

World Breastfeeding Week (WBW) 1-7 August 2013

Breastfeeding Support: Close to Mothers

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 2012 | | Births in 2011 | |
|-------------------|----------------|----------------|----------------|----------------|
| | % | Range % | % | Range % |
| Public hospitals | 79.6 | 69 - 88 | 76.0 | 66 - 85 |
| Private hospitals | 92.1 | 85 - 96 | 90.1 | 79 - 98 |
| Total | 85.8 | 69 - 96 | 83.3 | 66 - 98 |

2. Ten Steps to Successful Breastfeeding

Significant difference of over 10% between the 2013 and 2012 surveys –

- Improvement:
- Give group instruction on artificial feeding (3.2)
 - Help mothers of babies in special care maintain lactation (5.2)
 - Given newborn infants no food or drink other than breast-milk (6.1)
 - No promotion of infant foods or drinks other than breast-milk (6.3)
 - Mothers and babies separated more than 1 hr before starting rooming-in (7.1)

- Deterioration: Breastfeeding policy displayed publicly (1.2)
Vaginal or Caesarean deliveries without GA - % of mothers with skin to skin (4.1)
Caesarean deliveries with GA - % of mothers with skin to skin (4.2)
Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups (10.2)
Provide BF counseling in its maternity services by trained mother support group counselors (10.3)

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

Significant difference of over 10% between the 2013 and 2012 surveys –

- Improvement: 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 (8)
- Deterioration: Texts or pictures idealize artificial feeding (9)

Report on WBW Survey 2013

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 “**Breastfeeding Support: Close to Mothers.**” 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 2012 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 2012. 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 participated in our survey.

Survey Population

| | No. of births in 2012 |
|------------------------|-----------------------|
| Public hospitals (8) | 44,802 |
| Private hospitals (10) | 46,670 |
| Total | 91,472 |

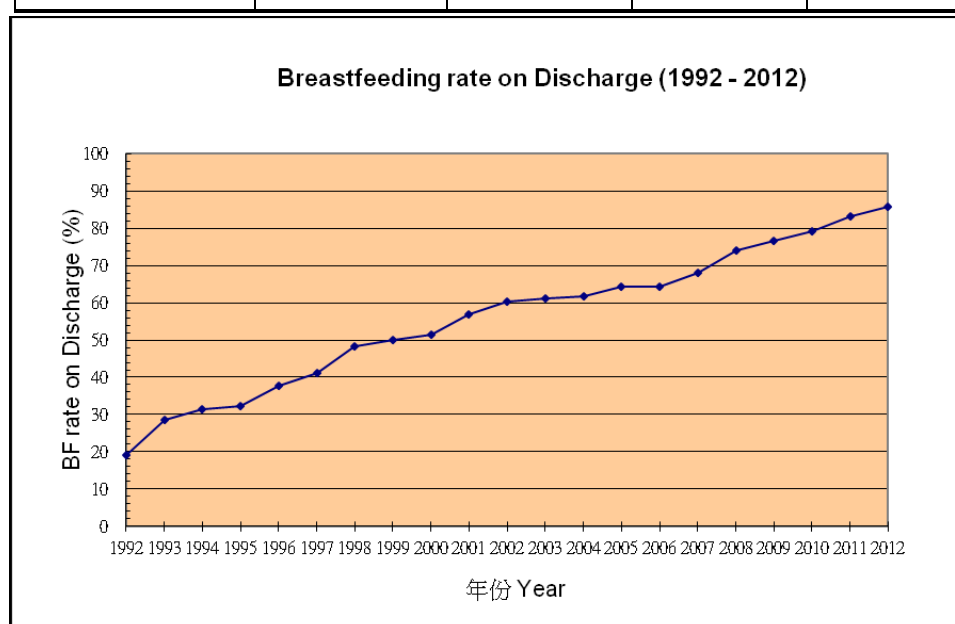
1. Breastfeeding Rate

1.1 Breastfeeding Rate on discharge from hospital

The breastfeeding rate on discharge from maternity units for births in 2012 from all public and private hospitals in Hong Kong was 85.8%. This was an increase of 2.5% over the 83.3% for births in 2011. For public hospitals both the minimum and maximum rates

increased by 3%. For private hospitals, the minimum rate increased by 6% while the maximum rate decreased by 2%.

| | Births in 2012 | | Births in 2011 | |
|-------------------|----------------|----------------|----------------|----------------|
| | % | Range % | % | Range % |
| Public hospitals | 79.6 | 69 - 88 | 76.0 | 66 - 85 |
| Private hospitals | 92.1 | 85 - 96 | 90.1 | 79 - 98 |
| Total | 85.8 | 69 - 96 | 83.3 | 66 - 98 |
| | | | | |



1.2 Exclusive breastfeeding rate in hospital

Reports from public hospitals for varying periods of the year ranged from 14 to 56%. Information available from 6 out of 10 private hospitals, also for varying periods of the year, ranged from 0 to 95%.

