AIM: To provide women with an enabling and empowering environment that protects, promotes, supports, and values breastfeeding as the biological and social norm for infant and young child feeding.

**INPUTS**
- Funding
- Staff
- Facilities
- Evidence-based Guidelines

**PARTICIPATION**
- Public
- Media
- Community/public spaces
- Consumers
- Advocates
- Health and Education Departments
- National Health and Medical Research Council (NHMRC)
- Food Standards ANZ
- Health professionals
- Infant Nutrition Council
- Health Departments
- Other government agencies
- Maternity hospitals
- Child and family health services
- Milk banks
- Health professional associations
- ECEC settings
- Australian College of Midwives
- Australian Breastfeeding Association (ABA)
- NHMRC
- Health professionals
- Primary Health Networks
- Employers
- Consumers
- Researchers

**INITIATIVES**
- A national social marketing campaign is implemented.
- Breastfeeding champions and positive BF media images/stories are promoted.
- MAIF Agreement has been strengthened with effective monitoring and compliance measures.
- Lactation education in schools is implemented.
- The Infant Feeding Guidelines and the Australian Dietary Guidelines are updated by the NHMRC and promoted by the Department of Health.
- The IF Guidelines & the AD Guidelines are embedded in health prof. education and training.
- Breastfeeding education and training for Health Professionals is implemented.
- A workplan to include the BFHI in national accreditation is developed.
- Clinical breastfeeding research program is implemented.
- Options to expand milk banks and for a national regulatory and quality framework are trialled.
- Stakeholder engagement in providing breastfeeding-friendly workplaces is achieved.
- A Breastfeeding-Friendly Child Care program is trialled and evaluated.
- Primary care tools and interventions are trialled and evaluated.
- Universal access to breastfeeding support services are funded and implemented (including phone, face-to-face and web-based services).
- Targeted/specialist breastfeeding support services are piloted for Aboriginal and Torres Strait Islanders and other priority groups.
- Family support, parenting, and mental health and wellbeing programs are implemented.

**OUTCOMES**

**Short-term**
- Increased knowledge and awareness of breastfeeding as the normal way to feed infants and young children.
- Breastfeeding champions and positive BF media images/stories are promoted.
- MAIF Agreement has been strengthened with effective monitoring and compliance measures.
- Lactation education in schools is implemented.
- The Infant Feeding Guidelines and the Australian Dietary Guidelines are updated by the NHMRC and promoted by the Department of Health.

**Medium-term**
- Increased positive attitudes toward breastfeeding women.
- Improved balance of media coverage regarding breastfeeding.
- Increased reporting of inappropriate advertising and promotion of formula.
- Increased awareness of the value of breastfeeding among school children.
- Increased knowledge and awareness of the Guidelines among health professionals and the public.
- Health professionals have skills & knowledge to provide evidence-based & consistent advice & support.
- Health professionals have increased knowledge of effective breastfeeding interventions.
- More milk banks are established in areas of need.
- Women have increased opportunities for BF workplaces which enable longer breastfeeding durations.
- ECEC settings introduce innovative practices to support breastfeeding.

**Long-term**
- Breastfeeding is valued and normalised in all settings.
- Community/public spaces promote and enable breastfeeding.
- Breastfeeding is valued and normalised in all settings.
- Community/public spaces promote and enable breastfeeding.
- Community associates infant feeding with breastfeeding and breast milk rather than formula.
- More babies are exclusively breastfed between the ages of 0-6 months.
- Babies receive solid foods from around 6 months and continued breastfeeding until 12 months of age and beyond for as long as mother and child desire.
- Improved outcomes for children, including reduced prevalence of overweight and/or obesity and diabetes and higher performance in intelligence tests, attained schooling and adult earnings.
- Improved outcomes for mothers, including reduced incidence of osteoporosis, ovarian cancer and cardiovascular disease and reduced maternal depression.

**Context:** Australian National Infant Feeding Survey 2010 showed that breastfeeding was initiated for 96% of children aged 0-2 years. Around 60% of babies were still receiving breastmilk at 6 months, but only 15% of babies were exclusively breastfed to 5 months. NHMRC recommendation is exclusive breastfeeding until 6 months of age, with the introduction of solid foods around 6 months, and continued breastfeeding until the age of 12 months.

**Assumptions:**
- There is commitment by all Australian governments to the Strategy’s vision and objectives.
- There is national coordination and implementation of the Strategy – including data collection, monitoring and evaluation.
- All jurisdictions will provide funding to implement the Strategy.
- The Strategy will have wide uptake and interest.

**Risks:**
- Limited funds to implement the Strategy’s activities.
- Limited funds for monitoring and evaluation.
- Short timeframe for policy and program processes.