INNATE CONFERENCE 2026

BOOK OF ABSTRACTS

INNATE 2026

FRIDAY 7, AUGUST 2026

WESTERN SYDNEY
UNIVERSITY

FOREWARD

Welcome to the INNATE conference in World Breastfeeding Week August 7th, 2026. This conference aims to enhance collaborations and commitment to improve infant and young child nutrition, and nurture, in the early years of life, through research-based presentations and discussions. It is a forum for researchers and clinicians to come together to network and share new knowledge and innovations, and to advance optimal infant and young child feeding.

The INNATE conference is hosted by the **Western Sydney INNATE Collaborative**.

Our values are:

1. **Parent and child-centred practice** - our projects and initiatives place infants, children, mothers, fathers, parents, carers and their communities at the centre of research and clinical initiatives.
2. **Culturally appropriate, trauma-informed care** - delivered by a responsive health system and well-trained health care staff.
3. **Partnership and co-design** - working alongside parents, families and communities to co-design solutions.
4. **Equitable access to services and support** - with a purposeful focus on disadvantage and adversity.
5. **Local solutions with a strong global reach** - current projects are grounded in contemporary local and global issues identifying and testing realistic, accessible solutions for the most at-need groups.

This booklet contains all of the conference abstracts and presenter details.

The conference committee hope you enjoy the 2026 INNATE conference.

Professor Elaine Burns
INNATE Conference Convenor

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BREAKING BARRIERS, EMPOWERING WOMEN: URGENT ACTION FOR CULTURALLY SAFE BREASTFEEDING IN FIRST NATIONS COMMUNITIES

Associate Professor Summer May Findlay
Affiliation: University of Wollongong

Keynote Address 1

In this presentation, I will show how Aboriginal-led lactation projects directly address the disruption of Aboriginal and Torres Strait Islander breastfeeding practices due to colonisation. Despite a 65,000-year tradition, systemic inequities have resulted in lower breastfeeding rates among First Nations women.

Aboriginal leadership drives Aboriginal health and wellbeing. Using community-based participatory research, each project prioritised Aboriginal knowledge systems and partnered with Aboriginal Community Controlled Health Services. Indigenous leadership ensures programs reflect community priorities, are guided by cultural authority, and support self-determination.

I will share key findings from the MRFF Decolonise Lactation Care project, which co-designed culturally grounded lactation care programs and an evidence-based and culturally informed training framework. The project is producing practical resources and a training framework to support women to breastfeeding without shame delivering workforce capacity-building to strengthen the Aboriginal health workforce. This work demonstrates the value of embedding Indigenous knowledges, strengthening community systems, and reframing breastfeeding as both a health and a cultural practice to achieve better outcomes.

Although there has been sustained lactation advocacy in Australia, Aboriginal women have not been meaningfully engaged. This has a limited understanding of our communities' unique needs and how to improve lactation care for Aboriginal women. This presentation will highlight that meaningful outcomes for Aboriginal women and families must be led by Aboriginal women.

WORKING WITH COMMUNITY TO CO-DESIGN A FIRST NATIONS BREASTFEEDING SUPPORT PROGRAM

Ashley Bullock and Amity Smith
Affiliation: University of Newcastle

Abstract

Background
Breastfeeding promotes health and well-being and, for First Nations mothers and babies, also strengthens cultural, emotional, and spiritual connections. In the Gomeroi Gaaynggal study, although 84% of mothers initiate breastfeeding, around half discontinue within the first two months, highlighting a critical gap in sustained support. To better understand this, we explored First Nation mothers' support systems and breastfeeding practices using an online survey and one-on-one yarning interviews (Phase 1). We then presented our phase 1 findings back to the community for feedback, using a survey at the 2025 NAIDOC Family Day (Phase two). These findings are now informing the co-development of a program that reflects the strengths, needs, and priorities of First Nations mothers on Gomeroi lands.

Methods
Responses from our phase one surveys and yarning interviews and phase two NAIDOC survey were thematically analysed and combined to create the breastfeeding support program.

Results
Across phase one surveys and yarning interviews, and phase two NAIDOC consultations with First Nations mothers, community members, and Elders, six key priority areas were identified. These are: advocacy and mentorship, educational resources, culturally safe support, peer support, improved access to services, and capacity building.

Conclusions
These findings directly reflect the voices, experiences, and needs of the community.