2. The implementation of the Ten Steps to Successful Breastfeeding in 2013 (Appendix I)

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

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

Step 2 Train all healthcare staff

94% of hospitals thought their staff are acquainted with the policy, less than the 100% in the year before. For the training of medical and nursing staff, many private hospitals do not have information available. There is an increase in obstetric nurses trained in the implementation of the policy from 80% in 2012 to 86% in 2013. 22% of obstetric doctors and 28% of paediatric doctors are reported to have completed such training, compared to 17% & 23% respectively in the previous year.

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

86% of pregnant women, compared to 82% in the year before received information about the advantages and management of breastfeeding. 28% instead of 39% 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, similar to previous year, practiced skin to skin contact for over one hour within 5 minutes after vaginal births and Caesarian deliveries without general anaesthesia. In hospitals that responded, 50% of mothers, compared to 65% in previous year, were able to enjoy skin to skin contact with their newborns and 27%, compared to 23% in the previous year, for over an hour. For mothers with caesarian deliveries under general anaesthesia, 19% instead of 34% in the previous year 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

Same with last year, 89% of hospitals are offering mothers help to breastfeed within six hours of delivery and 100% of hospitals, instead of 89% in the previous year, are able to help mothers to maintain lactation if their babies are admitted to special care unit.

Step 6 Give newborn only breastmilk, unless medically indicated

59% of hospitals are not offering any food or drink other than breastmilk to breastfed infants unless medically indicated, more than the 44% the year before. All hospitals continue not to receive any free or low-cost supplies of breastmilk substitutes. 100% of hospitals do not promote infant foods or drinks other than breastmilk, compared to 89% in the previous year.

Step 7 Practise rooming-in

56% of hospitals separated mothers from their infants for over an hour before starting rooming-in, a further decrease from 72% in 2012. 56% of hospitals allow mothers and babies to stay in the same room day and night compared with 50% the year before. 18% vs. 13% of babies were separated from mothers for medical reasons compared with 2012. 83% of the units still maintain a nursery in the postnatal ward for healthy infants, compared to 89% in 2012.

Step 8 Encourage breastfeeding on demand

100% hospitals continue to encourage breastfeeding on demand.

Step 9 Give no artificial teats or pacifiers to breastfed infants

78% of hospitals do not have such practice, a decrease from 83% the year before.

Step 10 Foster the establishment of breastfeeding support groups

Compared with last year, 83% instead of 78% of hospitals refer breastfeeding mothers to support groups, while 78% vs. 89% of units reported they facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups and 22% vs. 47% of units provide breastfeeding counseling by trained mother support group counselors.

Hospitals were also asked to give suggestions as to how the implementation of the Ten Steps could be improved. By far, training of doctors and midwives / nurses together with supporting staff was considered 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 and supporting mothers to understand the rationale of such practices.

3. The compliance with 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. 65% hospitals observed all written material on infant formula milk products provided to mothers clearly describes the advantages of breastfeeding and disadvantages of artificial feedings, compared to 50% in the previous year. On the other hand, 18% of hospitals, instead of 6% in 2012, noted texts or pictures idealize artificial feeding.

Discussion

The initiation rate of breastfeeding reached 85.8% for 2012. With 91,472 births in 2012, the 2.5% increase translates to 2,300 more mothers breastfeeding their babies on discharge from hospitals. As the HKSAR Government has prohibited Mainland mothers' bookings in both public and private hospitals altogether in 2013, it would be most interesting to observe the change in breastfeeding rate with the anticipated significant decrease in birth rate in coming years.

There is still much room for improvement on the *exclusive* breastfeeding rate. Note that *exclusive* breastfeeding is recommended by WHO. Ability to exclusively breastfeed before discharge could reduce the chance of early cessation of breastfeeding on going home. The wide range of 14 to 56% in public hospitals and 0 to 95% in private hospitals leaves much room for experience sharing and learning among maternity units.

In 2013, there were both improvements and deteriorations noticed regarding the hospital implementation of the 10 steps to successful breastfeeding (Appendix I). In order to further improve as well as to consolidate the existing improvements so as to prevent deteriorations, training of doctors and midwives / nurses together with supporting staff is considered most important. The Department of Health has launched a self-learning breastfeeding kit for health professionals in December 2011. In 2013, BFHIHKA in collaboration with the Department of Health is going to launch a chapter specifically on mother friendly childbirth to complement the kit. Indeed, the concept of mother friendly childbirth fits very well into the theme of this year's WBW – *Breastfeeding Support: Close to Mothers*. It is hoped that doctors and midwives / nurses 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 on mother friendly childbirth.

