Breastfeeding Advocacy Australia

Protect | Promote | Normalise

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Undermining Breastfeeding for Profit

January 2024 to December 2024

June 2025

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Who is BAA?

Breastfeeding Advocacy Australia (BAA) is a volunteer, non-profit organisation and a registered Health Promotion Charity. We have 12 specific goals and operate a Mother Support arm called **Nurturing Mothers BAA.**

Our aim is for breastfeeding to be culturally and politically enabled, protected, and promoted as the ultimate achievable norm of infant and young child feeding in Australia. BAA advances health by undertaking a range of activities that support this purpose:

1. Creating public and government awareness of the role of successful breastfeeding as the single most important public health measure a country can implement.
2. Providing education to government agencies, health workers and the public about critical barriers to achieving breastfeeding and strategies to make positive change.
3. Providing a forum for interested parties to interact and be informed.
4. Participation in opportunities that affect policy related to breastfeeding.
5. Recognise and advocate for the human rights of families and their infants in Australia to enact an informed decision to breastfeed without the existing legislative and informational barriers that exist.
6. Advocate for legislation to enforce the *International Code of Marketing of Breastmilk Substitutes* (the WHO Code) and the subsequent World Health Assembly (WHA) resolutions.
7. Identify and expose products and practices that undermine informed decision making about breastfeeding that fall outside the WHO Code.
8. Record breaches of the WHO Code and report them to international, federal and state governing bodies whose role is to protect, promote and support breastfeeding.
9. Expose predatory marketing practices and report them to international, federal, and state governing bodies whose role is to protect, promote and support breastfeeding.
10. Create understanding of how attitudes towards infant feeding have been affected by commercial influence amongst those who work with families including, but not limited to, health professionals, childcare workers, legal representatives, the media, and politicians.
11. Advocate for families to be given information about biologically normal sleep in the first 1,000 days of life.
12. Advocate for breastmilk, breastfeeding and unpaid carers work to be recorded numerically in the GDP figures.

Introduction

This report on the 2024 collection of violations serves as a strong reminder that the *International Code of Marketing of Breast-milk Substitutes* (the WHO Code), established in 1981 as the minimum global standard, continues to be grossly neglected by the Australian Government. Despite clear guidelines for ethical marketing practices, there remains a glaring failure to adopt and implement the fundamental principles of the WHO Code.

For over 40 years, advocacy efforts and mounting evidence have consistently highlighted widespread non-compliance. Yet meaningful progress has been stalled by persistent debates, fragmentation among government departments and advocates, and the undue influence of industry representatives.

In 2024, violations of the WHO Code intensified, further undermining breastfeeding and infant health. Aggressive marketing tactics by breastmilk substitute (BMS) manufacturers have become increasingly pervasive, sophisticated, and difficult to regulate, making urgent government action more critical than ever.

These misleading tactics have created an environment where mothers face growing challenges, often leaving them in worse positions than previous generations. Claims of 'support for breastfeeding' made by BMS companies ring hollow, serving more as public relations strategies than genuine efforts to drive meaningful change.

Leadership within breastfeeding advocacy must critically assess how individual actions influence the broader system. The current landscape is marked by complacency and enabling behaviours that betray the core principles of the WHO Code. It is crucial to recognise that marketing practices deemed acceptable for other products, such as toddler foods, are entirely inappropriate and harmful when applied to breastfeeding and infant nutrition.

Breastfeeding rates and trends

Australia has not conducted a comprehensive national infant feeding survey since 2010, leaving a major gap in up-to-date, reliable breastfeeding data. Without dedicated, consistent monitoring, it is difficult to track trends, address inequities, or evaluate the impact of public health initiatives.

While the National Health Survey (conducted by the Australian Bureau of Statistics) provides some insights into infant feeding patterns, it has significant limitations. The survey relies on self-reported data, which is subject to recall bias and does not include very remote areas or discrete Aboriginal and Torres Strait Islander communities, leading to serious underrepresentation.

Despite these limitations, the available data paints a concerning picture:

- In 2022, while 90.6% of children aged 0–3 years had ever received breastmilk, exclusive breastfeeding rates dropped sharply:
  - At 2 months: 73.5% were exclusively breastfed.
  - At 4 months: only 63.9% were exclusively breastfed.
  - At 6 months: just 37.5% were exclusively breastfed — far below the WHO recommendation.
- By 12 months, fewer than half (43.0%) of infants were still receiving any breastmilk.

The World Breastfeeding Trends Initiative (WBT*i*) further highlights Australia's poor performance. In a ranking of 100 countries, Australia had the **third lowest breastfeeding rate**, a result described as 'shameful' given the country's wealth and resources.

WBT*i* World Ranking: Where Nations Stand?
Based on the 10 indicators on policy and programmes (on a scale of 100)

Country	Rank	Score
Bangladesh	1	91.5
Sri Lanka	2	91
Afghanistan	3	89
Cuba	4	87.5
Gambia	5	83
Bolivia	6	81
Turkey	7	80
Elsalvador	8	79.5
Niger	9	77
Kenya	9	77
Kuwait	9	77
Malawi	12	75.5
Bahrain	13	74.5
Ukraine	14	74
Mongolia	15	73.5
Vietnam	16	73
South Africa	17	71.5
Brazil	18	70
Ghana	19	69.5
Zambia	19	69.5
China	19	69.5
Maldives	19	69.5
Cambodia	23	69
Mali	24	68
Philippines	24	68
Zimbabwe	26	67.5
Nigeria	26	67.5
Croatia	28	66.5
Cameroon	28	66.5
Argentina	30	66
Malta	31	65.5
Panama	32	65
Pakistan	33	64.5
United Republic Of Tanzania	34	64
Mozambique	34	64
Georgia	34	64
Venezuela	34	64
Jordan	38	63.5
Dominican Republic	38	63.5
Nepal	40	63
Nicaragua	41	61.5
Lesotho	42	61
Burkina Faso	42	61
Thailand	44	60.5
Portugal	44	60.5
Bosnia And Herzegovina	46	60
Swaziland	47	59
Uganda	47	59
Malaysia	49	58.5
Guatemala	50	58
Seychelles	51	57.5
Armenia	52	57
Costa Rica	52	57
Gabon	54	56.5
Republic Of Korea	54	56.5
Moldova, Republic Of	54	56.5
Ireland	57	56
Brunei Darussalam	57	56
Saudi Arabia	57	56
Ethiopia	60	55
Fiji	60	55
Bhutan	60	55
Egypt	60	55
Kiribati	64	53.5
Sierra Leone	65	53
Indonesia	66	51.5
United Kingdom	67	50.5
Macedonia	67	50.5
Peru	67	50.5
Colombia	70	49
Switzerland	71	48
Belgium	71	48
France	73	47.5
Ecuador	74	47
Sao Tome And Principe	75	46.5
Uruguay	75	46.5
Lebanon	77	46
Mexico	78	45.5
India	79	45
Botswana	80	44.5
Chile	80	44.5
Honduras	82	43.5
Morocco	83	42.5
Italy	84	42
Belize	85	41.5
Timorleste	86	41
United States	87	40.5
Taiwan	87	40.5
Austria	89	40
Netherlands	89	40
Singapore	89	40
Oman	92	39.5
Lithuania	93	38.5
Palau	94	35.5
Spain	95	35
Paraguay	96	34.5
Germany	97	34
Australia	98	33
Cape Verde	99	22.5
Libya	100	19

WBTi Global Ranking — ***https://worldbreastfeedingtrends.org/wbti-country-ranking.php***[1]

BAA weekly collection

Between January 2024 and December 2024, BAA documented approximately 931 instances of advertising and marketing activities that undermine breastfeeding in Australia. These activities prioritise profit over the health and wellbeing of mothers and infants, contributing to a decline in breastfeeding rates and practices. The Weekly Collection serves as a vital tool in tracking these ongoing violations and highlights the need for stronger protections for breastfeeding dyads.

How does BAA collect data?

BAA's data collection process is driven by active participation from the community and focuses on identifying and documenting practices that violate breastfeeding rights or undermine the mother–baby dyad. Here's how the collection process works:

Social media: Every week, a new post with a unique link is created and featured on BAA's Facebook public page and group. This post encourages group members to monitor and report any instances where they feel breastfeeding or the mother–baby dyad is being undermined. These violations may appear in various forms of advertising, including sponsored ads, magazines, health workers, influencers, billboards, and other media channels.

Member contributions: Group members are asked to provide a photo with the date and location of the observed activity. This ensures that data is properly documented and can be cross-referenced.

Data entry: Each image submitted is de-identified and entered into a detailed spreadsheet. The image saved with a date for future reference.

Community participation: Contributors are encouraged to interact with group admins, leading to discussions and insights that enrich the Weekly Collection process. This transforms the reporting process from a mere record of predatory marketing into a dynamic, community-driven platform of knowledgeable advocates.

Social engineering (SE): BAA also collects instances of social engineering — actions that undermine the breastfeeding relationship (mother–baby dyad) but are not explicitly covered by the WHO Code. These examples may include subtle or indirect methods, such as societal pressures, misinformation, or hidden messages in media, that contribute to the erosion of breastfeeding practices. These cases are catalogued separately to highlight emerging trends and areas where future advocacy and policy intervention may be needed.

Products reported include (but are not limited to):

- breastmilk substitutes, including ultra-processed foods (UPF) such as infant formula, baby cereals, and pre-packaged snacks, and other ultra-processed products (UPP) such as probiotics, dietary supplements, and complementary foods specifically marketed for babies who are not breastfeeding.
- bottles and teats
- dummies
- nipple shields
- probiotics — sold for breastfeeding babies
- mummy shakes
- foods and drinks that claim to increase milk supply
- breast pumps
- sleep training programs, books, and tools
- government organisations using bottle imagery in health promotion.

How is this data used?

The data collected through the Weekly Collection is a critical resource for advancing advocacy efforts and creating meaningful change. BAA uses this data in several key ways:

Submissions: The documented violations are submitted to government bodies to advocate for stronger regulations and enforcement mechanisms. This data serves as evidence of ongoing breaches that undermine breastfeeding and demonstrates the need for policy action to protect breastfeeding families.