The six key areas we have identified will form the foundation of a culturally responsive breastfeeding program designed specifically for First Nations mums and implemented in partnership with key stakeholders. By grounding the program in community-identified priorities, we are ensuring that it is relevant, respectful, and practical.

ULTRA PROCESSED FOOD AND YOUNG CHILDREN INCLUDING BREAST MILK SUBSTITUTES AND COMMERCIAL BABY/TODDLER FOODS

Dr Phillip Baker
Affiliation: University of Sydney

Keynote Address 2

Background
Ultra-processed foods (UPFs) are increasingly displacing breastfeeding and home-prepared foods in the diets of Australian infants and young children, raising concerns about early-life nutrition amid structural changes in the food system.

Methods
Drawing from recent international reports and literature, this presentation examines the expansion of commercial baby foods - including sweetened purees, squeezable pouches, toddler milks, snacks, and ready-to-eat products - analysing marketing strategies, corporate political activity, and regulatory gaps shaping their proliferation and uptake.

Results
UPF availability and consumption has grown substantially over the past decade, driven by intensive marketing that employs age-inappropriate health claims, digital and influencer advertising, cross-promotion, strategic in-store placement, and packaging designed to foster habitual consumption. These tactics intersect with caregiver time poverty and food insecurity to normalise commercial foods despite limited evidentiary support for their nutritional adequacy. The infant and young child food industry has also engaged in corporate political activity that has exploited regulatory gaps, enabling continued marketing of infant formula, toddler milks, and other UPFs that undermine breastfeeding and healthier complementary feeding.

Conclusion
A coherent policy response is needed to protect infant and young child nutrition in Australia. Recommended actions include full implementation of the International Code and related resolutions, comprehensive regulation of marketing and labelling, strengthened maternity and other social protections that support the care economy, investment in culturally appropriate complementary feeding programmes, and development of resilient local food economies. Addressing both commercial determinants and structural barriers is essential to safeguard child health and counter the expanding influence of UPF manufacturers in early-life nutrition.

COMPARISON OF AUSTRALIAN INFANT AND TODDLER FOODS AGAINST WHO NUTRITION AND PROMOTION (NPPM) BENCHMARKS

Prisca Arfines
Affiliation: University of NSW

Abstract

Introduction
Commercial infant and toddler foods are increasingly used but often fail to meet recommended nutrition and marketing standards. This study assessed changes in compliance of Australian infant and toddler foods with the WHO Nutrition Profile and Promotion Model (WHO NPPM) in 2015 (n=310) and 2024 (n=296).

Methods
This cross sectional analysis used 2015 and 2024 Australian FoodSwitch datasets, which include nutrition, ingredient and packaging data collected through annual supermarket surveys. Products were classified using the WHO NPPM and assessed against nutrient, labelling and promotional criteria. Differences between years were examined overall and by food category and packaging type.

Results
In both years, all products failed to meet overall compliance with the WHO NPPM. Nutritional compliance improved from 15.8% in 2015 to 23.0% in 2024 (+7.2%, 95% CI: +0.9% to +13.4%, p=0.025), though improvements varied by criterion. Compliance with the criterion for not including added or free sugars increased (+10.0%, 95% CI: +2.3% to +17.6%), while compliance with energy density declined (–13.5%, 95% CI: –21.0% to –6.0%). All products failed promotional criteria in both years, with prevalent prohibited claims and no breastfeeding supportive statements. Some elements improved, including spout consumption instruction (+21.4%, 95% CI: +13.4% to +29.3%) and age labelling (+10.2%, 95% CI: +3.9% to +16.4%).

Conclusion
The Australian infant and toddler foods do not meet the WHO NPPM benchmarks for nutritional quality and marketing in either 2015 or 2024. These findings highlight the need for stronger, government led regulation to improve the nutritional quality and marketing of these products.

HOW DO SOCIAL NORMS INFLUENCE COMPLEMENTARY FEEDING?: A QUALITATIVE LONGITUDINAL STUDY OF AUSTRALIAN CAREGIVERS

Amelia Scott
Affiliation: Flinders University

Abstract

Introduction
The complementary feeding period (6–23 months) is a critical stage for growth and development of eating behaviours. Caregivers strongly shape these early behaviours, yet adherence to complementary feeding recommendations remains low. Social norms are an important but underexplored influence on caregivers' feeding decisions.

Aim
To explore how social norms influence complementary feeding among Australian caregivers.

