# Restricting Infant Formula Marketing in Australia

**Cancer Council Australia**

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Cancer Council is the peak, non-Government cancer control organisation in Australia. As the national body in a federation of eight state and territory member organisations, Cancer Council Australia works to make a lasting impact on cancer outcomes by: shaping and influencing policy and practice across the cancer control continuum; developing and disseminating evidence-based cancer information; convening and collaborating with cross sectorial stakeholders and consumers to set priorities; and speaking as a trusted voice on cancer control in Australia.

Cancer Council acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander Elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

Cancer Council Australia welcomes the opportunity to respond to the thanks the Australian Government's Department of Health, Disability and Ageing consultation on Restricting Infant Formula Marketing in Australia.

| Question | Response |
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| 1. Are you aware of any high-quality studies that quantify the impact of infant formula marketing on infant feeding practices, particularly in the Australian context? | No response |
| 2. What other key concepts around the relationship between infant formula marketing on perceptions of breastmilk and infant formula and infant feeding practices should be considered? Please discuss: | Other key concepts that should be considered include toddler milk advertising, health and nutrition claims, social media influencers, and online advertising.<br>• Australian studies have shown an increase in toddler milk advertising in the last 30 years (Smith & Blake, 2013). Expanding legislation to include toddler milks may help to protect infants and caregivers from unhealthy marketing practices. Toddler milks appear to have been used by industry as a loophole to cross-promote infant formula through the marketing tactic of increasing consumer brand awareness through shared naming conventions and branding (Hastings et al, 2020). Research suggests Australian consumers fail to distinguish between advertising for infant formula and for toddler milk (Berry et al, 2011).<br>• Food labelling standards prohibiting the use of nutrition and health claims on infant formula products could be referenced in legislation, extended to apply to toddler milks, and independently monitored and enforced. Infant formula manufacturers must be held to account, particularly when making scientific/medical claims to market products. Parents and caregivers might stop breastfeeding if they're led to believe the artificial product will nourish the infant better than breastmilk. |

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| | • The use of social media influencers to promote toddler milks is emerging as another marketing loophole which shapes societal norms that undermine breastfeeding and evidence-based infant feeding practices.<br>• Online advertising can target people based on their search/browser history – for example, they can reach new or expectant parents and influence them at a time when they may be vulnerable to suggestion.<br><br>References<br><br>Berry N, Jones S & Iverson D (2011). Toddler milk advertising in Australia: Infant formula advertising in disguise? Australasian Marketing Journal. 20(1):24–27. https://doi.org/10.1016/j.ausmj.2011.10.011<br><br>Hastings et al. Selling second best: how infant formula marketing works. Globalization and Health (2020) 16:77 https://doi.org/10.1186/s12992-020-00597-w<br><br>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. 81 |
| 3. Please outline the pros and cons of infant formula marketing (if any). Please include contextual information to explain your perspective as required. | There are no pros of infant formula marketing, and it is not a proxy for evidence-based information on infant feeding. Evidence shows the promotion of infant formula directly undermines breastfeeding using powerful emotional techniques to sell parents an inferior product to breastmilk for commercial profit (Smith & Blake, 2013). For example, a recent analysis of social media ads targeting Australian parents highlights how companies 'prey on parents' anxiety and present breastmilk substitutes as a more favourable solution, which could result in swapping from breastmilk to a substitute (Stirling et al, 2026).<br><br>From the literature, the cons of infant formula marketing include: |

