

Mandating Controls on Infant Formula Marketing in Australia

**Response to consultation
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Recipient

Department of Health Disability and Aging
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Dietitians Australia contact

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Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9,000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

Dietitians Australia's credentialling program, the Accredited Practising Dietitian (APD) program, provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians are qualified and credentialed nutrition experts who have an important role in ensuring infants and children receive optimal nutrition, for healthy growth, development, and the best start to life.

This submission was prepared by Dietitians Australia staff, in collaboration with expert members following the [Conflict of Interest Management Policy](#) and processes approved by the Board of Dietitians Australia. Contributors include members of Dietitians Australia's Nutrition and Breastfeeding Working Group and other members with wide ranging expertise in areas including paediatric and maternal health, lactation, infant and childhood nutrition, public health, and academia.

Executive Summary

This submission responds to the Department of Health Disability and Aging (DOHDA) consultation on proposed mandatory controls for the marketing of infant formula.¹ It supports the introduction of strengthened, enforceable regulation to better protect and promote breastfeeding, improve public health outcomes, and ensure families can make informed, evidence-based infant feeding decisions.

The current DOHDA consultation demonstrates how the marketing of breastmilk substitutes can negatively influence breastfeeding practices, contributing to declining rates of exclusive breastfeeding in Australia.¹ While the former Marketing in Australia of Infant Formulas (MAIF) Agreement represented an important policy mechanism, its voluntary nature, limited scope, and lack of enforceability constrained its effectiveness.² There is a clear need for a more robust legislative framework aligned with international best practice, including the World Health Organization International Code of Marketing of Breast-milk Substitutes.³

This submission supports the adoption of expanded legislation that extends beyond the previous MAIF framework. Key recommendations include:

- Expand legislative scope – include toddler milk products and retailer marketing practices in new legislation to align more closely with the World Health Organisation (WHO) Code recommendations.
- Implement, monitor, and enforce the updated WHO Code to include tighter regulations on digital and social media marketing, supported by clear compliance mechanisms and appropriate penalties.

Strengthened and expanded legislative controls are necessary to safeguard public health, support breastfeeding, and provide a transparent and accountable system for regulating the marketing of infant formula in Australia.

Discussion

Impacts of Marketing on Perceptions and Behaviour

Question 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

While most pertinent studies are within the comprehensive research in the DOHDA's 'Restricting Infant Formula Marketing in Australia' discussion paper¹, one additional study outside of the Australian context was identified.

While not demonstrating direct causation between marketing practices and formula consumption, research undertaken by Helen Keller International highlighted the potential impacts of infant formula marketing on infant feeding practices among 294 Phnom Pehn mothers. Of those who were exposed to commercial promotions for breastmilk substitutes, 253 mothers (86%) reported observing commercial promotions for breastmilk substitutes, 56 mothers (19.0%) reported observing infant and young child food product brands/logos on health facility equipment, and 54 mothers (18.4%) reported receiving a recommendation from a health professional to use a breastmilk substitute. Consumption of breastmilk substitutes among infants 0-5 months of age were high at 43.1%, (n=127), while only 36.1%, (n=106) of infants 0-5 months of age were exclusively breastfed.⁴

As supported in the discussion paper, this international evidence is directly relevant to the Australian context, given the consistency of findings and similarity in marketing practices.

Question 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?

Brand extension and cross promotional strategies, including similar packaging, logos, colours, strategic product placement on supermarket shelves, and product pricing strategies, may increase premiumisation and further skew the distinction between infant formula, toddler milks, and other breastmilk alternatives.

Product premiumisation implies that fortified ingredients are not naturally present in breastmilk and that commercial products are optimal. Such marketing strategies may strengthen brand recognition among parents and caregivers and normalise early or unnecessary consumption of formula.⁵

Infant Formula Marketing Prevalence

Question 3 – Please outline the pros and cons of infant formula marketing (if any). Please include contextual information to explain your perspective as required.

Pros:

Dietitians Australia recognises that infant formulas can play an important role for parents who choose not to, or are unable to, breastfeed. The decision not to breastfeed must not be influenced by commercial interests. Digital marketing of breastmilk alternatives may facilitate the accessibility and convenience of purchasing infant formula online.

Cons:

Infant formula marketing can undermine breastfeeding and lead families to believe that breastfeeding is outdated or inconvenient. This can also contribute to the under-recognition of the health, environmental, and economic benefits of breastfeeding.

