

World Breastfeeding Week (WBW) 1-7 August 2015

Breastfeeding and Work
LET'S MAKE IT WORK!

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 2014		Births in 2013	
	%	Range %	%	Range %
Public hospitals	83	74 - 91	80	70 - 87
Private hospitals	93	89 - 97	93	86 - 98
Total	86	74 - 97	84	70 - 98

2. Ten Steps to Successful Breastfeeding

Significant difference of over 10% between the 2015 and 2014 surveys –

- Improvement:
- Written BF Policy routinely communicated to all health care staff
 - With explicit written notice (1.1)
 - BF policy displayed publicly (1.2)
 - Train all health care staff
 - Acquainted with BF policy (2.1)
 - Training of Paediatric nursing staff (2.2b)
 - Training of relevant doctors within 6 months of arrival

- Training of O&G doctors (2.3a)
- (Less) Group instruction on artificial feeding (3.2)
- Vaginal or Caesarian deliveries without general anaesthesia (skin to skin contact)
- Mothers who had skin to skin contact within 5 minutes and >1 hour (4.1)
- Give no artificial teats or pacifiers to BF infants (9)

Deterioration: NIL

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

Significant difference of over 10% between the 2014 and 2013 surveys –

Improvement: IFM company staff directly or indirectly approach mothers (4)
Discounts for infant formula offered to mothers (5)

Deterioration: 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)

Report on WBW Survey 2015

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 and Work – LET’S MAKE IT WORK!**”. 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 2014 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 2014. The exclusive breastfeeding rate was defined as the number of breastfed

babies not given any food or drink before discharge other than breastmilk, 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 2014	No. of births in 2013
Public hospitals (8)	40,096	37,049
Private hospitals (10)	22,152	19,995
Total	62,248	57,044

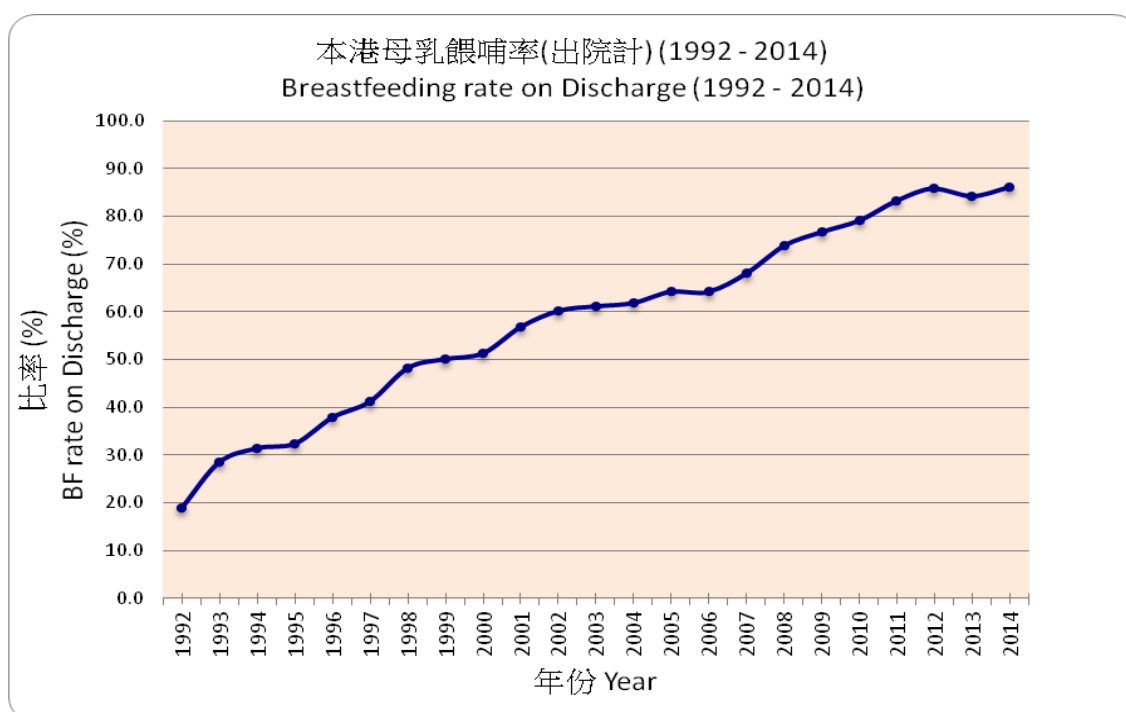
1. Breastfeeding Rate

1.1 Breastfeeding Rate on discharge from hospital

The breastfeeding rate on discharge from maternity units for births in 2014 from all public and private hospitals in Hong Kong was 86.3%. This was an increase of 2% from the 84.2% for births in 2013. For public hospitals the rate increased by 3%. For private hospitals, the

rate remained the same.

