

**Baby Friendly Hospital Initiative Hong Kong Association
World Breastfeeding Week 2007
Report on Annual Survey**

Summary of results

1. Breastfeeding rate on discharge from maternity units

	2006		2005	
	Average %	Range %	Average %	Range %
Public hospitals	61.0	46 - 73	60.2	52 - 70
Private hospitals	71.2	55 - 96	75.6	66 - 98
Total	64.2	46 - 96	64.2	52 - 98

2. Ten Steps to Successful Breastfeeding

Significant difference of over 10 % between 2007 and 2006 survey

Improvement: BF policy displayed publicly

Deterioration: Percentage of paediatric nurses had training on breastfeeding

3. Compliance with the International Code of Marketing of Breast-milk Substitutes

Significant difference of over 10% between 2007 and 2006

Improvement: Infant formula company staff directly or indirectly approach mothers

All hospitals still receive free supplies of infant formula

4. Visiting policy of Neonatal and Special Care Units

Practices varied from free visiting to visiting according to hospital visiting hours to visiting under exceptional circumstances depending on whether the visitors were parents, close relatives or siblings.

Report on Annual Survey 2007

Introduction

The Baby Friendly Hospital Initiative Hong Kong Association was incorporated in 1992 in response to the WHO / UNICEF initiative to promote breastfeeding through the Baby Friendly Hospital Initiative. Fifteen years on, breastfeeding is as relevant as ever. This year, the theme of the World Breastfeeding Week is “Breastfeeding: The 1st Hour – Early initiation and exclusive breastfeeding for six months can save more than ONE million babies!” Although the infant mortality in Hong Kong is relatively low, recent findings demonstrates that many morbidities in infants and children and mothers facing Hong Kong can be addressed through the promotion, protection and support of breastfeeding. To monitor the trend in breastfeeding and the progress made, each year our association conducts a survey amongst both public and private maternity units in Hong Kong

Methods:

All 17 hospitals in Hong Kong with maternity units, 8 public and 9 private, were invited to participate in our annual survey. The survey covered the following items:

1. The breastfeeding rate of mothers on discharge from hospital
Each hospital reported on the number of live births in the hospital in 2006 and the average breastfeeding rate upon discharge for that year. 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 X 100.
2. The implementation of the Ten Steps to Successful Breastfeeding
In 1989, the World Health Organization and UNICEF issued a joint statement titled “Promoting, Protecting and Supporting Breastfeeding: the Special Role of Maternity Service,” with a set of guidelines for maternity units to meet in order to provide optimal breastfeeding support services to mothers. This set of guidelines is called The Ten Steps to Successful Breastfeeding. In the current survey, hospitals were asked to self-appraise their fulfillment of the Ten Steps.

3. The compliance of the International Code of Marketing of Breast-milk Substitutes

The International Code of Marketing of Breast-milk Substitutes was adopted in the WHO World Health Assembly in 1981 to regulate marketing practices of infant formula and related products that may be detrimental to the success of breastfeeding. Hospitals were asked in the current survey to report on their observation of the compliance of the Code in their hospital premises.

4. Visiting policy of neonatal units (new for 2007)

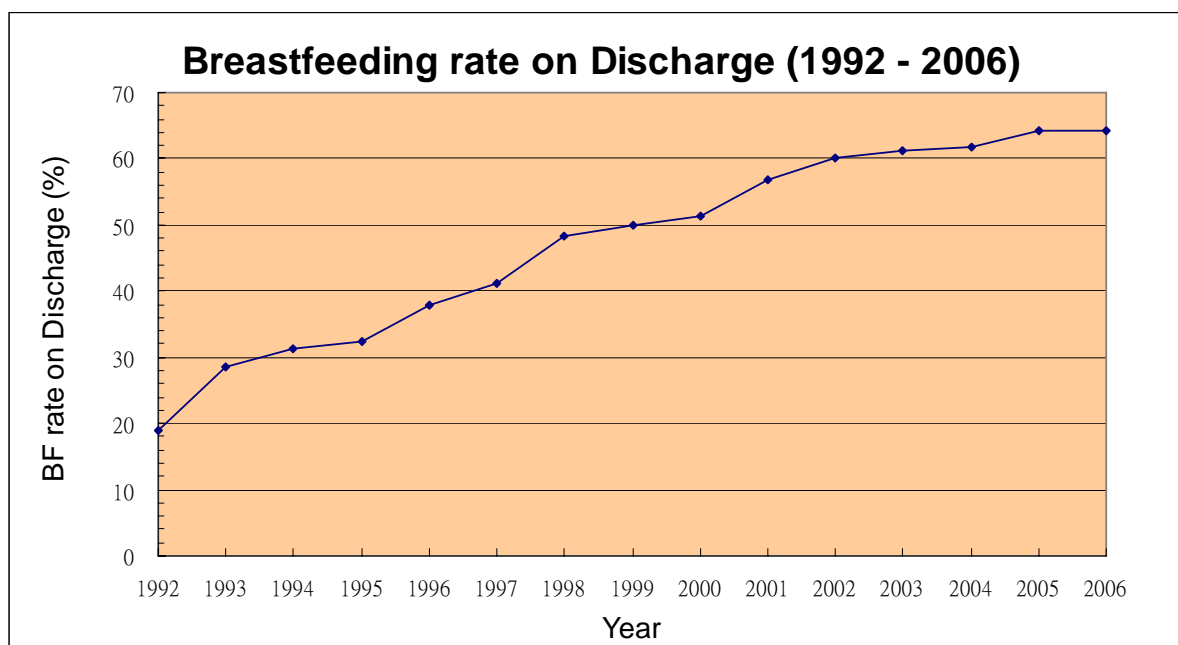
When there is a need for infants to be separated from their mothers, the ability of parents and relatives to visit the infant facilitates mothers to breastfeed and to sustain the effort. Hospitals were asked to report on their visiting policies.