Promotions and the cross-promotion of unnecessary products, such as toddler milks, increase financial burden on families. Brand premiumisation further positions formula as a status symbol, implying that commercial products are more modern or scientifically superior. This environment can erode trust in professional advice from Accredited Practising Dietitians (APDs) and allied health professionals, as families may prioritise brand recommendations over clinical guidance.

Consequently, the role of APDs in supporting infant and toddler feeding, particularly in managing challenges including, food refusal, fussy eating, texture aversions, and delayed feeding skills, may be undermined. In addition, reliance on manufactured products reduces resilience during natural disasters, cost-of-living pressures, and supply shortages.

Additionally, framing of commercial products as convenient and unobtrusive contributes to the reduced social acceptance of breastfeeding and may undermine maternal confidence to breastfeed.

Furthermore, the effectiveness of APDs and national policy frameworks including the National Preventive Health Strategy, National Women's Health Strategy, National Obesity Strategy, and National Breastfeeding Strategy, is undermined. This may compromise informed parental decision-making, as formula marketing displaces personalised, evidence-based breastfeeding support and emphasises convenience, potentially delaying the introduction of solid foods and contributing to increased health risks for infants.

Infant formula marketing may also transform first-food systems toward commercial products, which contributes to the widespread propagation of misleading claims about nutrient requirements of infants and toddlers. In turn, this reinforces the misconception that formula is necessary beyond twelve months of age and normalises reliance on manufactured feeding products.

Collectively, these practices raise concerns regarding the violation of international standards and ethical guidelines governing the marketing and promotion of breastmilk substitutes, with industry stakeholders deriving disproportionate benefits at the expense of families.

Question 4 – What other infant formula marketing prevalence data should be considered?

As supported in this discussion paper, Infant formula marketing utilises pernicious channels of communication including social media, AI, newsletters, blogs, websites, and influencers. Online advertising is particularly pervasive as a form of marketing compared to traditional marketing strategies. The prevalence of data and monitoring and restriction of these various channels of communication should be included.

Limitations of the MAIF Agreement

Question 5 – Do you think restrictions on marketing by retailers should be included in mandatory infant formula marketing regulations?

Yes. Retailers use marketing tactics to increase consumer purchases including:

- Placing products at eye-level on shelves
- Instore promotions or advertisements
- Pricing strategies and discounts
- Catalogues
- Bundling and cross promotion of products⁶

The absence of regulatory oversight on retailers introduces a key gap in the marketing framework and diminishes the policy's effectiveness.

Question 6 – What are the potential pros and cons of price promotions on infant formula products?

Pros:

Increased short-term financial accessibility may benefit parents and caregivers who cannot or choose not to breastfeed, as infant formula provides a readily available feeding alternative.

Cons: Retail marketing and promotional practices can significantly influence infant feeding decisions, particularly during key transitional periods. In-store promotional tactics increase product visibility and perceived necessity, which may shape purchasing behaviours at the point of sale, especially among new or uncertain parents. More broadly, marketing strategies foster strong brand attachment, influence caregivers' preferences and encourage the continued purchase of perceived 'premium' or non-essential products, such as toddler milks.

Product premiumisation further contributes to a disconnect between perceived quality and actual value, reinforcing the notion that higher-priced products are superior.

These dynamics conflict with public health objectives by promoting the use of commercial feeding products over breastfeeding. Additionally, reliance on price promotions can create financial vulnerability for families; if such promotions are withdrawn, parents may experience increased financial strain. In some cases, this may lead to cost-cutting practices, such as formula dilution, which can result in inadequate nutrition for infants.

Question 7 – What other data on retailer marketing should be considered?

No response

Question 8 – Do you think restrictions on marketing of toddler milk products should be included in mandatory infant formula marketing regulations?

Yes. Toddler milk consumption contradicts the Australian Dietary Guidelines which state

- “At around the age of 6 months, infants are physiologically and developmentally ready for new foods, textures and modes of feeding, and they need more nutrients than can be provided by breastmilk or formula alone.”⁷
- “From 12 months of age and beyond, toddlers should be consuming family foods consistent with the Australian Dietary Guidelines.”⁷
- “When an infant is not breastfed or is partially breastfed, commercial infant formulas should be used as an alternative to breast milk until 12 months of age.”⁸

Additionally, the World Health Organisation recommends that for young children 12-13 months of age who are fed milks other than breast milk, animal milks are suggested and follow-up formulas are not recommended due to high protein, carbohydrate concentrations, and added sugars.⁹

Toddler milks are not nutritionally adequate or necessary for this age group when nutrient-dense complementary food can be introduced. Marketing evokes confusion, indirectly promotes infant formula, and normalises the long-term consumption of formula, creating unfavourable health, economic, and environmental implications for families.

