



BABY FRIENDLY HOSPITAL INITIATIVE
HONG KONG ASSOCIATION
愛嬰醫院香港協會



World Breastfeeding Week 2008 Annual Survey Report

**Baby Friendly Hospital Initiative
Hong Kong Association
1 August 2008**

World Breastfeeding Week (WBW) 1-7 August 2008

Mother Support: Going for the Gold

WBW Annual Survey Summary

Survey Content

Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) was incorporated in 1994 to promote, protect and support breastfeeding in Hong Kong. Every year, in celebration of WBW, BFHIHKA conducts a survey on:

1. The **Breastfeeding Rate** on discharge from maternity units in Hong Kong;
2. Hospitals' practice of the "**Ten Steps to Successful Breastfeeding**";
3. Compliance of infant food manufacturers with the "**International Code of Marketing of Breast-milk Substitutes**" as observed in institutions with maternity units.

1. Breastfeeding rate on discharge from maternity units

	2007		2006	
	Average %	Range %	Average %	Range %
Public hospitals	64.9	51 – 75	61.0	46 - 73
Private hospitals	76.7	60 – 96	71.2	55 - 96
Total	69.0	51 - 96	64.2	46 - 96

2. Ten Steps to Successful Breastfeeding

Significant difference of over 10% between the 2008 and 2007 surveys

Improvement: For breastfed newborns, give only breast-milk, unless medically indicated

Less mothers and babies separated for medical reasons

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

Significant difference of over 10% between the 2008 and 2007 surveys: nil

Report on WBW Survey 2008

Introduction

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) launched the Baby Friendly Hospital Initiative in 1991 to encourage maternity units to promote, protect and support breastfeeding. Hospitals with maternity units that implement the WHO / UNICEF Ten Steps to Successful Breastfeeding and comply with the International Code of Marketing of Breast-milk Substitutes could apply for accreditation as Baby Friendly Hospitals. In 1992, the Hong Kong Committee for UNICEF formed the Baby Friendly Hospital Initiative Committee that was subsequently incorporated as the Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) in 1994. The aim is to promote breastfeeding and protect infant and maternal health in Hong Kong.

Each year, countries round the world celebrate the World Breastfeeding Week from 1 – 8 August. This year being the Olympic year, the theme of WBW is “Mother Support: Going for the Gold”. Once again BFHIHKA takes this opportunity to conduct a survey among public and private maternity units to monitor the breastfeeding trend in Hong Kong.

Methods:

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

1. The breastfeeding rate of mothers on discharge from maternity units

Each hospital reported on the number of live births in the hospital in 2007 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 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 Services” with a set of guidelines for maternity units to follow 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 assess the degree to which they were implementing 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 (the Code) was adopted as a resolution at 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.

Results

All 8 public and 7 out of 9 private hospitals returned our survey questionnaires. Six private hospitals provided their breastfeeding rate on discharge from their hospitals.