Methods
A qualitative longitudinal study was conducted with Australian caregivers of infants recruited via social media. Semi-structured online interviews were undertaken when infants were approximately 6, 9, and 12 months old. Interviews explored feeding practices, advice, support networks, and perceptions of social norms. Data were analysed using reflexive thematic analysis, informed by discursive insights.

Results
Analyses of interviews (16-18 participants) identified three themes: 1) Diverse complementary feeding norms exist, 2) Norms are ambiguous, and 3) Caregivers negotiate the norms. At six months, caregivers navigated diverse expectations around timing and feeding approach. Norms were often unclear yet influential, communicated through subtle cues or advice. By nine months, caregivers navigated expectations to provide "healthy" foods with growing confidence. By twelve months, social norms appeared less influential, yet caregivers' accounts revealed that social expectations continued to shape their language and reasoning, highlighting a paradox of perceived independence despite ongoing orientation to norms.

Conclusions
Complementary feeding is shaped not by a single dominant norm but by shifting and negotiated expectations that may be strongest at developmental transitions. Recognising feeding as socially situated, rather than purely informational, may strengthen support strategies and help normalise caregiver uncertainty.

ASSESSING INFANT FEEDING PRACTICES: AN INTERACTIVE MAP OF INFANT FORMULA USE AMONG NEWBORNS IN HOSPITALS IN NEW SOUTH WALES, AUSTRALIA

Dr Andini Pramono
Affiliation: Australian National University

Abstract

Introduction
Despite national efforts to promote exclusive breastfeeding, infant formula use remains common in Australian hospitals, with one third of healthy term breastfed infants receiving formula. The Baby Friendly Hospital Initiative (BFHI) provides an evidence based framework to support breastfeeding, yet accreditation in New South Wales (NSW) remains limited. Little is known about how BFHI status, hospital sector, or geographic location influence feeding practices at discharge.

Aim
This study assessed infant formula use at discharge across NSW, comparing BFHI accredited and non accredited hospitals, public versus private sectors, and metropolitan, regional, and rural settings.

Methods
We conducted a cross sectional geospatial analysis using 2022 NSW Perinatal Data Collection records. Hospitals with more than 200 births were included (n=138). Formula use was mapped in ArcGIS Pro and displayed through an interactive dashboard. Descriptive statistics summarised formula use across hospital categories, enabling comparison by BFHI status, sector, and geography.

Results
Among 46 hospitals with complete data, BFHI accredited facilities reported lower mean formula use (23%) than non accredited hospitals (30%), though this difference was not statistically significant (Mann–Whitney U test, p=0.22). All private hospitals were non BFHI, yet formula use rates (≈31%) closely resembled those in public hospitals. Geospatial mapping showed BFHI hospitals concentrated in metropolitan Greater Sydney, with minimal availability in regional and rural NSW.

Conclusions
Lower formula use in BFHI hospitals aligns with global evidence supporting BFHI implementation; however, sectoral and geographic disparities indicate broader structural and demographic influences on feeding outcome.

MILK BANK – HISTORY AND OPERATIONS AND RECENT RESEARCH HIGHLIGHTS

Dr Laura Klein and Chris Sulfaro
Affiliation: Australian Red Cross Lifeblood

Keynote Address 3

Lifeblood collects, tests, processes and distributes donated breast milk to vulnerable babies in hospitals across Australia.

Since 2018, generous milk donors have helped feed thousands of babies born too early when they can't access enough of their mum's own milk.

Chris Sulfaro is the National Milk Operations Manager, leading the team that makes Australia's donor human milk service possible.

Laura Klein, as the National Milk Research Lead, champions collaborative research that strengthens the milk bank's operations.

Together, Chris and Laura share how Lifeblood's milk service and research are transforming care for Australia's tiniest patients.

EARLY FEEDING IN A CHANGING POLICY LANDSCAPE: BREASTFEEDING, PARENTAL LEAVE, AND INFANT WELL-BEING

Professor Charlotte Overgaard
Affiliation: University of Southern Denmark

Abstract

Background
Early feeding practices, including breastfeeding and the timing of complementary feeding, are shaped by caregiving arrangements and social policy. In Denmark, more than 97% of women initiate breastfeeding after birth. However, adherence to recommendations of full breastfeeding to around six months has declined over the past decade to approximately 10–15%. This reflects shortening breastfeeding duration, regional variation, and emerging social inequalities. At the same time, recent legislation mandating shared parental leave has changed how families organise care during the first year of life, with potential implications for infant feeding and well-being.

