

World Breastfeeding Week (WBW) 1-7 August 2011

Talk to Me! Breastfeeding - a 3D Experience

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 2010		Births in 2009	
	%	Range %	%	Range %
Public hospitals	71.3	45 - 78	73.0*	62*- 80
Private hospitals	86.7	70 - 98	80.5	60 - 98
Total	79.2	45 - 98	76.7*	60 - 98

* updated figures

2. Ten Steps to Successful Breastfeeding (BF)

Significant difference of over 10% between the 2011 and 2010 surveys

Improvement: Acquainted with BF policy (2.1)

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

Deterioration: None

3. Compliance with the International Code of Marketing of Breast-milk Substitutes in Institutions with maternity units

Significant difference of over 10% between the 2011 and 2010 surveys:

Improvement: Less hospitals observed advertisement of infant formula, bottles, and teats through posters, calendars, etc.

Less hospitals observed gifts given to healthcare workers



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More hospitals observed all written material on infant formula products provided to mothers clearly described the advantages of BF and disadvantages of artificial feedings, including hazards of inappropriate use
Less hospitals observed texts or pictures idealising artificial feeding

Deterioration: None

Report on BWB Survey 2011

Introduction

The World Health Organisation (WHO) and the United Nations Children’s Fund (UNICEF) launched the Baby Friendly Hospital Initiative (BFHI) 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 BWB is “Talk to Me! Breastfeeding - a 3D Experience” 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 2010 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%.

1.2 Exclusive breastfeeding rate in hospital

Each hospital is to report on their exclusive breastfeeding rate for live births in 2010. The exclusive breastfeeding rate was defined as the number of breastfed babies not given any food or drink before discharge other than breastmilk unless medically indicated, 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 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 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 2010
Public hospitals (8)	43,018
Private hospitals (10)	45,245
Total	88,263

1. Breastfeeding Rate

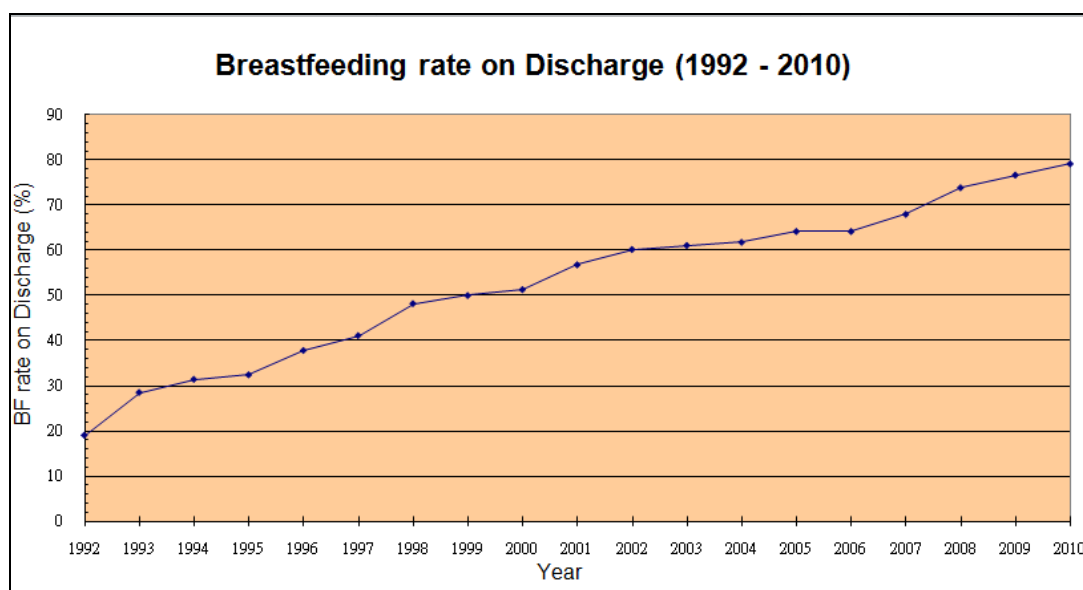
1.1 Breastfeeding Rate on discharge from hospital

The breastfeeding rate on discharge from maternity units for births in 2010 from all public and private hospitals in Hong Kong was 79.2%. This was an increase of 2.5% over the 76.7% for births in 2009. The range of the rates for public hospitals had widened with the

lowest rate decreasing from 62% to 45%, while for private hospitals, the range had narrowed with the lowest rate increasing from 60% to 70%.

