

World Breastfeeding Week (WBW) 1-7 August 2009

Breastfeeding: A Vital Emergency Response

Are You Ready?

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

	Births in 2008		Births in 2007	
	Average %	Range %	Average %	Range %
Public hospitals	68.1	48 - 77	64.9	51 - 75
Private hospitals	80.4	61 - 99	76.7	60 - 96
Total	73.9	48 - 99	69.0	51 - 96

2. Ten Steps to Successful Breastfeeding (BF)

Significant difference of over 10% between the 2009 and 2008 surveys

Improvement: Pregnant women informed about advantage and management of BF
(3.1)

Deterioration: Explicit written notice of BF Policy (1.1)
BF Policy publicly displayed (1.2)
Skin to skin contact of babies and mothers for normal deliveries (4.1)
Help mothers of babies in special care to maintain lactation (5.2)
Mothers and babies separated for medical reasons (7.3)
Give no artificial teats or pacifiers to BF infants (9)

Refer BF mothers to BF support groups (10.1)

(No. of Step in brackets)

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

Significant difference of over 10% between the 2009 and 2008 surveys:

Improvement: Nil

Deterioration: Mothers given materials with information about infant feeding
Published or distributed by Infant Formula Manufacturing companies
(IFM)

Advertise infant formula, bottles, and teats through posters, calendars
etc.

Gifts given to healthcare workers

Promotional information about infant formula products given to
healthcare workers

All written material on IFM products provided to mothers should
clearly describe the advantages of BF and disadvantages of artificial
feedings, including hazards of inappropriate use

Report on WBW Survey 2009

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. 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 the theme of WBW is “Breastfeeding: A Vital Emergency Response *Are You Ready?*” 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 2008 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. The

interpretation of the Ten Steps in the survey was updated according to the 2006 version of WHO / UNICEF documents on BFHI.

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 9 private hospitals returned our survey questionnaires this year.

Survey Population

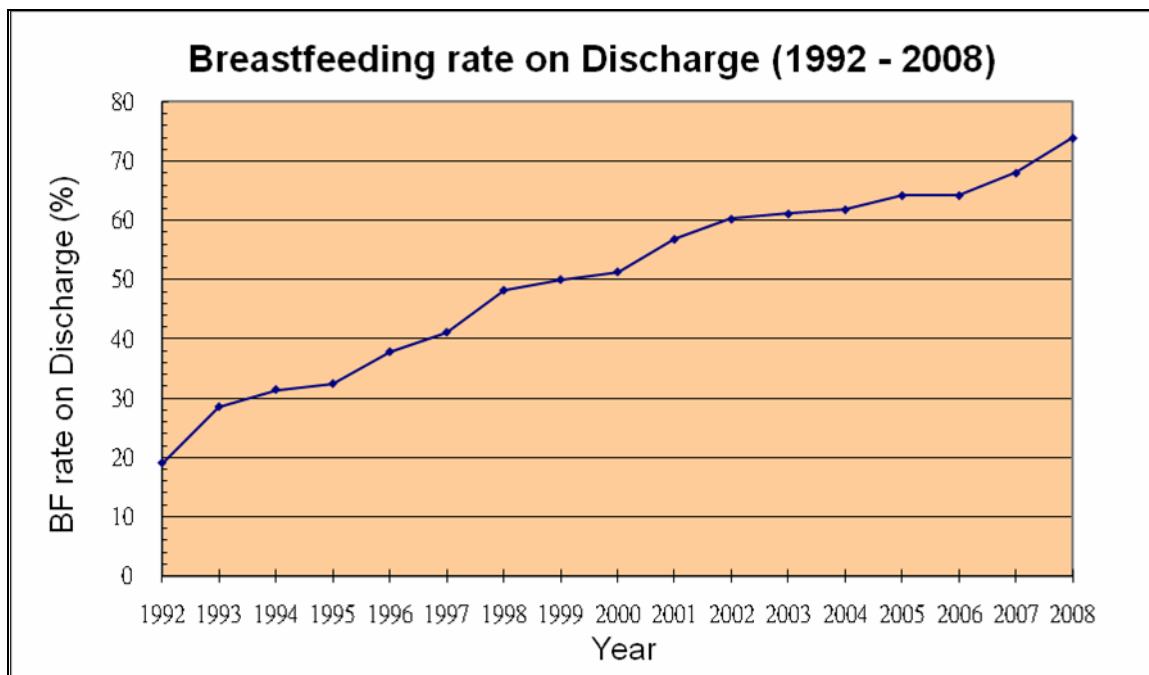
	No. of Questionnaires sent	No. of responded hospitals
Public hospitals	8	8
Private hospitals	9	9
Total	17	17

	No. of births in 2008
Public hospitals (8)	41,437
Private hospitals (9)	37,248
Total	78,685

1. Breastfeeding Rate on discharge from hospital

The breastfeeding rate in 2008 was calculated based on the number of breastfeeding infants on discharge from maternity units of all public and private hospitals in Hong Kong last year. The rate of 73.9% was an increase of 4.9% over the 69.0% in births in 2007. The range of the rates between both public and private hospitals had widened slightly.