Aim
To explore how developments in breastfeeding practices intersect with recent parental leave reform and may influence early feeding, childcare timing, and family well-being.

Results
The presentation will combine national data on breastfeeding with new evidence from The Rockwool Foundation. Following the 2022 reform, earmarked leave for fathers increased from 2 to 11 weeks, and the share taking at least 11 weeks rose from 19% to 44%, with average paternal leave increasing from 5.4 to 8.8 weeks. At the same time, mothers' leave decreased more than fathers' increased, resulting in a shorter total leave period—approximately 1.4 weeks (around 10 days) less time at home during the child's first year. This indicates that some infants spend less time at home in early infancy, a period known to be important for breastfeeding establishment, caregiver–infant interactions, and early development.

Evidence also suggests that longer parental leave is associated with improved child well-being. The presentation will examine how these shifts may influence breastfeeding duration, timing of daycare entry, introduction of solid foods, and parental well-being.

Conclusion
Breastfeeding practices are shaped by broader structural conditions. In some families, the parental leave reform has led to a reduction in total time at home during early infancy, which may have implications for breastfeeding, child well-being, and development. These findings highlight the importance of considering potential unintended consequences when designing parental leave policies.

SETTING UP FOR INFANT FEEDING SUCCESS – MODELS OF CARE AND ANTENATAL BREASTFEEDING SUPPORT IN NEW SOUTH WALES

Dr Sarah Melov
Affiliation: NSW Health

Abstract

Background
To improve breastfeeding support the antenatal Breastfeeding Length Intensity Scoring System (BLISS) was introduced in 2025 to several health districts in New South Wales (NSW). Service limitations have restricted the uptake more generally. The aim of this study was to understand consumers experience of antenatal breastfeeding support to inform clinical service improvements including a more widespread BLISS rollout in NSW.

Method
A consumer co-investigator (Australian Breastfeeding Association endorsed) co-designed the online survey, disseminated in July-October 2025. Participants had a public hospital birth in the last five years. Multivariate logistic regression adjusted for age, region, parity and education.

Results
714 consumers responded with all NSW health districts (n=15) represented. The mean age was 33.8 (SD 4.4), and 53% had ≥2 children. Most care models were represented and overall, respondents breastfeeding experience was positive (71%). The majority (65%; n=456) would have liked more antenatal breastfeeding education/knowledge. Of respondents, 90% agreed that women should have access to breastfeeding assessment during pregnancy. Midwifery CoC was associated with greater satisfaction for both support (aOR 1.65, 95% CI 1.14-2.39) and information (aOR 1.76, 95% CI 1.21-2.56). Most participants preferred antenatal breastfeeding classes to be in person (79%) rather than online. A theme identified in free-text responses (n=685) was breastfeeding a 'Rollercoaster": challenging but positive, "hardest, selfless but most rewarding journey".

Conclusion
Antenatal period is optimal for assessment and support, but most women feel unsupported. Standardised assessment should be available with tools such as the BLISS check and in-person lactation classes to meet consumer needs.

ONLINE BREASTFEEDING EDUCATION SUPPORTS EARLY INITIATION FOR WOMEN WITH GESTATIONAL DIABETES

Dr Leanne Cummins
Affiliation: University of Wollongong

Abstract

Introduction
Women with gestational diabetes mellitus (GDM) experience lower exclusive breastfeeding rates despite clear benefits for maternal and infant health. Participatory research has shown that women with GDM want accessible, consistent breastfeeding information, including hospital-endorsed online resources tailored to their needs.

Aim
To evaluate whether a hospital-based online breastfeeding resource supports early exclusive breastfeeding among women with GDM.

Method
Phase four of a participatory action research program used a pre–post design in a regional Australian maternity service. Exclusive breastfeeding outcomes for women with GDM were compared before (2020; n=174) and after (2022; n=191) introduction of an online antenatal breastfeeding resource. Postnatal survey data explored engagement and user experience. Quantitative data were analysed descriptively and inferentially.

Results
Following implementation, a higher proportion of women initiated exclusive breastfeeding at birth (80.6% vs 71.3% pre-intervention), although no significant differences were observed at hospital discharge. Engagement with the resource was moderate, with women reporting it was accessible, informative and easy to use. However, digital education alone did not address ongoing breastfeeding challenges during the hospital stay, where clinical workload, inconsistent messaging and support needs influenced feeding outcomes.