Question 9 – Are you aware of other data sources that should be considered, including research on the impact of toddler milk marketing on cross-promotion of infant formula and links to infant feeding decisions and breastfeeding rates?

The Infant and Toddler Foods Research Alliance (ITFRA), has produced a considerable body of Australian evidence, highlighting that marketing strategies for toddler foods and related products influence caregiver's perceptions, exploit regulatory gaps across the 0-to-36-month range and

normalise the use of commercial products. Additionally, The GenV Food Survey, run by the Murdoch Children's Research Institute (MCRI) outline toddlers' consumption of commercial products within 1 month. Of toddlers 1.5-4 years, 80% ate commercial packaged foods, 90% ate commercial products within the first 12 months, and 43% consumed these products on five or more days a week.^{10,11}

While not directly examining toddler milks, the ITFRA research clearly identifies health-oriented claims and brand extension while both sources emphasise unmet regulatory controls and demonstrate how frequently children eat commercial products that are masqueraded as 'nutritious' but have high sugar and salt content.

This evidence is directly relevant to policy consideration as the promotion of toddler foods indirectly markets toddler milk and facilitates cross-promotion risks.

Question 10 – Do you think restrictions on marketing of bottles and teats should be included in mandatory infant formula marketing regulations?

Yes. Marketing of commercial products indirectly influence the consumption of infant formula as well as sugar-dense fruit juices or liquids that are not essential. Bottles and teats are convenient for the consumption of breastmilk alternatives and subsequently promote formula feeding.

Question 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 formula and infant feeding patterns?

No, the discussion paper comprehensively demonstrates how the marketing of bottles and teats influence parental attitudes towards breast feeding. Further alignment with the WHO code is needed.¹²

Industry Engagement with Healthcare Workers

Question 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. Promotion or endorsement of infant formula in healthcare environments, such as hospitals, GP waiting rooms, or during consultations, can create the perception that infant formula is preferred over breastfeeding practices.

In busy, trusted healthcare settings, the benefits of breastfeeding, including natural antibodies and essential nutrients, can be overlooked when breastmilk alternatives and readily available or subtly promoted.

To protect breastfeeding and family health, engagement with healthcare workers must be free from commercial influence, ensuring formula is recommended only when breastfeeding is not possible or not chosen.

Question 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?

No. Registered health professionals largely influence parental decisions under vulnerable circumstances. Sponsorship of professional development by formula companies constitutes a conflict of interest, shaping health professionals' views and practices. In turn, this creates a clear marketing strategy that will influence the views of patients, compromise ethical standards, and shift feeding practices away from breastfeeding.

Question 14 - *What other key data sources and interactions between infant formula companies and healthcare professionals should be considered?*

All sponsorship including the funding of:

- training
- research
- gifts and public relation packages
- meetings and conferences
- health care and professional association¹³

Objections of Government Action and Rationale for Intervention

Question 15 - *Do you agree with the policy objectives? If not, please provide alternatives for consideration.*

Yes. However, further objectives are warranted to monitor digital advertisements and marketing of breastmilk substitutes.

Dietitians Australia recommends that the Australian Government implement, monitor, and enforce the updated World Health Organisation (WHO) Code, including stricter regulations on digital marketing. Research by the ARC Centre of Excellence for Automated Decision Making and Society highlights the prevalence of problematic digital advertising for breastmilk substitutes including:

- One click purchasing.
- Health claims playing on parent's anxieties.
- Indirect promotion of toddler milks by using imagery of 'young' toddlers who could be mistaken for infants.
- Tracking the frequency and timing of advertisements to increase consumer purchases.¹⁴

Policy objectives that enforce the observation and monitoring of this digital environment are integral to ensure promoters do not continue to exploit already loose regulations.

Goals must also consider:

- Supporting the correct use of breastmilk substitutes as per the WHO code rather than the term 'infant formula.'
- Elimination of marketing (not reduction).
- Differentiating objectives for healthcare professionals and lay individuals to ensure consistent interests of promoting a breast-feeding first approach.
- Information provided to parents is free from commercial interests and is evidence-based.
- Ongoing surveillance of outcomes of objectives, especially in the digital marketing landscape.