	Births in 2014		Births in 2013	
	%	Range %	%	Range %
Public hospitals	83	74 - 91	80	70 - 87
Private hospitals	93	89 - 97	93	86 - 98
Total	86	74 - 97	84	70 - 98



1.2 Exclusive breastfeeding rate in hospital (27.4% for 16 hospitals)

The rate in public hospitals was 33% for the year with a range of 20 to 43%. Information available from 8 out of 10 private hospitals was a rate of 13% with a range from 1 to 99%. In 2014, the overall exclusive breastfeeding rate is 27.4% for public and private hospitals with data, the rate has increased from 24.3% the year before.

2. The implementation of the Ten Steps to Successful Breastfeeding in 2014 (Appendix I)

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

94% of hospitals have a written breastfeeding policy and 72% of hospitals display the policy publicly, more than the 83% and the 61% respectively in the previous year.

Step 2 Train all healthcare staff

100% of hospitals thought their staff are acquainted with the policy, more than the 89% in the year before. There is an increase in O&G nurses trained in the implementation of the policy from 82% in 2014 to 84% in 2015. 52% of Paediatric nurses received training, more than the 32% in 2014. 29% of O&G doctors and 35% of Paediatric doctors are reported to have completed such training, more than the 16% & 33% respectively in 2014.

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

97% of pregnant women, compared to 89% in the year before received information about the advantages and management of breastfeeding. 12% of hospitals still give group instructions on artificial feeding, less than the 28% in the previous year.

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

40% of mothers, compared to 11% in previous year, were able to enjoy skin to skin contact for over one hour within 5 minutes after vaginal births and Caesarian deliveries without general anaesthesia. For mothers with caesarian deliveries under general anaesthesia, 30% (similar to the 32% in 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

100% of hospitals, compared to 94% in the previous year, are offering mothers help to breastfeed within six hours of delivery and 100% of hospitals, same as 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

67% of hospitals are not offering any food or drink other than breastmilk to breastfed infants unless medically indicated, same as previous year. All hospitals continue not to receive any free or low-cost supplies of breastmilk substitutes. 94% of hospitals do not

promote infant foods or drinks other than breastmilk, same as previous year.

Step 7 Practise rooming-in

61% of hospitals separated mothers from their infants for over an hour before starting rooming-in, compared to 56% in 2014. 56% of hospitals allow mothers and babies to stay in the same room day and night compared with 50% the year before. 19% vs. 26% of babies were separated from mothers for medical reasons compared with 2014. 72% of the units still maintain a nursery in the postnatal ward for healthy infants, compared to 78% in 2014.

Step 8 Encourage breastfeeding on demand

94% hospitals encourage breastfeeding on demand, less than the 100% in 2014.

Step 9 Give no artificial teats or pacifiers to breastfed infants

89% of hospitals do not have such practice, an increase from 67% the year before.

Step 10 Foster the establishment of breastfeeding support groups

88% of hospitals refer breastfeeding mothers to support groups, compared to 83% in 2014, while 83% vs. 89% of units reported they facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups and 28% of units, compared to 22% last year, 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. Training of doctors and midwives / nurses together with supporting staff was considered most important. Hospitals also encourage some staff to attain more specialized knowledge on lactation. 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 and their families to understand the rationale of such practices. Hospitals are forming steering committees to change hospital culture to mother-baby friendly starting from top management. Promotion of natural birth with non-pharmaceutical pain relief could significantly encourage breastfeeding.

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. 67% 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 78% in the previous year. 11% of hospitals, instead of 6% in 2014, noted texts or pictures idealize artificial feeding. 6% of hospitals noticed mothers were given materials with information about infant feeding published or distributed by IFM companies, compared to 11% in 2014. No IFM company staff directly or indirectly approach mothers.

Discussion

There is an increase in the total no. of births in 2014 (62,248) compared to 2013 (57,044), in both public and private hospitals. The initiation rate of breastfeeding had increased from 84.2% to 86.3%. It would be interesting to see whether the initiation rate of breastfeeding can go beyond 90% in the coming years.

However, this is only the ever breastfeeding rate. What is more important is the exclusive breastfeeding rate. The current exclusive breastfeeding rate of 27.4% is still far from satisfactory with much room for improvement. 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 20 to 43% in public hospitals and 1 to 99% in private hospitals leaves much room for experience sharing and learning among maternity units.

In 2014, there were a number of improvements regarding the hospital implementation of the 10 steps to successful breastfeeding (Appendix I), in particular, the training of doctors and midwives / nurses and skin to skin contact after deliveries. The momentum to achieve Baby

Friendly Hospital accreditation has started, especially in public hospitals.

