

INNATE CONFERENCE 2025

BOOK OF ABSTRACTS



FRIDAY 1, AUGUST 2025

WESTERN SYDNEY
UNIVERSITY



FOREWARD:

Welcome to the inaugural **INNATE** conference August 1st, 2025. 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 Infant and Young Child Feeding 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 flip book contains all of the conference abstracts and presenter details.

The conference committee hope you enjoy this inaugural **INNATE** conference.

Associate Professor Elaine Burns

INNATE Conference Convenor

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The Gomeri Gaaynggal Breastfeeding Study: A community-led program to enhance breastfeeding support for Aboriginal and Torres Strait Islander families

Ashley Bullock, Amity Smith, Dr Saije Endacott, and Professor Kirsty Pringle

Affiliation: University of Newcastle

Keynote Address 1

The Gomeri Gaaynggal Study is the largest longitudinal study of its kind in the world. It is based in the regional town of Tamworth, NSW, within the Aboriginal land of the Kamilaroi people. The Indigenous people in this region identify as Kamilaroi, Gomeri, Gamilaraay and Gamilaroi. The name 'Gomeri Gaaynggal' means 'Babies from Gomeri lands' and was chosen in consultation with Indigenous community members when the program began in 2007.

The Gomeri Gaaynggal Breastfeeding Study aims to create enduring, positive health outcomes for First Nations mothers and their babies by restoring positive breastfeeding narratives within the community and promoting collaboration among First Nations women, local health services, and the local Aboriginal Medical Service.

The Gomeri Gaaynggal team are deeply committed to strengthening health outcomes for First Nations women and their families by empowering and supporting maternal and child health while uplifting the community's breastfeeding traditions. This project is designed to extend breastfeeding duration among First Nations mothers by designing and implementing culturally safe supports for mothers and their babies. This will transform the health landscape for our community and ensure a brighter, healthier future for generations to come.

By working closely with our Advisory Committee, which consists of First Nations Elders, Aunties, and women from the community, the Gomeri Gaaynggal team ensures that all research is community-led and conducted in a culturally safe and respectful way. The study is motivated by a strong commitment to building local capacity and empowering First Nations women to guide and mentor future generations of mothers in the region.

Research Team: Ashley Bullock, Amity Smith, Dr Reakeeta Smallwood, Prof. Donna Hartz, Dr Saije Endacott, Prof. Kirsty Pringle and the Gomeri Gaaynggal Advisory Committee (Chair: Lisa Shipley).

Reclaiming our tradition – SWSLHD Aboriginal Breastfeeding Resources

Kaarina Paasila & Amanda Ritchie

Affiliation: South Western Sydney Local Health District

Abstract

Introduction

Aboriginal women in South Western Sydney Local Health District (SWSLHD) experience disproportionately low breastfeeding rates, influenced by historical trauma, cultural disconnection, and systemic barriers within healthcare. Breastfeeding, a vital practice for maternal and infant health, is deeply intertwined with cultural identity and traditional knowledge. This project sought to address these disparities by reclaiming cultural traditions and revitalising language through community-led initiatives.

Aim

The primary aim was to co-design culturally adapted breastfeeding resources with Aboriginal communities, promoting breastfeeding by reconnecting women to traditional practices and local languages.

Methods

Using a participatory approach, five “women-only” yarning circles were conducted across diverse community settings. These culturally safe spaces enabled open dialogue, storytelling, and mutual learning. Aboriginal graphic designers, language consultants, Elders, and community members collaborated to create brochures and videos in Dharug, Dharawal, and Gundungurra languages. Visual storytelling and QR-linked videos were embedded to enhance accessibility and cultural resonance.

Results

Participants expressed strong emotional and cultural connections to the materials, highlighting the empowering impact of hearing and seeing their languages and traditions represented. Feedback indicated increased interest in cultural knowledge, greater confidence in breastfeeding, and a desire for more yarning circles. Aboriginal Health Workers (AHWs) played a pivotal role in fostering trust and cultural safety, with their presence significantly enhancing engagement and receptiveness. The integration of traditional language was seen as a powerful tool for cultural revitalisation and health education.

