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愛嬰資訊

Baby Friendly Newsletter

封面故事 Cover Story

逾千媽媽齊齊母乳育嬰 為香港創紀錄
慶祝2010年國際母乳哺育周

In celebration of World Breastfeeding Week 2010
Over 1,000 mothers breastfed together to create a
Hong Kong record



Baby Friendly Hospital Initiative
Hong Kong Association
愛嬰醫院香港協會

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主席的話 Message from Chairman

每年的八月一日至七日為國際母乳哺育週，全球超過120個國家舉辦不同的活動來慶祝。今年的主題是「母乳育嬰十部曲 同心協力齊跟足」，紀念《伊諾森蒂宣言》二十周年，提出所有提供產科服務及母嬰保健的醫療設施實行《成功母乳育嬰十項指引》。本會與政府部門合辦了一個「齊來母乳育嬰日」，成功創立了香港最多媽媽同步授乳的紀錄。

在今期的愛嬰資訊中，我們除了會跟大家一起重溫國際母乳哺育週的活動外，亦會為大家帶來最新的母乳餵哺資訊。餵哺母乳極需要社會各界人士的支持。我們在此衷心感謝各位支持餵哺母乳的人士，願您也是當中的一分子，與我們一同努力，教育大家餵哺母乳的知識和重要性，攜手為香港建立健康的母乳餵哺環境。

Every year, August 1 to 7 is the World Breastfeeding Week, with celebrations in more than 120 countries. This year's theme: "Breastfeeding ~ Just 10 steps! The Baby-Friendly Way" commemorated the 20th anniversary of the Innocenti Declaration that called for implementation of the Ten Steps to exclusive breastfeeding in all maternity facilities. Our association and government departments co-organized a "Hong Kong Breastfeeding Action Day", which successfully created a Hong Kong record on simultaneous breastfeeding.

In this issue, apart from recapturing the celebration activities of WBW for you, we will also bring to you the latest news on breastfeeding. Breastfeeding requires support from every sector in the society. We are grateful to all the people who have supported or are supporting breastfeeding. You are invited to work with us, spreading the knowledge and the importance of breastfeeding, joining hands with us to build a baby friendly environment in Hong Kong.



Dr. Patricia Ip

慶祝2010年國際母乳哺育周 Celebrating the World Breastfeeding Week 2010



逾千媽媽參與由衛生署、醫院管理局及本會舉辦『齊來母乳育嬰日』，在全港各地同步授乳，創立香港紀錄。婦女事務委員會主席高靜芝太平紳士、衛生署家庭健康服務首席醫生梁士莉、醫院管理局代理質素及安全總監廖慶榮醫生早上親臨鰂魚涌社區會堂大禮堂致辭，為活動揭開序幕。席上更邀得now寬頻電視採訪主任邱陳凱欣女士分享母乳餵哺的經驗。一眾嘉賓與到場的母嬰見證此一重要時刻，拍照留念，然後為每年八月一日至七日的國際母乳哺育周進行記者招待會。

今年國際母乳哺育周的主題為：『母乳育嬰十步曲 同心協力齊跟足』，紀念《伊諾森蒂宣言》二十周年，提出所有提供產科服務及母嬰保健的醫療設施實行《成功母乳育嬰十項指引》。藉此促進醫療衛生系統、醫療工作者及社區支持婦女以母乳育嬰。是次『齊來母乳育嬰日』活動取得空前成功，得到全港各區共1,139位媽媽以行動響應，活動場地包括：主場鰂魚涌社區會堂大禮堂(35)、醫院管理局轄下各醫院產科及兒科部病房(440)、參與的私家醫院產科部(194)、衛生署轄下兩所母嬰健康院(38)，亦有432位媽媽於家中或職場自發參與。本會在這裡謹代表活動籌委會再次感謝各界的支持。

高靜芝太平紳士在會上呼籲，社區應多設育嬰間，而各界設計育嬰間時，應留意餵哺母乳人士的需要，關注「性別觀點主流化」的概念，例如在門牌的設計上採用中性風格，使父親亦可安心進入育嬰間內協助照顧幼兒。哺乳區門上亦不宜安裝門鎖，以免母親需在哺乳期間為其他母親開門，做成不便，而以告示牌指示哺乳區乃女士專用。

醫院管理局馮玉娟女士在會上致辭時表示，醫院管理局從本年四月一日起，已停止接受供應商提供的免費嬰兒奶粉，亦確保醫院內不會有嬰兒奶粉的商業產品推廣和營銷。更制定母乳哺育政策及推行策略，期望這些措施能使當局轄下的醫院成為「愛嬰醫院」。

Over 1,000 mothers participated in the “Hong Kong Breastfeeding Action Day” organised by the Department of Health, Hospital Authority and UNICEF Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) to create a Hong Kong record. Ms Sophia Kao Ching-chi, JP, Chairperson of Women's Commission, Dr Shirley Leung, Principal Medical Officer of Family Health Service, Department of Health, and Dr Liu Hing-wing, Deputizing Director (Quality and Safety) of Hospital Authority kicked off the event at Quarry Bay Community Hall in the morning. Mrs Yau Chan Hoi Yan, News Editor, News and Business Information, now TV, was present to share her breastfeeding experience. The guests took a group photo with all participating mothers at the Hall to record the important moment. The press conference for the World Breastfeeding Week 2010 was held afterwards.