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. Contact of infant formula company staff with mothers and the offering of discounts for infant formula milk had been kept to a minimum within hospitals. On the other hand, there was deterioration in terms of written material on formula products provided to mothers clearly describing the advantages of breastfeeding and disadvantages of artificial feedings, including hazards of inappropriate use. It is disappointing that the Hong Kong Code of marketing of breastmilk substitutes (which has been drafted in 2012 with public consultation concluded in 2013) is still pending to be implemented. On the other hand, we are encouraged that there will be regulatory measures via legislation on nutrition and health claims for formula products for infants and young children.

It is encouraging to report that 4 public Obstetric Units have started their Baby Friendly Hospital accreditation process. They are in good progress with QEH leading and approaching the award of Level 2 Participation, just one more step from Baby Friendly Hospital accreditation.

Process of Designation	Hospital	Date
Registration of Intent	QEH	June 2013
	KWH	November 2013
	QMH	December 2013
	PWH	December 2014
Certificate of Commitment	QEH	January 2014
	QMH	December 2014
	KWH	May 2015
Award of Level 1 Participation	QEH	November 2014
Award of Level 2 Participation		
Award of Baby Friendly Hospital		

Conclusion

The theme for this year's World Breastfeeding Week is "*Breastfeeding and Work – LET'S*

MAKE IT WORK!” The initiation rate of breastfeeding has increased to 86.3% in 2014. There is still much room for improvement on the *exclusive* breastfeeding rate of 27.4%. The government together with stakeholders from different sectors of the community are working on various measures to help mothers to continue breastfeeding after they return to work and in the community in general. Breastfeeding workplace and facilities projects are being launched in the latter half of 2015. We are looking forward to the implementation of the new Hong Kong Code of marketing of breast-milk substitutes and the legislation on nutrition and health claims. The momentum to achieve Baby Friendly Hospital accreditation has started. Four public Obstetric Units have started their Baby Friendly Hospital designation process. More hospitals, public and private, will hopefully join in. All these measures will help create a breastfeeding environment in Hong Kong.

Appendix I: Ten Steps to Successful Breastfeeding (BF)

(Self-Appraisal by Hospitals)

Survey year	2015	2014
	Hospital %	
1. Written BF Policy routinely communicated to all health care staff		
1.1) With explicit written notice	94	83
1.2) BF policy displayed publicly	72	61
2. Train all health care staff		
2.1) Acquainted with BF policy (H 2015:17)	100	89
2.2) 20-hr training given to staff within six month of their arrival		
2.2a) % of O&G nursing staff (H 2015:17; H 2014:17)	84	82
2.2b) % of Paediatric nursing staff (H 2015:14; H 2014:15)	52	32
2.3) 8-hr training given to staff within six month of their arrival		
2.3a) % of O&G doctors (H 2015:9; H 2014:14)	29	16
2.3b) % of Paediatric doctors (H2015:8)	35	33
3. Inform all pregnant women about the advantage & management of BF		
3.1) % of pregnant clients informed	97	89
3.2) Give group instruction on artificial feeding (H2015:16)	13	28
4. Help mothers initiate BF within half an hour of birth		
4.1) Vaginal or Caesarian deliveries without general anaesthesia (skin to skin) - % of mothers who had skin to skin contact within 5 minutes and >1 hour (H2015:17)	40	11
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) - % of mothers (H 2015:17; H 2014:17)	30	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	100	94
5.2) Help mothers of babies in special care maintain lactation	100	100
6. Give newborn only breast-milk, unless medically indicated		
6.1) Given newborn infants no food or drink other than breast-milk	67	67
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	94	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	61	56
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 (H2015:16)	19	26
7.4) There is a nursery in postnatal ward for healthy infants	72	78
8. Encourage breastfeeding on demand	94	100
9. Give no artificial teats or pacifiers to BF infants	89	67
10. Foster the establishment of BF support groups		
10.1) Refer BF mothers to BF support groups (H2015:17)	88	83
10.2) Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups	83	89
10.3) Provide BF counseling in its maternity services by trained mother support group counsellors	28	22

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	2015	2014
		% of hospitals with such observations	
1	Mothers given materials with information about infant feeding published or distributed by IFM companies	6%	11%
2	Advertise infant formula, bottles, and teats through posters, calendars etc.	6%	6%
3	Free samples or gifts given directly or indirectly to mothers	0%	0%
4	IFM company staff directly or indirectly approach mothers	0%	11%
5	Discounts for infant formula offered to mothers	0%	11%
6	Gifts such as pens, calendars given to healthcare workers	11%	6%
7	Information about infant formula products which is promotional rather than scientific or factual given to healthcare workers	0%	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	67%	78%
9	Texts or pictures idealize artificial feeding	11%	6%

Remarks: All 18 hospitals responded in 2015