Conclusions

In response to the reciprocal relationship with the community, culturally tailored breastfeeding materials were developed incorporating Dharug, Dharawal, and Gundungurra languages. Feedback from both Aboriginal mothers and Aboriginal Health Workers (AHWs) affirmed that these materials provided not only practical information but also a sense of empowerment, connection, cultural validation, and increased confidence in breastfeeding choices.

Scaling up the Baby Friendly Hospital Initiative in Support of Maternal and Newborn Health

Associate Professor Julie Smith

Affiliation: University of Canberra

Keynote Address 2

Breastfeeding is important to women's as well as children's lifelong health, not only reducing risk of infectious illness and later life chronic diseases but also lessening the likelihood of women's reproductive cancers such as breast- and ovarian cancers and contributing to normal recovery from childbirth. The WHO/UNICEF Baby Friendly Hospital Initiative (BFHI)/Ten Steps is an evidence based maternal and newborn care program to support successful breastfeeding. Its implementation dramatically increases exclusive and continued breastfeeding. It has wide global take-up, and is adopted in Australia, but it has not yet achieved scale. In 2018 WHO issued revised guidelines for BFHI to assist scaling up and clinical application, and in 2019 the National Breastfeeding Strategy agreed on by all Australian governments included scaling up BFHI as a Key Priority Action.

This research assesses whether BFHI hospitals and the Ten Steps to Successful Breastfeeding are equitably available to women, using geospatial modelling and an index of social fragmentation to link breastfeeding and health outcomes to BFHI access. It will also identify the economic value that maternity services consumers place on the BFHI/Ten Steps procedures and clinical practices, using discrete choice experiments. Armed with this information, and together with key partners involved in delivering breastfeeding support after hospital discharge, we will develop information resources for BFHI accredited hospitals to provide a quick and easy 'Tenth Step' guide for new mothers on where to get breastfeeding support after hospital discharge, and to promote BFHI adoption across the Australian health system.

By focussed resourcing of the BFHI's 10th Step, and by documenting the value of BFHI policies and practices, BFHI uptake will be promoted and greater equity in breastfeeding support will be achieved, with well-established gains for women's and children's health from best practice healthcare and breastfeeding. Reduced formula use from BFHI policies also contributes to reducing the carbon footprint of health services.

The journey to BFHI implementation in Western Sydney Local Health District: Supporting mother to feed baby

Michelle Simmons

Affiliation: Westmead Hospital

Abstract

Introduction

Breastfeeding confers lifelong health benefits for both mothers and babies. The World Health Organization (WHO) baby friendly health initiative (BFHI) is an international accreditation standard for maternity facilities to protect, promote, and support breastfeeding. In Australia, there has been a slow uptake of BFHI, with less than one-quarter of maternity hospitals, BFHI-accredited. In NSW, Western Sydney Local Health District (WSLHD) has the highest birth rate and none of the three maternity facilities are BFHI-accredited. An integrative literature review conducted in May 2024 explored the facilitators and barriers to implementation of BFHI in both accredited and non-accredited Australian maternity facilities. The absence of guidance within Australian literature on facilitators of BFHI implementation is the motive for this research.

Aim

Explore midwives' and women's awareness and knowledge of BFHI and breastfeeding to ascertain practice and/or knowledge gaps at three WSLHD maternity facilities (Auburn, Blacktown Mt Druitt Hospitals, and Westmead hospitals).

Methods

The project will use a mixed methods research design incorporating an electronic survey for both midwives and pregnant women as well as focus groups with midwives at each facility.

Discussion

The study will investigate the status of women and midwives' awareness and knowledge of breastfeeding and BFHI within WSLHD at three maternity facilities. These data will provide a status quo of workplace culture and current practice regarding antenatal breastfeeding education. Results will also inform development of new pathways to achieve BFHI implementation.

Conclusion

In working towards BFHI accreditation in WSLHD, the researcher aims to publish results to assist other non-accredited health facilities in planning BFHI implementation.

