma Hawins – Nature One Jennifer Hawkins – Bubs Lorinska Merrington – Biostime Sarah Kearns – Nutricia Justamelbournemama – Bubs Rebecca Maddern – Wattle Megan Gale – Aptamil Emilee Hembrow – Munchkin Kyah Walker – Royal AUSNZ Jenna Galley – Nature One Dairy	WHO UNICEF NHMRC
Breastfeeding Advocacy Australia.org	

Current MAIF guidance on electronic media marketing activity, see below, does not address this situation and does not appear to stop formula manufacturers and importers from paying celebrities and social media influencers or offering them free toddler milk drinks.

MAIF Complaints Committee's interpretation of the MAIF Agreement related to electronic media marketing activity
[https://www1.health.gov.au/internet/main/publishing.nsf/Content/B8D64A18E546D9FBCA257BF0001ACE26/\\$File/MAIF%20Guidance%20Document%20-%20Electronic%20media.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/B8D64A18E546D9FBCA257BF0001ACE26/$File/MAIF%20Guidance%20Document%20-%20Electronic%20media.pdf)

Finalised at the February 2020 MAIF Complaints Committee meeting

Other electronic communications and social media

7. In accordance with these guidelines, manufacturers and importers should adopt reasonable measures, to monitor and manage social media forums and other electronic platforms which are within their control to ensure they comply with the MAIF Agreement. Manufacturers and importers must not conduct any paid influencer activity for their infant formula products.

Enabling breastfeeding in Australia

Breastfeeding in Australia is precarious and we, as a society, must do all that we can to protect and promote breastfeeding and create enabling environments to support Australian mothers to breastfeed.

There are several actions which can and should be undertaken by governments to drive increases in breastfeeding rates and optimise the health and wellbeing of babies and mothers (Victora et al., 2016). Notably, adopting (and monitoring) *the International Code of Marketing of Breastmilk Substitutes* (the WHO Code) and subsequent World Health Assembly (WHA) resolutions is considered imperative by the Global Breastfeeding Collective, led by the World Health Organization (WHO) and UNICEF (<https://www.unicef.org/breastfeeding/>).

Australia's response to the WHO Code: the MAIF Agreement

The MAIF Agreement

Australia's response to the WHO Code, the MAIF Agreement, was developed to ensure that infant formula is not advertised or promoted directly to mothers, parents and families. The MAIF Agreement was developed in 1992 based on the WHO Code developed in 1981 by the General Assembly of the World Health Organization. However, it is outdated and needs updating to reflect the many subsequent World Health Assembly resolutions that have strengthened the WHO Code over many years.

It can be argued that the current, outdated MAIF Agreement, based on the 1981 WHO Code, suits Australian formula manufacturers and importers because of its limits.

An independent review of the MAIF Agreement has been identified as a key Action in the Australian National Breastfeeding Strategy: 2019 and beyond (COAG Health Council, 2019) which has been ratified by the Federal and all State and Territory Health Ministers.

The MAIF Complaints Committee

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/MAIF-Complaints-Committee>

ABA has identified three concerns regarding the MAIF Complaints Committee:

- 1) the small number of members and their limited expertise regarding infant feeding, including breastfeeding,
- 2) the close affiliations of two of the three members to formula manufacturers and importers, and
- 3) the lack of a member to act as an advocate on behalf of parents.

Until 2013, the MAIF Agreement was monitored by the Advisory Panel on the Marketing in Australia of Infant Formula (APMAIF) a non-statutory advisory panel established by the Australian Government in 1992 to monitor compliance with, and advise the Government on, the MAIF Agreement.

The last report of APMAIF 2012-2013 can be found here:

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/F5E06BAD3577A3FBCA257C7B00110484/\\$File/APMAIF%20AR%2020](https://www1.health.gov.au/internet/main/publishing.nsf/Content/F5E06BAD3577A3FBCA257C7B00110484/$File/APMAIF%20AR%2020)

There are clear and worrying differences between the membership of the MAIF Complaints Committee, established in 2018, and the APMAIF which served the Australian Government well from 1992 to 2013 (Table 2). Most concerning is the loss of a *Community and consumer representative* who has a broad understanding of the issues facing parents and advocates on their behalf.

Members of the MAIF Complaints Committee have declared their conflicts of interest, see list below Table 2, and the long list of research projects funded by and education modules developed for health professionals with formula and toddler milk drink manufacturers and importers by Professor Peter Davies is staggering. Professor Davies has held this role since 2013 and the ABA recommends he be replaced by another public health representative, with infant nutrition expertise, without such close ties to formula companies.

Table 2. Publicly available information re: membership of the last APMAIF and the current MAIF Complaints Committee.

