

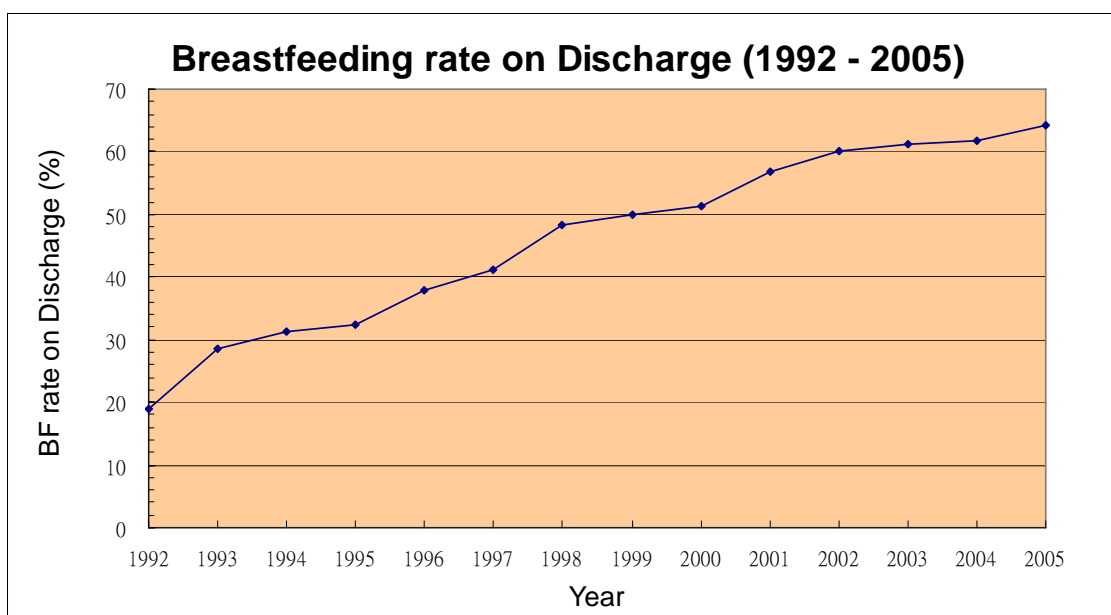
## World Breastfeeding Week 2006

# Code Watch

25 Years of Protecting Breastfeeding

### SUMMARY OF ANNUAL SURVEY 2006

1. Breastfeeding Rate on Discharge 2005 : 64.2%



## 2. The Ten Steps to Successful Breastfeeding

### Self-appraisal by hospitals

<b>The Ten Steps</b>	<b>% implement</b>
1. Have a written BF Policy that is routinely communicated to all health care staff	100%
2. Train all health care staff in skills necessary to implement this policy	
nursing staff (O&G)	89%
doctors (O&G)	2%
3. Inform all pregnant women about the benefits & management of BF	63%
4. Help mothers initiate BF within half an hour of birth	60%
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants	94%
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.	56%
Hospital does not accept free or low-cost supplies of breastmilk substitutes	0%
7. Practice rooming-in – allow mothers and infants to remain together - 24hours a day	38%
8. Encourage breastfeeding on demand	100%
9. Give no artificial teats or pacifiers to BF infants	81%
10. Foster the establishment of BF support groups and refer mothers to them on discharge from the hospitals	88%

### **3. The International Code of Marketing of Breastmilk Substitutes**

Compliance by Infant Food Manufacturers as observed within the hospital premises

	Code Violations observed by health workers	% average
1	Mothers given materials with information about infant feeding, published or distributed by IFM companies	<b>6%</b>
2	Advertise infant formula, bottles, and teats through posters, calendars etc.	<b>13%</b>
3	Free samples or gifts given directly or indirectly to mothers	<b>13%</b>
4	IFM company staff directly or indirectly approach mothers	<b>25%</b>
5	Discounts for infant formula offered to mothers	<b>13%</b>
6	Gifts such as pens, calendars given to healthcare workers	<b>25%</b>
7	Information about infant formula products which is promotional rather than scientific or factual given to healthcare workers	<b>13%</b>
8	All written material on IFM products provided to mothers clearly describes the benefits & superiority of BF, and the costs & hazards associated with artificial feedings.	<b>80%*</b>
9	Infant formula products contain texts or pictures which idealize artificial feeding	<b>13%</b>

\*item 8 denotes % compliance, not % violations.