Development and evaluation of the community C&FH breastfeeding assessment tool

Dr Karen Myors, Dianne Zammit, and Kerrie Kitchener

Affiliation: Central Coast Local Health District

Abstract

Introduction

Breastfeeding knowledge and skills are crucial in child and family health (CFH) nursing to promote the World Health Organization guideline of exclusive breastfeeding (BF) until six months of age. Many CFH nurses commence in the role with limited knowledge of breast anatomy and physiology, BF assessment skills, or how to support dyads experiencing issues and concerns. During the COVID-19 pandemic, a short BF tool was developed to support CFH nursing, providing virtual support to BF women. It became evident that a more comprehensive tool was needed to provide the required assistance. A literature review identified 21 BF assessment tools. Most pertained to the initiation of BF, and none were comprehensive enough to capture the possible variables encountered in the community. The community breastfeeding assessment tool (CBAT) was developed. A 2023 Central Coast Local Health District (CCLHD) 'caring for our future' research grant provided the funds to undertake an evaluation of the CBAT.

Aim

Evaluate the CBAT across two Local Health Districts (LHDs), Central Coast and Western Sydney, to determine if it: is fit for purpose; enhances CFH nurses' breastfeeding knowledge; builds CFH nurses' confidence; and is easy to use.

Methods

Ethics approval was obtained. CFH nurses received the CBAT following an education strategy and were asked to use it in their clinical settings. An evaluation tool was developed in REDCap. The survey link was emailed to 125 CFH nurses across both LHDs.

Results

The response rate was 34% (CCLHD=28; WSLHD=14). Most nurses had more than five years' experience and had completed BF education within the last five years. Textual data identified that the CBAT enhances nurses BF knowledge and skills.

Conclusions

The CBAT is useful to: guide a BF assessment; promote reflection; identify learning needs; and guide documentation.

‘Easy quick snack on the go between meals’: Commercial squeeze pouch consumption – Survey data

Dr Catharine Fleming

Affiliation: Western Sydney University

Abstract

Introduction

Commercial squeeze pouch products are pureed complementary foods for infants aged four months to five years. Squeeze pouches have expanded in the Australian market where products now make up 50% of all commercially available infant foods, generating over AU\$1.2 billion in sales. There is growing discourse regarding the poor nutritional quality of squeeze pouches and the potential health implications surrounding growth and development, yet very little is known about the frequency and specific demographic predictors of use in Australia.

Aim

This study aimed to explore the use of squeeze pouches among Australian children (0-17 years), identify sociodemographic predictors of frequent use, and examine the relationship between perceived barriers to achieving a healthy diet and squeeze pouch use.

Methods

A cross-sectional survey of Australian parents explored their children’s frequency of squeeze pouch consumption alongside parents’ sociodemographic data and perceived barriers to achieving a healthy diet. Data were analysed using descriptive statistics and logistic regression identified demographic predictors of frequent squeeze pouch use. Thematic analysis of an open-ended question explored parental experiences.

Results

From the sample (n=343), 73.8% of children used squeeze pouches in the past year, and half consumed them weekly or more (49%). Frequent use was highest among children zero to two years old and two to five years of age (64% of each group). Younger parents (OR=4.2, p<0.001) and middle-income families (OR=2.5, p=0.019) were more likely to frequently use squeeze pouches. Perceived time constraints significantly increased the likelihood of using squeeze pouches (OR=2.6, p<0.001). Frequent users of squeeze pouches rely on these products for convenience, on-the-go feeding, and managing fussy eating or sensory needs.

Conclusions

Squeeze pouches are frequently consumed by Australian children, driven in part by demographic factors and parenting challenges like time constraints. Targeted public health initiatives are needed to support parents to make informed choices about children’s diets.

Neglect of breastfeeding support in the child protection and justice systems: Why the lack of interest and what can we do about it?

