

World Breastfeeding Week (WBW) 1-7 August 2010

Breastfeeding: Just Ten Steps

The Baby-Friendly Way

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 2009		Births in 2008	
	Average %	Range %	Average %	Range %
Public hospitals	70.3	46 - 80	68.2	48 - 77
Private hospitals	80.5	60 - 98	80.4	61 - 99
Total	75.4	46 - 98	73.9	48 - 99

2. Ten Steps to Successful Breastfeeding (BF)

Significant difference of over 10% between the 2010 and 2009 surveys

Improvement: Help mothers of babies in special care to maintain lactation (5.2)

No free or low cost supplies of breastmilk substitutes (6.2)

Mothers and babies stayed in the same room day and night (7.2)

Refer BF mothers to BF support groups (10.1)

Deterioration: BF Policy publicly displayed (1.2)

Acquainted with BF policy (2.1)

Percentage of Paediatric nursing staff undergone 20-hr training (2.2.2a)

(No. of Step in brackets)

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

Significant difference of over 10% between the 2010 and 2009 surveys:

Improvement: Less hospitals observed gifts given to healthcare workers



Less hospitals observed promotional material given to healthcare workers

Deterioration: Less hospitals observed all written material on infant formula milk products provided to mothers clearly described the advantages of BF and disadvantages of artificial feedings, including hazards of inappropriate use

Report on WBW Survey 2010

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 and subsequent relevant World Health Assembly resolutions 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: Just 10 Steps *The Baby-Friendly Way*.” 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 10 private hospitals in Hong Kong with maternity units were invited to participate in our annual survey. The survey covered the following areas:

1. Breastfeeding rate

- 1.1 The breastfeeding rate of mothers on discharge from maternity units

Each hospital reported on the number of live births in the hospital in 2009 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%.

- 1.2 Exclusive breastfeeding rate in hospital

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 10 private hospitals returned our survey questionnaires.

Survey Population

	No. of questionnaires sent	No. of responded hospitals
Public hospitals	8	8
Private hospitals	10	10
Total	18	18

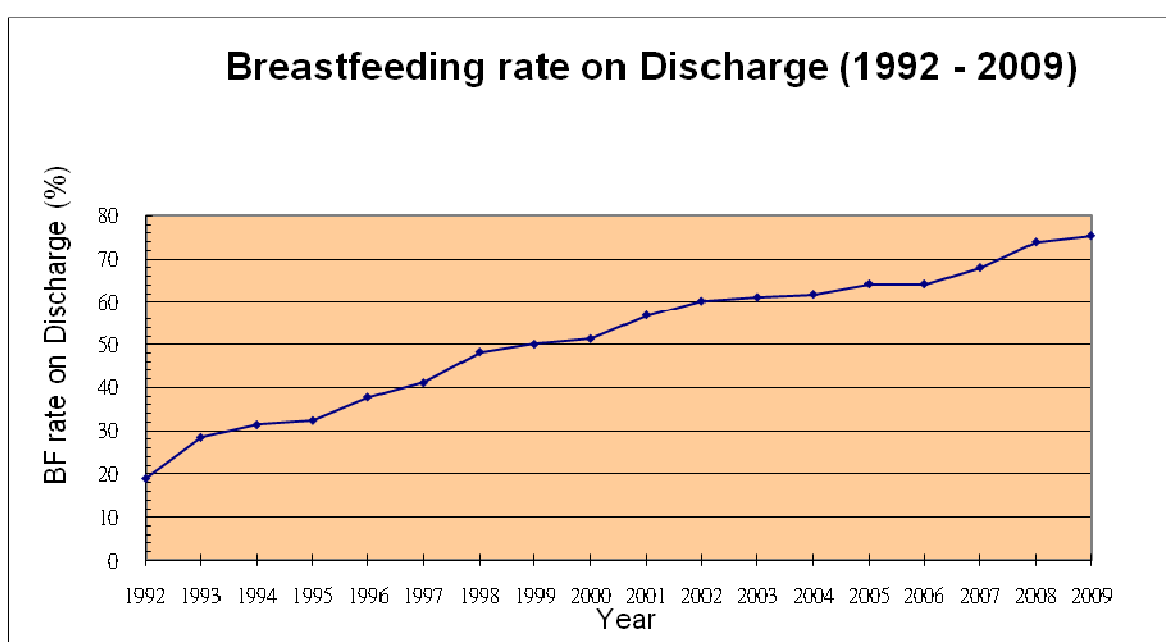
	No. of births in 2009
Public hospitals (8)	41,160
Private hospitals (10)	40,890
Total	82,050

1. Breastfeeding Rate

1.1 Breastfeeding Rate on discharge from hospital

The breastfeeding rate on discharge from maternity units for births in 2009 from all public and private hospitals in Hong Kong was 75.4%. This was an 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.