	Births in 2008		Births in 2007	
	Average %	Range %	Average %	Range %
Public hospitals	68.1	48 - 77	64.9	51 - 75
Private hospitals	80.4	61 - 99	76.7	60 - 96
Total	73.9	48 - 99	69.0	51 - 96



2. The implementation of the Ten Steps to Successful Breastfeeding in 2009 (Appendix I)

Step 1 Written BF Policy routinely communicated to all health care staff

Compliance has decreased from 100% in 2008 to 82% for having a written policy and 88% for having it displayed.

Step 2 Train all healthcare staff

94% of staff are thought to be acquainted with the policy as compared with 100% the year before. There is a drop again of the proportion of Obstetric nurses trained in the implementation of the policy compared with the previous year from 82% to 73% 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.

Step 3 Inform all pregnant women about the advantages and management of BF

More pregnant women, around 82% compared with 67% the year before, were able to receive such information while one third of the hospitals still give group instructions on artificial feeding.

Step 4 Help mothers initiate BF 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 58% the year before to 33% this year for normal deliveries but increased from 50% to 58% for Caesarean births.

Step 5 Show mothers how to bf and how to maintain lactation even if they should be separated from their infant

82% of mothers are offered help within six hours of delivery, down from 87% the year before. 88% of mothers were offered help if their babies were admitted to special care unit compared with 100% the year before.

Step 6 Give newborn only breast-milk, unless medically indicated

53% of hospitals are offering formula to breastfed infants compared with 47% the year before. All hospitals still receive free supplies of formula. In 18% of the hospitals infant foods or drinks other than breast-milk are promoted compared with 13% the previous year.

Step 7 Practice rooming-in

Less hospitals (65%) are separating mothers from their infants for over an hour before starting rooming-in than in 2008 (73%). 41% of hospitals allow mothers and babies to stay in the same room day and night similar to the year before. More infants (29% vs 17%) are separated from mothers for medical reasons compared with 2008. 88% of the units still maintain a nursery in the postnatal ward for healthy infants.

Step 8 Encourage BF on demand

94% of hospitals encourage breastfeeding on demand similar to the previous year.

Step 9 Give no artificial teats or pacifiers to breastfed infants

71% of hospitals do not have such practice, a drop from 93% the year before.

Step 10 Foster the establishment of BF support groups

71% of hospitals as compared with 87% the previous year refer breastfeeding mothers to support groups. 59% of units reported they facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups. 35% of units provide breastfeeding counselling by trained mother support group counsellors.

Hospitals were also asked to give suggestions as to how to improve the implementation of the Ten Steps in their hospitals. Many hospitals cite training for professionals and breastfeeding education of pregnant women and the general public as important. There are certain practices on which they would like to focus such as rooming-in from birth and skin-to-skin contact for normal and Caesarian births. Manpower is also a concern. For marketing practice, attention is required for the free supply of formula to hospitals and how staff handle offers from milk product companies.

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

This year, there is no observation that is an improvement over the previous year. On the contrary there are more violations of the Code within hospital facilities of over 10% including mothers being given company materials on infant feeding, promotional material on breastmilk substitutes being displayed, and gifts and promotional information being presented to healthcare workers. It was also noted that the written material from these companies to mothers did not describe the advantages of BF and disadvantages of artificial feedings, including hazards of inappropriate use as stipulated by the Code.

Discussion

We are pleased that this year all hospitals with maternity service, whether public or private, responded to BFHIHKA's annual WBW survey. The breastfeeding rate on discharge from maternity units of 73.9% therefore covered all births in Hong Kong in 2008. This reflects an encouraging 4.9% increase over the previous year when the rate covered 86% of births and 15 out of 17 hospitals with maternity units.

When comparing the 2009 and 2008 survey results, we need to take into account not only the wider coverage of hospitals this year but also that the interpretation of the WHO Ten Steps to Successful Breastfeeding has been updated to the 2006 version of WHO / UNICEF Baby Friendly Hospital Initiative documents. For Step 1, the BF policy should include the Code and subsequent relevant World Health Assembly resolutions. Some hospitals indicated that they do not have such a comprehensive policy but they do display the BF policy that they have. Hence we have an apparent discrepancy of a higher percentage for hospitals displaying their policy than the percentage with a policy as specified.

The requirement for training of healthcare workers has increased from 18 to 20 hours including a minimum of 3 hours of practical experience. This and the turnover of staff may account for the slight drop in trained obstetric nurses. Much more effort is required to bring the training of doctors to the level of the nurses. On the other hand, it is good that hospitals report more pregnant mothers being informed about breastfeeding.

Step 4 on initiation of breastfeeding is now encouraging skin-to-skin contact immediately after birth and for at least an hour (duration not specified previously). Hospitals need to

review their practice. Whereas all hospitals in 2008 showed mothers how to maintain lactation when they were separated from their infants, this year 12% of hospitals are not doing this. Improvement is needed also in avoiding non-medically indicated supplement with formula, the use of pacifiers or artificial teats, practicing rooming-in, and peer support.