Conclusion
Hospital-based online breastfeeding education can support preparation and early initiation of breastfeeding for women with GDM. Sustained exclusive breastfeeding is more likely when digital resources are embedded within consistent, relationship-based maternity care and reinforced by clinicians across the antenatal and postnatal continuum.

WHAT CAN REALIST METHODOLOGY TELL US ABOUT HOW, WHEN, AND FOR WHOM BREASTFEEDING SUPPORTS WORK AND DO NOT WORK?

Dr Bianca Blanch
Affiliation: La Trobe University

Abstract

Introduction
To support mothers in paid employment, workplaces may provide breastfeeding support. When mothers feel supported, they maintain breastfeeding until they meet their goal. If unsupported, they may introduce formula earlier than planned and/or stop breastfeeding. There is little understanding of how workplace breastfeeding strategies support mothers.

Aim
To explain how (by which mechanisms), when (in what contexts), and for whom (which mothers / workplaces) breastfeeding support works and does not work.

Methods
Following a realist methodology, we will test initial Context-Mechanism-Outcome theories across different social system levels: workplace, role and mother. We will seek input from conferences attendees to refine our theories.

Results
We are exploring three preliminary theories:

1. Workplaces who educate pregnant women about returning to work and maintaining breastfeeding ensure mothers feel confident and plan to return to work breastfeeding after maternity leave.
2. Mothers who have high autonomy in their daily work activities can plan how they maintain their breast milk production after returning to paid employment and will continue breastfeeding until they meet their goal.
3. In workplaces with low support for breastfeeding, single mothers experience anxiety about maintaining employment and are more likely to cease breastfeeding before returning to paid employment.

Conclusions
We propose a novel realist methodology to explain how breastfeeding supports may and may not work, and for whom and in which contexts. This presentation will result in further theory refinement and an explanation as to how breastfeeding interventions work. This work will lead to practical recommendations for mothers and organisations.

FACTORS AND INTERVENTIONS THAT INFLUENCE WOMEN'S PERCEPTION OF MILK SUPPLY: A SYSTEMATIC REVIEW

Professor Shahla Meedya
Affiliation: Western Sydney University

Introduction
Despite immense benefits of breastfeeding for women and their children, many women stop breastfeeding due to a perceived low milk supply. Until now, there is no systematic review with a conceptual framework that explains how modifiable factors can shape women's milk supply perception and their breastfeeding.

Aim
To identify the factors and interventions that influence women's perception of milk supply.

Methods
A literature search was conducted across SCOPUS, CINAHL, MEDLINE, and PsycINFO databases. The search included peer-reviewed journal articles published in English from inception to August 2025. Three main keywords were milk supply, perception, and influencing factors and interventions. Only randomised controlled trials were included among the interventional studies. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses framework was used in this report. Data were discussed based on the Theory of Planned Behaviour.

Results
Out of 2,011 articles, 21 studies met the inclusion criteria. The factors that influenced women's perception of milk supply were a) sociodemographic, prenatal intention and birth characteristics, b) breastfeeding knowledge, attitudes, beliefs and emotional reactions c) breastfeeding self-efficacy, d) social support, and d) early infant feeding practices. Effective interventions were antenatal education and postnatal support that highlighted the milk supply concept.

Conclusions
Factors that influence women's perceived milk supply can be explained under the theory of planned behaviour. The modifications can include antenatal education focusing on irreplaceable benefits of breastfeeding, normal babies' behaviour, self-efficacy enhancing strategies with early postnatal support to promote exclusive breastfeeding practices.

CREATING BABY-FRIENDLY FUTURES IN WESTERN SYDNEY

Michelle Simmons
Affiliation: NSW Health

Introduction
Breastfeeding provides lifelong health benefits for both mothers and babies. The WHO Baby Friendly Health Initiative is designed to protect, promote, and support breastfeeding within maternity facilities. In Australia, uptake of BFHI has been slow, with less than one quarter of maternity hospitals currently accredited. Western Sydney Local Health District has the highest birth rate in NSW, and none BFHI accredited facilities. Low exclusive breastfeeding rates at discharge highlight the need for improvement, and BFHI implementation offers a clear pathway.

Aim
To explore WSLHD midwives' and pregnant women's awareness and knowledge of the BFHI, and their understanding of the importance and establishment of breastfeeding.