Professor Karleen Gribble

Affiliation: Western Sydney University

Abstract

Introduction

The more disadvantaged a family that an infant is born into, the more important breastfeeding is for that child. Infants in disadvantaged families are at higher risk of infectious disease, poor development, and maternal maltreatment than infants in more advantaged families. Breastfeeding helps to protect against all these poor outcomes. This presentation will address breastfeeding for infants in disadvantaged circumstances where their mothers are interacting with the child protection and justice systems. It will also describe what we know and do not know about breastfeeding support in these contexts and present a call for action for researchers, clinicians, and advocates regarding breastfeeding for infants of these mothers.

Method

Relevant research and national and international policy will be reviewed. Personal experience of advocating for infants whose mothers are interacting with the child protection or justice system will be described.

Results

Governments have a responsibility under the United Nation's Convention on the Rights of the Child to support breastfeeding. This includes where mothers interact with the child protection or justice systems. Providing breastfeeding support in these contexts is also a priority action of the Australian National Breastfeeding Strategy. Despite this, there is little action to support mothers to breastfeed within Australian child protection or justice systems; in fact, much policy and practice works to prevent breastfeeding. Furthermore, researchers and advocates appear to have largely avoided considering these mothers and infants.

Conclusion

Vulnerable infants whose mothers interact with the child protection and justice systems do not have their rights to breastfeeding and health supported. Action from researchers, clinicians, and advocates is needed to address these issues as the very reasons why mothers interact with these systems can prevent them from advocating for themselves.

WHO Complementary Feeding Guidelines

Dr Nina Chad

Affiliation: World Health Organization

Keynote Address 3

In 2023, the World Health Organization released its updated guideline on complementary feeding for infants and young children aged 6–23 months, superseding previous recommendations. This comprehensive framework emphasizes the timely introduction of safe, nutritionally adequate, and developmentally appropriate complementary foods, while continuing breastfeeding up to two years and beyond. The guideline addresses critical aspects such as responsive feeding practices, food diversity, meal frequency, and the avoidance of ultra-processed foods, aiming to support optimal growth and development during this pivotal period. This presentation will provide an overview of the guideline's key recommendations and the evidence underpinning them, highlighting their relevance to the Australian context. Particular attention will be given to the practical implications for health professionals, policymakers, and caregivers, including strategies to promote culturally appropriate and equitable feeding practices. By bridging global policy with local practice, this session aims to equip attendees with actionable insights to support families in providing optimal nutrition during the first 1,000 days of life.

Supporting families with first foods and responsive feeding

Rebecca Emmett

Affiliation: Munchkin Nutrition and Dietetics

Abstract

The introduction of solid foods is an important stage in an infant's development, influencing nutritional status, eating behaviours, and long-term health outcomes. Families often seek guidance during this time and health professionals have a key role in providing clear evidence-based and supportive advice. This presentation touches on important considerations for introduction of solid foods.

Key strategies discussed will include the early introduction of a wide variety of vegetables to support flavour acceptance, the inclusion of iron-rich foods such as meats, legumes, and iron-fortified cereals, from around six months to meet nutritional needs. Timely progression through food textures is essential with exposure to finger foods by 8 months promoting oral motor skills and self-feeding confidence. Responsive feeding involves recognising and responding to an infant's hunger and fullness cues, creating positive mealtime environments and avoiding using pressure or distraction. Encouraging families to eat together supports social interaction, role modelling, and the development of healthy eating behaviours.

This presentation will also highlight the importance of timely allergen introduction. Current evidence supports introducing common food allergens such as peanut and eggs within the first year of life to help reduce the risk of food allergies.

In conclusion, responsive feeding, supportive feeding environments and timely food, allergen and texture introduction lay the groundwork for lifelong healthy eating. By equipping families with practical strategies and confidence, professionals can support the development of competent, confident eaters, making the first foods experience both nourishing and enjoyable for the whole family.