Results

All 8 public and 7 private hospitals returned our survey questionnaires which covered around 90% of births in Hong Kong in 2006.

1. Breastfeeding Rate on discharge from hospital

The average breastfeeding rate for births in 2006 was 64.2% which was the same as that for 2005.



	2006		2005	
	Average %	Range %	Average %	Range %
Public hospitals	61.0	46 - 73	60.2	52 - 70
Private hospitals	71.2	55 - 96	75.6	66 - 98
Total	64.2	46 - 96	64.2	52 - 98

The range was lower in 2006 being 46-96% when compared with 52-98% in 2005.

2. The implementation of the Ten Steps to Successful Breastfeeding
(Appendix 1)

2.1 *Written Breastfeeding Policy routinely communicated to all health care staff*

Compliance was 100%.

2.2 *Train all healthcare staff*

As noted in past years, there were many more obstetric nurses (87%) trained than doctors (2%). For Paediatrics it was 44% for nurses (a drop from 64% in 2005) and 12% for doctors.

2.3 *Inform all pregnant women about the advantages of breastfeeding*

Only 59% of pregnant mothers were informed about the advantages of breastfeeding and 40% of units were still giving group instructions on artificial feeding.

2.4 *Health mothers initiate breastfeeding within half an hour of birth*

This was 66% for normal deliveries and 53% for Caesarean births, similar to figures in 2005.

2.5 *Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infant*

93% of mothers were offered help within six hours of delivery and 100% of mothers were offered help if their babies were admitted to special care unit, a situation same as in 2005.

2.6 *Give newborn only breastmilk, unless medically indicated*

This was practiced in 60% of the breastfed babies. All hospitals were still receiving free supplies of formula and in 13% of the hospitals infant foods or drinks other than breastmilk were promoted, similar to 2005.

2.7 *Practice rooming-in*

The situation was little different from 2005 except 67% (2006) instead of

75% (2005) of mothers and babies were separated for more than 1 hour before starting rooming-in. Only 40% of mothers and babies stayed in the same room day and night. 80% of the units still maintained a nursery in the postnatal ward for healthy infants.

2.8 Encourage breastfeeding on demand

93% (2006) instead of 100% (2005) of units encourage breastfeeding on demand.

2.9 Give no artificial teats or pacifiers to breastfed infants

This was practiced in 93% of the units compared with 81% in 2005.

2.10 Foster the establishment of breastfeeding support groups

The situation in 2006 was similar to 2005. 87% of breastfed mothers were referred to breastfeeding support groups. 53% of units reported they facilitated the formation of mother-to-mother or healthcare worker-to-mother support groups. 47% of units provided breastfeeding counseling by trained mother support group counselors.

Hospitals were asked to give suggestions as to how to improve the implementation of the Ten Steps. Suggestions mainly focused on professional training, public education, staff manpower, support by designated Lactation Consultant and mother support groups and the discontinuation of free supplies. The difficulties in supporting non-resident mothers delivering in Hong Kong without antenatal preparation were raised.

3. The compliance of the International Code of Marketing of Breast-milk Substitutes (Appendix 2)

There was an improvement in that units had not observed mothers being given publications by formula companies and no free samples or gifts were given to mothers. There were less advertisements of breast-milk substitutes, discounts on formula and formula company personnels approaching mothers. The situation in other areas like gifts to healthcare workers and inappropriate labeling of products remained the same.