Methods
A quantitative cross-sectional descriptive online survey was used to collect data from pregnant women greater than 28 weeks' gestation and from midwives providing antenatal care. The survey assessed midwives' and pregnant women's knowledge of the BFHI and early breastfeeding, using items mirroring the questions asked during BFHI accreditation interviews.

Results
Ninety eight pregnant women and 81 midwives completed the surveys. Findings revealed clear differences between women's perceptions of the information received, and the information midwives provided. Women receiving pregnancy care from doctors reported receiving less breastfeeding information. Women whose primary language was not English were less likely to engage in completing the survey.

Conclusions
Results indicate that further education for clinicians providing antenatal care is needed to address identified knowledge and practice gaps. Enhancements to clinical guidelines for pregnancy care visits are required to support the development of a strong BFHI culture across WSLHD.

BETWEEN PATIENTS AND PUMPS: RETURNING TO WORK WHILE BREASTFEEDING IN HEALTH

Julie Chase
Affiliation: University of Wollongong

Introduction
The first 2000 days are critical for infant nutrition, development, and attachment. Returning to work is a key transition where breastfeeding continuation may be challenged, particularly within clinical environments characterised by workload pressures and limited lactation supports.

Aim
To explore how breastfeeding is experienced and supported within clinical workplaces when health professionals return from maternity leave.

Methods
A mixed-methods study was conducted across one NSW Local Health District. An online survey examined workplace supports, policies, and breastfeeding practices following return to employment. Semi-structured interviews explored lived experiences of navigating infant feeding alongside clinical roles. Quantitative data were analysed descriptively and qualitative data thematically.

Results
Preliminary findings suggest that access to private lactation spaces, flexible rostering, and supportive leadership were associated with continued breastfeeding and increased maternal confidence. Participants described tensions between clinical demands and infant feeding needs, alongside concerns about stigma and burdening colleagues. Supportive team cultures enabled breastfeeding continuation and strengthened professional identity and workforce retention.

Conclusions
Clinical workplace culture plays a central role in enabling breastfeeding after maternity leave. Organisational strategies that normalise lactation support, provide protected time and space, and embed leadership engagement may improve infant nutrition outcomes while supporting staff wellbeing and retention.

TO EXPLORE WOMEN'S BREASTFEEDING EXPERIENCES AND SUPPORT WITHIN 6 WEEKS FOLLOWING BIRTH

Sarah Mendez
Affiliation: Edith Cowan University

Introduction
The benefits of breastfeeding have been long understood; however breastfeeding rates continue to drop in the first six weeks postpartum. There are many inconsistencies regarding breastfeeding education and support for women postnatally, including advice given by midwives and health professionals, social media, online, and in apps. To help counter the declining rates of breastfeeding in the first six weeks postpartum, it is essential to gain a comprehensive understanding of the support provided to new mothers and gender diverse birthing parents during this period.

Aim
The aim of this study was to explore what is currently known about the experience of both breastfeeding and breastfeeding support in the six weeks following birth.

Methods
A review of published and unpublished literature and a three-step approach was undertaken in accordance with the Joanna Briggs Institute methodology for scoping reviews.

Results
Relatively little is published on the topic of interest, but analysis of the available evidence resulted in two categories: women's experiences with breastfeeding, and women's experiences with support. It is clear from the data that the experience of breastfeeding varies widely, and that support is provided from many sources and may, but doesn't always, meet expectations.

Conclusions
Support for breastfeeding is a key factor in breastfeeding maintenance, however the evidence on what types of support have the greatest impact is not strong. Research is required to determine the nature of impactful support for breastfeeding in the early weeks.

DOES THE QUALITY OF BREASTFEEDING SUPPORT INFLUENCE WHERE WOMEN CHOOSE TO GIVE BIRTH?: A SCOPING REVIEW

Naomi Yong
Affiliation: Australian National University

Introduction
The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months, yet about one-third of Australian newborns receive formula in hospital. Although breastfeeding initiation is high, many women stop earlier than intended. The Baby Friendly Hospital Initiative (BFHI) improves breastfeeding outcomes, but uptake in Australia is low. Little evidence exists on whether BFHI practices influence Australian women's choice of maternity facility.

Aim
To synthesise literature on factors and perspectives influencing Australian women's choice of maternity facility, with a focus on breastfeeding support.

