

World Breastfeeding Week (WBW) 1-7 August 2012

Understanding the Past - Planning the Future *Celebrating 10 years of WHO/UNICEF's Global Strategy for Infant and Young Child Feeding*

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 2011 | | Births in 2010 | |
|-------------------|----------------|----------------|----------------|----------------|
| | % | Range % | % | Range % |
| Public hospitals | 76.0 | 66 - 85 | 71.3 | 45 - 78 |
| Private hospitals | 90.1 | 79 - 98 | 86.7 | 70 - 98 |
| Total | 83.3 | 66 - 98 | 79.2 | 45 - 98 |

2. Ten Steps to Successful Breastfeeding

Significant difference of over 10% between the 2012 and 2011 surveys

- Improvement:
- Breastfeeding policy displayed publicly (1.2)
 - Training of Obstetric doctors (2.3a)*
 - Training of Paediatric nurses (2.2b)
 - Training of Paediatric doctors (2.3b)*
 - No free or low cost supplies of breastmilk substitutes (6.2)
 - Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups (10.2)

Deterioration: None

*Comparing figure for 20-hr training in survey 2011 and 8-hr training in survey 2012

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

Significant difference of over 10% between the 2012 and 2011 surveys:

Improvement: Fewer hospitals observed mothers given materials on infant feeding published or distributed by infant formula companies
Fewer hospitals observed advertisement of infant formula, bottles, and teats through posters, calendars, etc.

Deterioration: None

Report on WBW Survey 2012

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 – 7 August. This year the theme of WBW is “Understanding the Past - Planning the Future: *Celebrating 10 years of WHO/UNICEF’s Global Strategy for Infant and Young Child Feeding.*” 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 2011 and the 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 2011. 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

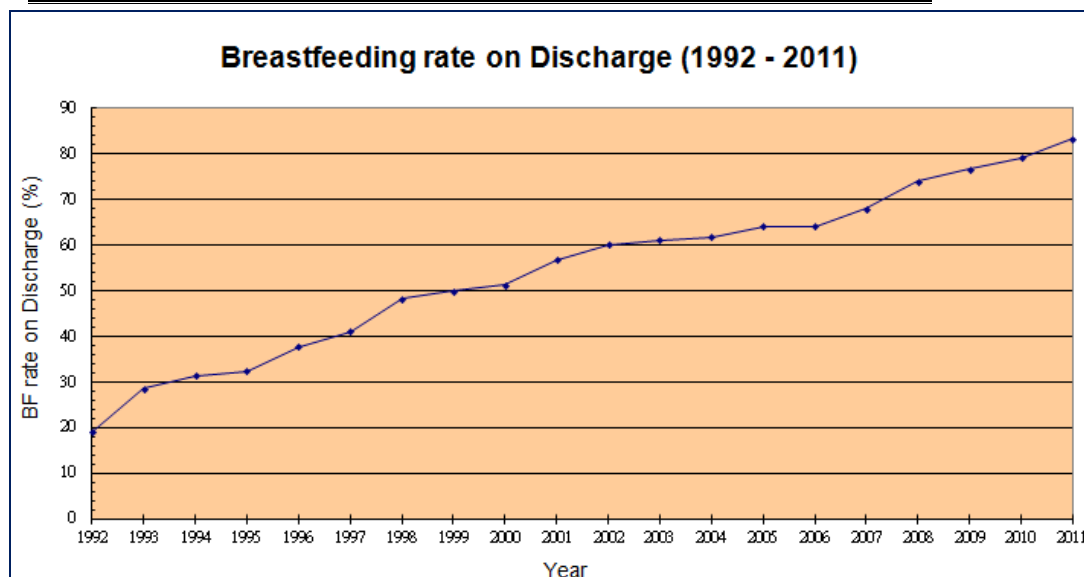
| | No. of births in 2011 |
|------------------------|------------------------------|
| Public hospitals (8) | 45,841 |
| Private hospitals (10) | 49,009 |
| Total | 94,850 |