	Births in 2009		Births in 2008	
	Average %	Range %	Average %	Range %
Public hospitals	70.3	46 - 80	68.2	48 - 77
Private hospitals	80.5	60 - 98	80.4	61 - 99
Total	75.4	46 - 98	73.9	48 - 99



1.2 Exclusive breastfeeding rate in hospital

Reports from public hospitals for varying periods of the year ranged from 4 to 42%. Information available from 8 out of 10 private hospitals, also for varying periods of the year, ranged from less than 1 to 96%.

2. The implementation of the Ten Steps to Successful Breastfeeding in 2010 (Appendix I)

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

Compliance at 83% is similar to the previous year for having a written policy. Only 72% of hospitals displayed the policy publicly compared with 88% in 2009.

Step 2 Train all healthcare staff

83% of staff are thought to be acquainted with the policy as compared with 94% the year before. For the training of medical and nursing staff, many private hospitals do



not have information available. Overall, there is a continued drop for the proportion of obstetric nurses trained in the implementation of the policy (64%) compared with the previous years (82% in 2008 and 73% in 2009). The drop in paediatric nurses being trained is even more drastic from 42% in 2009 to 17% in 2010. For doctors, few are reported to be trained – 0.4% for obstetricians and 7% for paediatricians.

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

83% of pregnant women, similar to the year before received information about the advantages and management of BF. 44% of hospitals still give group instructions on artificial feeding.

Step 4 Help mothers initiate BF within half an hour of birth

The question has been refined for this year's survey. Caesarian deliveries without general anaesthesia are grouped with vaginal deliveries. Only one hospital practise skin to skin contact for over one hour under these modes of delivery. For the other hospitals, around 59% of mothers were able to enjoy skin to skin contact with their newborns and around 13% for over an hour. For mothers with caesarian deliveries under general anaesthesia, around 32% of them had skin to skin contact with their newborns when they are responsive.

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

More hospitals, 89%, are offering mothers help to BF within six hours of delivery while all hospitals help mothers to maintain lactation if their babies are admitted to special care unit.

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

56% of hospitals are not offering any other food or drink other than breastmilk to breastfed infants unless medically indicated, similar to the year before. A major advance is that all public and 3 private hospitals have discontinued the acceptance of free supplies of breastmilk substitutes this year. 17% of hospitals still admit to promoting infant foods or drinks other than breastmilk.

Step 7 Practise rooming-in

More hospitals (71%) are separating mothers from their infants for over an hour before starting rooming-in than in 2008 (65%) but also more hospitals (61%) allow mothers and babies to stay in the same room day and night compared with 41% the year before. Less infants (22% vs 29%) are separated from mothers for medical reasons compared with 2009. 89% of the units have not changed their practice and still maintain a nursery in the postnatal ward for healthy infants.

Step 8 Encourage BF on demand

94% of hospitals encourage breastfeeding on demand same as the previous year.

Step 9 Give no artificial teats or pacifiers to breastfed infants

72% of hospitals do not have such practice similar to the year before.

Step 10 Foster the establishment of BF support groups

83% of hospitals as compared with 71% the previous year refer breastfeeding mothers to support groups. 50% of units reported they facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups. 39% 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. 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 include breastfeeding education and support for pregnant women. Rooming-in and not using bottles and teats to feed babies of mothers who wish to breastfeed were also mentioned by a few hospitals.

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

This year, hospitals observed some improvements over the previous year. Less 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 BF and disadvantages of artificial feedings, although some hospitals do not give such material at all.

Discussion

With the increase in demand for obstetric services in Hong Kong, another maternity unit opened in a private hospital so that the number of responding hospitals increased from 17 to 18 this year. It is gratifying to see the overall breastfeeding rate on discharge continued to climb, being 75.4% for births in 2009. Although the increase of 1.5% may not be very much, because of the increase in total births, this translated into an additional 3,700 mothers intending to breastfeed. As for the exclusive breastfeeding rate in hospital, not all hospitals have such record. Where data is available, it is for varying periods per year. However, the range is 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%. Although the clientele may be different, surely there are learning points in practices between hospitals. Exclusive breast milk 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 crux of the matter in breastfeeding is of course whether it is sustained after discharge. To achieve this, the Innocenti Declaration outlined the essential elements. 2010 is the 20th Anniversary of the Declaration which called for governments to establish a multi-sectoral breastfeeding committee with a co-ordinator, ensure maternity facilities practise the Ten Steps to Successful Breastfeeding, implement the International Code of Marketing Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions, and protect breastfeeding rights of working women. Hong Kong has yet to have all these provisions established. Even so, the theme of World Breastfeeding Week this year, “Breastfeeding: Just 10 Steps *The Baby-Friendly Way*” is a timely reminder that after two decades, the Ten Steps are still the standard of antenatal and perinatal care with regard to breastfeeding.

From the responses of this year’s survey, the major issues are still training, initiation of breastfeeding with skin to skin contact at birth, and the use of supplements.