Policy makers: BAA provides the data to policymakers to inform the development of new policies or the amendment of existing policies. By presenting clear, real-world examples of the negative impact of predatory marketing, BAA supports the creation of more robust and effective public health policies.

MAIF complaints: The collected data is used to file complaints under the Marketing in Australia of Infant Formula (MAIF) Agreement. When violations of the Agreement are identified, BAA submits formal complaints to hold companies accountable for breaching the standards set out in the Agreement.

Advocacy and public awareness: The data also supports ongoing advocacy efforts by providing concrete examples that can be used for social media campaigns, public presentations, and other public awareness initiatives. This helps to educate the public about the harmful effects of aggressive marketing tactics that undermine breastfeeding.

PART 1: WHO Code Violations

As part of our ongoing data collection, BAA records each violation of the WHO Code individually, linking every instance to the specific clause it breaches. This evidence is crucial in highlighting Australia's continued failure to adequately implement the WHO Code. The following table outlines the key WHO Code clauses most frequently violated, along with additional commentary from BAA to provide context and insight.

WHO Code violations: Consistently breached clauses

Clause	Statement	Comments
5.1	'There should be no advertising or other form of promotion to the general public of products within the scope of this Code.'	This includes marketing of bottles and teats.
5.3	'There should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for the products within the scope of this Code.'	This clause prohibits any promotional strategies like discounted prices.
5.5	'Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infant and young children.'	Violations include marketing tactics such as invitations to 'visit website', 'shop for delivery', 'add to cart', 'learn more', and in-person sales at baby expos, all of which directly target mothers.
7.2	'Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breast-feeding.'	While this clause specifically addresses health workers, BAA extends this to include information provided to mothers and the general public, particularly through misleading labels. Claims like 'nutritionally complete' or 'complete infant nutrition' create false equivalencies with breastmilk.
9.2	'Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealise the use of infant formula.'	Labels are designed to make mothers feel good about their purchases. Toddler drinks, for instance, are heavily marketed with recipes that use these products, promoting them as ideal for family meals, despite recommendations to introduce healthy family foods instead.

Trends in advertising

The marketing strategies employed by formula and baby product companies have evolved to target new parents with increasingly sophisticated and misleading messages. These trends not only undermine breastfeeding but also promote unnecessary and often unhealthy alternatives to infant nutrition. The following outlines key advertising tactics that continue to violate the principles of the WHO Code and raise concerns about their impact on both infant health and the perception of breastfeeding.

Growing up milks: Toddler drinks are heavily advertised with brands promoting recipes using 'toddler drink' to make food from 'finger food' to 'family meals'. Junior drinks for 1- to 10-year-olds and beyond are freely marketed, even though the recommendation is that they are unnecessary, and healthy family foods should be introduced instead. These drinks are loaded with sugar and are simply 'gateway foods' forming addictions leading to continued consumption of UPF well into adulthood with serious health consequences.

Misleading claims: Companies often use a variety of terms such as 'organic', 'natural', 'complete', 'balanced', and 'immune boosting' to persuade parents that their infant formula is a healthy and safe alternative. These marketing tactics appeal to mothers who are striving to provide the best possible nutrition for their children. The claims emphasise that their products are free from artificial flavours, colours, preservatives, GMOs, synthetic pesticides, growth hormones, and antibiotics. However, these claims can be misleading, as they do not reflect the true nutritional needs of infants and often promote ultra-processed foods (UPF) as healthy alternatives.

Incentivised marketing: Retailers freely promote Stage 1 and Stage 2 infant formulas through their apps, with no restrictions in place. In-store, 'aisle fins' (promotional displays positioned to capture customer attention) are widely used, featuring enticing offers, health claims, and price promotions to encourage impulse buying.

Incentives are consistently offered across a wide range of products, including formulas, toddler drinks, bottles, dummies, and feeding gadgets. Common tactics include discounted prices — 'buy one, get one free' deals, spend-and-save bundles, prize giveaways, free samples, and gift boxes — all designed to boost sales at the expense of breastfeeding.

Diversification of products: Companies that once specialised in infant bottles are rapidly expanding into a wide range of products, including dummies, sterilisers, breast pumps, bottle warmers, and more. While they claim to support breastfeeding, this support is largely superficial; their marketing rarely offers genuine advice to breastfeeding mothers. Instead, they promote the idea that they support 'all feeding journeys', using subtle and deceptive tactics that suggest breastfeeding is difficult and their products are necessary solutions. Some even claim that their bottle teats mimic the natural milk flow of breastfeeding, further undermining confidence in the breastfeeding relationship.

Gendered marketing: Many brands now use male figures in their advertisements under a 'share the care' marketing approach. At the same time, they suggest that mothers need to take breaks from their babies, further reinforcing the idea that breastfeeding is burdensome and needs to be supported by bottles and other products.

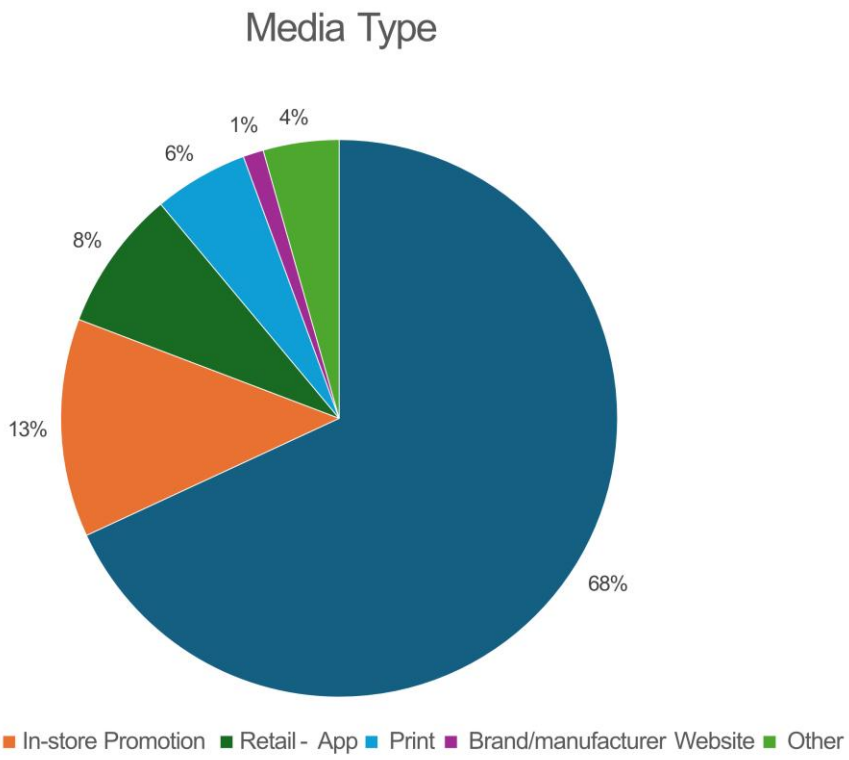
Separating the mother–baby dyad: Marketing campaigns for breast pumps and bottles often portray the separation of mother and baby as desirable, necessary, and even fun. These messages undermine the breastfeeding relationship by presenting separation as a positive and empowering choice. Similarly, the booming market for sleep training programs, sleep aids, white noise machines, and other 'sleep gadgets' reinforces the idea that babies should sleep independently from a very young age, further encouraging physical and emotional separation. Together, these products and programs promote a culture that normalises detachment between mother and baby, despite strong evidence that close proximity supports breastfeeding success and healthy infant development.

Overview of reporting activity January 2024 – December 2024

Over the past 12 months, BAA members continued to demonstrate strong engagement in monitoring and reporting marketing activities that undermine breastfeeding. Between January 2024 and December 2024, a total of 931 examples were recorded through our Weekly Collection system.

This ongoing documentation remains an essential tool for identifying persistent trends, highlighting areas of concern, and informing our advocacy work with policymakers, regulators, and the wider community. The following breakdown provides an overview of the key areas where violations were most frequently reported:

Media type

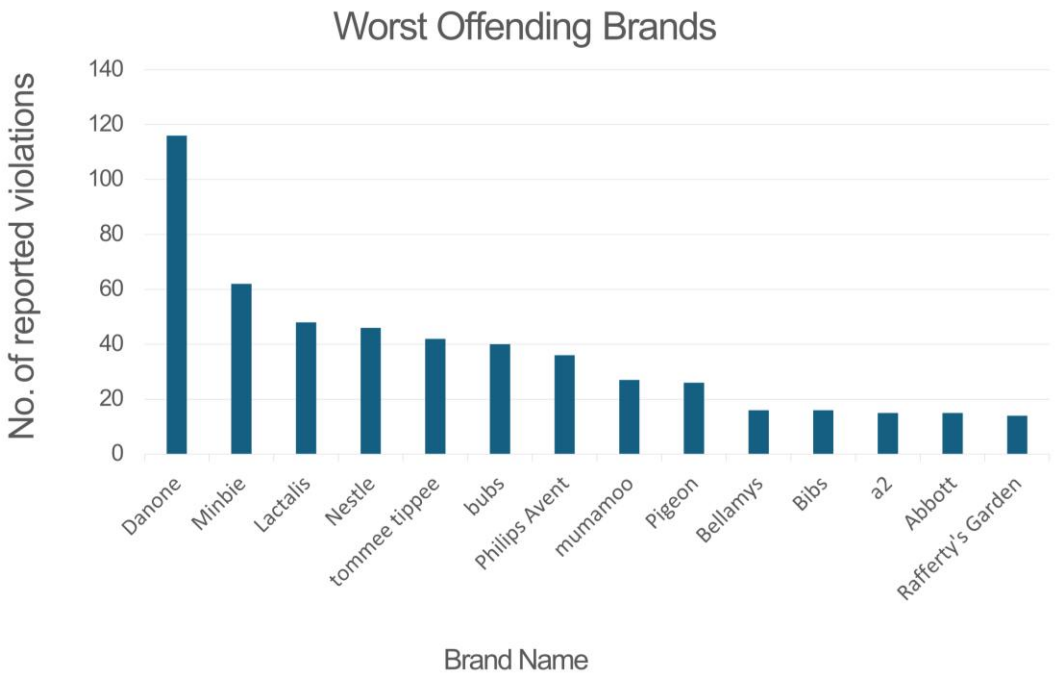


Social media accounted for a significant proportion of reported violations, at a significant 68%. This highlights the ongoing challenges of aggressive nature across digital platforms, where content creation and unregulated dissemination occur rapidly and unrestrictedly.

