

1 December 2020

Mr David Hatfield
Competition Exemptions Branch
Australian Competition and Consumer Commission
GPO Box 3131
Canberra ACT 2601
exemptions@acc.gov.au

Dear Mr Hatfield,

AA1000534 – Infant Nutrition Council – submission

The Australian College of Midwives (ACM) is a national not-for-profit membership organisation and the peak professional body for midwives in Australia. ACM is the voice of midwives in Australia, representing midwives and speaking up on their behalf.

In 1995 ACM commenced governance of the Baby Friendly Health Initiative (BFHI) within Australia. The role of the BFHI is to protect, promote and support breastfeeding as part of a global partnership developed by the World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) in 1991.

In Australia, the BFHI focuses on improving healthcare for babies, their mothers and families by ensuring all mothers, regardless of their feeding choices and circumstances, receive unbiased information, appropriate support and factual advice in both the antenatal and postnatal period.

ACM welcomes the opportunity to comment on the application for reauthorisation of the Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement (MAIF Agreement) as proposed by the Infant Nutrition Council (INC).

ACM's position is that the **reauthorisation of the MAIF Agreement for a further 10 years should not be granted** for the following reasons:

1. Breastfeeding is a biological norm and critical for a healthy start to life. This can be undermined by continued marketing of breastmilk substitutes.

Breastfeeding is vital to the health and wellbeing of infants and children, and the health and wellbeing of mothers. Breastfeeding protects against infection, obesity, and potentially some chronic diseases including type 2 diabetes^{1,2}. Breastfeeding also contributes to improve cognitive development and intelligence.³ There are also maternal benefits including reduced risk of ovarian and breast cancer^{4,5}, reduced risk of maternal depression⁶, as well as a reduced risk of developing type 2 diabetes⁷.

Promoting breastfeeding is an important public health strategy, and support is essential to maintain and improve initiation rates and the duration of breastfeeding by women in Australia.

BFHI is a joint WHO and UNICEF project that aims to create a healthcare environment where breastfeeding is the norm, and practices known to promote the wellbeing of all mothers and their babies are promoted. The standards embedded in the Ten Steps to Successful Breastfeeding are the global criteria against which maternity hospitals are assessed and accredited.

Substantial evidence confirms that the BFHI has the potential to significantly influence success with breastfeeding. A systematic review of 58 studies on maternity and newborn care published in 2016 demonstrated clearly that adherence to the Ten Steps impacts rates of breastfeeding (early initiation immediately after birth, exclusive breastfeeding, and total duration of any breastfeeding)⁸. This review found a close-response relationship between the number of BFHI Steps women are exposed to and the likelihood of improved breastfeeding outcomes. Avoiding supplementation of newborn infants with products other than breast milk was demonstrated to be a crucial factor in determining breastfeeding outcomes.

Families are most vulnerable to the marketing of breast-milk substitutes when they are making decisions about infant feeding. The World Health Assembly has called upon health workers and health-care systems to comply with the International Code of Marketing of Breast-milk Substitutes^{9,10} and subsequent relevant WHA resolutions¹¹, in order to protect families and health professionals from commercial pressures. Compliance with the Code is important for facilities providing maternity and newborn services, as the promotion of breast-milk substitutes is one of the largest undermining factors for breastfeeding¹².

The availability of products within Australia's food environment should promote breastfeeding up to two years and beyond, in line with WHO recommendations.

2. The MAIF Agreement lacks sufficient sanction and enforcement powers. Australia requires a regulatory environment that promotes breastfeeding for all mothers and babies and protects them from marketing of harmful products.

Experiences in BFHI implementation have shown that national leadership (including strong national involvement and support) is the key to successful implementation of the BFHI. National or facility level engagement, ongoing facility-level monitoring, and making the BFHI part of the continuum of care were also found to be important for BFHI implementation¹³.

The Australian National Breastfeeding Strategy: 2019 and Beyond (ANBS) commits to reviewing the regulatory arrangements for restricting the marketing of breastmilk substitutes in Australia. The ANBS was commissioned to create an "enabling environment for breastfeeding" in Australia¹⁴ and identifies the prevention of "Inappropriate Marketing of Breastmilk Substitutes" as a key action area including "review of regulatory arrangements for restricting the marketing of breastmilk substitutes".

In Australia, the MAIF Agreement falls short of adequately implementing the Code to an extent where it protects breastfeeding. The MAIF Agreement is outdated, and only partially adopts Code recommendations enabling manufacturers and importers of breastmilk substitutes to continue undermining a positive breastfeeding culture by inappropriately promoting the use of breastmilk substitutes as an optimal infant feeding choice.

The MAIF Agreement has no legal authority to compel every manufacturer or importer of breast milk substitute in Australia to comply with the agreement as the signatories are voluntary. Similarly, the MAIF Agreement only has authority to address complaints of breaches of the WHO Code for marketing breast milk substitutes through the MAIF Complaints Committee if the

manufacturer or importer is a signatory to the Agreement. The Department of Health has stated they do not keep records of formula manufacturers and importers are operating in Australia and so this leaves a large part of the industry unaccountable to the standards as set out in the MAIF Agreement and WHO Code and unregulated by the local authorities.

As outlined above, ACM recommends a substantive review of the MAIF Agreement prior to the INC application for re-authorisation being considered. Calls for review of the MAIF Agreement are also supported by the ANBS. ACM suggests the current authorisation be extended for a maximum of 12 months to allow this review to occur.

ACM are happy for our submission to be made public on the public register on the ACCC website and we welcome the opportunity to discuss this submission further.

Yours Sincerely



Luke Williamson
Chief Executive Officer
Australian College of Midwives

Yours Sincerely



Samantha Tutton
Program Manager
BFHI Australia

References

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