Methods
A scoping review using a PICO-informed search strategy was conducted across Scopus, Web of Science, MEDLINE and CINAHL in September 2025. Studies examining women's experiences or choices in Australian maternity facilities were included. Screening was completed using Covidence. Data was extracted, appraised and thematically categorised and narratively synthesised following PRISMA guidelines.

Results
Of 753 studies identified, 47 studies met inclusion criteria. Studies used qualitative, quantitative and mixed-methods designs. Key factors influencing maternity facility choice included continuity of care and relationships (n=36), model of care (n=35), and cultural safety and personalised care (n=32). Breastfeeding support was identified in 12 studies, typically within broader themes of postnatal support and quality of care rather than as a standalone factor.

Conclusions
Breastfeeding support was rarely considered in studies about women's preferences for maternity care in Australia. Few studies incorporated successful breastfeeding establishment, highlighting a clear research gap. This scoping review will inform a discrete choice experimental study examining women's preferences for breastfeeding-friendly maternity care practices.

CULTURAL CONSIDERATIONS OF BREASTFEEDING PRACTICES AMONG DIVERSE AUSTRALIAN POPULATIONS

Maria Oliveri
Affiliation: University of Queensland

Introduction
Australian breastfeeding data inadequately represents culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander (Indigenous) populations. These groups experience lower breastfeeding rates and persistent health inequities, yet evidence of culturally specific barriers and enablers remains limited. This gap restricts cultural consideration and evaluation of maternal-child health priorities and progress toward Closing the Gap 2032 targets.

Aim
To understand breastfeeding practices and culturally specific enablers and/or barriers among diverse Australian populations.

Methods
A scoping review was conducted (PRISMA-ScR) searching databases: CINAHL, Medline, PubMed, Scopus, Cochrane, Embase with hand search of reference lists and grey literature. The aim was to identify peer-reviewed studies reporting breastfeeding rates within contemporary Australian populations since 2010 to: a) determine breastfeeding exclusivity, prevalence, including marginalised CALD and Indigenous populations, b) evaluate methodologies used to assess rigor compared to national data, c) identify enablers and barriers.

Results
Inconsistent definitions and reporting of breastfeeding practices resulted in intention, exclusivity and durations varying between population sub-groups across included studies. Higher psychosocial and psychological stress, trauma and abuse was evident among CALD and Indigenous Australians, with distinct differences in breastfeeding practices across ethnic and cultural groups. These historical, psychosocial and structural barriers faced by marginalised populations, are insufficiently reflected in current national policy, interventions and surveillance data.

Conclusions
Without standardised, culturally inclusive policy and consistent national data collection systems, breastfeeding targets and equity commitments cannot be accurately evaluated or achieved. Implementing cohesive national policy will enable targeted, culturally appropriate breastfeeding support, reducing structural barriers for marginalised populations.

BRIDGING THE DIGITAL GAP: BREASTFEEDING SUPPORT ORGANISATIONS AND THE CHALLENGES OF REACHING NEW PARENTS ONLINE

Vanessa Campbell
Affiliation: Western Sydney University

Introduction
The first 2000 days represent a critical period in which parents seek credible, accessible guidance on infant feeding. Although social media is now a primary information source for new parents, not for profit breastfeeding support organisations in Western Sydney report difficulty reaching their audiences online. Findings indicate a gap between parents' digital expectations and the limited time, skills, and resources available to breastfeeding organisations.

Aim
To explore how breastfeeding support organisations use social media, the challenges they face, and opportunities to strengthen their digital communication capacity to better support families with their breastfeeding journey.

Methods
While the broader study used a netnographic design, this abstract draws on survey responses from participants who identified their organisation as providing breastfeeding support. It explores their insights as social media contributors

Results
Most respondents were unpaid female volunteers aged over 46 and highly knowledgeable about breastfeeding support, yet largely self taught in social media. Facebook was the most commonly used platform. Although organisations aimed to raise awareness and share information, few felt they had adequate time, strategic guidance, or digital skills. Volunteers noted the absence of social media plans, uncertainty around strategy, and difficulty producing relatable, culturally appropriate content for young, diverse parents in Western Sydney.

Conclusions
Breastfeeding organisations rely on familiar platforms rather than audience-driven choices and feel under resourced in digital communication. Sector-wide support in strategy development, culturally responsive content creation, and crisis management may strengthen their capacity to reach and nurture families during their breastfeeding journey.