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| | • Confusing parents about the nutritional benefits of breastmilk, breastmilk substitutes and toddler milks (Romo-Palafox et al, 2020)<br>• Reducing breastfeeding intentions, initiation and duration (Zhang et al, 2013)<br>• Decrease mothers' confidence in their ability to breastfeed (Parry et al, 2013)<br><br>Australian studies have also shown an increase in toddler milk advertising and that Australian consumers fail to distinguish between advertising for infant formula and for toddler milk (Hastings et al, 2020).<br><br>References<br><br>Hastings et al. Selling second best: how infant formula marketing works. Globalization and Health (2020) 16:77 https://doi.org/10.1186/s12992-020-00597-w<br><br>Parry, K., Taylor, E., Hall-Dardess, P., Walker, M. and Labbok, M. (2013), Understanding Women's Interpretations of Infant Formula Advertising. Birth, 40: 115-124. https://doi.org/10.1111/birt.12044<br><br>Romo-Palafox MJ, Pomeranz JL, Harris JL. Infant formula and toddler milk marketing and caregiver's provision to young children. Matern Child Nutr. 2020;16:e12962. https://doi.org/10.1111/mcn.12962<br><br>Stirling, M., Parker, C., Angus, D. 2026. Australia may ban infant formula advertising. Here's what the online ads actually say. The Conversation AU. Published March 12, 2026. https://doi.org/10.64628/AA.au46futch<br><br>Zhang, Y. et al 2013. The Association of Prenatal Media Marketing Exposure Recall with Breastfeeding Intentions, Initiation, and Duration. Journal of Human Lactation First published online May 17, 2013. Available at: The Association of Prenatal Media Marketing Exposure Recall with Breastfeeding Intentions, Initiation, and Duration - Yuanting Zhang, Ewa Carlton, Sara B. Fein, 2013 |
| 4. What other infant formula marketing | To our knowledge, the prevalence, reasons for and timing of the introduction of breastmilk substitutes has not been captured in the |

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| prevalence data should be considered? | Australian context. Capturing this data would provide key insights for policy makers.<br><br>More prevalence data to quantify the scale of online infant formula marketing, for example ads that appear on personalised social media feeds, and the use of social media influencers on digital platforms like Instagram should also be considered.<br><br>Pro-formula news articles in online and print media should also be monitored – for example: https://www.indailysa.com.au/news/archive/2024/03/08/south-australias-female-owned-winning-baby-formula |
| 5. Do you think restrictions on marketing by retailers should be included in mandatory infant formula marketing regulations? | Yes. Many parents and caregivers purchase breastmilk substitutes from retail settings. Excluding retailers from regulation creates a loophole for infant formula marketing to be predatory and pervasive.<br><br>A product that has been formulated to substitute an infants' sole source of nutrition before the age of six months fundamentally should not be promoted using the same marketing practices that supermarkets use to promote unhealthy snack foods and beverages. |
| 6. What are the potential pros and cons of price promotions on infant formula products? | Price promotions on infant formula undermine public health objectives to support breastfeeding by distracting consumers from the reality that infant formula and toddler milk are expensive and can financially strain families. Using point of sale and price promotions tactics can encourage families to make an ill-informed decision to introduce their baby to formula, only to find it difficult to re-introduce breast milk one their infant has been consuming formula. |
| 7. What other data on retailer marketing should be considered? | No response |

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| 8. Do you think restrictions of toddler milk products should be included in mandatory infant formula marketing regulations? | Yes. Cancer Council Australia supports Policy Option 3 for expanded Australian Government legislation to bring toddler milks and marketing (retailer, digital and social media) in scope for mandatory regulation. This position aligns with the World Health Organization's International Code of Marketing of Breastmilk Substitutes (the WHO Code).<br><br>Toddler milks are not recommended by the Australian Dietary Guidelines, they are not clinically indicated or necessary for a child's growth and development and yet Australian studies have shown an increase in toddler milk advertising (Smith & Blake, 2013).<br><br>Retail marketing of toddler milks preys on parents' desire to provide a nutritious diet for their children despite them being expensive and non-essential. Consuming toddler milks has also been observed to displace intake of core nutritious foods by dietitians.<br><br>Research suggests Australian consumers fail to distinguish between advertising for infant formula and for toddler milk (Berry et al, 2011). Toddler milks also appear to have been used by industry as a loophole to cross-promote infant formula through the marketing tactic of increasing consumer brand awareness through shared naming conventions and branding (Hastings et al, 2020).<br><br>References<br><br>Berry N, Jones S & Iverson D (2011). Toddler milk advertising in Australia: Infant formula advertising in disguise? Australasian Marketing Journal. 20(1):24–27. https://doi.org/10.1016/j.ausmj.2011.10.011<br>Hastings et al. Selling second best: how infant formula marketing works. Globalization and Health (2020) 16:77 https://doi.org/10.1186/s12992-020-00597-w<br><br>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. 81 |