This year's theme: “Breastfeeding ~ Just 10 Steps! The Baby-Friendly Way”, commemorates the 20th anniversary of the Innocenti Declaration that called for implementation of the Ten Steps to exclusive breastfeeding in all maternity facilities, which also aims to revitalise activities within health systems, and among healthcare providers and communities to support women to achieve their breastfeeding intentions. The “Hong Kong Breastfeeding Action Day” was an unprecedented success, attracting a total of 1,139 mothers' participation all over Hong Kong: Quarry Bay Community Hall (35), all Obstetric and Paediatric Units of the Hospital Authority (440), participating maternity units in private hospitals (194), and two Maternal and Child Health Centres in Lek Yuen and West Kowloon (38). 432 mothers pledged to breastfeed at home / workplaces at the same time as well. Our Association, on behalf of the Organizing Committee, wishes to thank once again everyone for the support.

Ms Sophia Kao, JP, called for more baby care rooms to support breastfeeding mothers. She urged for more consideration of mothers' needs when designing the rooms. The “gender mainstreaming” principle should be incorporated in the design, for example, using a neutral figure instead of a female figure for the signage of the baby care room, so the husband can help out his wife to take care of the baby in the room. No lock should be installed on doors of baby care rooms so mothers would not be disturbed during breastfeeding to open the doors for others to enter the room. Instead, she suggested hanging a signage that states “Breastfeeding area for women only” outside the area when mothers are breastfeeding inside.

Ms Sylvia Fung, Chief Manager (Nursing) and Co-chairperson, Hospital Authority Steering Committee on Breastfeeding pointed out that the Hospital Authority (HA) stopped accepting free infant milk formulae from



愛嬰醫院香港協會主席葉麗嫦醫生公佈週年母乳餵哺問卷調查結果。在2009年出生嬰兒，於設有產科的醫院之母乳餵哺比率是75.4%（以出院計），較上一次的調查微增1.5%。該項調查亦發現少於1%的產科醫生及只有7%的兒科醫生完成相等於世界衛生組織所建議的母乳餵哺專業培訓。產科及兒科護理人員則分別有64%和17%完成上述之培訓，比去年分別下跌了9%和25%。（2009：產科及兒科護理人員則分別有73%和42%完成上述之培訓）（詳細調查結果請閱第4頁）

衛生署家庭健康服務高級醫生鄭佩欣則表示：「衛生署現正籌備製作一套網上學習教材，對象是為懷孕及授乳的婦女、提供支援的產科、兒科及家庭醫生，加強醫護人員掌握餵哺輔導的知識及技巧，為本地的母親及嬰兒提供有效的母乳餵哺輔導及專業支援。此外，衛生署於2010年6月底已成立一個跨界別的專責小組，策劃草議和實行一套適用於香港的母乳代用品銷售守則。」

活動相片請瀏覽本會網站 www.babyfriendly.org.hk

suppliers since the first of April this year. Moreover, marketing and promotion of infant milk formulae is prohibited in its hospitals. HA is also developing measures to improve the breastfeeding environment for mothers, allowing its hospitals to be eligible for accreditation as baby-friendly.

Dr Patricia Ip, Chairman of BFHIHKA, reported a 1.5% rise in the breastfeeding rate on discharge from hospitals with maternity units in Hong Kong to 75.4% for births in 2009 through her annual World Breastfeeding Week survey. The same survey found that less than 1% of obstetric doctors and 7% of paediatric doctors had received formal training on breastfeeding as prescribed by the World Health Organization (WHO). The corresponding figures for obstetric and paediatric nurses were 64% and 17%, dropping 9% and 25% respectively from last year's. (2009: The corresponding figures for obstetric and paediatric nurses were 73% and 42%.) (Please read page 4 for detailed survey result.)

Dr Ip continued: "Inadequately trained medical professionals remains to be the key issue of breastfeeding in Hong Kong. Only very few doctors, including both obstetric and paediatric, are trained. The situation is worsened by the turnover of doctors. I hope the 'Ten Steps' are promoted to all healthcare workers and are fully implemented."

"The Department of Health is in the process of developing a multimedia e-learning education kit for pregnant and breastfeeding women, obstetricians, paediatricians and family physicians. It aims to equip doctors with necessary knowledge and skills in supporting breastfeeding mothers and managing lactating problems," said Dr Rachel Cheng, Senior Medical Officer, Family Health Service. "In addition, the Department has set up a multidisciplinary Taskforce in June 2010 to develop and promote the Hong Kong Code of Marketing of Breastmilk Substitutes. The process will involve all key stakeholders in the community."

For photos of the function, please visit our website: www.babyfriendly.org.hk

2010年度問卷調查結果

2010 Annual Survey Result

每年為慶祝母乳哺育周，本會均會就母乳餵哺比率、各醫院婦產科推行〈成功母乳育嬰十項指引〉的狀況以及醫護人員有沒有在醫療機構內觀察違反〈國際母乳代用品銷售守則〉的情況作問卷調查。

1. 母乳餵哺比率 (以出院計)

本會向18所設有婦產科的醫院發出之問卷。結果顯示，2009年之平均母乳餵哺比率為75.4%，比2008年的73.9%微增1.5%，而公營醫院在比率分佈上的距離較以前略為拉闊；私營醫院在比率分佈上的距離維持不變。至於住院期間純母乳餵哺率，並非所有醫院都能提供有關資料。但從所得資料可見，雖然記錄時段長短不一，數字差距非常大：公立醫院錄得由4%至42%的比率；由8所私立醫院提供的數據更顯示少於1%至多於90%的差距。