ADVANCED BREASTFEEDING TRAINING MODEL

Amanda Ritchie and Eloisa Mann
Affiliation: NSW Health

Introduction

Breastfeeding support increases breastfeeding initiation and continuation rates for improved population health outcomes. Clinicians frequently report gaps in applied lactation knowledge, advanced problem-solving, and confidence when managing complex breastfeeding challenges. An Advanced Breastfeeding Training Intervention was developed to address those gaps for staff in SWSLHD. Its evaluation provides insight into how healthcare organisations can equip clinicians to deliver person-centred, culturally safe, breastfeeding care, tailored to local community needs.

Aim

This study evaluates how participation in the ABTI contributes to improved knowledge, clinical skill development, decision-making capability, and professional confidence in lactation practice, for a diverse community population.

Method

The research adopts a mixed-methods design. An anonymous online survey will capture quantitative data on participants' perceived learning and confidence following the 2017–2025 training cycle. Qualitative data will be collected through semi-structured virtual interviews exploring participants' reflections on knowledge acquisition, management of complex breastfeeding presentations, and changes in clinical practice.

Results

Anticipated findings include increased confidence in addressing complicated lactation issues, improved consistency in assessment and clinical decision-making, and strengthened use of evidence-based breastfeeding management strategies. Expected outcomes may also highlight areas of the training intervention that warrant refinement or deeper focus.

Conclusion

This evaluation will provide essential insights into the effectiveness of the ABTI in enhancing clinician capability and informing future training development. The findings will contribute to the growing evidence base on structured lactation education and its impact on clinical practice and breastfeeding support quality for enhanced population health outcomes.

A SYSTEMATIC REVIEW OF THE EXPERIENCES OF HEALTHCARE WORKERS COMBINING BREASTFEEDING WITH RETURN TO WORK

Dr Kaitlyn Brunacci
Affiliation: Western Sydney University

Introduction

Mothers returning to paid employment is well-established as a factor impacting on continuity and exclusivity of breastfeeding. However, there is currently limited published data on breastfeeding rates and the experience of breastfeeding mothers returning to work in the healthcare industry. This systematic review aims to explore the experiences of breastfeeding mothers from Organisation for Economic Co-operation and Development (OECD) countries who work in the healthcare industry, and the factors that assist or impede them in continuing breastfeeding and meeting their breastfeeding goals on return to paid employment.

Method

We conducted a systematic review of four electronic databases (Medline, CINAHL, PsychInfo, Scopus). The protocol for this review was registered in PROSPERO (CRD420251113570), and the review followed the guidance of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Studies published from 2020 onwards were included if they explored to some extent the breastfeeding experiences of mothers returning to work in the healthcare industry, including: qualitative or quantitative analysis regarding breastfeeding duration following return to work, breastfeeding goals, workplace breastfeeding facilities, lactation breaks, perceived support from the workplace or colleagues, and breastfeeding complications. Additionally, participants were required to be employed in a healthcare setting as a qualified professional (not a student) and working in an OECD-listed country.

Results

51 studies were included and synthesized into four categories/themes: (i) breastfeeding goals and feeding patterns, (ii) availability and use of lactation breaks and workplace facilities, (iii) breastfeeding and lactation complications, and iv) mothers' experiences and feelings. Reported data was heterogenous and generally of poor quality. 45 studies reported on medical mothers, eight on nurses, four on midwives, and three on dentists, psychologists, pharmacists and other non-classified healthcare workers. No studies specifically examined the experiences of allied health clinicians or non-clinical healthcare staff, or described differences between public, private, hospital-based and community facilities. Most studies reported mothers met their breastfeeding goals, however these goals were inconsistently defined and often did not align with WHO recommendations. Across all contexts, mothers faced barriers with accessing lactation breaks and appropriate breastfeeding facilities in the workplace. Complications such as mastitis-spectrum conditions, low milk supply and premature weaning were reported in some studies. Mothers were predominantly expected to maintain a full workload, even when taking lactation breaks. Support from colleagues and managers was variable, with positive support having an association with mothers meeting their feeding goals.

Conclusion

In OECD countries, healthcare workers face several barriers to maintaining breastfeeding on return to paid employment. High-quality research is needed to more fully understand the breastfeeding experiences of healthcare worker mothers on return to work, across all health disciplines and contexts.

INNATE CONFERENCE

FRIDAY 7, AUGUST 2026

Thank you for joining us for the 2026 INNATE Conference

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