Print Media violations stood at 5%, suggesting a relatively smaller yet consistent area of concern.

In-Store Promotions represented 13% of violations and Retail (App) violations made up 8%, pointing to issues within physical retail environments that require further attention. This report will discuss the trending tactics used by retailers in 2024.

Top 15 brand violators



The breastmilk substitute industry faced heightened scrutiny in 2024 as ethical marketing practices came to the forefront with the Department of Health requesting a review of the MAIF Agreement. A total of 15 prominent brands — Danone, Minbie, Lactalis, Nestlé, Tommee Tippee, Bubs, Philips Avent, Mumamoo, Pigeon, Bellamy's, Bibs, A2, Abbott, and Rafferty's Garden — have been identified for engaging in violations as signatories to this agreement. These activities emphasise ongoing ineffective regulation of the marketing of BMS, even in the wake of current significant changes in the industry's regulatory environment.

Correspondence from Nestlé

> Nestlé takes its compliance obligations very seriously and we are committed to marketing breast milk substitutes responsibly. Compliance is fundamental to our approach and our values as a company. Globally, Nestlé implements and upholds our Nestlé Policy for Implementing the WHO Code (Nestlé Policy)[2], an industry-leading policy on the responsible marketing of breast milk substitutes. In Australia, we comply with the MAIF Agreement and our global Nestlé Policy, whichever is stricter.

In a recent development, BAA received an email from Nestlé outlining their indicated commitment to the obligations under the now-defunct MAIF Agreement. In this communication, Nestlé emphasised their adherence to the principles of ethical marketing and their respect for the guidelines that MAIF once attempted to enforce. However, this claim appears to be at odds with the reality of their actions.

Contrary to their assertions, there was a notable increase in reported violations attributed to Nestlé, even during the period when the MAIF Agreement was still in effect. These violations include aggressive marketing tactics, promotional activities targeting parents, and practices that undermine breastfeeding — a direct contradiction to the ethical standards Nestlé claimed to uphold. The rise in complaints against Nestlé highlights a significant gap between their stated commitments and their actual practices.

Nestlé's contradictory behaviour raised important questions about the effectiveness of voluntary agreements like MAIF in holding corporations accountable. The increase in violations reported against a signatory such as Nestlé emphasised the limitations of self-regulation and reinforced that there is a need for enforceable legal frameworks to ensure compliance. This situation also highlights the challenges faced by advocacy groups like BAA in addressing corporate misconduct and protecting the interests of consumers.

Types of advertising in 2024

As anticipated, digital media continues to dominate as the primary vehicle for predatory marketing practices, at 68% of all reported Code violations. Digital marketing can expose mothers to the predatory nature of marketing at higher levels than other marketing types. Digital platforms are using algorithms to target specific audiences and allow manufacturers and retailers to directly reach new and expecting mothers with personalised ads based on shared data. These ads use the common concerns and uncertainties of early parenting to exploit mothers and undermine their ability to nurture their children.

Influencers and sponsored content are used to promote products that undermine breastfeeding and are often interpreted as endorsements. Leveraging well-liked, trusted and popular figures can significantly increase the likelihood that mothers will consider or try the advertised products. Further, sponsored digital content can include articles, blogs and downloadable how-to guides (also sponsored by industry), whereby promotion of BMS can occur under the guise of advice or recommendations.

Digital marketing includes the use of search engine optimisation (SEO), whereby companies can invest in the ability to ensure their products appear at the top of search results when mothers are looking for keywords, such as 'infant nutrition'. This optimisation consequently elevates marketing messages over evidence-based information, driven by the industry's ability to provide a monetary investment.

It is becoming increasingly difficult for mothers to avoid targeted marketing. It is important to note that the group members reporting violations are often breastfeeding mothers, and so it is a fair observation that the incessant marketing techniques are used on mothers at every stage of pregnancy, postpartum and early parenting, regardless of their feeding method.

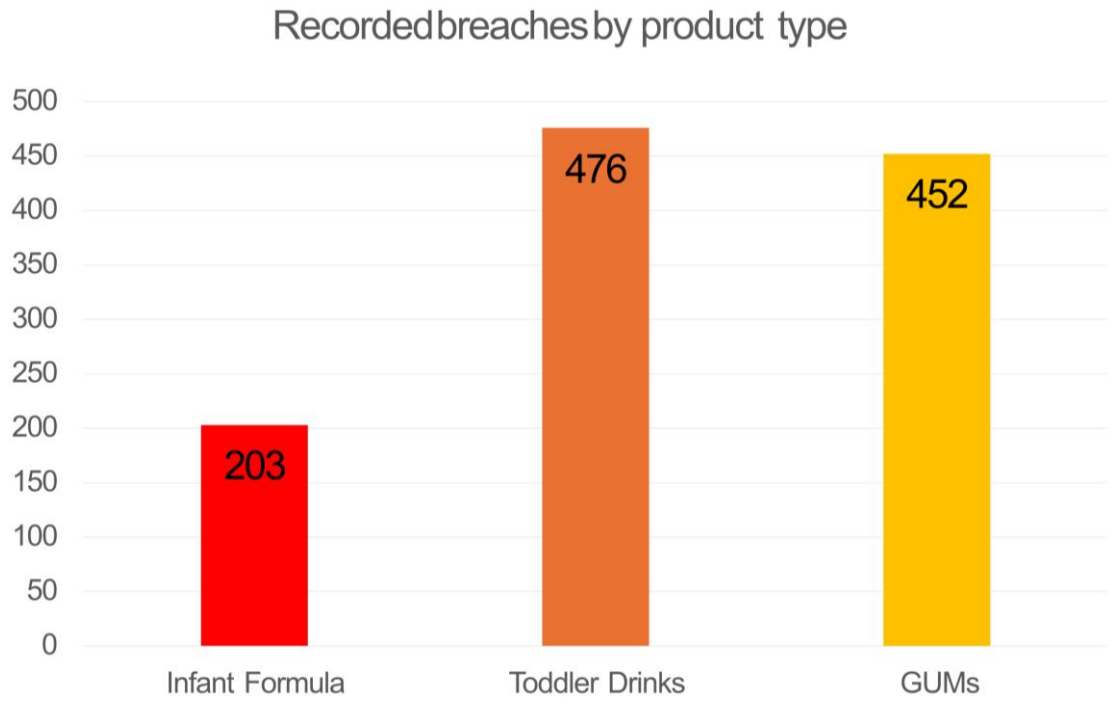
Who initiated advertising in 2024?

In 2024, advertising was overwhelmingly driven by product manufacturers, who initiated 54% of all campaigns (504 total). Supermarkets followed with 25% (227 examples), reinforcing their grip on retail marketing, while pharmacies accounted for 9% (83 examples). Meanwhile, influencers played a smaller, yet still concerning role, driving 5% (44 total). Online stores, responsible for only 4% (35 total), likely making up a small amount as there is a conscious effort, to search on an online store's platform, whereas social media is targeted and uncontrollable by the viewer.

Products being advertised in 2024

- Counts:
  - Infant formula = 203
  - Toddler drinks = 476
  - GUMs = 452

Our recent data review has revealed the following counts of WHO Code violations: 203 instances related to infant formula, 476 violations concerning toddler drinks, and 452 violations associated with GUMs. This data clearly demonstrates that the current scope of the MAIF Agreement is too narrow and does not adequately align with the WHO and UNICEF's recommendation for breastfeeding up to 2 years and beyond.



Note: The number of breaches exceeds the total amount as 1 violation may fit into multiple categories,
i.e. the image may show BOTH infant AND toddler drinks, so is counted against each type.

Industry Rhetoric

Cross-promotion

Cross-promotion of infant formula is a marketing strategy where companies promote their products through related items, such as toddler milks or follow-up formulas. Cross- promotion is a common marketing tactic that manufacturers of breastmilk substitutes use in Australia to exploit gaps in national voluntary advertising regulations. For example, infant formula and toddler drinks are often labelled as part of the same product line, using similar branding, colours, and logos, which can make them almost indistinguishable. This can often create confusion for parents from one product to another and has been identified as a risk to babies' health, as infants can be mistakenly fed products that do not meet their unique nutritional requirements.

Manufacturers of ultra-processed foods engage in these cross-promotion marketing strategies to target buyers to consume their products from a very young age (often immediately after birth) and continue to influence their food choices and dietary behaviours throughout their lives. This approach ensures that consumers are exposed to UPF from childhood, creating brand loyalty and habitual consumption patterns that persist into adulthood. By embedding their products into everyday life and significant cultural moments, companies can maintain a constant presence in consumers' lives, effectively shaping their dietary habits over the long term.

Retailers

The marketing of BMS directly contradicts the principles outlined in the WHO Code. Specifically, the World Health Assembly (WHA) Resolution 69.9 explicitly states that:

> *'marketing of BMS should not be permitted in any form'.*

This explicit directive highlights the importance of safeguarding infant health above any commercial interests.