2. 成功母乳育嬰十項指引

本會要求醫院建議如何改善《指引》的實行。一如以往，很多醫院指出職員培訓的必須性，其次是母親在產後能即時與嬰兒有肌膚接觸，亦應加強向孕婦提供母乳餵哺教育及支援。另外，數所受訪醫院提到母嬰同房及不向母乳餵哺的嬰兒使用奶瓶或人造乳頭的重要性。

3. 國際母乳代用品銷售守則

2010年的情況比往年有幾項明顯改善，即減少了贈送禮品及宣傳資料給醫護人員的情況，但在提供給母親關於配方奶產品的文字資料沒有列明母乳育嬰的好處及人工餵哺的缺點之情況有待改善。有醫院完全無須為母親提供配方奶產品的文字資料是可喜的。

純母乳餵哺現已被美國醫療機構聯合評鑑委員會（The Joint Commission on accreditation of health care organizations）列為其中一項圍產期護理重點措施（Perinatal Care Core Measure）。因此，在各香港醫院致力評審服務水準的同時，更值得關注純母乳餵哺。

在沒有醫療需要的情況下提供補充品予接受母乳餵哺之嬰兒的問題，實與好幾項其他指引的實施有直接關係，例如應在產房開始母乳餵哺及母嬰同房。所以，《成功母乳育嬰十項指引》是有必要整套地實行。

所有公立醫院停止接受免費母乳代用品絕對是香港保護及支持母乳餵哺的一大里程碑，現亦有幾所私立醫院開始採取同樣做法。而且，公立醫院採購此等產品同時要求產品製造商於醫院範圍內遵守《守則》，為希望成為愛嬰醫院的醫院移除了一主要障礙，是全面實施《指引》的動力。最令人欣慰的是政府有意在全香港實行《守則》。我們亦期待香港的醫院能儘快加入全球超過20,000所愛嬰醫院的行列。

Every year, in celebration of the World Breastfeeding Week (WBW), the Association conducts an annual survey on the breastfeeding rate in Hong Kong, maternity units' fulfillment of the Ten Steps to Successful Breastfeeding and healthcare workers' observation of the compliance to the International Code of Marketing of Breastmilk Substitutes in their hospitals.

1. Breastfeeding Rate on Discharge

Questionnaires were sent to 18 Hong Kong Hospitals with maternity units. The average breastfeeding rate upon discharge from Hong Kong maternity units in 2009 was 75.4%. This was a slight increase of 1.5% over the 73.9% for births in 2008. The range of the rates between public hospitals widened slightly while that of private hospitals remained much the same. As for the exclusive breastfeeding rate in hospital, not all hospitals have such record. Where data were available, they were for varying periods per year. However, the range was very wide. In public hospitals it varied from 4 to 42%; for private hospitals that kept such records, it varied from less than 1 to over 90%.

2. The Ten Steps to Successful Breastfeeding

Hospitals were also asked to give suggestions as to how to improve the implementation of the Ten Steps in their hospitals. Once again many hospitals cite training for professionals as being essential followed by the practice of skin to skin contact between mothers and babies at birth. Other areas of focus included breastfeeding education and support for pregnant women. Rooming-in and not using bottles and teats to feed babies of mothers who wished to breastfeed were also mentioned by a few hospitals.

3. The International Code of Marketing of Breast milk Substitutes

This year, hospitals observed some improvements over the previous year. Fewer hospitals observed gifts or promotional material being given to healthcare workers but more hospitals did not observe written material on infant formula milk products provided to mothers clearly described the advantages of breastfeeding and disadvantages of artificial feedings, although some hospitals did not give such material at all.

Exclusive breastmilk feeding rate is now one of the Perinatal Care Core Measure of the Joint Commission on accreditation of health care organizations. As Hong Kong hospitals work towards accreditation of their services, this is an area well worth attention.

The practice of giving supplements which are not medically indicated to breastfed infants is tied in with a number of the other steps like not initiating breastfeeding in the labour room and separating mothers and babies unnecessarily. That is why the Ten Steps need to be practised as a whole.

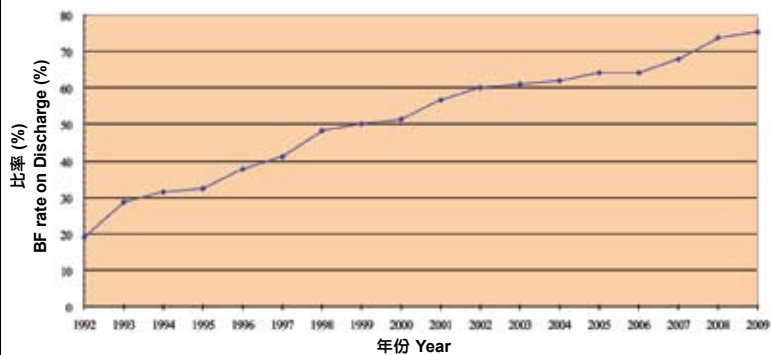
A major milestone in the protection and support of breastfeeding in Hong Kong is of course the discontinuation of the acceptance of free supplies of breastmilk substitutes in all public hospitals. A number of private hospitals are also adopting the practice. Furthermore, the procurement of such products in public hospitals is linked to manufacturers being Code compliant within public hospital facilities. This removes a prime obstacle for hospitals wishing to acquire the status of Baby Friendly Hospital and serves as an impetus for the implementation of the Ten Steps in full. It is most gratifying that the government is looking into implementation of the Code territory-wide. We also look forward to hospitals applying for formal accreditation as Baby Friendly Hospitals, like over 20,000 hospitals world-wide.