	Births in 2010		Births in 2009	
	Average %	Range %	Average %	Range %
Public hospitals	71.3	45 - 78	73.0*	62* - 80
Private hospitals	86.7	70 - 98	80.5	60 - 98
Total	79.2	45 - 98	76.7*	60 - 98

* updated figures



1.2 Exclusive breastfeeding rate in hospital

Reports from public hospitals for varying periods of the year ranged from 6 to 42%. Information available from 6 out of 10 private hospitals, also for varying periods of the year, ranged from 1 to 94%.

2. The implementation of the Ten Steps to Successful Breastfeeding in 2011 (Appendix I)

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

89% of hospitals have a written BF policy and 78% of hospitals display the policy publicly, slightly more than the 83% and 72% respectively in the previous year.

Step 2 Train all healthcare staff

100% of staff are thought to be acquainted with the policy as compared with 83%



the year before. For the training of medical and nursing staff, many private hospitals do not have information available, especially for Paediatrics. Overall, there is an increase in obstetric nurses trained in the implementation of the policy (73%) compared with the previous year (64%) and a decrease in paediatric nurses being trained (from 17% in 2010 to 13% in 2011). For doctors, few are reported to undertaken 20 hours of the required training, 1% for obstetricians and 4% for paediatricians.

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

84% of pregnant women, similar to the year before received information about the advantages and management of BF. The same 44% of hospitals still give group instructions on artificial feeding.

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

Like last year, only one hospital practise skin to skin contact for over one hour for all mothers who had vaginal births and Caesarian deliveries without general anaesthesia. For the other hospitals, around 64% of mothers were able to enjoy skin to skin contact with their newborns and around 22% for over an hour. For mothers with caesarian deliveries under general anaesthesia, around 31% of them had skin to skin contact with their newborns when the mothers are responsive.

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

Compared with last year, less hospitals, 83% vs 89%, are offering mothers help to BF within six hours of delivery and 94% vs 100% of hospitals help mothers to maintain lactation if their babies are admitted to special care unit.

Step 6 Give newborn only breastmilk, unless medically indicated

50% of hospitals are not offering any other food or drink other than breastmilk to breastfed infants unless medically indicated, slightly less than the 56% the year before. Only 2 private hospitals are still accepting free supplies of breastmilk substitutes this year bringing the percentage of hospitals that have discontinued this practice to 89%. 94% of hospitals do not promote infant foods or drinks other than breastmilk.

Step 7 Practise rooming-in

More hospitals (75%) are separating mothers from their infants for over an hour before starting rooming-in than in 2009 (71%) and less hospitals (56%) allow mothers and babies to stay in the same room day and night compared with 61% the year before. Less infants (15% vs 22%) in each hospital are separated from mothers for medical reasons compared with 2009. The same 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

More hospitals, 78%, do not have such practice compared with 72% the year before.

Step 10 Foster the establishment of BF support groups

Compared with last year, the same percentage, 83% of hospitals refer breastfeeding mothers to support groups, while 56% vs 50% of units reported they facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups and 44% vs 39% of units provide breastfeeding counselling by trained mother support group counsellors.

Hospitals were also asked to give suggestions as to how the implementation of the Ten Steps could be improved. Once again many hospitals cite training for professionals as being essential, in particular the training of doctors. Antenatal education of pregnant women is also important to enhance their understanding of breastfeeding and reduce their request for supplement of formula milk for their infants. Many hospitals emphasise the practice of skin to skin contact between mothers and babies at birth. Improvement in facilities is thought necessary for more rooming-in.