Challenging Breastfeeding Experiences: From breastfeeding aversion response to other common issues – Prevalence, types, and implications

Dr Mel Morns

Affiliation: University of Technology Sydney

Abstract

Breastfeeding is the best way to feed infants, but for many women breastfeeding can be a challenging experience. While common difficulties like mastitis are well documented, the experience of breastfeeding aversion response (BAR) remains understudied. BAR is characterized by an urge to stop feeding with negative sensations which range from mild discomfort to intense repulsion, often conflicting with the woman's desire to continue nursing. In this presentation I share our research findings which provide a foundational understanding of BAR to inform affected women and the healthcare professionals who aim to support them.

This mixed-methods research explored the lived experience of BAR through four phases and defined BAR as a distinct phenomenon of aversive feelings during breastfeeding that conflict with the desire to nurse. Key findings revealed that BAR also causes internal conflict and can impact on maternal identity and family relationships. The two national surveys indicated that approximately 22.6% of breastfeeding women in Australia self-identified as experiencing BAR. Alarming, nearly half of these women reported receiving no specific support from healthcare providers. Despite these challenges, many women who experienced BAR still reported an overall positive breastfeeding experience.

This presentation highlights the need for greater awareness and improved support strategies for this often-unrecognised breastfeeding challenge to help women achieve their breastfeeding goals. Further research is needed to explore the underlying causes and effective interventions for BAR.

Australian women's experience of maintaining breastfeeding after return to work

Associate Professor Elaine Burns

Affiliation: Western Sydney University

Abstract

Introduction

The WHO and NHMRC recommend exclusive breastfeeding for the first six months of an infant's life and continued breastfeeding (after the introduction of family foods) into the second year and beyond. Yet few women in Australia achieve this duration. One of the known barriers to continued breastfeeding is return to work. Despite legal protections (1984; 2012), discrimination towards breastfeeding women in the workplace continues. A recent landmark ruling by the ACT Civil & Administrative Tribunal (2024) highlighted overt sex discrimination against a breastfeeding woman after return to work.

Aim

This study aimed to explore experiences of Australian women when maintaining milk supply and meeting personal breastfeeding goals, after return to work.

Method

A cross-sectional online survey design enabled data collection from breastfeeding women in Australia.

Results

A total of 3,026 participants responded to the survey. The cohort represented all workplace sectors and all Australian states and territories. Most participants were born in Australia and had post school education. In total, 71% of participants needed to express breastmilk at work and yet only 29% had a formal return to workplan. Most worked part-time (64%) and many did not have a suitable place to express milk (41%). Women were more likely to meet their breastfeeding goals when they had a formal plan in the workplace and were able to take breaks when they needed. Women's experiences and the key predictors of confidence in maintaining milk supply will be shared.

Conclusion

Bolstering a woman's confidence in maintaining milk supply after return to work is important if she is to meet WHO and NHMRC targets. Increased investment is needed to develop supportive and non-discriminatory workplaces.

Becoming a breastfeeding-friendly workplace: Westmead Hospital, Western Sydney LHD

Lynne Henry

Affiliation: Western Sydney Local Health District

Abstract

Introduction

Although 92 to 96% of Australian women initiate breastfeeding, by five months, only 15% to 22% are exclusively breastfeeding and less than 10% achieve the two years and beyond milestone. A key factor is returning to paid work, with contemporary Australian research confirming workplace barriers continue to undermine breastfeeding confidence and duration. Recent research at Westmead Hospital, NSW, discovered health service manager and employee apathy towards the needs of breastfeeding employees, leading to premature weaning. This impacts staff wellbeing, productivity, and attrition as well as infant and population health. Additionally, health employees' professional advocacy for breastfeeding can be affected after their own disabling experiences. Breastfeeding-friendly workplace (BFW) accreditation enables breastfeeding women to feel supported when maintaining breastfeeding after returning to work; yet of the more than 430 hospitals in NSW, only one Health District has achieved BFW accreditation.

Aim

This project aims to assess knowledge and awareness of employees' return-to-work breastfeeding needs at Westmead Hospital and establish a BFW accreditation advisory committee.