Regarding the compliance to the International Code of Marketing of Breast-milk substitutes, all 18 hospitals with maternity units in Hong Kong have continued to stop receiving free supplies of breast-milk substitutes to mothers. However, there seems to be a small increase in infant formula milk company staff approaching mothers, offering them discounts. Healthcare workers also observed more products with texts / pictures idealizing artificial feeding. In 2013, the drafting of the Hong Kong Code of marketing of breast-milk substitutes was completed and has already undergone public consultation. Hopefully, the implementation of the Hong Kong Code could further protect breastfeeding from inappropriate marketing of breast-milk substitutes.

Conclusion

The theme for this year's World Breastfeeding Week is "*Breastfeeding Support: Close to Mothers.*" The initiation rate of breastfeeding continues to increase, reaching 85.8% in 2012. There is still much room for improvement on the *exclusive* breastfeeding rate. In order to further improve as well as to consolidate the existing improvements so as to prevent deteriorations, training of doctors and midwives / nurses together with supporting staff as well as public education would be most important. The launching of the chapter on mother-friendly childbirth in 2013 is going to add on the existing education materials. With the anticipated decrease in the birth rate in 2013, more manpower and time could be allocated for mother-friendly childbirth. Our new Hong Kong Code of marketing of breast-milk substitutes is going to further protect breastfeeding. It is most encouraging to learn that a few maternity units have declared their commitment to work towards baby friendly hospital status.

Appendix I: Ten Steps to Successful Breastfeeding (BF)

(Self-Appraisal by Hospitals)

| Survey year | 2013 | 2012 |
|---|------------|------|
| | Hospital % | |
| 1. Written BF Policy routinely communicated to all health care staff | | |
| 1.1) With explicit written notice | 94 | 94 |
| 1.2) BF policy displayed publicly | 78 | 89 |
| 2. Train all health care staff | | |
| 2.1) Acquainted with BF policy | 94 | 100 |
| 2.2) 20-hr training given to staff within six month of their arrival | | |
| 2.2a) % of O&G nursing staff (H 2013:14; H 2012:15) | 86 | 80 |
| 2.2b) % of Paediatric nursing staff (H 2013:10;H 2012:11) | 31 | 38 |
| 2.3) 8-hr training given to staff within six month of their arrival | | |
| 2.3a) % of O&G doctors (H 2013:8; H 2012:11) | 22 | 17 |
| 2.3b) % of Paediatric doctors (H 2013:8; H 2012:9) | 28 | 23 |
| 3. Inform all pregnant women about the advantage & management of BF | | |
| 3.1) % of pregnant clients informed | 86 | 82 |
| 3.2) Give group instruction on artificial feeding | 28 | 39 |
| 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 within 5 minutes and >1 hour (H 2013:17) | 12 | 11 |
| - % of mothers with skin to skin (H 2013:14; H 2012:17) | 50 | 65 |
| - % of mothers for over 1 hour (H 2013: 9; H 2012:14) | 27 | 23 |
| 4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) | | |
| - % of mothers (H 2013:16; H 2012:16) | 19 | 34 |
| 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 | 89 |
| 5.2) Help mothers of babies in special care maintain lactation | 100 | 89 |
| 6. Give newborn only breast-milk, unless medically indicated | | |
| 6.1) Given newborn infants no food or drink other than breast-milk (H 2013:17) | 59 | 44 |
| 6.2) No free or low-cost supplies of breast-milk substitutes accepted | 100 | 100 |
| 6.3) No promotion of infant foods or drinks other than breast-milk | 100 | 89 |

| | | |
|---|------------|------------|
| 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 | 56 | 72 |
| 7.2) Mothers and babies stayed in the same room day and night | 56 | 50 |
| 7.3) % of mothers and babies separated for medical reasons (H 2012:16) | 18 | 13 |
| 7.4) There is a nursery in postnatal ward for healthy infants | 83 | 89 |
| 8. Encourage breastfeeding on demand | 100 | 100 |
| 9. Give no artificial teats or pacifiers to BF infants | 78 | 83 |
| 10. Foster the establishment of BF support groups | | |
| 10.1) Refer BF mothers to BF support groups | 83 | 78 |
| 10.2) Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups | 78 | 89 |
| 10.3) Provide BF counseling in its maternity services by trained mother support group counsellors | 22 | 47 |

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 | 2013 | 2012 |
|---|--|--|-------------|
| | | % of hospitals with such observations | |
| 1 | Mothers given materials with information about infant feeding published or distributed by IFM companies | 0% | 6% |
| 2 | Advertise infant formula, bottles, and teats through posters, calendars etc. | 12% | 17% |
| 3 | Free samples or gifts given directly or indirectly to mothers | 0% | 0% |
| 4 | IFM company staff directly or indirectly approach mothers | 12% | 6% |
| 5 | Discounts for infant formula offered to mothers | 12% | 6% |
| 6 | Gifts such as pens, calendars given to healthcare workers | 6% | 11% |
| 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 | 65% | 50% |
| 9 | Texts or pictures idealize artificial feeding | 18% | 6% |

Remarks: Only 17 hospitals responded in 2013