有關調查結果的詳細內容，請在本會的網頁（網址：www.babyfriendly.org.hk）

下載調查報告全文，亦可致電本會索取（電話：2591 0782）。

For details of the survey, please refer to our full report, which is obtainable from our website (www.babyfriendly.org.hk) or call us at 2591 0782.

本港母乳餵哺率 (出院計) (1992 - 2009)
Breastfeeding rate on Discharge (1992 - 2009)



母乳最好？ Breast is Best?

一眾運動發起人指「母乳最好」(Breast is best)口號未能說服新任母親採用母乳餵哺，故促請英政府採用。

母乳餵哺網絡(The Breastfeeding Network)希望母乳餵哺被視為「常模」的行為，給人平常、正常的印象，而非其口號所意味般「與眾不同」。所以其主席Lesley Backhouse去信英國衛生部促請更換「母乳最好」口號。

「生理常模」

「我們務必要剷除母乳餵哺的這個特殊形象。」她說，「它暗示母乳餵哺是與別不同，而餵配方奶是標準的做法。但其實母乳餵哺才是我們的生理常模。」

她續說：「餵哺母乳是唯一被視為『例外』，而非『常規』的生理常模。」Lesley Backhouse又指，重要的是讓新任母親知道餵哺母乳既免費，又簡單容易，更是最自然不過的餵哺方法。

英國衛生部表示，只要是有助推行母乳餵哺的行動都會支持，但稱「母乳最好」並非當局的口號。發言人表示：「母乳餵哺有益於嬰兒，有益於母親，而且非常方便。關鍵是讓母親們得到適當的支持，讓她們能成功授乳。」

英國國民保健服務(National Health Service)派發給孕婦及新任母親的單張稱母乳餵哺能預防癆肥、敏感、哮喘及糖尿病。另有研究顯示母乳餵哺的嬰兒患上腸胃炎、呼吸道感染及耳道感染的風險較低亦會較低。

持續餵哺

母乳餵哺的好處不止於嬰兒。專家指，採用母乳餵哺的母親可更快地將懷孕時增長的贅肉減去，授乳亦有助減低在更年期前患上乳癌的風險。可惜，據資料顯示，英倫八成選擇以母乳餵哺的婦女中，只有五分之一在嬰兒六個月大時仍持續餵哺母乳。一項訪問了3,000名母親的調查指，四成受訪者承認堅持餵哺母乳有困難。

一英國皇家助產士學院助產學顧問表示，支持母乳餵哺網絡的看法，認為「母乳最好」這口號已不合時宜。她說：「是時候把母乳餵哺正常化及為授乳母親創造適合條件，讓她們在任何地方，無論是餐廳或是商店，也可以安心授乳。」



Campaigners in UK are calling on their government to drop the "breast is best" slogan because it is not convincing new mums to breastfeed, they say.

The Breastfeeding Network wants breastfeeding to be seen as the norm - not something special - as the slogan suggests. So Lesley Backhouse, chair of the Network, wrote to the Department of Health asking that the message "breast is best" be changed.

'Biological norm'

Lesley Backhouse considered the slogan "Breast is best" implies that formula feeding is the norm for infants while breastfeeding is special when in fact, breastfeeding is the biological norm. It is important to let new mothers know that breastfeeding is free and easy, and the normal way to feed a baby.

The Department of Health agrees to the benefits of breastfeeding like protection against obesity, allergies, and diabetes and the reduction of gastroenteritis, respiratory and ear infections. It is important to support mothers to make breastfeeding a success for both mothers and babies, but says the slogan is not theirs.

Latching on

The advantages also extend to women who breastfeed. They may lose the weight they gained in pregnancy faster. They also have lower risk of pre-menopausal breast cancer, experts say.

Eight in 10 women in England start off breastfeeding but only one in five keeps it up when their baby is six months old.

In a survey of 3,000 mothers, four in 10 struggled to learn to breastfeed their newborn.

A midwifery advisor at the Royal College of Midwives supports the view of The Breastfeeding Network that the "breast is best" slogan is outdated.

"It's time to normalise breastfeeding," she said. Mothers should be able to breastfeed in comfort anywhere.

資料來源：

BBC 新聞—健康資訊，日期：2010年6月21日

網址：<http://www.bbc.co.uk/news/10368037>

Source:

BBC News – Health, 21 June 2010

Webpage: <http://www.bbc.co.uk/news/10368037>

招募愛嬰熱線哺乳顧問

愛嬰熱線(電話: 2838 7727)每天由早上九時至晚上九時接收公眾有關母乳餵養的查詢，於晚上六時起由一群合資格及經驗豐富的專業人士擔當義務顧問回覆查詢，提供母乳餵哺的專業意見。

您也希望加入成為愛嬰熱線顧問的一份子嗎？

每一位顧問的參與也能令我們的熱線服務更趨完善，我們正等候您的加入呢！

只要您曾完成四十小時或以上的母乳餵養輔導課程，有興趣在各位媽媽遇到疑難時，透過電話為她們提供專業意見，歡迎致電2591 0782或寄電郵至 bfhi@unicef.org.hk查詢詳情。

我們需要您的支持！

Recruitment of Lactation Consultant

The Baby Friendly Hotline (Tel: 2838 7727) receives public enquiries daily from 9am to 9pm about breastfeeding. From 6pm onwards our hotline counsellors, who are qualified and experienced breastfeeding experts will contact the callers to answer their enquiries, providing professional advice on breastfeeding.