# **Baby Friendly Hospital Initiative Hong Kong Association**

## **World Breastfeeding Week 2006: Survey Report**

### **INTRODUCTION**

While discoveries are continuously being made about the many benefits of breastfeeding, few today would contest the maxim “breast is best”. WHO recommends optimal infant feeding as *exclusive breastfeeding from birth to six months, followed by introduction of appropriate complementary feeding, while continuing to breastfeed until 2 years of age and beyond.*

The Baby Friendly Hospital Initiative (BFHI) is a global movement launched in 1991 by UNICEF, to reform maternity services worldwide to promote, protect, and support optimal breastfeeding practices. Hospitals that implemented all of the BFHI recommendation “Ten Steps to Successful Breastfeeding” and relevant provisions of the “International Code of Marketing of Breastmilk Substitutes”, are awarded the honor of BABY FRIENDLY HOSPITAL. There are currently over 18,000 Baby Friendly Hospitals in the world. China, our home country, has more than 6,000 accredited Baby Friendly Hospitals.

The Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) was founded in 1992. Each year, in commemoration of the World Breastfeeding Week, BFHIHKA conducts a survey to evaluate how well Hong Kong hospitals are performing with regards to their services to breastfeeding mothers. The extent of implementing the 10 Steps to successful breastfeeding serves as the basis in the evaluation. The following report presents the findings for the year 2005.

### **METHOD**

There are 17 hospitals in Hong Kong with maternity services. 8 are under the Hospital Authority, while 9 are private hospitals. Each hospital was contacted in May 2006, and requested to complete a questionnaire reporting their practices and observations during the course of 2005. The questionnaire is comprised of three main sections, which are detailed below:

#### **1. Breastfeeding Rate on Discharge**

Each hospitals was asked to report the number of live births delivered in her maternity unit during the year of 2005, and the average breastfeeding rate upon discharge<sup>1</sup> for that year.

#### **2. Ten Steps to Successful Breastfeeding**

In 1989, WHO and UNICEF issued a joint statement entitled “PROTECTING, PROMOTING AND SUPPORTING BREASTFEEDING: the special role of maternity services”. This contains a set of guideline, named The 10 Steps to Successful Breastfeeding, to ensure that maternity units provide optimal breastfeeding support services to mothers.

In this survey, hospitals self-appraised the extent to which they have performed in accordance to each of the ten steps.

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<sup>1</sup> The breastfeeding rate was defined as the number of babies that were breastfeeding on the day of discharge, divided by the total number of babies delivered x100.

### 3. The International Code of Marketing of Breastmilk Substitutes

The International Code of Marketing of Breastmilk Substitutes has been approved by WHO & UNICEF in 1981 to encourage and protect breastfeeding, by restricting aggressive marketing practices used to sell products for artificial feeding. It was seen as a “minimum requirement... to protect healthy practices in respect of infant and young child feeding.”