1. Breastfeeding Rate

1.1 Breastfeeding Rate on discharge from hospital

The breastfeeding rate on discharge from maternity units for births in 2011 from all public and private hospitals in Hong Kong was 83.3%. This was an increase of 4.1% over the 79.2% for births in 2010. For public hospitals the minimum and maximum rates increased by 21 and 6% respectively while the minimum for private hospitals increased by 9%.

| | Births in 2011 | | Births in 2010 | |
|-------------------|----------------|----------------|----------------|----------------|
| | % | Range % | % | Range % |
| Public hospitals | 76.0 | 66 - 85 | 71.3 | 45 - 78 |
| Private hospitals | 90.1 | 79 - 98 | 86.7 | 70 - 98 |
| Total | 83.3 | 66 - 98 | 79.2 | 45 - 98 |



1.2 Exclusive breastfeeding rate in hospital

Reports from public hospitals for varying periods of the year ranged from 10 to 55%. Information available from 8 out of 10 private hospitals, also for varying periods of the year, ranged from 0 to 98%.

2. The implementation of the Ten Steps to Successful Breastfeeding in 2012 (Appendix I)

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

94% of hospitals have a written breastfeeding policy and 89% of hospitals display the policy publicly, more than the 89% and 78% respectively in the previous year.

Step 2 Train all healthcare staff

All staff are thought to be acquainted with the policy as in the year before. For the training of medical and nursing staff, many private hospitals do not have information available. Overall, there is an increase in obstetric and paediatric nurses trained in the implementation of the policy, 80% and 38% compared with 73% and 13%

respectively in the previous year. For doctors, the training required has been revised to 8 hours. From the hospitals with information available, 17% of obstetric doctors in 11 hospitals and 27% paediatric doctors in 9 hospitals are reported to have completed such training.

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

82% of pregnant women, similar to the year before received information about the advantages and management of breastfeeding. 39% instead of 44% of hospitals last year still give group instructions on artificial feeding.

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

Two hospitals instead of one last year practise skin to skin contact for over one hour for all mothers who had vaginal births and Caesarian deliveries without general anaesthesia. Of the 17 hospitals with information, around 65% of these mothers were able to enjoy skin to skin contact with their newborns and around 23% for over an hour. For mothers with caesarian deliveries under general anaesthesia, around 34% of them had skin to skin contact with their newborns when the mothers were responsive.

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

Compared with last year, 89% vs 83% of hospitals are offering mothers help to breastfeed within six hours of delivery and 89% vs 94% 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

44% of hospitals are not offering any food or drink other than breastmilk to breastfed infants unless medically indicated, slightly less than the 50% the year before. The remaining 2 private hospitals accepting free supplies of breastmilk substitutes last year discontinued the practice. 89% of hospitals do not promote infant foods or drinks other than breastmilk.

Step 7 Practise rooming-in

All hospitals gave a response to this question compared with 16 the year before. The 72% of hospitals separating mothers from their infants for over an hour before starting rooming-in is similar to that of 75% in 2011. 50% of hospitals allow mothers and babies to stay in the same room day and night compared with 56% the year before. 13% vs 15% of babies in the 16 hospitals with information were separated from mothers for medical reasons compared with 2010. 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 breastfeeding on demand

All hospitals encourage breastfeeding on demand compared with 94% the previous year.

Step 9 Give no artificial teats or pacifiers to breastfed infants

More hospitals, 83%, do not have such practice compared with 78% the year before.

Step 10 Foster the establishment of breastfeeding support groups

Compared with last year, 78% instead of 83% of hospitals refer breastfeeding mothers to support groups, while 89% vs 56% of units reported they facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups and 47% vs 44% 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. By far, training of professional and supportive staff was thought most important. Changing hospital practices like rooming-in mothers and babies, initiation of breastfeeding at birth with skin to skin contact were thought essential and could also be facilitated by adequately preparing mothers with an understanding of such practices.

