
From: Ros Fleetwood [REDACTED]
Sent: Friday, 23 April 2021 7:28 AM
To: Exemptions
Cc: Ros Fleetwood
Subject: AA1000534 - Infant Nutrition Council - submission - Comments by Tuesday 24th April?

Dear Sarah and the ACCC Team,

Thank you for the opportunity to participate in the Pre decision conference - Infant Nutrition Council's application for re-authorisation of the MAIF Agreement.

Congratulations on the successful running of this conference using online technologies which allowed a range of participants from many locations.

I appreciated having time to speak and now having the opportunity to address some issues raised during the presentations.

The ACCC pre-decision conference – infant nutrition council – AA1000534 Summary reported that *'The ACCC will accept further written submissions in relation to draft determination if they come in on or before Tuesday 24th April.'* I have just realised that the 24th is not a Tuesday so I am hoping that these additional comments can be considered.

Breastfeeding Rates

Sarah Court expressed surprise that breastfeeding rates are still low. Much work has been done to inform the community of the vital importance of breastfeeding and this has contributed to the increase in initiation rates. Mothers do want to breastfeed their babies.

The 2010 Australian National Infant Feeding Survey found the breastfeeding initiation rate was 96% but this dropped dramatically to only 39% of infants being *exclusively* breastfed to 3 months and further reduced to only 15% being *exclusively* breastfed to 5 months (the % at 6 months was not reported).

The WHO recommends exclusive breastfeeding for all infants to around six months. The National Breastfeeding Strategy 2019 and beyond has as an objective to increase the proportion of babies who are exclusively breastfed to around 6 months of age. The targets set are up to 40 per cent by 2022 and up to 50 per cent by 2025, particularly those from priority populations and vulnerable groups. Current exclusive breastfeeding rates at 6 months fall drastically short of the 40% target for next year – 2022.

It should also be noted that in many cases it is the priority populations and vulnerable groups who are most likely to be influenced by toddler formula advertising and have the least income to spend on this unnecessary product.

Formula Advertising

There are many factors contributing to women not achieving their breastfeeding goals. One of these is the promotion of formula.

Kim Lennox pointed out that when the MAIF was first drawn up in 1992 there were limited media avenues for advertising. With the advent of the internet and social media sites, formula advertising has become insidious. The MAIF agreement may place some constraints on the promotion of formula for infants less than 12 months but as companies can currently promote formula for beyond 12 months, parents are bombarded with formula advertising and may not be able to discern the age factor.

The argument that parents should be able to choose the 'best' formula ignores the fact that ALL formulas are, and will always be, far inferior to breastmilk which is a living fluid. Breastmilk produces antibodies specific to illnesses being experienced by an infant in real time. Formula can never duplicate that.

Yes, we do need infant formula for situations when breastmilk is not available. That is only when we have exhausted the options as recommended by WHO:

1. Breastmilk at the breast
2. Expressed milk from the baby's own mother
3. Expressed donor milk from another mother.

When no source of breastmilk is available then an infant under 12 months will need an infant formula prepared to a food standard level determined by FSANZ.

Yes, babies who are not breastfed are entitled to a safe product which meets Australian Food standards. However the unrestricted promotion of formulas undermines parents' confidence in breastfeeding and the baby's right to their optimal food which is breastmilk. With the appropriate promotion and support of breastfeeding and milk banking, formula would be needed by very few babies so there would not be a need for a range of infant formulas vying for their share of the market.

Beyond 12 months WHO recommends ongoing breastfeeding to 2years and beyond, or if not breastfeeding an infant's digestive system at that age allows them to drink cows' milk.

Toddler formula is an unnecessary product created by industry for the purpose of company profits, in an environment in which there has been some restrictions on the marketing of infant formula to 12 months, as per the current MAIF.

Babies in Australia will be able to access safe infant formula if they should need it Thus it is not necessary for there to be any advertising of any type of formula.

The ACCC proposal to include all forms of formula under a revised MAIF agreement is to be applauded.

Protecting Consumers

Australia is a free market economy and yet we have made marketing decisions around the promotion of smoking based on the economic costs to our health budget.

Health departments recognised the enormous cost to the community in terms of poor health and high economic costs of health care due to smoking. Decisions were made that the community would be best served by banning all forms of cigarette advertising and requiring plain packaging with health warnings.

The health costs of not breastfeeding impact negatively on the consumers' own health (both infant and mother), health service budgets and the health of the planet (production, transport, preparation, waste disposal). The costs of not breastfeeding far exceed the health costs of smoking. It therefore follows that formula which impacts on breastfeeding success should similarly be banned from advertising and be distributed in plain packaging with health warnings.

In some countries formula is only available on prescription as it is seen as a medical requirement for infants who cannot access breastmilk.

As was noted by one participant, if we adopt the medical motto of 'Do no harm' then there must be no advertising of any form of formula – infant, follow-on or toddler.

The rights of the child

Many participants spoke of the rights of the child. Children are consumers, yet they are not able to make submissions to the ACCC. Children may be unknowing consumers of infant formula which impacts negatively on their long term health outcomes.

Responsibility to consumers

In this case, the consumers who need the protection of the ACCC are non-verbal infants and their mothers who are often vulnerable and overwhelmed with baby product information during the intense years caring for young children.

The World Alliance of Breastfeeding Associations hosts World Breastfeeding Week in August every year. This year the theme is Protect Breastfeeding – a Shared Responsibility.

I believe we are all responsible for protecting our children's future health and the health of the planet they are inheriting.

We have had the 2010-2015 National Breastfeeding Strategy and now have the National Breastfeeding Strategy 2019 and beyond. But in the 10 years since the first strategy was announced very little has been achieved. One of the new strategy's main principles is to: *"Ensure that governments and health care and education institutions protect the community from false and misleading marketing and advertising of breastmilk substitutes that fall within the WHO Code and subsequent WHA resolutions."*

The current MAIF agreement with its voluntary status and absence of sanctions does not support the WHO Code and urgently needs a major revision. To renew the MAIF agreement for a further 5 years is to condone the undermining of breastfeeding.

I propose that the MAIF agreement be only endorsed for a further 2 years during which time it undergo rigorous review so that our children's health and their planet can be protected by breastfeeding, as per WHO recommendations.

I understand that the ACCC does not make legislation, but by including all forms of formula in the MAIF agreement and renewing for only 2 years because of its inadequacy, the ACCC can send a message to government and industry that the issue of the protection of breastfeeding is important and should be addressed within the 2 years of the renewed agreement.

This endorsement decision is a wonderful opportunity for the ACCC to take a stance and advocate for our vulnerable consumers who are not able to speak for themselves.

Thank you for the opportunity to contribute to this important decision.

Warm regards,
Ros Fleetwood
Mother of 3
Grandmother of 2
Breastfeeding Counsellor
Concerned Citizen