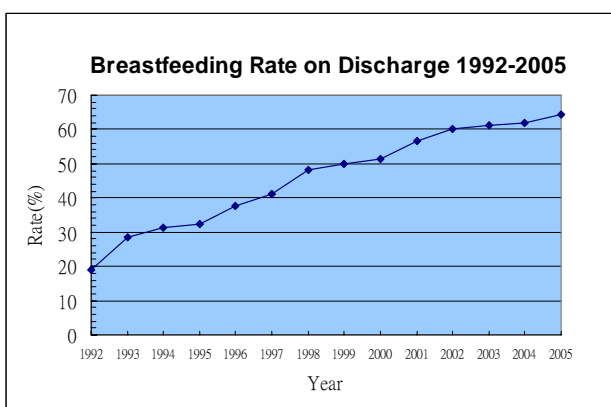
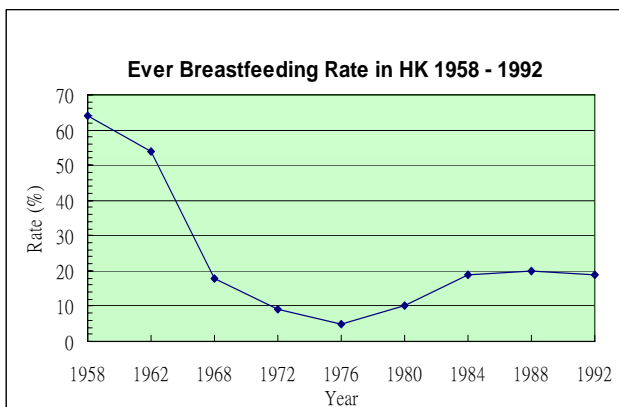
The current survey evaluated the extent that infant food companies have complied with the stated code, as observed by the hospital staff within the hospital premises.

## RESULTS

16 Hospitals out of the 17 completed the survey. One hospital was not able to provide the necessary information for the survey. The following findings are compiled from data provided by the 16 hospitals.

### 1. Breastfeeding Rate on discharge

The average breastfeeding rate upon discharge from Hong Kong maternity units in 2005 was **64.2%**, with a range of 52% - 98% amongst individual hospitals. This represented an **increase of 2.4%**, when compared with the previous year (61.8%). Hospitals in the Private sector have a higher average rate (75.6%) than HA hospitals (60.2%). This is consistent with the findings from previous years.



	Average BF rate on discharge	Range BF rate on discharge
Public hospitals	60.2%	52 – 70%
Private hospitals	75.6%	66 – 98%
<b>All</b>	<b>64.2%</b>	<b>52 – 98%</b>

It is important to note that the breastfeeding rate on-discharge reflects only the number of women who attempted to breastfeed in the maternity ward. It is known that many of these women would give up breastfeeding soon after returning home. A more accurate assessment of breastfeeding prevalence would be the breastfeeding rate at 1 month, 2 months, 4 months, 6 months, etc.

## 2. The Ten Steps to Successful Breastfeeding

In this survey, each hospital self appraised her performance in accordance with the global criteria for each of the Ten Steps:

### *STEP 1 - Have a written breastfeeding policy that is routinely communicated to all health care staff.*

- ✧ All of the 16 hospitals (100%) have a written breastfeeding policy. This is a good sign showing that all hospitals have the intention to promote and support breastfeeding.

### *STEP 2 - Train all health care staff in skills necessary to implement this policy.*

- ✧ **89%** of the nursing staff in O&G has been trained (by participating in the 18 hour BFHI course) in lactation management. However, only **2%** of the doctors in O&G have been trained in this aspect<sup>2</sup>. This finding documented the deficient training opportunity for medical doctors taking care of mothers and infants.
- ✧ ALL health care workers, including doctors, need to be adequately trained so that they can work efficiently as a team in the service to mothers and infants. The issue of Breastfeeding training to doctors has to be emphasized and dealt with if hospitals look forward to offer breastfeeding mothers optimum support.

### *STEP 3 - Inform all pregnant women about the benefits and management of breastfeeding.*

- ✧ Only 63% of the pregnant women in 2005<sup>3</sup> were able to attend antenatal classes, and be informed about the benefits and management of breastfeeding. This was lower than the 72% statistic reported for 2004.

### *STEP 4 - Help mothers initiate breastfeeding within a half hour of birth.*

- ✧ 60% of Hong Kong hospitals were able to offer skin-to-skin contact immediately postpartum and initiate breastfeeding early. A wide variation in the performance of hospitals in the step, 2%-100%, is again observed this year. Recent clinical research has strongly supported the finding that immediate skin-to-skin contact after delivery and early initiation of breastfeeding contribute tremendously to the success of breastfeeding, and further promotes strong bonding between a mother and her newborn baby.
- ✧ This under-performance has important negative effect on the successful establishment of breastfeeding. Again, a realistic review of peripartum obstetric practices in the low performing hospitals could help in improving the accomplishment of this crucial step.