Any form of promotion — whether through advertising, discounts, or strategic branding — undermines the fundamental purpose of the WHO Code. Ethical retailing of BMS requires complete adherence to its provisions, which include:

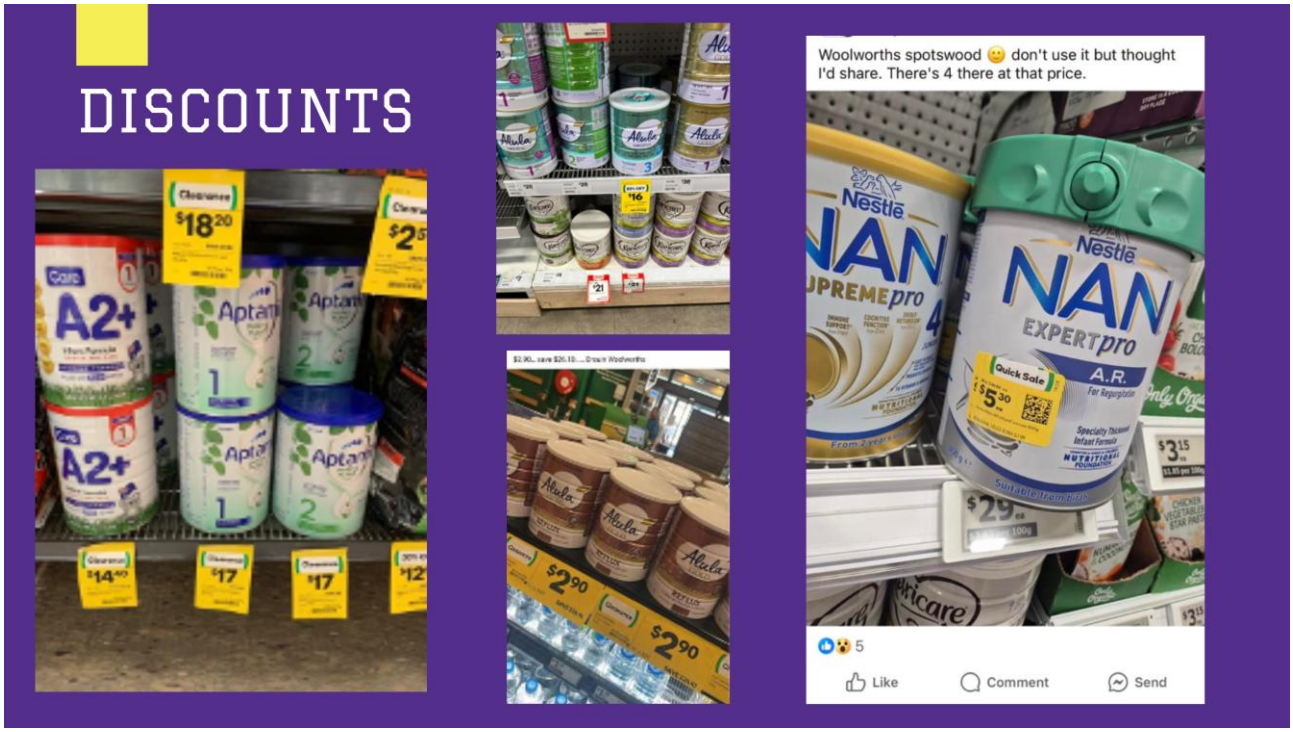
No promotions: this means avoiding any direct or indirect marketing strategies that aim to influence consumer choices.

No advertising: companies must refrain from engaging in any advertising campaigns that promote BMS products, regardless of the medium used.

Clear, non-promotional labelling: product packaging must provide factual information without any promotional language, imagery, or branding that might influence purchasing decisions.

BAA has collected substantial evidence of marketing strategies employed by companies that violate the WHO Code. These strategies, as documented in various images through the next section of this report, reveal opportunistic tactics designed to bypass ethical guidelines. Examples of such tactics include the use of promotional imagery on product packaging, point-of-sale displays with branded items, and digital advertising targeting parents.

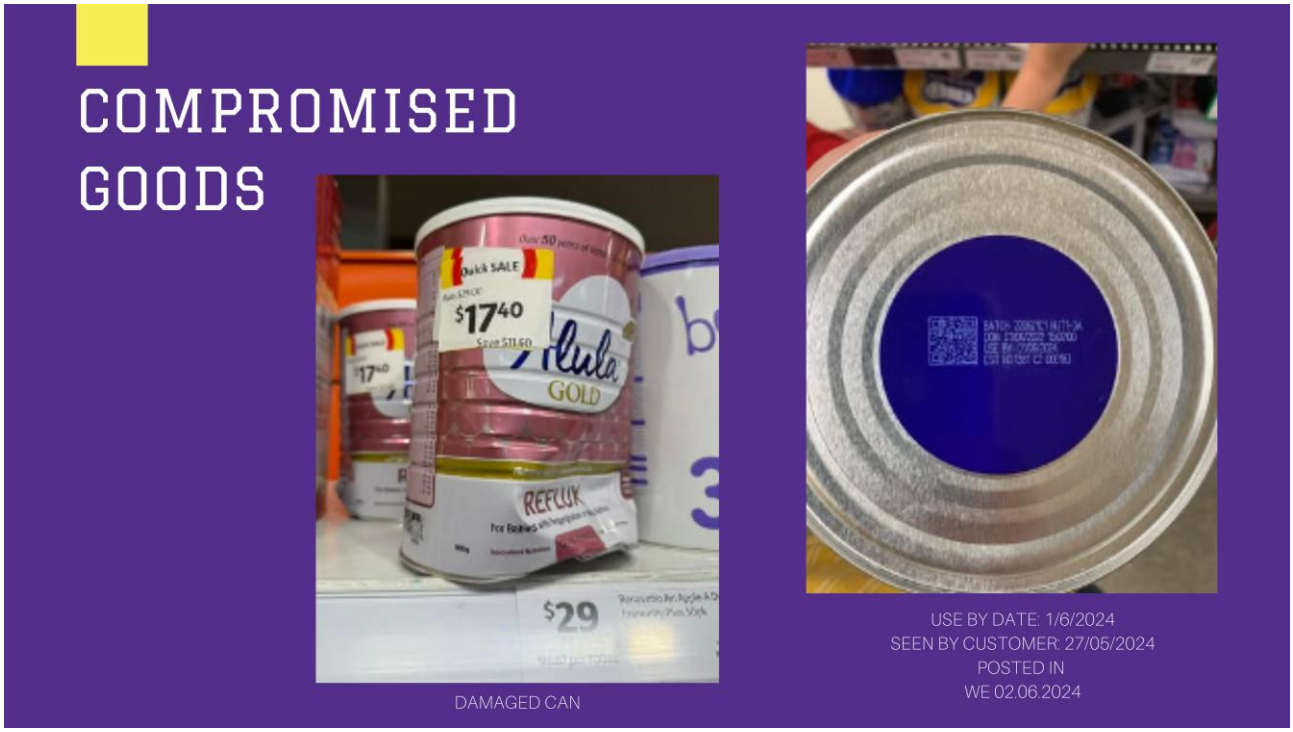
Instore tactics
Discounts



The WHO Code explicitly prohibits any form of marketing or promotion of BMS, including discounts, as such practices can undermine breastfeeding and influence consumer purchasing decisions in ways that do not align with infant health priorities. In 2024, BAA saw an astounding amount of discount types by retailers.

Quick sale usually due to upcoming expiry date.
Retailers often discount formula nearing its expiration date to clear stock. While this may seem practical from a business standpoint, it raises concerns about product quality and safety. Parents may unknowingly purchase formula that is close to expiry, leading to potential risks if consumed after the recommended date. Australian food safety laws require that all food products, including BMS, adhere to strict storage, handling, and expiry regulations to prevent health risks. Local councils play a role in enforcing and regulating food safety standards by conducting inspections of businesses selling BMS to ensure proper storage, handling, and labelling in line with Australian food safety laws. **https://www.foodsafety.asn.au/topic/canned-food-and-packaging/**

Clearance

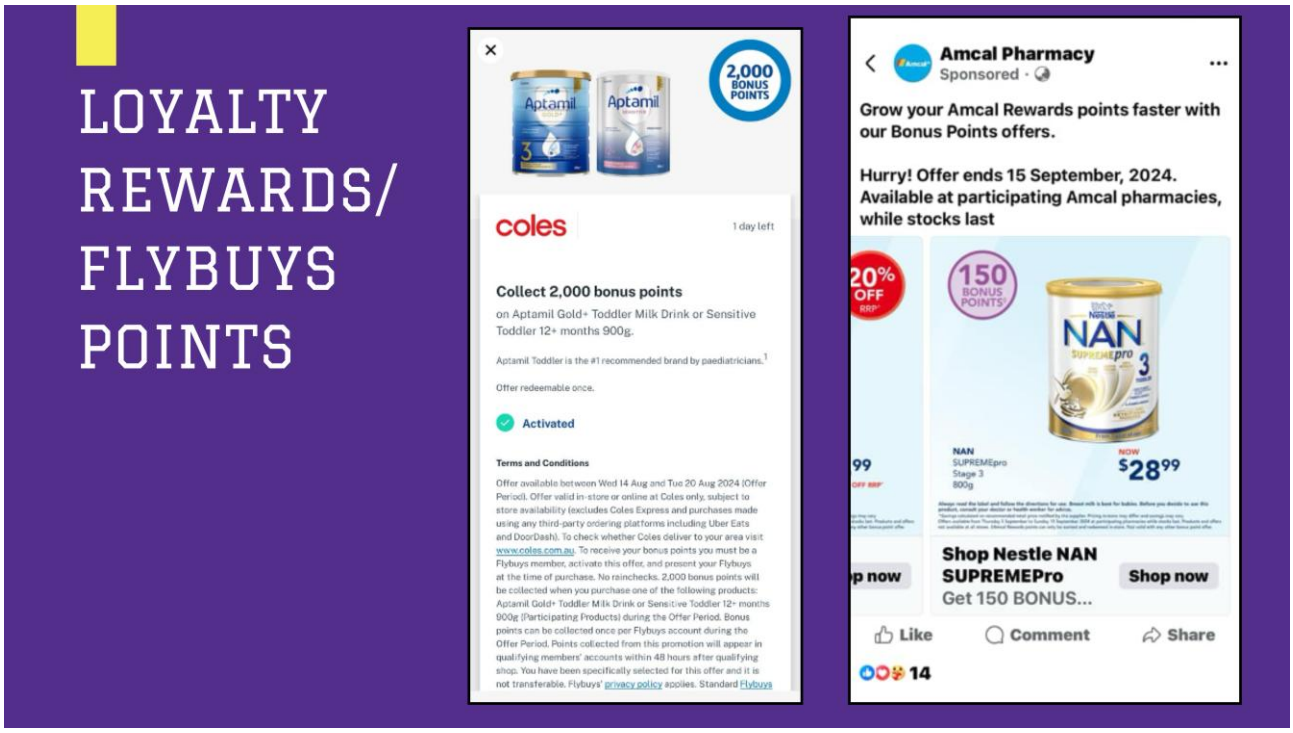


In addition to close-to-expiry practices, retailers offer clearance discounts to remove old stock, as seen below. This practice can mislead consumers into thinking they are getting a good deal, when, in reality, they may be purchasing formula that is no longer recommended or supported by updated nutritional guidelines and could be unsafe for consumption. Out of date, and close to date, damaged tins and other faulty products are dangerous to infant health due to contamination and bacteria.