Survey Population

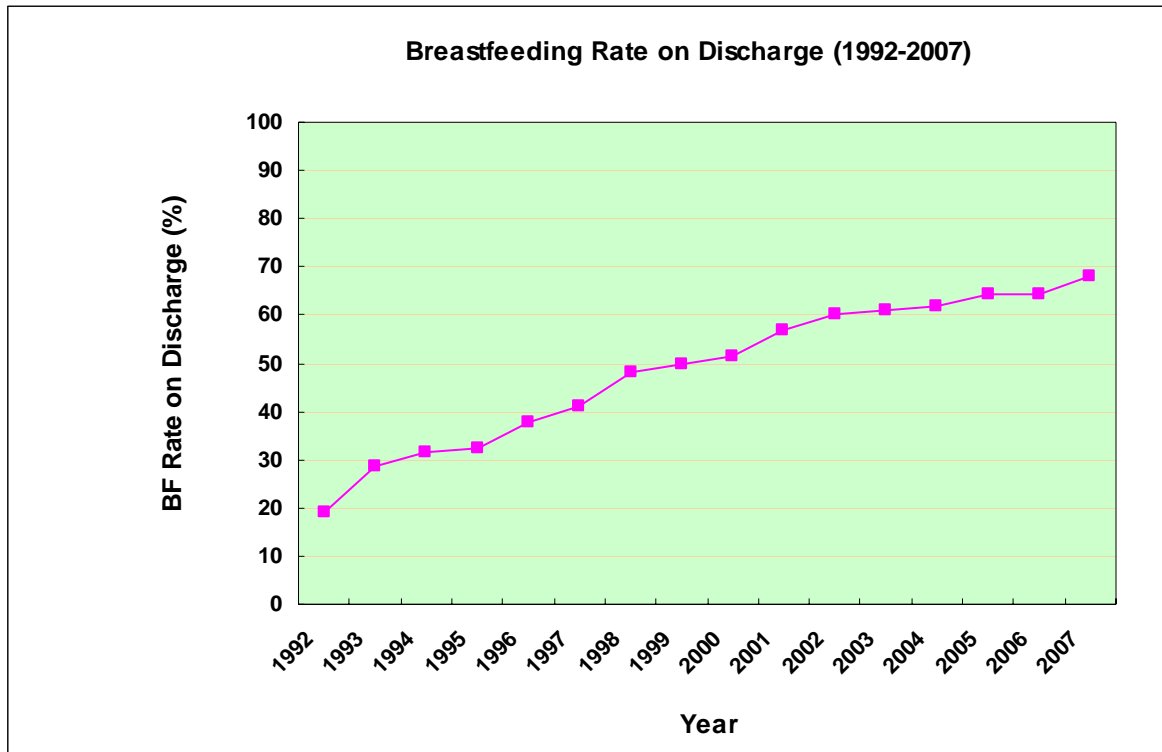
	No. of Questionnaires sent	No. of responded hospitals
Public hospitals	8	8
Private hospitals	9	7
Total	17	15

	No. of births in 2007
Public hospitals (8)	39,605
Private hospitals (7)	23,101
Total	62,706

1. Breastfeeding Rate on discharge from hospital

The breastfeeding rate in 2007 was calculated based on the number of breastfeeding infants in all the public hospitals and the 6 private hospitals that provided the information covering around 86% of all births in Hong Kong last year. The rate for 2007 was 69.0%, an increase of 4.8% over 2006 when the rate was 64.2%. The range of the rates between both public and private hospitals had narrowed.

	2007		2006	
	Average %	Range %	Average %	Range %
Public hospitals	64.9	51 – 75	61.0	46 - 73
Private hospitals	76.7	60 – 96	71.2	55 - 96
Total	69.0	51 - 96	64.2	46 - 96



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

Written Breastfeeding Policy routinely communicated to all health care staff

Compliance is 100%.

2.2 Train all healthcare staff

There is a slight drop of the percentage of Obstetric nurses trained in the implementation of the breastfeeding policy compared with the previous year from 87% to 82% while around half of the Paediatric nurses are trained, a rate similar to the previous year. Trained Obstetric and Paediatric doctors in breastfeeding remain uniformly low.

Inform all pregnant women about the advantages of breastfeeding

Around two thirds of the pregnant women were able to receive such information while one third of the hospitals still give group instructions on artificial feeding.

2.4 Help mothers initiate breastfeeding within half an hour of birth

The proportion of mothers able to enjoy skin-to skin contact with their newborn at birth has reduced from 66% the year before to 58% this year for normal deliveries and remains around the same at 50% for Caesarean births.



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

87% of mothers are offered help within six hours of delivery, down from 93% the year before. All mothers were offered help if their babies were admitted to special care unit.

2.6 Give newborn only breast-milk, unless medically indicated

Less hospitals (47%) are offering formula to breastfed infants compared with the year before (60%). All hospitals still receive free supplies of formula and in 13% of the hospitals infant foods or drinks other than breast-milk are promoted, similar to 2006.

2.7 Practice rooming-in

More hospitals (73%) are separating mothers from their infants for over an hour before starting rooming-in than in 2007 (67%). 40% of hospitals allow mothers and babies to stay in the same room day and night. Less infants (17%) are separated from mothers for medical reasons compared with 2006(28%). 80% of the units still maintain a nursery in the postnatal ward for healthy infants.