For training, the situation is worse than last year, may be because of trained staff lost to the relevant service and new staff joining that are not trained. Again less paediatric nurses are trained than obstetric nurses and few doctors are trained, whether obstetric or paediatric. This deficiency needs to be addressed in a systematic way such as including such training in the professional training of these healthcare workers. Such was the reasoning of mandated training on breastfeeding during the paediatric trainee rotation through Maternal and Child Health Centres. Unfortunately, there is still a large pool of paediatric doctors who are no longer “trainees.” For doctors aspiring to be obstetricians, the training in breastfeeding is not even a requirement. It is good that the Department of Health is preparing a self-learning breastfeeding kit for doctors in Hong Kong but this will only be part of the remedy for such a situation as its use is voluntary.

Worldwide there is an unfortunate increase in caesarian births, especially in certain countries. Many such deliveries are carried out under local anaesthesia so that the mothers are awake all through the procedure. These mothers are now expected, under the updated interpretation of Step 4, to be able to have skin to skin contact with their babies as soon as they are born for at least an hour as in vaginal births. Hopefully our survey will bring this to the attention of obstetric units.

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 also looking into implementation of the Code territory-wide.

Conclusion

BFHIIHKA has deliberated a number of times as to whether this annual survey should continue to be conducted as it is a self-reporting exercise. We elected to carry on for dual purposes. With the much appreciated co-operation of colleagues in both public and private hospitals responding to the survey, this gives hospitals at least a yearly opportunity of reviewing the practice in their units with regard to breastfeeding. As the methodology is similar each year, the results provide a monitor of the trend in breastfeeding practices in hospital in Hong Kong. We look forward to hospitals applying for formal accreditation as Baby Friendly Hospitals, like over 20,000 hospitals world-wide.

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

Survey year	2010	2009
1. Written BF Policy routinely communicated to all health care staff		
1.1) With explicit written notice	83%	82%
1.2) BF policy displayed publicly	72%	88%
2. Train all health care staff		
2.1) Acquainted with BF policy	83%	94%
2.2) 20-hr training given to staff within six month of their arrival		
2.2.1a) % of O&G nursing staff	64%	73%
2.2.1b) % of O&G doctors	0.4%	4%
2.2.2a) % of Paediatric nursing staff	17%	42%
2.2.2b) % of Paediatric doctors	7%	11%
3. Inform all pregnant women about the advantage & management of BF		
3.1) % of pregnant clients informed (respondents in 2010:17/18H; 2009:16/17H)	83%	82%
3.2) Give group instruction on artificial feeding	44%	35%
4. Help mothers initiate BF within half an hour of birth		
4.1) Normal deliveries (skin to skin contact) (16/17H)		33%
Vaginal or Caesarian deliveries without general anaesthesia		
- All mothers had skin to skin contact >1 hour	6% (H)	
- Skin to skin (16/18H)	59%(M)	
- Over 1 hour (14/18H)	13%(M)	
4.2) Caesarean deliveries (given their babies to hold) (15/17H)		58%
Caesarean deliveries with general anaesthesia (skin to skin when M responsive) (16/18H)	32%(M)	
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	89%	82%
5.2) Help mothers of babies in special care maintain lactation	100%	88%
6. Give newborn only breast-milk, unless medically indicated		
6.1) Given newborn infants no food or drink other than breast-milk	56%	53%
6.2) No free or low-cost supplies of breast-milk substitutes accepted	61%	0%
6.3) No promotion of infant foods or drinks other than breast-milk	83%	82%
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	71%	65%

7.2) Mothers and babies stayed in the same room day and night	61%	41%
7.3) % of mothers and babies separated for medical reasons	22%	29%
7.4) There is a nursery in postnatal ward for healthy infants	89%	88%
8. Encourage breastfeeding on demand	94%	94%
9. Give no artificial teats or pacifiers to BF infants	72%	71%
10. Foster the establishment of BF support groups		
10.1) Refer BF mothers to BF support groups	83%	71%
10.2) Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups	50%	59%
10.3) Provide BF counseling in its maternity services by trained mother support group counsellors	39%	35%

Remarks:

Figures correct to the nearest integer unless it is less than 1

H refers to hospitals

M refers to mothers

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	2010	2009
1	Mothers given materials with information about infant feeding published or distributed by IFM companies	28%	29%
2	Advertise infant formula, bottles, and teats through posters, calendars etc.	44%	35%
3	Free samples or gifts given directly or indirectly to mothers	6%	6%
4	IFM company staff directly or indirectly approach mothers	11%	18%
5	Discounts for infant formula offered to mothers	6%	12%
6	Gifts such as pens, calendars given to healthcare workers	22%	41%
7	Information about infant formula products which is promotional rather than scientific or factual given to healthcare workers	6%	18%
8	All written material on IFM products provided to mothers clearly describes the advantages of BF and disadvantages of artificial feedings, including hazards of inappropriate use (16/18H)	38%	53%
9	Texts or pictures idealize artificial feeding (16/18H)	13%	13%

Remarks: All figures correct to the nearest integer.

“%” refers to % of hospitals where observations made

H refers to hospitals