An obstacle to hospitals being accredited as Baby Friendly is the acceptance of free supplies of formula. After all these years there is light at the end of the tunnel. The Hospital Authority is currently inviting tenders to supply milk formulae. The Hospital Authority is to be congratulated for taking this major step. This should pave the way for public hospitals to do away with all other violations observed within hospital premises. Furthermore this should serve as an impetus for private hospitals to follow.

Discontinuation of free supplies brings a hospital closer to being Baby Friendly but this is only one piece in a much larger jigsaw. BFHIHKA took part in the World Breastfeeding Trend Initiative survey earlier this year on behalf of Hong Kong (report available in BFHIHKA's website). The survey looked at not only the implementation of the Ten Steps and compliance with the Code, but also other areas like maternity protection, mother support, community outreach, information availability and mechanisms of monitoring and evaluation. Hong Kong's report card did not score at all well. To move ahead before more mothers and children miss this once in a lifetime experience, Hong Kong needs to establish a Central Breastfeeding Committee, formulate a Breastfeeding Policy for the whole territory and have the policy implemented.

Conclusion

The theme of WBW this year is "Breastfeeding - A Vital Emergency Response *Are you Ready?*" We may doubt its relevance to Hong Kong, never having encountered severe earthquakes or tsunamis. Even strong typhoons generally pass by within hours. Yet no place can claim immunity from emergencies. With the SARS experience behind us, we braved ourselves to greet the new Human Swine Flu earlier this year. Although our population may not have specific immunity towards this illness, what better basic protection against infection can be provided for our infants than that from breastfeeding with all the antibodies that prevent pathogens entering the body, over a million white blood cells a day to fight infections and numerous anti-inflammatory factors to contain inflammatory responses.

Hong Kong is known for our generosity in helping other places facing calamities. We do well to understand the issues related to infant feeding under such circumstances so that

maximum benefit can be derived from our effort. Donating tins of powdered formula serves little purpose when there is no access to safe water, fuel or electricity, let alone sterilization of bottles and teats. WHO has published “Guiding principles for feeding infants and young children during emergencies.” Many of us would have been impressed by the policewoman breastfeeding orphans after the Sichuan earthquake. There is no better preparation than being prepared. Now that 7.4 out of every 10 mothers giving birth in Hong Kong has chosen the most natural and physiological means to feed their infant, the onus is on us to ensure we have the system in place to make these mothers’ choice a fulfilling, enjoyable and sustainable experience. At the same time we are laying the solid foundation for a healthy community.

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

Survey year	2009	2008
1. Written BF Policy routinely communicated to all health care staff		
1.1) With explicit written notice	82%	100%
1.2) BF policy displayed publicly	88%	100%
2. Train all health care staff		
2.1) Acquainted with BF policy	94%	100%
2.2) 20-hr (18-hr for 2008) training given to staff within six month of their arrival		
2.2.1a) % of O&G nursing staff	73%	82%
2.2.1b) % of O&G doctors	4%	3%
2.2.2a) % of Paed. nursing staff	42%	42%
2.2.2b) % of Paed. doctors	11%	7%
3. Inform all pregnant women about the advantage & management of BF		
3.1) % of pregnant clients informed (16/17 respondents in 2009)	82%	67%
3.2) Give group instruction on artificial feeding	35%	33%
4. Help mothers initiate BF within half an hour of birth		
4.1) Normal deliveries (with skin to skin contact) (16/17 respondents in 2009)	33%	58%
4.2) Caesarean deliveries (given their babies to hold) (15/17 respondents in 2009)	58%	50%
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	82%	87%
5.2) Help mothers of babies in special care maintain lactation	88%	100%
6. Give newborn only breast-milk, unless medically indicated		
6.1) Given newborn infants no food or drink other than breast-milk	53%	47%
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	82%	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	65%	73%
7.2) Mothers and babies stayed in the same room day and night	41%	40%
7.3) % of mothers and babies separated for medical reasons	29%	17%
7.4) There is a nursery in postnatal ward for healthy infants	88%	80%
8. Encourage breastfeeding on demand	94%	93%
9. Give no artificial teats or pacifiers to BF infants	71%	93%

10. Foster the establishment of BF support groups		
10.1) Refer BF mothers to BF support groups	71%	87%
10.2) Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups	59%	60%
10.3) Provide BF counseling in its maternity services by trained mother support group counsellors	35%	40%

Remarks: All figures correct to the nearest integer.

Appendix II: 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	2009	2008
1	Mothers given materials with information about infant feeding published or distributed by IFM companies	29%	0%
2	Advertise infant formula, bottles, and teats through posters, calendars etc.	35%	7%
3	Free samples or gifts given directly or indirectly to mothers	6%	0%
4	IFM company staff directly or indirectly approach mothers	18%	13%
5	Discounts for infant formula offered to mothers	12%	7%
6	Gifts such as pens, calendars given to healthcare workers	41%	20%
7	Information about infant formula products which is promotional rather than scientific or factual given to healthcare workers	18%	7%
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	53%	80%
9	Texts or pictures idealize artificial feeding	13%	7%

Remarks: All figures correct to the nearest integer.