Would you like to become our Hotline Counsellor?

Every counsellor helps us improve the hotline service. We are waiting for you!

If you have completed a forty-hour or more counselling course on breastfeeding and would like to provide professional counselling to mothers on phone, please call 2591 0782 or email us at bfhi@unicef.org.hk for more information.

We need your support!

Kangaroo Mother Care



2010年三月，一名澳洲母親Kate Ogg講述她初生兒子死而復生的經過。她說，當醫生經過20分鐘搶救後宣佈兒子已經「死亡」時，她立時將兒子抱起，採取「袋鼠育兒法」（Kangaroo Mother Care或Kangaroo Care），最後救回孩子一命。

Kate說寶寶當時全身軟綿綿。她脫下身上的病袍，把寶寶放在懷裏，讓他的頭靠在自己臂彎上，然後就一直抱着他。

Kate兩小時內一直擁抱着孩子，並不斷和丈夫一起與寶寶說話。期間，她發現只有兩磅重的寶寶竟有生命的跡象，他還伸出小手抓著媽媽的指頭。

紐約皇后區醫院初生嬰兒深切治療部及初生嬰兒部總監Pinchi Srinivasan醫生認為，寶寶當時真的「死」後因「袋鼠育兒法」復活的機會微乎其微，但這育嬰法的確對嬰兒有益處，而且在很多初生嬰兒深切治療部廣泛使用。

何謂「袋鼠育兒法」？

所以被稱為「袋鼠育兒法」，是因為它跟袋鼠照顧幼兒的方法十分相似。這育嬰法不但可在世界各處隨時進行，從生物學角度來說亦有根據，且對早產嬰兒尤其重要。「袋鼠育兒法」主要由三大部份組成：

一. 肌膚接觸

嬰兒與父母的前胸互相緊貼，正如袋鼠把幼兒放在自己胸前一樣。雖然這種「心貼心」的肌膚接觸在任何時候進行都有益於母親及嬰孩，但最理想的情況是在嬰兒出生後立即開始並一直持續進行，而且愈多愈久更好。

二. 純母乳餵哺

母親在孩子出生初期就開始單以母乳，透過擠奶或直接餵養嬰兒。

三. 不分隔母嬰的支援

無論母親／家長或嬰兒需要接受醫療、情緒、心理或生理上的輔導或治療，都不把嬰兒與家長分開。嬰兒可同時用上最高科技醫療儀器；若資源有限，亦可能只為母嬰提供密切的心理支援。

哺乳類動物顧名思義，是指生有乳房用以餵哺幼兒的動物。各種哺乳類動物亦會在幼兒出生後，不約而同地做出同一套行為，並因此引發餵哺母乳及持續餵哺的結果。一項重要研究發現指，初生嬰兒的行為動作，會令母親產生照顧嬰孩的反應。當被帶離天然生長環境，初生幼兒會作出「抗議—絕望」或「分離焦慮」反應。

人類嬰兒出生時腦部體積只有成人的25%，與其他動物相比，生長程度相對不成熟。對嬰兒來說，母親的身體是他們天然且健康的生長環境，母嬰之間的肌膚及眼神接觸更有助嬰兒發展有關「喜悅」的大腦神經路徑。但母嬰分離就會產生完全相反的影響，使大腦發展有關「壓力」的神經路徑，引起一些不安的表

In March 2010, Kate Ogg, a mother in Australia, said her doctor, after struggling to save her baby's life for 20 minutes, declared her newborn premature son "dead", but she quickly helped revive her son by holding him against her body, which is known as "Kangaroo Care" (or "Kangaroo Mother Care").

Kate said her baby was all limp. She took off her gown and put him on her chest with his head over her arm and just held him.

Kate and her husband spoke to the baby as she constantly embraced him for nearly two hours. During that time, she said, her two-pound baby showed signs of life; he even held out his hand and grabbed her finger.

Dr. Pinchi Srinivasan, director of the Neonatal Intensive Care Unit and Neonatology at New York Hospital Queens, felt it was "unlikely" that Kate's baby was "dead" and resuscitated by "Kangaroo Care", but the technique can and does benefit babies, and is used in many neonatal intensive-care units.

What is Kangaroo Mother Care?

Kangaroo Mother Care (KMC), or Kangaroo Care, is so named due to its similarity to how a kangaroo mother cares for her joey. It is a universally available and biologically sound method of care for all newborn babies and particularly important for premature babies. It has three components:

1. **Skin-to-skin contact** is when the baby's front is against an adult's chest like a kangaroo placing its baby in its front. Skin-to-skin contact, the more the better, should ideally be initiated at birth and carried on continuously, but is still helpful at any time for any duration.

2. **Exclusive breastfeeding** means mother feeding her baby early and only with breastmilk, either by expressing from the breasts or directly.

3. **Support to the dyad** means that whatever is needed for the medical, emotional, psychological and physical well being of mother/ parent and baby is provided without separating them. This might mean using at the same time ultramodern medical equipment if available, or purely giving intense psychological support when there are limited resources.

Mammals are called mammals because they have breasts for suckling their young. Different mammals show a surprisingly similar pattern of behaviour when their young are born. The behaviour leads to initiating and sustaining of breastfeeding. A key research finding is that it is the newborn's actions that elicit caring responses from the mother. If the newborn is taken away from his natural habitat, he shows a "protest – despair" or "separation distress" response, first described in human babies.