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

Generally violations of the Code were infrequently observed within hospitals as reported by the hospitals themselves except half of the hospitals noted that written material on infant formula milk products provided to mothers did not clearly describe the advantages of breastfeeding and disadvantages of artificial feedings.

Discussion

The initiation rate of breastfeeding reached 83.3% for 2011. Because of the increase in births in that year, the 4.1% increase translates to over 9,000 more mothers intending to breastfeed when their babies were born. This is most encouraging although with the increase in deliveries mainly of non-local mothers, hospitals face the challenge of ensuring these mothers receive the antenatal care available in Hong Kong including the preparation for breastfeeding.

On the other hand, good information on the exclusive breastfeeding rate, the data used to

assess a hospital's eligibility to be a baby friendly hospital is lacking. Even so, the wide range of 10 to 55% in public hospitals and 0 to 98% in private hospitals leaves much room for experience sharing and learning among maternity units.

All but one hospital have a breastfeeding policy. It is important that the policy stating the compliance with the Ten Steps and the International Code of marketing be displayed as a public commitment of the hospital and a guiding wand for staff.

For hospitals with information, obstetric and paediatric nurses having undertaken the required training have both increased. After reviewing the training requirement of medical doctors for baby friendly hospital accreditation in other countries and considering the role of doctors in breastfeeding in the local situation, BFHIHKA has revised the training requirement of doctors to 8 hours including 1 hour of practical exposure. For the hospitals with information, the percentage of doctors trained has increased from single to double digits. The Department of Health launched a self-learning breastfeeding kit for health professionals in December 2011. BFHIHKA is in the process of preparing a chapter specifically on mother friendly care to complement the kit. It is hoped that doctors would be able to complete their required training other than the practical part after going through the relevant chapters in the teaching kit and this new chapter.

A most gratifying finding is that after 8 out of 10 private hospitals last year followed the practice of public hospitals in discontinuing free supplies of breastmilk substitutes, the practice has ended in all 18 hospitals with maternity units in Hong Kong. Thanks to the ground work done by the Hospital Authority, all hospitals in Hong Kong can now work for baby friendly hospital status with this major hurdle removed.

Conclusion

The theme for this year's World Breastfeeding Week is "Understanding the Past - Planning the Future: *Celebrating 10 years of WHO/UNICEF's Global Strategy for Infant and Young Child Feeding.*" Infant and young child feeding spans the age of 0 to 3 years. Exclusive breastfeeding for the first 6 months of life forms the foundation on which breastfeeding should continue with the introduction of appropriate complementary foods transitioning to a balanced family diet.

Hong Kong has made significant progress in the initiation rate in breastfeeding from 60% ten years ago to now 83%. The awareness of the importance of exclusive breastfeeding is

increasing in public hospitals. Unfortunately most private hospitals do not room-in mothers and babies day and night making exclusive breastfeeding difficult. In fact it is the Ten Steps in their totality complementing each other which put mothers on a firm ground to be able to go home exclusively breastfeeding and continue to do so.

The Global Strategy for Infant and Young Child feeding moves beyond the Baby Friendly Hospital Initiatives with the focus on the early days of life to young children. The World Breastfeeding Trend Initiative (WBTi) is an international tool to assess the implementation of the Global Strategy. BFHIHKA supported by the Consumer Council conducted a WBTi assessment on Hong Kong in 2008. Hong Kong scored 27 out of 150. The score increased to 37 when the assessment was repeated early this year. This was due mainly to Hong Kong being in the process of drafting a voluntary Code of marketing of breastmilk substitutes, better educational information for the public and surveys being conducted to monitor infant and young child feeding. Even so the scoring is far from satisfactory. The WBTi assessment tool clearly indicates the necessary building blocks to guide countries to move forward. What Hong Kong needs is more than proclaiming what has been done but rather identify what needs to be done with an action plan and time frame for its accomplishment. BFHIHKA will be more than happy to be part of the process.