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<sup>2</sup> In order to have a clearer picture of the training situation, the question has been modified this year. Staff training was reported in two categories, that of the nurses and doctors.

<sup>3</sup> A significant number of deliveries (~30 %) consisted of temporary visitors from mainland China who would enter HK hospitals for delivery only when in labor. These people did not go through the regular antenatal services in Hong Kong.

***STEP 5 - Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.***

- ✧ 94% of mothers were reported to have been offered assistance to breastfeed within 6 hours of delivery. All mothers (100%) with babies in special care were helped to maintain lactation.

***STEP 6 - Give newborn infants no food or drink other than breastmilk, unless medically indicated.***

- ✧ Many hospitals had difficulty implementing this step. Only 56% were able to encourage exclusive breastfeeding (without giving supplements unless medically indicated). Oftentimes the infants were given supplements due to concerns about weight loss, dehydration, hypoglycemia, etc., which can be mostly prevented by better staff training in lactation management, so that unnecessary supplements to the breastfeeding babies could be minimized.

***STEP 7- Practice rooming-in, i.e., allow mothers and infants to remain together 24 hours per day.***

- ✧ Mothers and their newborns should remain together at all times if possible, so she can respond to the newborn, provide opportunities for frequent suckling (especially in the first few days), and strengthen the mother-infant bonding process.
- ✧ This survey revealed that only 38% of hospitals practice rooming in. A large percentage of newborns were separated from their mothers during the crucial early days of establishing breastfeeding. Separation of babies and mothers is an important cause of breastfeeding failure and problems. This figure could be further improved if hospitals would review their management of healthy newborns and also take further steps to educate and encourage maternity clients to view the care of their newborns in the hospital as an opportunity and not as a burden.

***STEP 8 - Encourage breastfeeding on demand.***

- ✧ All (100%) the hospitals claimed that they were able to advise and help mothers to breastfeed their babies whenever their babies were hungry, and as often as their babies wanted to, instead of the traditional adherence to a rigid 3-hour feeding schedule.
- ✧ However, for those BF babies who were not rooming-in, it would be difficult to implement this practice.

***STEP 9 - Give no artificial teats or pacifiers to breastfeeding infants.***

- ✧ The use of artificial teats or pacifiers is discouraged because it can interfere with the suckling process of breastfeeding babies and create the problem of “nipple confusion”.
- ✧ 81% of hospitals were able to discard the use of artificial teats or pacifiers to babies that were being breastfed. Three hospitals still need to review their practice in this aspect.

***STEP 10 - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.***

- ✧ In this survey, 88% of hospitals were able to refer mothers to breastfeeding support groups after discharge. At present, most women who had normal deliveries stayed in the hospital for a brief period (~3 days) only. There was insufficient time to allow for their breastfeeding skill & experience to develop under supervision. That is why new mothers need a lot more support after discharge from the hospital, to be able to fully succeed in breastfeeding their babies.
- ✧ Breastfeeding support groups play a very important role, to continue and complement the work of staff in the hospitals in helping mothers to breastfeed. In addition to lay mother support groups, the presence of Maternal & Child Health Centers (of Dept. of Health) in nearly every district of Hong Kong contributed tremendously to the lactation support of postpartum mothers. Breastfeeding hotlines are also available to help mothers with breastfeeding problems.

**3. The International Code of Marketing of Breastmilk Substitutes**

Within the health premises, there are still some violations of the International Code observed, despite the conscientious effort of many health workers to protect breastfeeding and restrict propaganda of infant formula manufacturers (IFM). This is in contrast to the presence of rampant advertisements to the public seen daily in newspapers, magazines, television, shops, etc.