4. Visiting policy of neonatal units (new for 2007)

4.1 *Neonatal Intensive Care Units* (9 hospitals responded)

4.1.1 Mothers and fathers

There is free visiting in 6 units, free visiting in the day time in 1

unit (although breastfeeding mothers can visit any time) and restricted visiting according to hospital policy in 2 except when the infant was critically ill.

4.1.2 Grandparents and close relatives

Visiting is unlimited in 1 unit, for limited hours over weekends in another, limited to special situations in 5 and not allowed in 2.

4.1.3 Siblings

Visiting is not allowed in 2 units, allowed for those over 12 years in 1 unit and under special circumstances in 6 units.

4.2 *Special Care Baby Units* (11 hospitals responded)

4.2.1 Mothers

Visiting is unlimited in 7 units, unlimited in the day time for 1 unit but free visiting for breastfeeding mothers, and during hospital visiting hours in the other 3 units. Amongst these 3 units, 1 would allow breastfeeding mothers to visit free in the day time.

4.2.2 Fathers

Visiting is unlimited in 6 units, free in the day time in 2 units and during hospital visiting hours in 3 units.

4.2.3 Grandparents and close relatives

Visiting is free in 1 unit, during hospital visiting hours in 1 unit every day, and in another unit over weekends, under special circumstances in 6 units and not at all in 2 units.

4.2.4 Siblings

Visiting is allowed for those over 12 years in 1 unit, under special circumstances in 7 units and not allowed in 3 units.

Discussion

The year 2006 was a difficult year for obstetric and paediatric units in Hong Kong. As the birth rate was coming down for a number of years, healthcare staff in the two specialties were either redeployed or had recruitment slowed down. In 2006, there were 15% more births than 2005, with an increasing proportion of non-Hong Kong residents, which made the support of breastfeeding which is labour intensive difficult for the healthcare professionals. This was reflected in the comments from units on the compliance of the Ten Steps. Even so, the average breastfeeding rate was maintained at 64.2% which is the same as for births in 2005.

Although the overall average rate is the same, the range in private hospitals, 55 -96% in 2006 had come down from 66-98% in 2005. Private hospitals raised the concern that many of their clients did not attend antenatal classes at their hospitals and they have numerous individual doctors caring for them which made uniform practices difficult. It looks like the entire profession needs to work together, in and outside hospitals, whether it is the message to pregnant mothers or hospital practices. Professionals in public hospitals work under no less difficult conditions with their higher movement of staff to the private sector. They made a slight improvement in the average breastfeeding rate from 60.2 to 61.0%. Their major concerns were manpower and staff training.

From the survey on the Ten Steps, it can be seen much more effort is required to train doctors, both obstetric and paediatric. Having a policy but not the knowledge or skills for its implementation is a policy on the wall only. The charging mechanism of non-resident Hong Kong mothers have changed in 2007. Their new delivery package, at least in public hospitals includes an antenatal visit and antenatal classes are free of charge. Hopefully more mothers will be taught both the benefits of breastfeeding and breastfeeding management.

Both medical and nursing manpower will take time to address. Perhaps more healthcare assistants can be recruited to assist breastfeeding mothers. With public hospitals allowing volunteers trained in infection protection in patient areas, hopefully the role of peer counselors and mother support groups will be strengthened.

Even so, there is still a wide range of compliance with the Ten Steps between hospitals. Sharing of good practices should be a top priority.

The focus of this World Breastfeeding Week is on “Breastfeeding – The 1st hour”. A third of babies delivered normally could not enjoy skin-to-skin contact with their mothers at birth while the figures was a half for Caesarian deliveries. This practice has been shown to improve newborns’ temperature control, their vital parameters and enhance their colonization with their own mother’s bacteria which are mostly harmless. Colostrum, the first breast-milk, is full of protective factors against infection and growth factors that help baby’s gut

function. It also stimulates the baby's bowel movements reducing neonatal jaundice. The act of suckling helps mother's uterus to contract reducing bleeding, stimulates breast-milk secretion and gives mother and baby both a sense of wellbeing. Hence skin-to-skin contact is for all babies, not only those who will be breastfed.

As regard to violations against the Code, generally the situation within hospital institutions are not as serious as in the community. The major problem is still the acceptance of free supplies of formula which gives the wrong message to mothers that there is professional endorsement of the products and the practice of formula feeding.

This year we did a survey on the visiting policy of neonatal and special care units as our association has received comments that visiting policies are affecting mothers who wish to breastfeed. No doubt there are reasons behind hospitals' various policies. Again, hospitals will do well to share why some hospitals can practice free visiting and others only under exceptional circumstances. Potential concerns with cross-infection, space constraints, etc may be more theoretical than real. Mothers who have to be separated from their infants are under added stress. The ability to continue and sustain breastfeeding has immediate and long term benefits for both mothers and infants.