APMAIF	MAIF Complaints Committee
Position and stated responsibilities	Position and stated responsibilities
<p>Chair The APMAIF Chair leads the panel in the adjudication of complaints and manages conflicting views concerning the implementation of the MAIF Agreement and the role of the APMAIF. The Chair takes the lead role in the duties of the panel and liaises with the secretariat in progressing those duties. The Department of Health provides the secretariat functions to the APMAIF.</p>	<p>Chair and independent representative Professor Debra Thoms. Immediate past role: Chief Nursing and Midwifery Officer for the Australian Government and responsible for providing high-level advice on nursing and midwifery issues. She also participated in the formulation and implementation of policy and strategic direction in relation to health care in Australia.</p>
<p>Member with legal expertise The legal expert provides a legal perspective on APMAIF deliberations, including interpretations of the scope and particular clauses of the MAIF Agreement. He or she contributes to panel deliberations and decisions by demonstrating the following:</p> <ul style="list-style-type: none"> • a good knowledge of the Competition and Consumer Act 2010; • a good knowledge of the legal implications of voluntary self-regulation agreements; and • knowledge of and an interest in infant nutrition. 	
<p>Community and consumer representative The community and consumer representative advocates on behalf of parents and contributes to APMAIF deliberations and decisions by demonstrating the following:</p> <ul style="list-style-type: none"> • an understanding of the issues faced by parents in feeding their babies and young children; • a balanced understanding of the reasons why some women may not breastfeed successfully 	

<p>or for other reasons may choose to bottle feed their babies and small children;</p> <ul style="list-style-type: none"> • a balanced view of the issues related to breastfeeding and bottle feeding; and • an understanding of the importance of the self-regulatory model of infant formula marketing within Australia. 	
<p>Public health and nutrition expert</p> <p>The public health and nutrition expert provides the panel with scientific and technical expertise in public health, nutrition, regulation around therapeutic goods and the food/drug interface. He or she contributes to APMAIF deliberations and decisions by demonstrating the following:</p> <ul style="list-style-type: none"> • extensive experience in public health; • extensive knowledge of therapeutic goods, food standards and the interface between these; and • experience working on consumer issues. 	<p>Public health representative</p> <p>Professor Peter Davies has been in this role since 2013.</p>
<p>Industry representative</p> <p>The industry representative is nominated by the Infant Nutrition Council (INC), an association of infant formula marketers and manufacturers representing industry. . The representative liaises between APMAIF and INC member companies and plays an important role in maintaining industry awareness of the responsibilities of Signatories to the MAIF Agreement.</p>	<p>Industry representative</p> <p>Ms Jan Carey is the CEO of the Infant Nutrition Council has been in this role since 2007.</p>
<p>Departmental observer</p> <p>A senior officer of the Australian Government Department of Health attends all APMAIF meetings as an observer. The Departmental observer provides advice to APMAIF on matters of Government policy and advises the Parliamentary Secretary on matters of governance for the APMAIF. He or she does not participate in APMAIF decision making. The independence of the MAIF Complaints Committee is questionable.</p>	

Declarations of Interest – MAIF Complaints Committee

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/MAIF-Complaints-Committee>

Adjunct Professor Debra Thoms, Chair

Accepted invitation from Food Standards Australian New Zealand to Chair an Independent Expert Panel on the possible addition of 2'-O-fucosyllactose (2'-FL) alone or in combination with Lacto-N-neotetraose (LNnT), produced by microbial fermentation, in infant formula products and formulated supplementary foods for young children.

Ms Jan Carey

Nil interests declared.

Professor Peter Davies

Support received by the Children's Nutrition Research Centre at the University of Queensland (where Peter Davies was Director) from Industry partners:

- Grant from Nutricia (Australia and New Zealand) with University of Auckland, to investigate the benefits, or otherwise, of a young child formula.
- Honoraria from Aspen (Australia) for production of educational modules for Health Care Professionals.
- Honoraria from Bayer (Australia) for production of educational modules for Health Care Professionals.
- Donation from Nestle (Australia) to assist with the Centre's ongoing research in childhood nutrition.
- Grant from Danone/Nutricia to investigate the development of the microbiome in young children.
- Grant from Nutricia (Netherlands) to investigate nutritional screening methodology in children with Cerebral palsy.
- Honoraria from Aspen (Australia) for presenting educational material to Health Care Professionals.
- Honoraria from Nutricia (Australia) for presenting educational material to Health Care Professionals.
- Honoraria from Nestle (Australia) for presenting educational material to Health Care Professionals.