When born, human babies are relatively immature with only 25% of their adult brain size. The mother's body is the natural and healthy environment for the baby. The skin-to-skin and eye contact between the mother and the baby facilitates the development of pleasure related brain pathways. Separation between mother and baby creates the opposite effect – development of stress related brain pathways leading to unsettled behaviour like colic and sleep disturbances. Furthermore breastmilk provides the optimal nutrients for brain growth.



現，如腹絞痛及睡眠障礙等。另外，母乳亦能為嬰兒腦部發展提供最佳營養。

可惜，在20世紀高科技社會，母嬰分離已普遍被接受，及認為是必需和正常的做法。其實將母嬰分離是既不正常，又有害的。

「袋鼠育兒法」有甚麼好處？

採用「袋鼠育兒法」與嬰孩進行肌膚接觸，較使用嬰兒孵箱能更快地令嬰兒的情況穩定下來，嬰兒亦會有穩定的含氧量、心跳及體溫。肌膚接觸能使母親的胸部自動升溫，溫

暖一個體溫低的嬰兒；而當嬰孩發燒時，母親的體溫亦會隨之下降。

「袋鼠育兒法」另一不可少的部份便是餵哺母乳：肌膚接觸能刺激母乳產生，使嬰兒得到母乳帶來的好處，能飲用適合人類的奶；相反，由牛奶製造的配方奶的成分是專為牛犢而設。當嬰兒聞到母乳的氣味，天生的哺乳反射便會啟動，所以較少母乳餵哺的問題。

母乳會因妊娠期而改變成份，所以母親早產，母乳成分也是適合早產嬰兒的。母親的乳房更能因應一對孿生兒不同的需要，而分別提供不同的奶水。母乳不僅能提供所有腦部成長必須的營養，初乳更含有各種豐富的抗體，能增強嬰兒的免疫力。

除抗體外，母乳還有許多其他保護因素，能預防嬰兒患上很多不同的感染及長期病患。同時，肌膚接觸能使嬰兒精神鬆弛，有助腸道吸收；「袋鼠育兒法」能使早產嬰兒生長得更快，讓他們早日出院。

此外，「袋鼠育兒法」可減緩嬰兒的壓力及哭鬧，故能減少早產嬰兒常有的腦出血。

母親使用「袋鼠育兒法」透過肌膚接觸，能早早幫助孩子建立安全感；而這母嬰間的聯繫，奠定了孩子日後獲得最佳發展及穩定情緒的基礎。

「袋鼠育兒法」對媽媽亦有益處！

肌膚接觸會使大腦產生催產素（oxytocin），能紓緩母親緊張的情緒及幫助乳汁分泌。餵哺母乳時，催產素等荷爾蒙亦會釋出，幫助子宮收縮以減少產後出血。「袋鼠育兒法」幫助母嬰建立「母嬰同步睡眠」（sleep synchrony），即母親與嬰孩同時就寢、同時醒來的睡眠規律，使母親得到更多睡眠時間。「袋鼠育兒法」亦能讓早產嬰兒的母親感覺自己正在把最好的照料帶給孩子及幫助他們成長，故有助她們克服因早產帶來的罪疚感及焦慮，避免患上產後抑鬱症。

最後，父親的角色亦非常重要，他們也能使用「袋鼠育兒法」來增進家庭成員之間的聯繫與家庭和諧。「袋鼠育兒法」能為未來社會棟樑提供最好的基石，而它的成功仍有賴良好社區支援系統的配合。

Unfortunately, twentieth century high technology practice has led to separation of mother and child being accepted as necessary and normal. Indeed, separation is abnormal and harmful.

What are the benefits of Kangaroo Mother Care?

Babies on KMC stabilize faster on skin-to-skin care than those in the incubator and have stable oxygen rate, breathing, heart rate, and body temperature. In the skin-to-skin care, the mother's chest automatically warms to warm a cold baby, and the mother's core temperature can drop if her baby has a fever.

Another of the essential factors of KMC is breastfeeding: breastmilk production is stimulated by skin-to-skin care so baby gets all the benefits of breastmilk including the correct milk for humans as formula is made with cow's milk, which is designed for baby calves. When the baby smells the breastmilk, his rooting reflex is stimulated and so there are fewer problems with breastfeeding.

Babies get gestation-specific breastmilk from mothers and the milk content changes for a preterm baby. Breasts can even produce different milk specific to the needs of each twin. Breastmilk contains all of the nutrients necessary for brain growth and colostrum is rich in antibodies that protect the newborn.

Other than antibodies, breastmilk has many other protective factors protecting the baby from many infections and chronic illnesses. A baby in skin-to-skin care is relaxed which helps food absorption in the gut. Preterm babies on KMC can grow faster and therefore leave the hospital earlier.

With less stress and crying on KMC, there are less brain bleeds, which is common in preterm babies.

In KMC the sense of security is established early through skin-to-skin contact and this mother-infant bonding paves the way towards the best development of the baby and long term emotional stability.

Kangaroo Mother Care benefits mother as well!

Skin-to-skin contact releases oxytocin, which calms the mother and helps the production of breastmilk. Breastfeeding also releases hormones including oxytocin, which help the uterus to contract reducing blood loss after delivery. KMC empowers the mother and helps the mother and baby develop a rhythm of sleeping and waking together called "sleep synchrony" so the mother gets more sleep. It also helps the mother of a preterm baby to overcome the guilt and anxiety often predisposing to post-partum depression as the mother feels KMC is a way to give her best care to her baby and bring her baby to maturity.