Methods

An appreciative inquiry (AI) and co-design approach will be used over two phases. Phase one will involve interviews with Westmead executives and return to work breastfeeding employees. Phase two will establish a Westmead BFW advisory committee and progress Westmead's readiness to seek BFW accreditation. Data from transcribed interviews will be analysed thematically and according to the AI cycle of 4D's: discovery, dream, design, and destiny.

Conclusions

This presentation will build on existing research to provide more understanding of organisational facilitators and barriers for hospitals to become BFWs. The research will showcase the steps taken, and facility-level commitment required to become an inclusive breastfeeding workplace.

‘MAIF is dead: Long live the WHO code?’ An update for clinicians and researchers on breastfeeding protection in Australia

Libby Salmon

Affiliation: The Australian National University

Abstract

Introduction

Breastfeeding is central to infant nutrition and nurture and requires protection from marketing of infant formula and other breastmilk substitutes (BMS). After decades of weak self-regulation by industry through the Marketing in Australia of Infant Formula (MAIF) Agreement, the Australian government is committed to a national law. However, breastfeeding advocates are concerned the proposed law falls far short of the effective measures of the World Health Organisation (WHO) International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions (the Code). This paper sets out the critical opportunity before the government, how we got here, what’s at stake and how clinicians, researchers and health services can support effective reform.

Summary of main points discussed

The current proposal for reform is understood through a brief historical overview of the regulation of BMS marketing in Australia and its key stakeholders. The government intends to mandate the MAIF Agreement through amendments to the Food Standards Australian New Zealand Act 1991 and require the packaging of infant formula (to 12 months of age) to be distinct from toddler milks. Compared to the Code, major gaps in scope concern toddler milks, digital media, donations in emergencies and retailers, although a review is underway of BMS marketing through supermarkets, pharmacies and other outlets. Advocates of breastfeeding are concerned about the ineffectiveness of this piecemeal approach and whether legal frameworks for food can cover BMS marketing through the health system, including health professional education and sponsorship, and address industry influence in policy.

Conclusions

The gaps in the proposed reforms require ongoing advocacy to legislate the Code in full, with transparent governance and policy development independent of industry. Clinicians, health professionals and researchers are urged to join coalitions of public health advocates and ask their state/territory governments to support Code implementation at the federal level.

POSTER PRESENTERS

Bottle feeding to sleep beyond 12 months is associated with higher risk of tooth decay and overweight in Australian children: Findings from the healthy smiles healthy kids cohort study

Jessica Cheng

Affiliation: University of Sydney

Introduction

Inappropriate bottle-feeding practices, such as feeding to sleep and bottle use beyond recommended age of cessation of one year age, might increase risk of early childhood caries (ECC, tooth decay) or overweight in early childhood, due to increased exposure of teeth to cariogenic drinks or non-appetitive feeding of caloric drinks.

Aim

This study aimed to examine the association between bottle feeding to sleep at age 24 and 36 months on ECC and overweight in early childhood.

Methods

The healthy smiles healthy kids cohort is a longitudinal birth cohort in Sydney, Australia. The exposure was bottle feeding to sleep at 24- and 36-months age. The outcomes were ECC (prevalence; number of caries-affected tooth surfaces, dmfs) and overweight at three to four years age.

Results

A total of 718 and 729 children received dental examination and height/weight checks at three to four years age, respectively – 30.3% and 21.7% of children were bottle fed to sleep at 24 and 36 months, respectively. Bottle feeding to sleep at 24 months was associated with higher odds of overweight (OR 1.90, 95% CI 1.06-3.38) and moderately associated with higher caries (dmfs 1.48, 95% CI 1.00-2.20). Bottle feeding to sleep at 36 months was associated with higher caries prevalence (dmfs 1.88, 95% CI 1.22-2.91).

Conclusions

Bottle feeding to sleep was associated with higher odds of overweight and higher numbers of caries-affected tooth surfaces. These findings highlight the importance of the communicating appropriate sleep, settling and bottle cessation methods throughout early childhood to prevent ECC and overweight.