Consultancy funding received from the following;

- Aspen, (Australia) for production and presentation of educational modules to Health Care Professionals.
- Nutricia,(Australia) for overseeing a survey of nutritional knowledge of pharmacist.
- Evolution Health,(Australia) for chairing their scientific advisory board.
- Received honoraria from MedConcept Learning Exchange (Philippines) for a presentation entitled "Risk factors for later obesity in the first 1000 days" to 7 groups of Pilipino medical practitioners in March 2019.
- Acted as paid consultant to Evolution Health (Aus) to review proposed reformulation of its product Pentavite for infants, children and adolescents in April and May 2019.
- Perinatal Society of Australia and New Zealand (PSANZ) Early Life Nutrition Coalition (chaired by Prof Peter Davies) received funding from the Australian Government Department of Health in April and May 2019 to support its ongoing campaign to educate parents to be, and new parents of the importance of early life nutrition to short term and long term health of their child.

Acted as a consultant to Nutricia to prepare a document for potential publication in the peer review literature *"Nationally informed principles on approaching the detection, assessment and management of mild cognitive impairment"*.

- Acted as a consultant to Nestlé to prepare a document relating to the current use and potential future use of their specialised formula Peptamen Junior.
- Acted as a consultant to Nutricia to prepare a document for potential publication in the peer review literature "Managing gastro oesophageal reflux in infants: Advice for Health Care Professionals."
- Accepted invitation from Food Standards Australia New Zealand to be a member of an Independent Expert Panel on the possible addition of 2'-O-fucosyllactose (2'-FL) alone or in combination with Lacto-N-

neotetraose (LNnT), produced by microbial fermentation, in infant formula products and formulated supplementary foods for young children.

- Acting as a consultant to Bellamy's Organic (Australia) to prepare educational material relating to infant feeding for Health Care Professionals.

References

Australian Competition and Consumer Commission, (2016). Determination. Application for revocation of authorisations A90539 and A90540 and substitution with authorisations A91506 and A91507 lodged by the Infant Nutrition Council for the *Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement*. <https://www.accc.gov.au/system/files/public-registers/documents/D16%2B92879.pdf>

COAG Health Council. 2019. Australian National Breastfeeding Strategy: 2019 and beyond. COAG Health Council. Canberra, Australia. <http://www.coaghealthcouncil.gov.au/Portals/0/Australian%20National%20Breastfeeding%20Strategy%20-%20FINAL%20.pdf>

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.

Breastfeeding Advocacy Australia. (2020). Home [Facebook page]. Facebook. <https://www.facebook.com/groups/BreastfeedingAdvocacyAustralia>

Czosnykowska-Łukacka, M., Królak-Olejek, B., & Orczyk-Pawłowicz, M. (2018). Breast milk macronutrient components in prolonged lactation. *Nutrients*, 10(12), 1–15. <https://doi.org/10.3390/nu10121893>

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

Infant Nutrition Council, (2020). Application for Revocation of an Authorisation for Proposed Conduct and Substitution of a Replacement. October. <https://www.accc.gov.au/system/files/public-registers/documents/Application%20Received%20-%2026.10.20%20-%20PR%20-%20AA1000534%20INC.pdf>

Perrin, M. T., Fogleman, A. D., Newburg, D. S., & Allen, J. C. (2017). A longitudinal study of human milk composition in the second year postpartum: implications for human milk banking. *Maternal and Child Nutrition*, 13(1), 1–12. <https://doi.org/10.1111/mcn.12239>

National Health and Medical Research Council. (2012). Infant Feeding Guidelines Summary. www.nhmrc.gov.au/guidelines-publications/n56b

https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/170131_n56_infant_feeding_guidelines_summary.pdf

Smith, J., & Blake, M. (2013). Infant food marketing strategies undermine effective regulation of breast-milk substitutes: trends in print advertising in Australia, 1950–2010. *Australian and New Zealand Journal of Public Health*, 37(4), 337–344.

VIC Health (2020a, November 4). *Unhealthy food marketing: High sugar toddler milks overpriced, potentially harmful*. <https://www.vichealth.vic.gov.au/media-and-resources/media-releases/high-sugar-toddler-milks-overpriced-harmful>

VIC Health (2020b, November 13). *Healthy kids: Toddler milks doing more harm than good*.
<https://www.vichealth.vic.gov.au/be-healthy/toddler-milks-doing-more-harm-than-good>

Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J., Murch, S., Sankar, M. J., Walker, N., Rollins, N. C., Allen, K., Dharmage, S., Lodge, C., Peres, K. G., Bhandari, N., Chowdhury, R., Sinha, B., Taneja, S., Giugliani, E., ... Richter, L. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475–490. [https://doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7)

WHO/UNICEF. (2003). *Global strategy for infant and young child feeding*. World Health Organization. Geneva, Switzerland.
<https://apps.who.int/iris/bitstream/handle/10665/42590/9241562218.pdf;jsessionid=5CDDAA5C3E7B50949A638CA85324CD8B?sequence=1>