Specials (and Everyday Low Prices)
These promotions create artificial demand and encourage parents to purchase more formula than necessary, reinforcing formula feeding over breastfeeding.

Close to 'use by date' of 1/06/2024 was seen by BAA member on 27/05/2024

Loyalty Rewards/FlyBuys



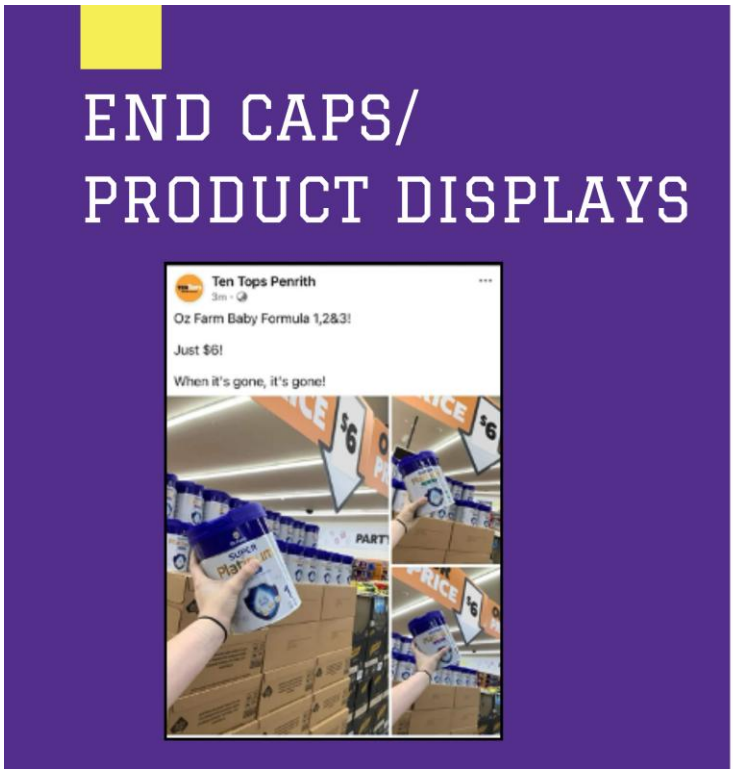
Loyalty programs incentivise parents to continue purchasing a specific brand of infant formula, fostering brand loyalty rather than allowing mothers to make feeding choices based solely on their infant's nutritional needs. This contradicts the WHO Code's intent to ensure objective, non-commercial decision-making regarding infant nutrition.

While loyalty programs may not look like traditional advertising, they still serve as a promotional strategy by rewarding consumers for purchasing BMS. Offering discounts, free products, or points for future purchases is a marketing tactic that increases product uptake — going against the WHO Code's prohibition on any form of BMS promotion. Parents who enrol in loyalty programs may feel compelled to continue using formula from the same brand to maximise their benefits.

Lower-income families might rely on loyalty rewards to reduce formula costs, making them more likely to stick with a specific brand rather than considering breastfeeding or other feeding options. This creates an unfair advantage for formula companies that exploit financial incentives to secure long-term consumer dependence.

Ethical retailing of BMS requires strict neutrality, meaning no promotions, no discounts, and no financial incentives for purchasing formula. Loyalty programs introduce a commercial interest that overrides the health-based principles outlined in global guidelines.

Aisle End Product displays such as in retailers' windows



Aisle end placements and product displays in retailer windows are problematic because they serve as high-visibility marketing tactics

Aisle ends — also known as 'end caps' — and window displays are premium retail spaces that maximise product visibility. These placements are carefully chosen to capture consumer attention, making infant formula appear more accessible and desirable. While they may not include direct advertisements, the strategic positioning acts as a subtle marketing strategy, influencing consumer behaviour and bypassing restrictions against BMS promotions.

By positioning formula products in highly visible locations, retailers create an artificial demand, encouraging impulse purchases rather than informed, need-based decisions. This undermines breastfeeding promotion efforts and contradicts global infant health recommendations.

These placements disproportionately impact lower-income families, busy parents, or those unfamiliar with infant feeding guidelines. Instead of making objective feeding choices, they may be subconsciously led toward formula purchases due to its strategic placement, even when breastfeeding may be the recommended or preferred option. Retail placements shape consumer behaviour. Products placed on aisle ends or in store windows suggest prominence, reliability, or preference, subtly reinforcing the idea that formula feeding is the default or recommended option. Parents navigating store layouts may interpret placement as an endorsement, potentially discouraging breastfeeding in favour of formula.

Retailers often charge brands premium fees for aisle-end and eye level placements or store window displays. This means that companies with larger marketing budgets can dominate these spaces, reinforcing their market presence and prioritising profit.

Product placement in baby aisles

Placing infant formula and toddler milks in baby aisles alongside essential infant products reinforces formula feeding as the norm, subtly influencing parental choices and undermining breastfeeding promotion. This strategic placement misleads parents and caregivers into seeing formula as a necessary baby item rather than an alternative, potentially reducing breastfeeding rates.

The WHO Code discourages marketing tactics that idealise formula feeding, yet positioning formula among baby essentials blurs the distinction between necessity and commercial products, subtly steering purchasing behaviours. Additionally, toddler milks — often placed beside infant formula — capitalise on parental concerns, despite being unnecessary for healthy toddler development, leading to unwarranted purchases.

Shelf Talkers and Hang Tags

These items are promotional materials — often attached to shelves or hanging from product packaging — strategically designed to draw attention to BMS products, influencing consumer purchasing decisions.

Shelf talkers and hang tags function as advertisements within stores, subtly promoting breast-milk substitutes (BMS) without appearing as traditional marketing. They often include colourful designs, brand logos, promotional language, or pricing incentives, making formula products stand out among other retail items. These materials are designed to capture attention and encourage interaction. Shelf talkers may highlight ‘new formulas’, ‘recommended choices’, or ‘special features’, influencing parents to perceive a formula brand as superior. Hang tags, often attached directly to product packaging, can promote discounts, loyalty rewards, or health claims — all of which are marketing tactics designed to undermine breastfeeding promotion.

Cross Promotion

Cross-promotion of BMS functions as an indirect marketing strategy to bypass regulations while still influencing consumer choices.

Cross-promotion allows BMS manufacturers to advertise their brand without explicitly marketing BMS itself. This can involve promoting related products — such as toddler milks, baby foods, or accessories — using identical branding, logos, or packaging designs seen on BMS products. This strategy creates brand familiarity, increasing the likelihood that parents will later purchase BMS from the same company. By linking BMS to other baby products, companies reinforce brand loyalty among parents. For example, a brand might advertise a toddler milk or baby food product prominently, knowing that consumers will associate it with their infant formula range. This tactic ensures that formula brands remain highly visible in the market, subtly influencing purchasing behaviour while avoiding direct BMS advertisements.

Since direct BMS advertising is prohibited under the WHO Code, cross-promotion allows companies to work around restrictions while still achieving the same marketing objectives. With the separation of infant BMS and toddler milks, governments and policymakers will struggle to monitor and regulate these indirect strategies effectively, making enforcement of ethical marketing practices difficult.

Online tactics

Online Discounts

Online discounts for BMS present unique challenges compared to in-store discounts, primarily due to their wider reach, targeted marketing, and difficulty in regulating. While both forms of discounting are problematic under the WHO Code, online discounts can be even more influential in shaping consumer behaviour and undermining breastfeeding promotion efforts. Online discounts remove geographical limitations, making BMS promotions available to a much larger audience than in-store discounts. Consumers across regions — including those who might not have been actively looking to purchase BMS — are exposed to promotional pricing, which encourages unnecessary purchases.

Unlike in-store promotions, online discounts can be specifically targeted based on user behaviour, search history, and past purchases. Digital marketing algorithms push promotions directly to parents, making BMS discounts highly personalised and harder to ignore. Online retailers regularly update pricing, enabling companies to apply continuous promotions that might not be possible in physical stores. Flash sales, personalised discount codes, and exclusive online promotions increase the exposure of BMS.

Digital platforms enable immediate purchases with just a few clicks, bypassing the physical barriers that might exist in a retail store setting. Mothers shopping online are more likely to respond impulsively to discounts, whereas in-store shoppers must physically pick up the product and make a more conscious purchasing decision. Online discounts are more difficult to monitor than in-store promotions. Websites can adjust pricing in real time, and promotional content is often embedded within search results, social media ads, or email campaigns, making detection and regulatory enforcement significantly harder.

Influencer Partnerships:

Influencers — especially parenting, health, and lifestyle figures — present formula feeding in an appealing and relatable way, making it feel like a personal recommendation rather than an advertisement. Many influencer-led BMS promotions focus on convenience, affordability, or lifestyle compatibility, which resonates deeply with parents facing financial or emotional challenges. While brands may not directly promote BMS through traditional ads, influencers praising specific products or brands effectively serve the same marketing function. Influencers often create positive narratives around formula, showcasing convenience, perceived health benefits, or brand loyalty — all without the discussion of the risks of not breastfeeding.