This year's World Breastfeeding Week's theme also stresses breastfeeding saving lives. Hong Kong may not be so concerned with mortality but is no less concerned with morbidities. In 2006, a WHO Report on "Evidence on the Long Term Effects of Breastfeeding – Systematic Review and Meta-analysis" found benefits on cholesterol levels, blood pressure, overweight and obesity in adults, type 2 diabetes mellitus, intelligence and schooling. This year, the US Department of Health and Human Services reported on "Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries". The report found the following outcomes in the full term infant: reduction of many infections, atopic dermatitis, and asthma in young children with a family history. Breastfeeding also reduces obesity in adolescents and adults, both Type 1 (insulin dependent) and Type 2 diabetes mellitus, childhood leukaemia and sudden infant death syndrome. In preterm infants, breastfeeding reduces necrotizing enterocolitis. For mothers, breastfeeding reduces maternal Type 2 diabetes mellitus, breast and ovarian cancer and postpartum depression.

These are all concerns for Hong Kong.

No community has unlimited health resources. To have a sustainable population, we need a healthy population. There is no better start than from the very beginning – exclusive breastfeeding of newborns to six months and with the addition of appropriate complementary foods at six months continue breastfeeding up to two years of age and beyond – as recommended by our world authority on health – WHO.

Appendix 1

Ten Steps to Successful Breastfeeding (BF) (Self-Appraisal by Hospitals)

	2006	2005
1. Written BF Policy routinely communicated to all health care staff	100%	100%
1.1) With explicit written notice	100%	81%
1.2) BF policy displayed publicly		
2. Train all health care staff		
2.1) Acquainted with BF policy	100%	100%
2.2) 18-hr training given to staff within six month of their arrival		
2.2.1a) % of O&G nursing staff	87%	89%
2.2.1b) % of O&G doctors	2%	2%
2.2.2a) % of Paed. nursing staff	44%	64%
2.2.2b) % of Paed. doctors	12%	10%
3. Inform all pregnant women about the adv. of BF		
3.1) % of pregnant clients informed	59%	63%
3.2) Give group instruction on artificial feeding	40%	38%
4. Help mothers initiate BF within half an hour of birth		
4.1) Normal deliveries (baby skin to skin contact)	66%	60%
4.2) Caesarean deliveries (given their babies to hold)	53%	56%
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infant		
5.1) Offer breastfeeding assistance within six hours of delivery	93%	94%
5.2) Help mothers of babies in special care maintain lactation	100%	100%
6. Give newborn only breastmilk, unless medically indicated		
6.1) Given newborn infants no food or drink other than breastmilk	60%	56%
6.2) No free or low-cost supplies of breastmilk substitutes accepted	0%	0%
6.3) No promotion of infant foods or drinks other than breastmilk	87%	81%
7. Practice rooming-in – allow mothers and infants to remain together 24hours		
7.1) Mothers and babies separated more than 1hr before starting rooming-in	67%	75%
	40%	38%
7.2) Mothers and babies stayed in the same room day and night	28%	22%
7.3) % of mothers and babies separated for medical reasons	80%	88%
7.4) There is a nursery in postnatal ward for healthy infants		

8. Encourage breastfeeding on demand	93%	100%
9. Give no artificial teats or pacifiers to BF infants	93%	81%
10. Foster the establishment of BF support groups		
10.1) Refer BF mothers to BF support groups	87%	88%
10.2) Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups	53%	56%
10.3) Provide BF counseling in its maternity services by mother support counselors	47%	56%

Appendix 2

International Code of Marketing of Breast-milk Substitutes

(Violations of the Code as observed by hospital healthcare workers within their health care facilities)

The Code aims to promote and protect breastfeeding by ensuring appropriate marketing and distribution of breastmilk substitutes. The Code applies to products, when marketed or otherwise represented as a partial or total replacement for breastmilk. These include formulae, other milk products, cereals, vegetable mixes, juices and baby teas, and follow-up milks. The Code also applies to feeding bottles and teats.

	Code Violations	2006	2005
1	Mothers given materials with information about infant feeding published or distributed by IFM companies	0%	6%
2	Advertise infant formula, bottles, and teats through posters, calendars etc.	7%	13%
3	Free samples or gifts given directly or indirectly to mothers	0%	13%
4	IFM company staff directly or indirectly approach mothers	13%	25%
5	Discounts for infant formula offered to mothers	7%	13%
6	Gifts such as pens, calendars given to healthcare workers	27%	25%
7	Information about infant formula products which is promotional rather than scientific or factual given to healthcare workers	13%	13%
8	All written material on IFM products provided to mothers clearly describes the adv. of BF and disadv. of artificial feedings, including hazards of inappropriate use	71%	80%
9	Texts or pictures idealize artificial feeding	13%	13%