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

| Survey year | 2012 | 2011 |
|---|------------|------------|
| | Hospital % | |
| 1. Written BF Policy routinely communicated to all health care staff | | |
| 1.1) With explicit written notice | 94 | 89 |
| 1.2) BF policy displayed publicly | 89 | 78 |
| 2. Train all health care staff | | |
| 2.1) Acquainted with BF policy | 100 | 100 |
| 2.2) 20-hr training given to staff within six month of their arrival | | |
| 2.2a) % of O&G nursing staff (H 2012:15 & 2011:14) | 80 | 73 |
| 2.2b) % of Paediatric nursing staff (H 2012:11; 2011:13) | 38 | 13 |
| 2.3) 8-hr training given to staff within six month of their arrival | | |
| 2.3a) % of O&G doctors (H 2012 & 2011:11) | 17 | 1* |
| 2.3b) % of Paediatric doctors (H 2012:9 & 2011:8) | 23 | 4* |
| <i>*Percentage of staff given 20-hr training</i> | | |
| 3. Inform all pregnant women about the advantage & management of BF | | |
| 3.1) % of pregnant clients informed (H 2012: all; 2011:17) | 82 | 84 |
| 3.2) Give group instruction on artificial feeding | 39 | 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 | 11 | 6 |
| - % of mothers with skin to skin (H 2012:17; 2011:16) | 65 | 64 |
| - % of mothers for over 1 hour (H 2012:14; 2011:12) | 23 | 22 |
| 4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) | | |
| - % of mothers(H 2012:16; 2011:13) | 34 | 31 |
| 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 | 83 |
| 5.2) Help mothers of babies in special care maintain lactation | 89 | 94 |
| 6. Give newborn only breast-milk, unless medically indicated | | |
| 6.1) Given newborn infants no food or drink other than breast-milk | 44 | 50 |
| 6.2) No free or low-cost supplies of breast-milk substitutes accepted | 100 | 89 |
| 6.3) No promotion of infant foods or drinks other than breast-milk | 89 | 94 |



| | | |
|---|------------|-----------|
| 7. Practice rooming-in – allow mothers and infants to remain together 24 hours | | |
| 7.1) Mothers and babies separated more than 1hr before starting rooming-in (H 2012:18; 2011:16) | 72 | 75 |
| 7.2) Mothers and babies stayed in the same room day and night | 50 | 56 |
| 7.3) % of mothers and babies separated for medical reasons (H 2012 & 2011:16) | 13 | 15 |
| 7.4) There is a nursery in postnatal ward for healthy infants | 89 | 89 |
| 8. Encourage breastfeeding on demand | 100 | 94 |
| 9. Give no artificial teats or pacifiers to BF infants | 83 | 78 |
| 10. Foster the establishment of BF support groups | | |
| 10.1) Refer BF mothers to BF support groups | 78 | 83 |
| 10.2) Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups | 89 | 56 |
| 10.3) Provide BF counseling in its maternity services by trained mother support group counsellors | 47 | 44 |

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 | 2012 | 2011 |
|---|---|--|------------|
| | | % of hospitals with such observations | |
| 1 | Mothers given materials with information about infant feeding published or distributed by IFM companies | 6% | 22% |
| 2 | Advertise infant formula, bottles, and teats through posters, calendars etc. | 17% | 28% |
| 3 | Free samples or gifts given directly or indirectly to mothers | 0% | 0% |
| 4 | IFM company staff directly or indirectly approach mothers | 6% | 11% |
| 5 | Discounts for infant formula offered to mothers | 6% | 11% |
| 6 | Gifts such as pens, calendars given to healthcare workers | 11% | 11% |
| 7 | Information about infant formula products which is promotional rather than scientific or factual given to healthcare workers | 6% | 0% |
| 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 2012:18; 2011:17) | 50% | 59% |
| 9 | Texts or pictures idealize artificial feeding | 6% | 0% |

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

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