Policy Options

Question 16 - *What are the advantages and disadvantages of Option 1? Please explain your reasoning.*

A status quo would only exacerbate negative health, economic, political, and environmental outcomes for parents and children. As noted in the discussion paper, Australia is failing to comply

with the WHO code and the Australian Dietary Guidelines for infant formula marketing and breastfeeding. Australia would also breach their United Nations Human Rights (UNHRs) obligations.

Breastfeeding rates would likely continue to decline, reducing the well-established protective effects of breastfeeding against a range of adverse health outcomes. As noted in the discussion paper, breastfeeding is associated with a lower risk of conditions such as obesity, diabetes, asthma, and infectious diseases in infants, and reduced risk of type 2 diabetes, cardiovascular disease, and breast and ovarian cancer in mothers.¹

Dietitians Australia believes that if the WHO Code is not fully implemented, strategies to uphold breastfeeding practices risk being undermined, placing families at significant health and economic disadvantage.

Question 17 - Do you have data on the costs and benefits associated with Option 1 that could contribute to a cost-benefit analysis to inform the policy development process?

No

Question 18 - What are the advantages and disadvantages of Option 2? Please explain your reasoning.

Advantages include:

- Profit benefits for commercial entities providing breastmilk alternatives

Disadvantages include:

- Lack of regulations around retail marketing, digital advertising, and cross-promotional strategies
- Lack of legislation around the marketing of breastmilk substitutes for toddlers which are unnecessary and not nutritionally adequate with high sugar, protein, and sodium content.
- Lack of regulation around the marketing of feeding bottles and teats which indirectly promote the consumption of infant formula.
- Lack of regulation around the contact between industry and health professionals
- No legislation on the monitoring and observation of digital marketing pursuits
- Limited impact on breastfeeding outcomes and rates
- Confusion from maintaining multiple marketing sources
- Financial burdens on families with unregulated marketing.

Creating a legislative basis consistent with the scope of the MAIF agreement would continue to disadvantage families and is likely to lead to further decline in breastfeeding rates.

Question 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

Question 20 - What are the advantages and disadvantages of Option 3? Please explain your reasoning.

Enacting legislation that aligns with the MAIF agreement while extending controls to retailer and toddler milk marketing is the only progressive path. Such legislation would support government objectives, comply with the WHO Code, reduce marketing misinterpretation, ease financial burdens

on families, close regulatory loopholes, and mitigate negative health outcomes for families. It would also support evidence-based feeding recommendations and the protection of breastfeeding.

Question 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?

The World Bank estimates that for every \$1.00 invested in breastfeeding protection and promotion an estimated \$35.00 is expected in economic returns. Highlighting this cost-effective public health investment and intervention.¹⁵

Effective legislation is needed to regulate industry interactions with health professionals and healthcare services, in line with the WHO Code.

Question 22 - Which is your preferred policy option?

Option 3, supplemented with stricter monitoring and regulation of digital marketing, would ensure compliance with the WHO Code while achieving the government's policy objectives.

Implementation Considerations

Question 23 - What other considerations should be addressed in the legislative development process?

The hierarchy in product promotion and premiumisation through additives raises ethical concerns. Marketing claims that highlight a product's 'beneficial' fortifications exploit these components for commercial gain, rather than prioritising infant health. If an ingredient is truly necessary or beneficial, it should be standard across all formula products. Independent mechanisms are needed to monitor all infant formula marketing, particularly digital channels, to prevent industry-driven influence. Additionally, price promotions have direct implications for families, especially amid the ongoing cost-of-living crisis.

Monitoring, Enforcement and Evaluation

Question 24 - Do you have any suggestions regarding the most appropriate and enforcement arrangements for this policy?

Enforcement must be independent of industry influence and Soley the government's responsibility to ensure effective monitoring, compliance, and implementation of legislation. Dietitians Australia recommends robust, systematic controls on digital marketing be implemented, with AI leveraged to comprehensively assess infant formula marketing across Australian social media apps, video platforms, and websites, ensuring full alignment with the WHO Code.

Question 25 - What other monitoring, enforcement and evaluation considerations should be considered?

The Implementation of effective, systematic, and meticulous controls on digital marketing and the ongoing monitoring and surveillance of these strategies need to be maintained to ensure enforcement of this new legislation.

Next Steps

Question 26 – Please provide any other comments or points for consideration that may not have been addressed in this consultation.

No Comment.

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