POSTER PRESENTERS

Milk and mirrors: Exploring the association between young mothers' body image and infant feeding choices

Nicky Evans

Affiliation: Western Sydney University

Introduction

Body image concerns are prevalent among young mothers and might significantly impact breastfeeding outcomes, which are below international recommendations. A systematic review of literature was conducted to determine whether body image among young mothers is a predictor of infant feeding choices.

Aim

This systematic review aims to synthesise existing evidence on the relationship between body image and breastfeeding outcomes in young mothers (≤ 24 years) within the Australian context and comparable populations.

Methods

Following PRISMA guidelines, a comprehensive search of peer-reviewed literature was conducted across databases including Ovid Medline, Embase, Web of Science, CINAHL, PsycINFO, and Scopus. Eligible studies include original quantitative, qualitative, and mixed-methods research exploring associations between body image perceptions and breastfeeding practices of mothers with a median age of 24 or less. Studies conducted in the United States of America, United Kingdom, New Zealand, Canada, and Australia were included, while studies outside of these parameters were excluded.

Results

Preliminary findings suggest that negative body image is associated with reduced breastfeeding initiation and shorter duration, mediated by concerns over body exposure, perceived social judgement, and self-confidence in breastfeeding ability. Sociocultural influences, including media exposure and societal beauty standards, also shape young mothers' breastfeeding decisions.

Conclusions

This review will provide a comprehensive understanding of how body image affects breastfeeding in young mothers, identifying key barriers and facilitators, highlighting the need for targeted interventions to support positive body image and breastfeeding self-efficacy among young mothers. The findings could inform healthcare professionals, policymakers, and public health initiatives aimed at supporting breastfeeding among young mothers by addressing body image concerns.

POSTER PRESENTERS

Association of breastfeeding and early childhood caries: A systematic review and meta-analysis

Sheetal Shrestha

Affiliation: Western Sydney University

Introduction

Early childhood caries (ECC) affects the primary teeth of a child under six years of age and is characterised by the presence of one or more tooth surfaces affected by caries. ECC is a rising global public health phenomenon, affecting the children of developed and developing countries. The association between breastfeeding and ECC remains inconclusive, despite systematic reviews. This systematic review consolidates the evidence on this association.

Methods

A search of five electronic databases and backward citation chasing was conducted up to May 2023, identifying 31 studies (22 cohort and 9 case-control studies).

Results

Meta-analysis of case-control studies indicated a significantly lower risk of dental caries in children breastfed for less than six months compared to those breastfed for six months or longer (OR=0.53, 95% CI 0.41–0.67, $p<0.001$). Similarly, children breastfed for less than 12 months had a significantly lower risk of caries than those breastfed for 12 months or longer (RR=0.65, 95% CI 0.50–0.86, $p<0.002$). A significant difference was also observed between those breastfed for less than 18 months and those breastfed for 18 months or more (RR=0.41, 95% CI 0.18–0.92, $p=0.030$). Additionally, nocturnal breastfeeding was associated with a higher risk of ECC compared to no nocturnal breastfeeding (RR=2.35, 95% CI 1.42–3.89, $p<0.001$).

Conclusions

These findings suggest that breastfeeding beyond 12 months and nocturnal breastfeeding might increase the risk of ECC.

POSTER PRESENTERS

Infant and young child feeding practices and their association with childhood morbidity in Mongolia: An analysis of the multiple indicator cluster survey

Gantsetseg Ganbold

Affiliation: Macquarie University

Introduction

Diarrhoea and acute respiratory infections (ARI) remain leading causes of under-five mortality, globally, despite being preventable through optimal breastfeeding practices. This study aims to investigate the association between key infant and young child feeding (IYCF) practices and common childhood morbidities among children under six months of age in Mongolia.

Methods

Data from the 2010 (n=456), 2013-14 (n=643), and 2018 (n=615) multiple indicator cluster surveys were analysed. Key outcomes included diarrhoea and ARI, assessed through maternal recall. Exposures included exclusive breastfeeding (EBF), early initiation of breastfeeding (EIBF), bottle feeding, and prelacteal feeding. Multivariable logistic regression models were used to examine the association between outcomes and exposures, accounting for survey design.