Last but not least, fathers can also provide KMC which increases the family bonding and harmony. The success of KMC requires a good community support system but KMC provides the best to the future pillars of our society.

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餵哺母乳減低接種疫苗後發燒風險

早前在意大利進行了一項前瞻性定群研究，調查母乳餵哺對接種常規疫苗後出現發燒的影響。超過400名嬰兒的母親在嬰兒接種疫苗當晚及其後連續3天晚上，依照指示量度及紀錄嬰兒的體溫。研究人員在第3天透過電話收取有關資料，了解嬰兒發燒的情況，根據多變量分析，比較過不同疫苗劑量、母親教育程度、吸煙習慣，及其家庭中子女的數目後，推斷出發燒與餵哺方式的相對關係。研究人員發現，只有25%接受純母乳餵哺的嬰兒發燒、接受部分母乳餵哺的嬰兒則有31%發燒，而完全不以母乳餵哺的嬰兒就有53%發燒($P < 0.01$)。由於母乳帶來的保護在幾種潛在影響因子存在下仍然持續有效，研究人員總結是次研究發現，餵哺母乳與接種疫苗後出現發燒成反比關係。

如欲得知更多詳情，請查閱：Pisacane A, Continisio P, Palma O. Breastfeeding and fever after immunization. *Pediatrics* 2010;125:e1448-52

餵哺母乳或能保障兒童及青少年精神健康

好幾項研究均曾指出，母乳餵哺與兒童達到各發展階段的里程碑及認知的關係；亦有不少研究顯示，母乳餵哺與兒童長大後的心理與行為發展結果有關，但其研究方法卻曾受質疑。為了找出餵哺母乳會否獨立地影響兒童及青少年精神健康，研究人員於澳洲開展了一項調查，總共招攬了2,900位孕婦，花14年時間跟進當中活產兒，並分別在孩子2、6、8、10及14歲時使用認可工具評估他們的精神健康狀況。工具能助分析人員識別一些「內化」的問題，如：離群、焦慮或抑鬱、身體病徵；及「外化」問題，如：有違法及暴力傾向。另外，研究人員亦有考慮母親的背景，如：年齡、教育水平、吸煙習慣、家庭收入、家庭結構、生活壓力及產後抑鬱。結果發現持續6個月的母乳餵哺，是兒童及青少年會否出現「內化」及「外化」精神健康問題的「獨立預測指標」。故此，研究人員建議採取介入措施，以延長母乳餵哺期。



如欲得知更多詳情，請查閱：Oddy WH, Kendall GE, Li J, et al. The Long-Term Effects of Breastfeeding on Child and Adolescent Mental Health: A Pregnancy Cohort Study Followed for 14 Years. *J Pediatr* 2010;156:568-74

Breastfeeding reduces the risk of fever after immunisation

Italian researchers conducted a prospective cohort study to find out the effects of breastfeeding on the risk for fever after routine immunizations. Over 400 infants scheduled to be immunized were recruited to the study. Mothers were taught how to take and record their baby's temperature on the evening of the immunization and for the following 3 days. The mothers were phoned on the third day to find out their baby's fever pattern, if any. The relative risk for fever in relation to the different types of breastfeeding was estimated in multivariate analyses that adjusted for vaccine dose, maternal education and smoking, and number of other children in the household. The researchers found that fever was reported for 25%, 31%, and 53% of the infants who were being exclusively breastfed, partially breastfed, or not breastfed at all, respectively ($P < 0.01$). The protection conferred by breastfeeding persisted even after taking into account the role of several potential confounders. The researchers concluded that in this study, breastfeeding was associated with a decreased incidence of fever after immunizations.

For details, please refer to Pisacane A, Continisio P, Palma O. Breastfeeding and fever after Immunization. *Pediatrics* 2010;125:e1448-52

Breastfeeding may have protective effect on child and adolescent mental health

There are a number of studies reporting better cognitive development in children breastfed as compared with formula feeding but relatively few on mental health outcome. A large cohort study in Australia followed up the live births of 2,900 pregnant women till 14 years old to find out whether there was an independent effect of breastfeeding on child and adolescent mental health. A validated tool was used to assess the mental health status of the children at 2, 6, 8, 10 and 14 years. Internalizing problems like being withdrawn, anxious/ depressed, having bodily complaints and externalizing problems like delinquency and aggression were part of the assessment. Potential confounders such as maternal age, education, smoking, family income, family structure, life stress events and post-natal depression were looked into. The researchers found that breastfeeding for less than 6 months compared with 6 months or more was an independent predictor of mental health problems, both internalizing and externalizing, through childhood and into adolescence. Interventions aimed at increasing breastfeeding duration could be of long term benefit for child and adolescent mental health.

