



6 February 2026

Australian Breastfeeding Association Submission in response to Human Tissue Laws: Question 7 – Exclusions from the definition

Human Milk should be included in Human Tissue laws, with exclusions for specific purposes, as discussed below. This submission has been informed by advice from stakeholders including the World Health Organization (WHO) Nutrition and Food Safety secretariat.

Inclusions

Human milk is known to optimally support infant growth and development and is important for lifelong health. The Australian Infant Feeding Guidelines and WHO Guidelines recommend exclusive breastfeeding for the first 6 months of life, and continued breastfeeding beyond the first year of life (WHO, 2003; NHMRC, 2013). Where a mother's own milk is not available, donor human milk is recommended above infant formula (Ames et al, 2023; Picaud, 2022; WHO, 2022,).

Given the importance of human milk, and the associated recommendations to support lifelong health, it is necessary to protect breastfeeding and ensure safety, facilitation and access in alignment with the objectives of Proposal 5.

Human milk should be included in provisions prohibiting the exchange of human tissue for reward (Proposal 40 and 41) to reduce the risk of exploitation as well as the adulteration of human milk to be received by vulnerable infants.

Milk banks are critical in providing donor milk to vulnerable pre-term infants in hospital settings. Given their importance they should be included in the scope of these laws to ensure minimum safety standards are set by regulators that allow for safe and efficient access to donor milk. These safety standards should allow for safe milk banking of both pasteurised and unpasteurised human milk. Safe use of unpasteurised milk banking is evident in Norway (Grøvslien & Grønn, 2009).

The status of potential exemptions as described in Proposal 43 in relation to human milk are not resolved. Currently there is little or no evidence that medical products derived from human milk, such as human milk fortifiers, are indicated for use in pre-term infants (Brown et al, 2020), and these should therefore not currently be exempt under Proposal 43.

Exclusions

The feeding of one's own child with one's own breast milk should not fall under the human tissue laws.

Informal milk sharing should be excluded from human tissue laws. Situations of informal milk sharing include altruistic wet-nursing and person-to-person facilitated donation of human milk (without reward).

Although not described in the proposals or questions, it is important that human tissue laws do not inadvertently apply to human milk in community settings where a mother is providing human milk for her child. Based on extensive scientific understanding (Eglash et al, 2017; NHMRC, 2024) human milk in these settings is treated as a food product for hygiene and safe handling (i.e. not a biohazard), and provisions should be made to ensure this status remains unchanged in these contexts. This includes, but is not limited to:

- Expressed breastmilk in Early Childhood Education and Care settings
- Expressed breastmilk in general workplace refrigerators
- Breastmilk secretions in a public swimming pool
- Inadvertent exposure or ingestion in the community

About the Australian Breastfeeding Association

The Australian Breastfeeding Association (ABA) is a not-for-profit organisation and registered charity. ABA provides evidence-based information, counselling, and peer support to mothers, families, and communities. Its long-standing reputation and national reach make it a trusted source of guidance for both parents and health professionals, contributing to improved breastfeeding practices and maternal-infant health outcomes. Further information on our organisation can be found on our webpage and [Annual Report 2024-2025](#).

The Australian Breastfeeding Association welcomes any questions in relation to this submission.


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