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

This year, marked improvements are observed by hospitals in there being less promotion of breastmilk substitutes in hospital premises through, for example, posters and calendars, gifts to healthcare workers, and the idealization of artificial feeding through texts or pictures. More written material on infant formula milk products provided to mothers clearly described the advantages of BF and disadvantages of artificial feedings.

Discussion

BFHIHKA has been conducting this survey for 20 years. Despite the limitation that the survey is a self-assessment, it is felt to be an important annual exercise to monitor the trend of breastfeeding in Hong Kong and give hospitals an opportunity to review their practices yearly.

The surge in demand for obstetric and neonatal services and the shortage of manpower have

not hindered the continued increase in breastfeeding rate on discharge from maternity units. This rate rose by 2.5% to 79.2% for births in 2010. On the other hand this rate reflected more mothers' intention to breastfeed than their being enabled to breastfeed. It is the exclusive breastfeeding rate which is the concern of WHO / UNICEF's BFHI. Unnecessary early introduction of supplements of formula milk is associated with early cessation of breastfeeding. Therefore it is good to see hospitals realising its importance and more hospitals recording the exclusive breastfeeding rate year round. As the exclusive breastfeeding rates submitted varied from 1 to 94% between private hospitals and 6 to 42% in public hospitals, there are definitely learning points to be shared between hospitals.

Since December 2010, the Hospital Authority has promulgated a breastfeeding policy that applies to all institutions under the Authority. It is unfortunate that there are still 2 private hospitals without a breastfeeding policy. Without an explicit policy, staff could feel they are working very much on their own without the support of the administration.

Staff training continues to be a major concern, especially paediatric nurses and both obstetric and paediatric doctors. Training enables staff to understand what the breastfeeding policy entails and how it can be implemented. Currently BFHIHKA is revisiting the training requirement of medical staff for BFHI accreditation taking into account overseas experience. Depending on the role of the medical staff in the support of breastfeeding, the duration of the training may be adjusted so that more medical staff can complete the basic requirement and understand the issues involved. They can then be part of the team to look into the system of mother baby friendly care and facilitate nurses to put the knowledge they have acquired through their training into practice.

The importance of early initiation of breastfeeding with skin to skin contact for as long as mother and baby desire is considered so important that this was the theme of WBW 2007. For contact lasting over an hour, although the percentage is still low, it is good to see an increase from an average of 13% to 22% among hospitals. Unfortunately there are still hospitals in the private sector which are not practising skin to skin contact at all even in vaginal births or caesarian deliveries without general anaesthesia.

Mothers and babies are still separated unnecessarily especially at private hospitals. Few private hospitals are keeping normal babies with their mothers day and night yet many of these hospitals that do not practice rooming-in say the mothers are advised and helped to breastfeed whenever their babies show cues that indicate when they are hungry and as often as their babies want to breastfeed. This shows an incomplete understanding of the Ten

Steps.

The most significant improvement found in this year's survey is Code compliance within the hospital. With public hospitals discontinuing the acceptance of free supplies of breastmilk substitutes in April 2010, the ground work was laid down for private hospitals to follow. Currently only 2 out of the 10 private hospitals are still accepting free supplies from formula companies. By refusing free supplies, it gives a strong message that the hospitals are indeed promoting breastfeeding rather than endorsing formula feeding as few mothers have medical contraindications to breastfeed. As the purchase of breastmilk substitutes in public hospitals is tied in with Code compliance in general, violations of other articles of the Code have also reduced.