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| 9. Are you aware of other data sources that should be considered, including research on toddler milk marketing on cross-promotion of infant formula and links to infant feeding decisions and breastfeeding rates. | No. To our knowledge, the prevalence, reasons for, and timing of the introduction of toddler milk or breastmilk substitutes has not been captured in the Australian context. Capturing this data independent from bias or commercial interest of manufacturers would provide key insights for policy makers. |
| 10. Do you think restrictions on marketing of bottles and teats should be included in mandatory infant formula marketing regulations? | Yes. Cancer Council supports the WHO Code recommendations. Feeding bottles and teats are not exclusively used for breastmilk substitutes – they are also used for feeding infants with expressed breastmilk. However, the marketing and advertising of them undermines breastfeeding due to their stronger consumer connection to infant formula and pro-formula imagery.<br><br>The ongoing use of bottles after infancy can also delay children's development, oral health and impacts their nutritional intake.<br><br>Health related claims, for example, teats claimed to help with colic, are problematic for consumers who may be unable to discern if the claims are suitably substantiated and be dissuaded to continue breastfeeding. |
| 11. Are you aware of other data sources that should be considered, including research demonstrating a link between marketing of bottles and teats and attitudes around breastmilk, infant | No response |

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| formula and infant feeding patterns? | |
| 12. Do you think stronger regulations on infant formula company engagement with healthcare workers is required, such as stipulations on where and when such engagement can occur? | Yes. Legislation should prohibit infant formula marketing in healthcare settings and infant formula industry engagement with healthcare professionals.<br><br>Evidence-based infant feeding advice on breastfeeding and breast-milk substitutes should not be restricted to families and caregivers of infants. Information should be accurate, free from bias and independent of commercial influence to enable informed decision making. This advice should be culturally safe and come from trained health professionals including lactation consultants, midwives, maternal child and health nurses, paediatricians, accredited practising dietitians and GPs.<br><br>Advice should not come in the form of retail marketing, advertorial in print, or sponsored online advertising, and the use of social media influencers to prevent disinformation. Pro-formula news articles should also be monitored as a source of disinformation e.g. https://www.indailysa.com.au/news/archive/2024/03/08/south-australias-female-owned-winning-baby-formula. |
| 13. Do you consider infant formula company sponsorship of professional development opportunities such as webinars, training courses and conference attendance as appropriate in any circumstances?<br><br>Please explain your reasoning: | No. This introduces bias and the potential breach of independence from commercial influence, especially if the presenter/trainer/facilitator is a trusted health care professional responsible for delivering infant feeding advice to the public. This undermines breastfeeding.<br><br>Health care professional education materials including webinars, podcasts, professional development and training courses, honoraria for talks/presentations and conference attendance should not be sponsored or funded by manufacturers of infant formula and toddler milks to maintain their trust, credibility and integrity. |

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| 14. What other key data sources and interactions between infant formula companies and healthcare professionals should be considered?<br><br>Please outline below: | Research articles in peer reviewed journals must disclose industry links and funding as a conflict of interest.<br><br>Consumer-facing resources developed by trusted health care professionals or the government should not be sponsored or funded by manufacturers of infant formula and toddler milks. This introduces bias and the potential breach of independence from commercial influence. |
| 15. Do you agree with the policy objectives? If not, please provide alternatives for consideration. | Yes. Cancer Council Australia supports the policy objective outlined in the Discussion Paper to help protect and promote breastfeeding to improve public health outcomes.<br><br>Policy Option 3 for expanded Australian Government legislation to bring toddler milks and marketing (retailer, digital and social media) in scope for mandatory regulation is the only option that will enable this goal to be met by addressing predatory marketing practices.<br><br>This position aligns with the World Health Organization's International Code of Marketing of Breastmilk Substitutes. |
| 16. What are the advantages and disadvantages of Option 1?<br><br>Please explain your reasoning below: | There are no public health advantages for Option 1. This option favours industry profits and is harmful to the health of Australian women and babies. |
| 17. Do you have data on the costs and benefits associated with Option 1 that could contribute to a | No response |