For details, please refer to Oddy WH, Kendall GE, Li J, et al. The Long-Term Effects of Breastfeeding on Child and Adolescent Mental Health: A Pregnancy Cohort Study Followed for 14 Years. *J Pediatr* 2010;156:568-74



1. 在職媽媽促立法維護餵哺母乳權益

香港母乳育嬰協會主席黎黃佩嫦指出，持續餵哺母乳比率只有一成二，比率偏低，是因為法定產假過短，大多數媽媽在生育後六個星期便要上班，不能專心照顧孩子和餵哺母乳。很多辦公室都沒有育嬰室，在職媽媽被逼於午飯時到廁所採集乳汁，環境惡劣而且時間倉卒，令媽媽既難受又感到壓力，影響奶量，更擔心乳汁受污染。

該會建議政府立法，制訂每日兩次、每次不多於半小時的上班哺乳休息時間，讓在職媽媽安心餵哺母乳，並延長產假至十四個星期，亦要制定丈夫侍產假和親職假。

2. 哺餵母乳成敗 爸爸是關鍵

台灣衛生署國民健康局針對16歲至47歲的媽媽進行母乳哺育的電話調查發現，雖然哺育母乳最主要的決定者有74%是媽媽本身；但也有18.1%受訪媽媽表示是由爸爸決定，可見爸爸「是支持媽媽餵母乳的靈魂人物」。

台灣母乳協會理事長林君怡表示，喝母乳的錯誤迷思很多，如餵母乳的寶實都較結實，但婆婆可能較喜歡胖胖的寶實，所以媽媽感受的壓力很大。林君怡鼓勵爸爸們「支持自己的妻子哺餵母乳並和長輩多溝通」，也可以從中學習母乳哺育知識與技巧開始，幫助處理哺乳遭遇的困難，此舉更可提升媽媽在6個月持續母乳哺育率。

3. 大部分婦女對正確母乳哺育規範了解不足

中國內地一項調查在7個城市訪問了超過1,100人，發現只有20%調查對象知道何謂純母乳餵哺，只有29%母親連續6個月純以母乳餵哺孩子，而有逾半成母親在孩子6個月大前停止純母乳餵哺。

純母乳餵哺指，只用母乳餵養嬰兒，而不餵其他食物或飲品，包括水。母乳能在嬰兒出生後首6個月提供足夠且均衡的營養，但卻有八成調查對象認為在餵哺母乳期間，可加入水和奶粉等食物一起餵養嬰兒。

調查發現，奶水不足及下班後沒有足夠時間餵奶（31%），是不能持續餵奶的兩大原因。據醫院提供的數據顯示，雖然大部分母親都能在遵照醫生的指引後，為孩子提供足夠的母乳，但環境、飲食及心理因素，皆能導致奶水不足問題。另外，在上班時間同時餵哺母乳對新一代母親來說，亦是另一大挑戰。

世界衛生組織及中國衛生部均建議，在嬰兒6個月大後加入其他食物，持續以母乳餵哺直至2歲或以上。

1. Working mothers urge legislation to protect the right to breastfeed

Ms Millie Wong, Chairlady of the Hong Kong Breastfeeding Mothers' Association points out that the low continuous breastfeeding rate of 12% is caused by the length of the statutory maternity leave. Most mothers have to return to work 6 weeks after delivery and thus are unable to concentrate on taking care of their babies and breastfeeding. As there is no breastfeeding room in most offices in Hong Kong, many working mothers have to express breastmilk during the lunch hour in the toilet where the environment is poor and time is limited. It affects mothers' feelings and makes them feel pressurised. They also worry that the breastmilk may be contaminated, which in turn affects their milk supply.

The association recommends the government legislate to allow mothers two nursing breaks of no more than half an hour each day during work, extend the maternity leave to 14 weeks, and establish paternity leave and parental leave.

2. Dads are key to successful breastfeeding

The Bureau of Health Promotion, Department of Health of Taiwan conducted a phone survey on breastfeeding of mothers aged 16-47. Results reveal that although 74% of the decisions to breastfeed are made by the mother, there are still 18.1% of the respondents saying that the father made the decision, indicating that fathers provide key support to mothers who breastfeed.

Ms Lin Chun-yi, President of the Breastfeeding Association of Taiwan said there were many misconceptions about breastfeeding. If the breastfed baby is more muscular, but the mother-in-law prefers chubby babies, the mother will feel much pressure. Ms Lin encourages fathers to support their wives to breastfeed and communicate more with senior family members. She believes through the process, the fathers can acquire knowledge and skills on breastfeeding and help their wives manage problems encountered while breastfeeding. This can also increase the rate of continuous breastfeeding at 6 months.

3. Women unaware of the correct breastfeeding norms

In mainland China, a survey of over 1,100 people in seven cities revealed that only 20% of respondents understood what exclusive breastfeeding means. Only 29% of mothers exclusively breastfed their babies for six months, while more than 50% of mothers stopped this before their child was 6 months old.

Exclusive breastfeeding is defined as giving only breastmilk without any other food or drink, including water. Breastmilk can provide adequate and balanced nutrition for a baby within the first six months of life. Nevertheless, four out of five respondents believed water and food like formula milk could be added during breastfeeding.

Insufficient breastmilk and having inadequate time to breastfeed after work (31%) were cited as two major reasons for the inability to continue breastfeeding. Records from hospitals show that environmental, dietary and psychological factors could lead to inadequate breastmilk, although most mothers can produce enough breastmilk after receiving appropriate guidance from doctors. In addition, work and breastfeeding at the same time present considerable challenges for new mothers.

The World Health Organization (WHO) and China's Ministry of Health both suggested caregivers to add complementary food for infants when they are 6 months old and continue breastfeeding until they are 2 years old or above.

資料來源：

1. 星島日報，港聞 A14頁，日期：2010年5月2日
2. 中華日報(臺灣)，保健/中醫B3頁，日期：2010年8月2日
3. 中國日報香港版，國內新聞P02頁，日期：2010年8月7日

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1. Sing Tao Daily, Local News, Page A14, dated 2 May 2010
2. China Daily News (Taiwan), Health/ Chinese Medicine, Page B3, dated 2 August 2010
3. China Daily Hong Kong version, P02 Nation, dated 7 August 2010



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