Unlike traditional advertisements, influencer content is highly targeted, reaching specific audiences — expectant and new mothers, or caregivers — who trust the influencer's judgment. This targeted approach makes BMS promotion more persuasive and emotionally compelling, increasing consumer engagement without appearing as direct marketing. Social media and influencer partnerships allow brands to bypass traditional marketing restrictions, making enforcement more difficult. Governments and public health organisations often struggle to monitor, regulate, and track BMS promotions within personal content, stories, and sponsored posts.

Product Descriptions

In 2024, BAA noted product descriptions that include metrics such as the number of items sold in the past month, review information, 'best seller' status, and star ratings. These descriptions, while seemingly informational, serve as implicit promotions.

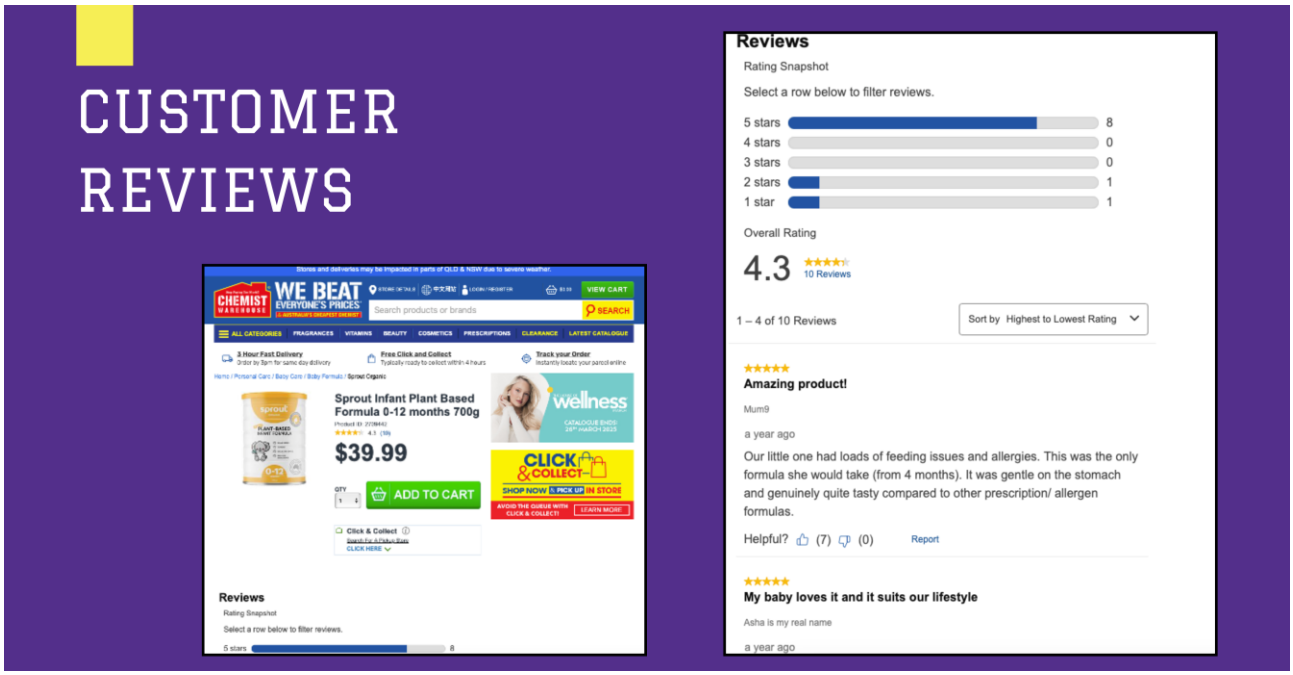
Including the number of items sold in a particular timeframe creates the impression that a product is highly sought after, reinforcing consumer trust and increasing its appeal. Consumers may interpret a high sales volume as a validation of quality and necessity.

Customer reviews provide subjective endorsements, often including personal experiences that undermine breastfeeding, or promote a particular brand. While reviews may not come directly from manufacturers, featuring them prominently acts as a form of consumer-driven marketing.

Labelling a BMS as a 'best seller' implicitly encourages consumers to believe it is superior to other options, shaping their perceptions of necessity and desirability. This type of ranking introduces commercial influence into parental decision-making.

Displaying star ratings — especially high ones — creates consumer trust and reinforces brand loyalty. These ratings are interpreted as endorsements, subtly promoting certain BMS over others.

Customer reviews



The use of customer reviews in the online marketing of infant formula and toddler drinks misleads parents, reinforces commercial influence, contradicts public health recommendations and undermines breastfeeding.

Reviews often lack scientific credibility, with anecdotal claims about digestion or sleep creating false expectations. Many brands incentivise positive reviews, distorting perceptions and exaggerating the necessity of these products — including toddler drinks, which are unnecessary and high in sugar.

Additionally, widespread positive reviews normalise BMS feeding, undermining breastfeeding promotion by framing bottle feeding as standard or superior, despite the importance of exclusive breastfeeding.

The Impact of Formula Price Promotions on Infant Health

World Health Organization (WHO) research confirms that discounting formula increases sales while reducing breastfeeding rates. While the WHO Code does not prohibit governments from implementing sustainable affordability measures, it strictly bans temporary price promotions due to the risks they pose to infant health.

BAA has concerns regarding the consequences of price promotions:

Financial Instability: Families may struggle to afford formula at its regular price once the sale ends. If breastfeeding has been compromised, caregivers might resort to cheaper and potentially unsafe alternatives.

Increased Health Risks: When formula becomes unaffordable, caregivers may dilute it excessively, ration feeds, or introduce unsuitable complementary foods too early. These practices can lead to malnutrition, infections, and increased infant mortality.

Short-term price reductions are not a public health solution — they are a calculated marketing strategy designed to drive sales while exploiting financial vulnerability. Instead, governments must resist industry pressure and implement long-term social protection policies that prioritise infant health over corporate profits. Government-led interventions are essential to safeguarding infant health and ensuring that all families have access to proper nutrition without being subjected to industry-driven pricing tactics.

Infant Formula, Growing-Up Milks (GUMs), and Toddler Milks: Ultra-Processed Foods and Health Risks

Growing-Up Milks (GUMs) and toddler milks are unnecessary products. Aggressive and unethical marketing has led to an overreliance on foods that are highly processed, nutritionally incomplete, and comparatively expensive. Marketing these products as equal or superior to breastfeeding is misleading and contributes to rising rates of obesity and malnutrition, depending on the context of use.

Breastfeeding Advocacy Australia (BAA) recorded 477 GUMs in our recent dataset - 51.2% of all 931 reported breaches - highlighting the scale of non-compliant marketing practices.

These products are often promoted as specialised formulas to meet young children's nutritional needs, positioned as healthier alternatives to regular milk. However, many are high in added sugars and are classified as ultra-processed foods under the NOVA food classification system (Category 4).

The NOVA system, developed by public health researchers and endorsed by the Food and Agriculture Organization (FAO) of the United Nations and other UN bodies, classifies foods based on the extent of industrial processing. Category 4 includes ultra-processed foods, defined as industrial formulations made mostly from substances not used in home kitchens—such as protein isolates, oils, sugar, starches, and additives. The State of Food Security and Nutrition in the World 2023 report includes a table explicitly identifying infant formula, GUMs, and toddler milks as NOVA Category 4 foods.

4. Ultra-processed foods and drink products	These products are formulated mostly or entirely from substances derived from foods or other organic sources, and typically contain little or no whole foods. They are durable, convenient, accessible, highly or ultra-palatable, and often habit-forming. These foods are typically not recognizable as versions of foods, although may imitate the appearance, shape and sensory qualities of foods. Many ingredients are not available in retail outlets. Some ingredients are directly derived from foods, such as oils, fats, flours, starches and sugars; others are obtained by further processing of food constituents or synthesized from other organic sources. Numerically the majority of ingredients are preservatives; stabilizers, emulsifiers, solvents, binders, bulkers; sweeteners, sensory enhancers, colours and flavours; processing aids and other additives; bulk may come from added air or water. Micronutrients may "fortify" the products. Most are designed to be consumed by themselves or in combination as snacks. Processes include hydrogenation, hydrolysis; extruding, moulding, re-shaping; pre-processing by frying, baking. Processes and ingredients used to manufacture highly processed foods are designed to create highly profitable products (low-cost ingredients, long shelf-life, emphatic branding), convenience (ready-to-consume) hyper-palatable products liable to displace freshly prepared dishes and meals made from all other NOVA food groups. When alcoholic drinks are identified as foods, those produced by fermentation of group 1 foods followed by distillation of the resulting alcohol, such as whisky, gin, rum, vodka, are classified here in group 4.	Chips (crisps), many types of sweet, fatty or salty snack products; ice cream, chocolates, candies (confectionery); French fries (chips), burgers and hot dogs; poultry and fish "nuggets" or "sticks" ("fingers"); mass manufactured breads, buns, cookies (biscuits); breakfast cereals; pastries, cakes, cake mixes; "energy" bars; preserves (jams); margarines; desserts; canned, bottled, dehydrated, packaged soups, noodles; sauces; meat, yeast extracts; soft, carbonated, cola, "energy" drinks; sugared, sweetened milk drinks, condensed milk, sweetened including "fruit" yoghurts; fruit and "fruit nectar" drinks; instant coffee, cocoa drinks; no-alcohol wine or beer; pre-prepared meat, fish, vegetable, cheese, pizza, pasta dishes; infant formulas, follow-on milks, other baby products; "health", "slimming" products such as powdered or "fortified" meal and dish substitutes.

Source: FAO, IFPRI, UNICEF, WFP and WHO. 2023. *The State of Food Security and Nutrition in the World 2023*. Annex 5 – NOVA Food Classification, Table A5.1. Rome, FAO.
https://doi.org/10.4060/cc3017en

These products are made from ingredients like milk proteins, carbohydrates, and vegetable oils that undergo extensive chemical and mechanical processing (e.g. heating, drying) to produce shelf-stable powders.

Ultra-processed foods like these are energy-dense, highly palatable, and associated with multiple adverse health outcomes:

- Obesity and weight gain
- Type 2 diabetes
- Heart disease and hypertension
- Certain cancers
- Gut microbiome disruption
- Mental health impacts
- Increased risk of early death

For children, early and regular consumption of these products can displace nutritious whole foods, reduce breastfeeding rates, and contribute to poor diet quality and long-term health risks.