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| cost-benefit analysis to inform the policy development process? | |
| 18. What are the advantages and disadvantages of Option 2? Please explain your reasoning. | As per the discussion paper, learnings from the implementation of the voluntary industry-regulated code (the MAIF Agreement) identified several weaknesses that undermined its effectiveness, including weak consequences for breaches. The only advantage of mandating this policy option is that a mandatory code carries stronger weight in preventing blatant infant formula marketing than the status quo, and the industry was in agreement of it to an extent. The disadvantage is that this policy option will not enable the government to fully achieve the policy objectives or protect public health outcomes as strong as it could with implementing Option 3. |
| 19. Do you have data on the costs and benefits associated with Option 2 that could contribute to a cost-benefit analysis to inform the policy development process? | No response |
| 20. What are the advantages and disadvantages of Option 3? Please explain your reasoning. | Advantages:<br>• This is the only option that will enable the goal to be met by addressing predatory marketing practices. It prioritises public health outcomes over industry profits.<br>• This position aligns with the World Health Organization's International Code of Marketing of Breastmilk Substitutes.<br><br>Disadvantages: |

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| | • Industry pushback and lobbying of politicians by industry will be strong. |
| 21. Do you have data on the costs and benefits associated with Option 3 that could contribute to a cost-benefit analysis to inform the policy development process? | No response |
| 22. Which is your preferred policy option? | Cancer Council Australia supports Policy Option 3 for expanded Australian Government legislation to bring toddler milks and marketing (retailer, digital and social media) in scope for mandatory regulation. Option 1 and 2 have been implemented in the past and have not been effective. Now is the time to strengthen controls on infant formula and toddler milk marketing and further align with the World Health Organization's Code. |
| 23. What other considerations should be addressed in the legislative development process? | Cancer Council Australia strongly recommends that the Department of Health, Disability and Ageing develop, including a mechanism and resources for ongoing monitoring, evaluation and enforcement of the legislated policy option. This needs to be completely independent of industry to maintain its integrity, public confidence in the process and safeguard infant and maternal health.<br><br>The marketing of infant formula is an issue of maternal, infant and child health, not an issue of food regulation. We do not support legislation development by any agency other than the Department of Health, Disability and Ageing due to the requirement for independence from industry. |

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| | Cancer Council does not support the legislative mechanism being implemented as part of the FSANZ Act Review, and we do not support FSANZ being responsible for developing, monitoring or enforcing the legislation once in place.<br><br>As outlined in the discussion paper and the responses from public health organisations such as the Food for Health Alliance, there are many disadvantages to implementing these changes as part of the FSANZ Act Review and having FSANZ take on responsibility for developing, monitoring and enforcing this legislation. Cancer Council shares concerns that:<br><br>1. The FSANZ Act review is already significantly progressed and including this in the FSANZ Act review will further delay progress. Consultation to date has not considered the extension of the FSANZ Act to include mechanisms to legislate marketing, nor FSANZ take on responsibility for developing and enforcing marketing standards.<br>2. The FSANZ Act Review requires agreement from both Australian and New Zealand governments. The New Zealand government is currently not supportive of tighter regulations for the infant formula market, opting out of the recent Proposal P1028 on Infant formula.<br>3. The FSANZ Act Review could result in amendments that dilute rather than strengthen FSANZ's public health focus by emphasising reducing time and cost for industry over health protection.<br>4. FSANZ requirements for public consultation mean the process would not be protected from industry influence.<br><br>The consumer voice should be consulted with during the development of mandatory regulation of infant formula marketing to prevent stigma and shame for families who cannot feed their children breastmilk. |
| 24. Do you have any suggestions | No response |

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| regarding the most appropriate enforcement arrangements for this policy? | |
| 25. What other monitoring, enforcement and evaluation considerations should be considered? | No response |
| 26. Please provide any other comments or points for consideration that may not have been addressed in this consultation. | Cancer Council Australia thanks the Australian Government's Department of Health, Disability and Ageing for the opportunity to provide input into the submission for Restricting Infant Formula Marketing in Australia. We support Policy Option 3 for expanded Australian Government legislation to bring toddler milks and marketing (retailer, digital and social media) in scope for mandatory regulation.<br><br>Cancer Council Australia also calls on the government to complement infant formula marketing controls with a suite of comprehensive actions to protect the establishment and continuation of breastfeeding rates in Australia as outlined in the Australian National Breastfeeding Strategy.<br><br>There is strong evidence that breastfeeding reduces the risk of breast cancer. Children who have been breastfed have a decreased risk of having excess body fat. Excess body fat often continues into adult life and can increase the risk of13 types of cancer.<br><br>Reference<br><br>World Cancer Research Fund, American Institute for Cancer Research. Food, nutrition, physical activity, and the prevention of cancer: a global perspective. Washington DC; 2018. |