2.8 Encourage breastfeeding on demand

93% of hospitals encourage breastfeeding on demand, the same for 2007 and 2006.

2.9 Give no artificial teats or pacifiers to breastfed infants

93% of hospitals do not have such practice, the same for 2007 and 2006.

2.10 Foster the establishment of breastfeeding support groups

The situation in 2007 is similar to 2006. 87% of hospitals refer breastfeeding mothers to support groups. 60% of units reported they facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups. 40% of units provide breastfeeding counseling by trained mother support group counselors.

Hospitals were also asked to give suggestions as to how to improve the implementation of the Ten Steps in their hospitals. Many hospitals consider staff training a top priority. Public education is thought essential as well. Difficulties are noted with the education of pregnant women on breastfeeding when a high percentage of these women come from Mainland China receiving antenatal care from varied sources. Staffing is also a concern as is the continued acceptance of free supplies of formula.

3 The compliance of the International Code of Marketing of Breast-milk Substitutes (See Appendix II)

The situation is similar in 2008 and the year before. There is still some promotion of formula feeding within the hospital compound through advertisements of infant formula,

bottle and teats, discounts to mothers, and gifts to health care workers. The major violation is of course the continued provision of free formula supplies to all hospitals.

Discussion

Parents and health care workers are to be congratulated. After remaining static for two years, it is good to see the breastfeeding rate on discharge from hospital increased by 4.8 percent to 69.0% for births in 2007 although our survey only covered around 86% of births in Hong Kong. The difference in rates between hospitals, whether public or private, is decreasing and the hospitals with the lowest rates are catching up. The effort of everyone concerned is deeply appreciated as maternity units are facing inordinate challenges with a continued increase in births but a shortage of manpower. Unfortunately these rates do not last very long. We are aware that mothers who are able to exclusively breastfeed at four to six months is less than 15 percent as reflected by statistics collected by the Department of Health in Maternal and Child Health Centres. Hong Kong is still a long way from the WHO recommendation of exclusive breastfeeding for six months.

The drop would not be so acute had the Ten Steps been fully implemented allowing mothers to return home strongly motivated to breastfeed and equipped with the skills to succeed. Apart from less breastfed infants not given formula unless medically indicated and less mothers and infants separated for medical reasons, little progress has been made in the other areas covered by the Ten Steps. In particular the number of medical staff trained in breastfeeding management is abysmally low. This is a major deficiency as medical staff appropriately trained could have led changes in practices and protocols, which are what the Ten Steps are all about.

As to the Code, the major problem is in the community where violations are rampant. As far as hospitals are concerned continued acceptance of free supplies remain a significant impediment to hospitals seeking Baby Friendly hospital status.

Being Olympic Games year, the theme for WBW is Mother Support: Going for the Gold as adopted by the World Alliance for Breastfeeding Action (WABA). This theme is particularly relevant and important for Hong Kong. As our overall breastfeeding rate has reached 69.0%, practically 7 out of 10 mothers have the desire to breastfeeding when their infants are born. This is an excellent start. Yet few are able to sustain their effort. Support is required in many areas. These march the 5 rings of the Olympic logo with women in the center. WABA has identified the rings to be Health Care, Family and Social Network, Workplace and Employment, Government / Legislation and Response to Crisis or

Emergency all interlinked with one as important as the other.

The benefits of breastfeeding are well established and many, whether to the child, the mother or the community, all pertinent to Hong Kong. An important document since the last WBW is that from the World Cancer Research Fund International end of 2007. Of 10 recommendations listed that could prevent cancer, exclusive breastfeeding for six months to prevent breast cancer was one of them. Breast cancer is the commonest cancer in women in Hong Kong and the third leading cause of death although we hear more about its early detection rather than primary prevention through breastfeeding. So for a multitude of reasons, Hong Kong should mobilize all the five sectors denoted by the Olympic rings including women themselves to work together to support mothers to breastfeed.