In this brief survey, some mothers (6% versus 19% in previous year) were still seen to be given materials about infant feeding published or distributed by IFM; few advertisements for breastmilk substitutes (13%) were found on hospital walls; and the practice of giving free gifts from such companies to mothers were diminished (13%).

However, there were more violations observed of company staff approaching mothers directly or indirectly (25% versus 13% before), and more mothers (13% versus 6%) were being offered discounts for infant formula by the IFM.

An important violation of the Code in the health premises that has persisted through the years was the fact that all hospitals in Hong Kong are still receiving free or low-cost supplies of infant milk products from infant food manufacturers. Not only is this a clear violation of the International Code, it also lessens the hospital's motivation to decrease the degree of artificial feeding.

**DISCUSSION**

The observation that Hong Kong's breastfeeding rate on discharge has reached a plateau of around 60% is again reflected in the survey for the year 2005.

What is the message? Countries, both developed and developing, that were able to achieve the most progress in breastfeeding, have strong government support. We hope to have HKSAR government's commitment to the WHO Global Strategy for Infant and Young Child Feeding, wherein breastfeeding promotion is one of the top priorities. With a strong government support to promote breastfeeding, Hong Kong can catch up with the performance of China, our home country, in this aspect of health care.



**Staff training:** The survey has reported a higher percentage of breastfeeding training to the obstetric nurses in Hong Kong. However, most doctors have not been adequately trained to be able to support optimal breastfeeding. This is a common problem in many countries over the world, as there is little breastfeeding education in the undergraduate curriculum, and little or no practical breastfeeding training in their clinical years. Most doctors are quite deficient in breastfeeding knowledge to be able to promote and support breastfeeding in their practices. Because of the great benefits that breastfeeding brings to newborns, doctors' training in lactation management needs to become a greater priority in the improvement of maternity support to breastfeeding mothers and infants.

**Infant feeding specialist:** Despite the high percentage of Obstetric nursing staff having been trained in lactation management, the heavy workload of nurses discouraged adequate support to BF mothers which requires a lot of time for individual counseling. The practice in some hospitals of appointing one nurse as an *Infant Feeding Specialist* who deals only with breastfeeding issues, would be a practical remedy to support both mothers and other nurses.

**Refusing free supply of infant formulas:** All hospitals are currently still accepting free or low-cost infant formula, which is not only a clear violation of the international code, but also lessens the hospital's motivation to decrease artificial feeding. By refusing to accept these supplies, hospitals would be more financially motivated to increase their breastfeeding promotion efforts. The Hospital Authority has announced recently a public tender for the purchase of infant formula. This could be interpreted as a first step to remedy the undesirable practice, and the HA is to be commended for her intention to stop free supply by IFM. We eagerly await further progress on the issue of stopping free supply of infant formula by the IFM to Hong Kong Hospitals.

**Central Breastfeeding Committee (CBC):** Successful breastfeeding depends on a woman getting the support and the information she needs, before, during, and after delivery. Some of these needs can not be met by organizations and individuals advocating breastfeeding alone. The Innocenti Declaration 1990 & 2005 both stressed the establishment of a multi-sectoral Central Breastfeeding Committee, with representatives from relevant government departments, non-governmental organizations, and health professional associations, to coordinate and promote breastfeeding activities. Bringing various stakeholders together provides the much needed synergy in promoting, protecting and supporting breastfeeding.

## CONCLUSION

The overall results of the 2005 survey indicate that Hong Kong hospitals are able to succeed in some aspects of promoting, protecting and supporting breastfeeding, but still struggling in other areas.

Our health services and accomplishments have been highly regarded, and the envy of many countries, being the region with the lowest infant mortality rate(2.5 per 1000) in the world and one of the longest life expectancy (female=84 yrs, male=78 yrs). But when one looks at the issue of giving children the best start in life, breastfeeding, we have been under performing. Protecting and investing in the healthy physical, mental, and emotional development of our children sets in the foundation for a better future. Making breastfeeding available to every child is the key to the future.