Results

The prevalence of EBF for infants aged zero to five months was 59.9% in 2010, 46.7% in 2013 to 2014, and 51.1% in 2018. At exactly six months, EBF rates were lower at 16.2%, 17.6%, and 20%, respectively. The pooled analysis revealed that children who initiated breastfeeding within one hour after birth had lower odds of ARI (AOR: 0.39, 95% CI: 0.15, 1.00, $p < 0.05$). Subgroup analysis showed that infants who were exclusively breastfed had a reduced risk of diarrhoea in the zero to one-month age group (AOR: 0.19, 95% CI: 0.06, 0.59, $p < 0.05$).

Conclusions

Among Mongolian infants, optimal breastfeeding practices, including EIBF and EBF, are protective against diarrhoea and ARI, especially in early childhood. These findings underscore the importance of promoting optimal IYCF practices to improve child health outcomes in Mongolia.

POSTER PRESENTERS

Systematic review and meta-analysis of early initiation of breastfeeding and exclusive breastfeeding in Anglophone and Francophone West African countries

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Introduction

Despite the proven benefits associated with the early initiation of breastfeeding (EIBF) and exclusive breastfeeding (EBF) in reducing mortality and morbidity, the practice is suboptimal, and there is limited systematic evidence from West African countries.

Aim

The study aimed to estimate the pooled prevalence of EIBF and EBF in Anglophone and Francophone West African countries and the aggregate factors associated with EIBF.

Method

The preferred reporting items for systematic reviews and meta-analyses (PRISMA) 2020 guidelines were used. Relevant observational studies reporting on EIBF and EBF prevalence and factors associated with EIBF in Anglophone and Francophone West African countries published from January 1, 2008 to March 31, 2024 were retrieved from six computerised bibliographic databases, and a systematic review and meta-analysis of eligible studies were conducted for EIBF and EBF prevalence and factors associated with EIBF.

Results

The combined prevalence was 51.7% (95% CI: 48.8, 54.6) and 45.5% (95% CI: 42.0, 48.9) for EIBF and 41.2% (95% CI: 36.9, 45.5) and 30.1% (95% CI: 26.7, 33.5) for EBF in Anglophone and Francophone West African countries, respectively. Caesarean section (C/S) delivery was significantly associated with delayed initiation of breastfeeding (DIBF) in both Anglophone (AOR: 0.74; 95% CI: 0.69, 0.81) and Francophone (AOR: 0.25; 95% CI: 0.21, 0.30) regions. Additionally, unskilled birth attendance, babies perceived to be small at birth by their mothers, rural residence, and mothers wanting pregnancy now or later were associated with DIBF in Anglophone countries.

Conclusion

The overall weighted average EIBF and EBF prevalence in West Africa were suboptimal, though prevalence among Anglophones was higher compared to Francophones. EIBF interventions should be context-specific and address the DIBF associated factors, particularly C/S deliveries. This is crucial for the region to attain sustainable development goals two and three by 2030.

POSTER PRESENTERS

Scoping review: Examining the impact of birth trauma on breastfeeding

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Globally, most pregnant women intend to breastfeed their child. However, half of all birth mothers experience birth trauma. Little is known about breastfeeding after birth trauma. We conducted a scoping review to examine breastfeeding practices in women who experienced birth trauma. In April 2025, we searched three databases to identify studies reporting breastfeeding practices in women with birth trauma since 2000. Six studies met our criterion and reported 10 breastfeeding practice measures (initiation [n=2], exclusivity [n=6], and any [n=2] breastfeeding). In eight measures, breastfeeding rates were compared between women with and without birth trauma. For six of these eight measures (75%), women without birth trauma had higher breastfeeding rates. The limited evidence suggests birth trauma mostly impedes breastfeeding. Future research should seek to improve understanding of women's experiences of birth, birth trauma and breastfeeding, to deliver appropriate and supportive postpartum care.

INNATE CONFERENCE

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