We are pleased that government departments have taken the initiative to establish architectural standards for baby care facilities in public buildings this year and a competition for the most mother baby friendly facility in public places is used to raise public awareness on community support for breastfeeding. We also need government support to discontinue free supplies of formula to maternity units and incorporate the Code into local legislation to tackle commercial practices detrimental to breastfeeding and therefore community health. The Health Care sector has to ensure her health care staff are well trained in breastfeeding so that the health care practices are in line with the Ten Steps. While medical and nursing manpower is a concern, recruiting health care assistants and training them to support mothers to breastfeed is an option that deserves serious consideration. As Hong Kong professes to protect women from Family Status Discrimination, we have an obligation to facilitate working mothers to continue breastfeeding her infant. In fact every one in the community has a role to play so that breastfeeding is seen as a natural method of infant feed rather something from which to shy away. Breastfeeding during emergencies may seem remote but breastfeeding does save lives in unforeseen circumstances. Few of us were not moved by the Chinese policewoman who breastfed orphans in Sichuan after the earthquake.

There are now over 20,000 maternity units worldwide that have been awarded Baby Friendly Hospital status. As yet there is none in Hong Kong. Although the status is only a means to an end, we do hope all parties within the Olympic rings will put in just that extra effort to enable mothers and babies in Hong Kong to experience the Baby Friendly Hospital atmosphere and service.

<The End>

Appendix I

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

	2007	2006
1. Written BF Policy routinely communicated to all health care staff		
1.1) With explicit written notice	100%	100%
1.2) BF policy displayed publicly	100%	100%
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	82%	87%
2.2.1b) % of O&G doctors	3%	2%
2.2.2a) % of Paed. nursing staff	42%	44%
2.2.2b) % of Paed. doctors	7%	12%
3. Inform all pregnant women about the adv. of BF		
3.1) % of pregnant clients informed	67%	59%
3.2) Give group instruction on artificial feeding	33%	40%
4. Help mothers initiate BF within half an hour of birth		
4.1) Normal deliveries (baby skin to skin contact)	58%	66%
4.2) Caesarean deliveries (given their babies to hold)	50%	53%
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	87%	93%
5.2) Help mothers of babies in special care maintain lactation	100%	100%
6. Give newborn only breast-milk, unless medically indicated		
6.1) Given newborn infants no food or drink other than breast-milk	47%	60%
6.2) No free or low-cost supplies of breast-milk substitutes accepted	0%	0%
6.3) No promotion of infant foods or drinks other than breast-milk	87%	87%
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	73%	67%
7.2) Mothers and babies stayed in the same room day and night	40%	40%
7.3) % of mothers and babies separated for medical reasons	17%	28%

7.4) There is a nursery in postnatal ward for healthy infants	80%	80%
8. Encourage breastfeeding on demand	93%	93%
9. Give no artificial teats or pacifiers to BF infants	93%	93%
10. Foster the establishment of BF support groups		
10.1) Refer BF mothers to BF support groups	87%	87%
10.2) Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups	60%	53%
10.3) Provide BF counseling in its maternity services	40%	47%

Remarks: All figures correct to the nearest integer.

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 breast-milk substitutes. The Code applies to products, when marketed or otherwise represented as a partial or total replacement for breast-milk. 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	2008	2007
1	Mothers given materials with information about infant feeding published or distributed by IFM companies	0%	0%
2	Advertise infant formula, bottles, and teats through posters, calendars etc.	7%	7%
3	Free samples or gifts given directly or indirectly to mothers	0%	0%
4	IFM company staff directly or indirectly approach mothers	13%	13%
5	Discounts for infant formula offered to mothers	7%	7%
6	Gifts such as pens, calendars given to healthcare workers	20%	27%
7	Information about infant formula products which is promotional rather than scientific or factual given to healthcare workers	7%	13%
8	All written material on IFM products provided to mothers clearly describes the adv. of BF and disadvantages of artificial feedings, including hazards of inappropriate use	80%	71%
9	Texts or pictures idealize artificial feeding	7%	13%

Remarks: All figures correct to the nearest integer.