While infant formula may be necessary in rare instances for babies who cannot be breastfed, it remains a highly processed substitute for breastmilk - a minimally processed, biologically tailored food. Its use should be limited to situations where breastfeeding is not possible or appropriate.

The scope of the MAIF Agreement

The Department notes that the scope of the MAIF Agreement was cited by the Commission as a key factor influencing its draft determination. In particular, that it does not include toddler milk, nor retailers.

The Department notes that the MAIF Review (Recommendation 2) did not find sufficient evidence to support extending the scope of the Agreement to capture toddler milk products at this time. The Department acknowledges the concerns held by many stakeholders about toddler milk. The regulation of toddler milk in Australia was also raised as an area of concern by Food Ministers at their July 2024 meeting. The scope of further work, likely to be led by Food Standards Australia New Zealand, will be considered by Food Ministers at their next meeting in November 2024.

In parallel, and consistent with MAIF Review recommendations, the Department is also currently seeking an external supplier to investigate whether the scope of the MAIF Agreement should be extended to include retailers.

Noting the Government's commitment to best practice regulation[1], it would be premature to commit to expanding the scope of the MAIF Agreement before an appropriate evidence-base is established. However, both these key recommendations of the MAIF Review are under active consideration, with the findings to inform options to strengthen regulatory arrangements in future.

Re-authorisation of the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) by the Australian Competition and Consumer Commission (ACCC)[2]

Submission to the ACCC – Draft Determination, 20 September 2024

DEPARTMENT OF HEALTH & AGED CARE

October 2024

Department of Health and Aged Care. 2024. Re-authorisation of the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) by the Australian Competition and Consumer Commission (ACCC). Australian Government.

PART 2: Social engineering

Social engineering definition: Macquarie Dictionary Publishers, 2013[3]

> *A strategy to produce a certain outcome for a community by influencing the behaviour pattern of all its members.*

Social engineering is a concept of influencing attitudes and social behaviours on a large scale. It involves obtaining confidential information by manipulating and/or deceiving people and artificial intelligence. BMS manufacturers, employ various tactics to gather private and personal information from mothers, pregnant women, and parents. These tactics include emotional appeals, cleverly designed questionnaires, and the use of evocative brands to build relationships with parents, especially mothers.

The advent of digital media has facilitated these companies in posing as friends and supporters of parents, providing them with a rich stream of personal data to hone and target their campaigns. BMS companies also infiltrate health systems, educate healthcare professionals to use their products, and form paid partnerships with breastfeeding support groups to promote their products. Additionally, they use advertisements and packaging with appealing images, phrases, colours and claims to suggest that their products are perfect for babies.

Over time, this marketing has undermined breastfeeding by portraying it as inconvenient, difficult and painful, while presenting formula feeding as an equal alternative. This normalisation of formula feeding without consumers noticing is a prime example of social engineering.

Misleading claims

It is critically important to have food labels that are comprehensible to consumers with varying levels of literacy and numeracy. Misleading labels can lead consumers to make poorer dietary choices and select products that are falsely boasting superiority. When consumers are misled by food labels, it can exacerbate existing health disparities.

Further, misleading claims on labels undermine public health policies aimed at protecting breastfeeding.

There are several examples of misleading statements or ‘buzzwords’ which are commonly used by industry. Below is a collection that BAA has curated from examples of violations.

Prohibition recommendations for breastmilk substitutes and GUMS:

Feature to be prohibited:	Examples (including but not limited to):
Claim or suggestion of superiority of BMS and GUMs	Terms such as premium, gold, pro, optimum, plus, supreme, optimised, advanced, enhanced, expert, patented formula.
Text that is harmful to breastfeeding or creates idealisation of BMS use	Tailored, perfect for, trusted, power of, goodness, nutritional, best, improved, uncomplicated, without compromise, support, handpicked, backed by, enriched, made with real..., gentle nutrition, what matters, simple, nutrient rich, delicate, helps to ease, sensitive, gentle on tummy.
Vitamin and mineral descriptors or claims	Slogans such as 'X' number of vitamins and minerals, essential nutrients, fortified with essential nutrients.
Imagery	Characters, animals, environment/nature imagery, humans (adults, infants, children), colours, and shapes (banners, flags, ribbons, stars, ticks etc).
Nutritional or scientific claims or jargon	'Pronutra Biotik', scientifically formulated, nutritionally complete, closest to nature, organic, natural, brain development, immune boosting, immune support, gut health, clinically proven, growth and development, scientific symbiotic blend, 'backed by X years of research'.
Age suitability	Stages (1, 2, etc), inconsistent with legal requirements (0–12-month range), suitable from newborn.
'Made in' symbol as selling tactic	It is a legal requirement to have country of origin; it should be stated but not used as a selling tactic. For example, 'Made in Australia for over X number of years', 'Made with the goodness of NZ milk'.
Awards	Any suggestions of being an award winner, being nominated for awards, or being described as 'Australia's best', 'Number 1 seller', etc.
Sponsorships/endorsements	Mentions of other brands, endorsements by other companies, foundations or health professionals, organisations, or any other form of sponsorship, influencers and celebrities.
Specialised formulations	Day and night, anti-colic, easy to digest, constipation, colic, digestive comfort.
Greenwashing, environmental and/or sustainability claims	Organic, sustainable, natural, grass-fed, clean, sustainable sourcing, reduced carbon footprint, recyclable packaging, water conservation, sustainable practices, certifications, support for environmental causes, waste reduction and recycling initiatives, renewable energy usage, sustainable agriculture and animal welfare, transparent supply chain and ethical partnerships.

Emotional manipulation: prioritising adults wants before babies' needs.
In 2024, BAA collected extensive evidence of emotive language as a technique to manipulate mothers.

Using emotive and persuasive language in marketing to exploit vulnerable populations and coerce them into behaviours that violate human rights is profoundly unethical.

BAA has observed numerous instances of emotional manipulation within the infant feeding industry, causing mothers to doubt their instincts, encouraging and idealising mother–baby dyad separation, suggesting that infants are an inconvenience to mothers, exploiting nutritional concerns, and minimising the true impact on the breastfeeding relationship.

BMS companies often create advertisements that appeal to parents' desires for convenience, modernity, and independence, subtly suggesting that formula feeding is a superior choice. These marketing strategies can evoke feelings of guilt or inadequacy in mothers who may face challenges with breastfeeding, implying that formula feeding is a more practical or socially acceptable option.

BMS companies sell breastfeeding as uncomfortable, painful, difficult, turning it into a problem, and then market their product as the solution.

Understanding the difference between adults' wants and infants' needs is essential. While adults might prioritise their convenience or desires, it's crucial to recognise that babies' needs, such as nourishment, comfort, and the emotional bond formed through breastfeeding, should come first. Prioritising these needs over adult wants is vital for healthy child development and long-term well-being.

Preying on normal baby behaviour and manipulating parenting expectations — Tommee Tippee — **SLEEP TRAINING*
The Tommee Tippee 3AM Life Saver ad is predatory in its approach, exploiting the natural occurrences of parenting — like nighttime feeds — to push its product as an essential solution. Night waking is biologically normal for infants and serves as a protective mechanism against Sudden Infant Death Syndrome (SIDS). Research suggests that frequent waking allows babies to regulate their breathing patterns and avoid prolonged deep sleep, which can increase SIDS risk.[4]

The ad's messaging frames night waking as a problem, pushing mothers toward bottle feeding for convenience rather than supporting the natural rhythms of infant sleep and breastfeeding. This commercialisation of parental exhaustion damages breastfeeding relationships. By framing normal baby behaviour, such as waking and feeding at night, as a problem that needs fixing, the ad manipulates parents into believing they are inadequate without this machine. Instead of supporting breastfeeding relationships, the ad's narrative steers parents toward bottle feeding, prioritising convenience over the nurturing bond and better health outcomes that breastfeeding provides.

Treating babies as an inconvenience to life routine
Advertisements frequently highlight how using BMS allows mothers to maintain a busy lifestyle, return to work sooner, or enjoy more freedom and flexibility. This portrayal can create the impression that breastfeeding, which requires more time and commitment, is a hindrance to a modern, efficient lifestyle.

Marketing strategies may also focus on the challenges of breastfeeding, such as difficulties with latching, pain, or the need for frequent feeding, while presenting formula feeding as a hassle-free alternative. This can lead parents to perceive breastfeeding as a burdensome task that interferes with their daily activities, reinforcing the notion that formula feeding is a more manageable and less disruptive option.

By framing formula feeding as a solution to the 'inconvenience' of caring for a baby, these marketing tactics can undermine the importance of breastfeeding and the essential bonding time it provides. It also overlooks the benefits of breastfeeding for both mother and child, promoting a narrative that prioritises adult convenience over the needs of the baby.

'Share the care' — Philips Avent — Violating babies' human rights
The 'Share the Care' campaign by Philips Avent promotes the idea that caregiving should be shared among family members, using products like bottles and breast pumps to facilitate this.

Breastfeeding is not just a feeding method — it is the biological norm that provides optimal nutrition, immune protection, and emotional bonding between mother and baby.

The United Nations Convention on the Rights of the Child recognises the right to the highest attainable standard of health, which includes access to breastfeeding. Marketing that normalises bottle feeding as interchangeable with breastfeeding undermines this right, especially when it frames breastfeeding as burdensome rather than essential for infant well-being.

The 'Share the Care' campaign suggests that mothers should step back from exclusive breastfeeding to allow others to participate in feeding. While support for mothers is crucial, this commercial narrative pressures mothers to introduce bottles unnecessarily, disrupting breastfeeding relationships. Research shows that introducing bottles too soon interferes with milk supply, latch development, and the protective nature of breastfeeding, including reducing the risk of SIDS.

By framing bottle feeding as a solution to maternal exhaustion, the campaign shifts the focus away from supporting breastfeeding and instead promotes products and behaviours that replace it. This commercialisation of infant feeding violates babies' rights to breastfeed, as it prioritises convenience and product sales over the biological and health needs of infants.