Conclusion

Breastfeeding is the norm in infant feeding. Hospitals with maternity units implementing the Ten Steps and the Code enable mothers to breastfeed their babies as they should be fed. The importance of early nutritional programming with life long health implications continues to be discovered. Undermining the right of the child to the highest standard of health attainable should not be taken lightly. It is easy to blame the inability of mothers to sustain exclusive breastfeeding on the overall lack of community support, short maternity leave and a non-breastfeeding friendly work environment. No doubt these are challenges that need to be tackled. Hence the theme of this year's WBW is "Talk to Me! Breastfeeding - a 3D Experience". A third dimension of communication is added to the usual dimensions of time and space, communication with policy makers to the man on the street, with the young to the old, so that a critical mass can be mobilised to create change. Still, perinatal practices can start mothers on firm or shaky grounds in breastfeeding. While our society debates the scope of provision of obstetric and neonatal services in Hong Kong, let us not forget the ability to provide mother and baby friendly care should be one of the prime considerations.

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

Survey year	2011	2010
	Hospital average %	
1. Written BF Policy routinely communicated to all health care staff		
1.1) With explicit written notice	89	83
1.2) BF policy displayed publicly	78	72
2. Train all health care staff		
2.1) Acquainted with BF policy	100	83
2.2) 20-hr training given to staff within six month of their arrival		
2.2.1a) % of O&G nursing staff (H 2011:14; 2010:16)	73	64
2.2.1b) % of O&G doctors (H 2011:11; 2010:13)	1	0.4
2.2.2a) % of Paediatric nursing staff (H 2011:13; 2010:11)	13	17
2.2.2b) % of Paediatric doctors (H 2011:8; 2010:10)	4	7
3. Inform all pregnant women about the advantage & management of BF		
3.1) % of pregnant clients informed (H 17)	84	83
3.2) Give group instruction on artificial feeding	44	44
4. Help mothers initiate BF within half an hour of birth		
4.1) Vaginal or Caesarian deliveries without general anaesthesia (skin to skin)		
- All mothers had skin to skin contact >1 hour	6	6
- Skin to skin (H16)	64	59
- Over 1 hour (H 2011:12; 2010:14)	22	13
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) (H 2011:13; 2010:16)	31	32
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	83	89
5.2) Help mothers of babies in special care maintain lactation	94	100
6. Give newborn only breast-milk, unless medically indicated		
6.1) Given newborn infants no food or drink other than breast-milk	50	56
6.2) No free or low-cost supplies of breast-milk substitutes accepted	89	61
6.3) No promotion of infant foods or drinks other than breast-milk	94	83
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 (H 2011:16; 2010:17)	75	71



7.2) Mothers and babies stayed in the same room day and night	56	61
7.3) % of mothers and babies separated for medical reasons (H 2011:16; 2010:17)	15	22
7.4) There is a nursery in postnatal ward for healthy infants	89	89
8. Encourage breastfeeding on demand	94	94
9. Give no artificial teats or pacifiers to BF infants	78	72
10. Foster the establishment of BF support groups		
10.1) Refer BF mothers to BF support groups	83	83
10.2) Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups	56	50
10.3) Provide BF counseling in its maternity services by trained mother support group counsellors	44	39

Remarks:

All 18 hospitals responded unless “H” stated.

“H” refers to number of hospitals that responded out of 18 hospitals

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	2011	2010
1	Mothers given materials with information about infant feeding published or distributed by IFM companies	22%	28%
2	Advertise infant formula, bottles, and teats through posters, calendars etc.	28%	44%
3	Free samples or gifts given directly or indirectly to mothers	0%	6%
4	IFM company staff directly or indirectly approach mothers	11%	11%
5	Discounts for infant formula offered to mothers	11%	6%
6	Gifts such as pens, calendars given to healthcare workers	11%	22%
7	Information about infant formula products which is promotional rather than scientific or factual given to healthcare workers	0%	6%
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 (H 2010:16; 2011:17)	59%	38%
9	Texts or pictures idealize artificial feeding (H 2010: 16)	0%	13%

Remarks: All 18 hospitals responded unless "H" stated.

"H" refers to number of hospitals that responded out of 18 hospitals