Cashing in on nutritional concerns — Aptamil

BMS manufacturers often 'cash in' on nutritional concerns by making health and nutrition claims that appeal to mothers' fears and desires to provide the best for their babies. These claims can include assertions about the formula's ability to support brain development, boost immunity, or provide essential nutrients. By emphasising these allegedly acclaimed benefits, manufacturers create a perception that their products are necessary. However, many of these health and nutrition claims are poorly substantiated and are misleading.

BAA has multiple examples of manufacturers using scientific-sounding language, endorsements and certifications to lend credibility to their claims.

Compromising mothers' intuition and babies Biological Instincts- apps and products
In 2024, there was an increase in the number of apps and devices that compromise mothers' intuition and babies' biological instincts by fostering a reliance on technology over natural caregiving instincts.

These products disrupt a baby's natural biological rhythms. For instance, strict feeding schedules promoted by some products do not align with a baby's unique hunger cues, and sleep training devices interfere with a baby's natural sleep patterns, causing stress for both the mother and the infant. Marketing strategies often emphasise convenience and efficiency, prioritising adult needs over the baby's needs and creating a perception that babies are an inconvenience to be managed.

Additionally, some products like automated rockers or digital monitors reduce the amount of direct interaction between parents and babies, impacting the bonding process and the development of a secure attachment.


The Sleepy Company Australia
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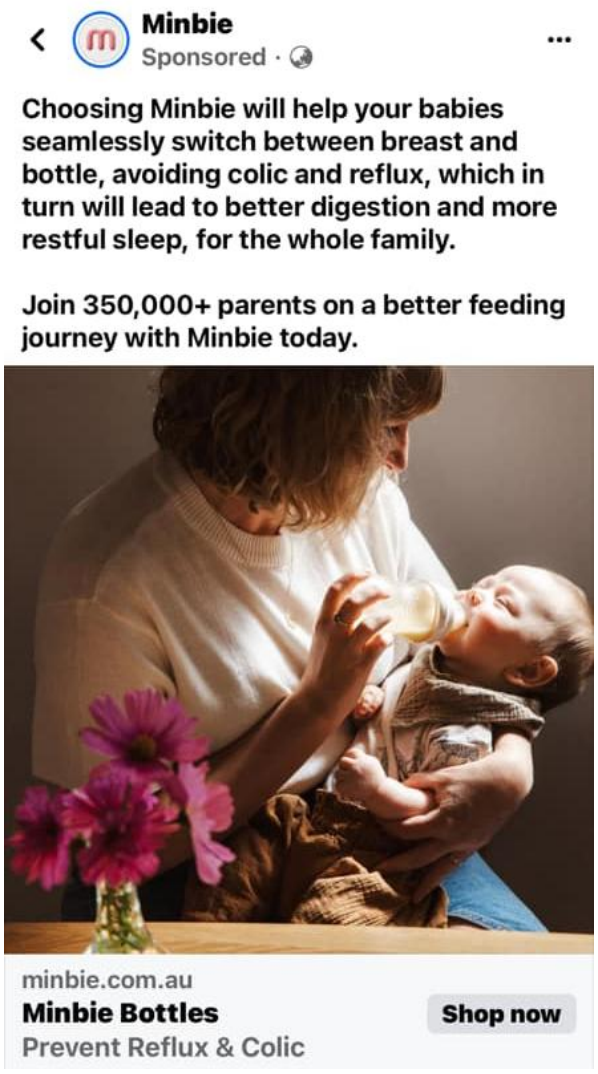
Visit our website to find out more and read all the reviews from other Aussie mums and dads just like you. https://tinyurl.com/c7cd46tw
ALLOWED HIM TO HAVE HIS ARMS WHERE HE WANTED THEM BUT NOT BE WOKEN BY HIS STARTLE REFLEX


Breastfeeding tracker
One-touch timer start
L
R

Minimising or downplaying the true impact on the breastfeeding relationship — Minbie
The Minbie ad claiming that parents can 'seamlessly switch between breast and bottle' downplays the real impact that bottle introduction can have on breastfeeding. This predatory approach deliberately minimises the real consequences of bottle introduction, and over-simplifies a complex process, misleading mothers into believing that breastfeeding and bottle-feeding can be effortlessly interchanged. In reality, combination feeding introduces a range of challenges that often disrupt breastfeeding relationships.

Advertisements that market bottle-feeding as effortlessly compatible with breastfeeding ignore the reality that introducing bottles can alter a baby's feeding patterns. Breastfeeding is not just about nutrition — it fosters bonding, emotional security, and physiological health benefits for both baby and mother. Suggesting that bottle feeding can be seamlessly integrated into breastfeeding ignores the deeper, biological rhythms of nursing. Instead of empowering parents with accurate information, the ad creates unrealistic expectations.

This is not about empowering mothers — it is about profit. Rather than helping mothers navigate breastfeeding challenges, this aggressive marketing steers them toward a product that may cause the very difficulties it claims to solve. The intentional omission of critical information — like the impact on milk supply, bonding, and latch development — is a deliberate tactic to increase sales without concern for the long-term consequences for mothers and babies. Minbie's approach reflects a wider issue within infant feeding product marketing — the exploitation of mothers' anxieties for financial gain.



Idealisation of the separation of mum and bub

The infant formula and BMS industry systematically exploit marketing strategies to manipulate and distort the realities of motherhood, idealising the separation of mothers and babies in ways that undermine breastfeeding and public health.

One of the most insidious tactics is promoting the supposed 'convenience' and 'freedom' of BMS products. Advertisements relentlessly push the narrative that BMS offers mothers independence and allows them to balance personal or professional responsibilities — subtly framing breastfeeding as a burden rather than a critical bond and the biologically normal way to feed their babies. This normalisation of separation serves corporate profits, not the well-being of mothers and infants

Cultural messaging compounds the damage, aligning with societal pressures that prioritise productivity, individualism, and the so-called 'modern' mother. BMS marketing embeds itself within these ideals, portraying mothers who rely on formula as progressive and responsible, while subtly casting doubt on the feasibility of breastfeeding in a fast-paced world. The BMS industry in Australia has created a glamourisation of the separation of mothers and babies through strategic marketing and societal influence.

Economic factors also play a significant role. The BMS industry often targets lower-income families, promoting formula feeding as a practical choice due to work commitments and a lack of breastfeeding support. These campaigns reinforce the damaging notion that formula feeding is a necessary option for working mothers, perpetuating the idealisation of mother–baby separation.

Is the Australian Government Undermining Breastfeeding?

The increased promotion of government-funded parenting support organisations, including Triple P Parenting, Tresillian, Karitane, and the Raising Children Network, highlights the increasing institutional influence on how parents are guided to raise their children. These organisations are shaping parenting norms however, they predominantly promote routine-based approaches, such as sleep training, often favouring rigid, prescriptive methods over support for biologically normal behaviours.

This prescriptive and unresponsive approach to parenting is deeply concerning. It directs parents away from evidence-based, ***responsive*** breastfeeding practices that are aligned with infants' psychological and physiological needs. The known risks of not breastfeeding — including increased risk of sudden infant death syndrome (SIDS), greater vulnerability to infections, reduced immune function, and a higher risk of long-term health conditions such as obesity, diabetes, and cardiovascular disease — make it clear that the government's failure to prioritise breastfeeding education undermines critical public health goals.

Adding to this concern is a Healthdirect advertisement featuring a mother bottle-feeding her baby. As a government-funded health service, Healthdirect has a responsibility to promote messages consistent with best-practice public health guidance. The use of bottle imagery in taxpayer-funded advertising normalises artificial feeding, shaping public perceptions and influencing parental decision-making. When bottle-feeding is prominently featured — particularly in educational and health materials — it can mislead families into believing that it is the standard or preferred method, rather than an alternative to breastfeeding.

Images carry weight. When bottles are used in government messaging, it sends conflicting signals that can undermine breastfeeding promotion and contribute to widespread misunderstanding about infant feeding.

Breastfeeding Advocacy Australia continues to highlight the government's failure to act on an unmet recommendation from its own Best Start Report 2008:

Recommendation 22

"That the Department of Health and Ageing adopt the World Health Organization's International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions"

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Abbreviations

ACM	Australian College of Midwives
BAA	Breastfeeding Advocacy Australia
BMS	Breastmilk Substitute
COI	Conflict of Interest
GDP	Gross Domestic Product
GUM	Growing Up Milk 36 months+
IBFAN	International Baby Food Action Network
MAIF	Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement
NMBAA	Nurturing Mothers BAA
Toddler Drink	Powdered drink for 12–36 months
UPF	Ultra-processed food
WHA	World Health Assembly
WHO	World Health Organization
WHO Code	International Code of Marketing of Breastmilk Substitutes

Definitions from the WHO Code

'Breast-milk substitute'	means any food being marketed or otherwise presented as a partial or total replacement for breast milk, whether suitable for that purpose or not.
'Complementary food'	means any food whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either become insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called 'weaning food' or breast milk supplement'.
'Container'	means any form of packaging of products for sale as a normal retail unit, including wrappers.
'Distributor'	means a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A 'primary distributor' is a manufacturer's sales agent, representative, national distributor or broker.
'Health care system'	means governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women, and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.
'Health worker'	means a person working in a component of such a health care system, whether professional or non-professional, including voluntary unpaid workers.
'Infant formula'	means a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as 'home-prepared'.
'Label'	means any tag, brand, marks, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.

References

1 WBT*i* Global Ranking **https://worldbreastfeedingtrends.org/wbti-country-ranking.php**

2 Department of Health and Aged. 2024. *Re-authorisation of the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) by the Australian Competition and Consumer Commission (ACCC)*. Australian Government.

3 Macquarie Dictionary Publishers. (2013). *Macquarie dictionary* (6th ed.). Macquarie Dictionary Publishers.

4 Reasons why night waking is a biological norm **https://laleche.org.uk/reasons-night-waking-biological-norm/**