The World Breastfeeding Trends Initiative (WBT*i*)

Hong Kong Special Administrative Region (HKSAR)

China

Second Assessment Report

2012

Baby Friendly Hospital Initiative
Hong Kong Association
愛嬰醫院香港協會

unicef
聯合國兒童基金會

About the Organisations

United Nations Children's Fund (UNICEF) was founded in 1946. After more than half a century of operation, UNICEF has been working in 157 developing countries, areas and territories to improve the situation for children and women in the areas of health and nutrition, basic education, safe water and sanitation.

The Hong Kong Committee for UNICEF was founded in 1986. The aim of the Committee is to organise fundraising, advocacy and educational programmes to assist in UNICEF's projects in developing countries. The Committee actively advocates for children's rights amongst Hong Kong citizens and encourages our youth to participate in voluntary service for children in our society and those all over the world.

Baby Friendly Hospital Initiative (BFHI) was launched by the World Health Organization (WHO) and UNICEF in 1991 aiming at removing the barriers to breastfeeding in the health facilities.

In 1992, the Hong Kong Committee for UNICEF formed the Baby Friendly Hospital Initiative Committee which was subsequently registered as the **Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA)** in June 1994 to promote breastfeeding and protect infant health. The association organises activities for the World Breastfeeding Week in HKSAR and conducts courses to train breastfeeding counsellors.

Supporting Organisation

Consumer Council, HKSAR was established in 1974 to protect and promote the interests of consumers. An independent statutory body, the Council is an ardent advocate for consumer interests engaged in a broad range of activities including testing and research, consumer information and education, complaints mediation, and legislative proposals. The Council is also consulted regularly for its views and recommendations in the formulation of pro-consumer policies.

Acknowledgments

We acknowledge the support of the Hong Kong Consumer Council in the preparation of this report. We are also grateful to the Family Health Service of the Department of Health of the Government of the HKSAR, the Breastfeeding Promotion Subcommittee of the Hospital Authority, the Department of Paediatrics of the Faculty of Medicine of the Chinese University of Hong Kong and the Department of Paediatrics and Adolescent Medicine and the School of Public Health of Li Ka Shing Faculty of Medicine of the University of Hong Kong for providing information for the report.

Executive Summary

The World Breastfeeding Trend Initiative (WBT*i*) is developed by International Baby Food Action Network (IBFAN) Asia to assess the implementation of the WHO Global Strategy for Infant and Young Child Feeding. Currently over 80 countries or regions are participating in the project with 45 having completed their reports. Part I of the assessment has five indicators on infant practices while Part II has 10 indicators on policy on programmes. The information collected is the largest global database on policies and programmes for supporting breastfeeding.

Baby Friendly Initiative Hong Kong Association was invited by IBFAN Asia to co-ordinate the assessment for Hong Kong Special Administrative Region. The Consumer Council is the supporting organisation in the project. The assessment assists in the identification of gaps and the recommendation of improvement measures. The first assessment was done in 2008. This is the second assessment. Although the score only increased from 27 to 37 out of 150, there has been some significant progress including the discontinuation of the acceptance of free supplies of breastmilk substitutes in public hospitals and the drafting of a voluntary HKSAR code on marketing of breastmilk substitutes.

Below are the findings for HKSAR in this second assessment:

Key Findings on infant feeding trends (Indicator 1 – 5):

Indicator	Current status
1. Percentage of babies breastfed within one hour of birth	22%
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours	Not available
3. Babies are breastfed for a median duration of how many months	Not available
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	Not available
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	Not available

Indicator 6: National Policy, Programme and Co-ordination

Gaps:

- No territory-wide Infant and Young Child Feeding / Breastfeeding Policy, Central Breastfeeding Committee nor Breastfeeding Co-ordinator.

Recommendations:

- Establish a multisectorial Central Breastfeeding Committee headed by a co-ordinator

- The Committee to formulate the Infant and Young Child Feeding / Breastfeeding Policy for the territory with a plan of action supported by appropriate funding
- The Committee to monitor and evaluate policy implementation

Indicator 7: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding in maternity services)

Gaps:

- No hospital in the HKSAR has achieved Baby Friendly status.

Recommendations:

- Include exclusive breastmilk feeding rate as a standard in general hospital accreditation
- Review existing breastfeeding policy of hospitals with maternity units, implementation of the Ten Steps and compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions
- Hospitals with maternity units to develop strategies to implement the Ten Steps supported by appropriate resources
- New hospitals with maternity units should take the Baby Friendly Hospital concept into account in the planning stage

Indicator 8: Implementation of the International Code of Marketing of Breast-milk Substitutes

Gaps:

- Only a voluntary Code is being drafted for the territory.

Recommendations:

- Monitor the effectiveness of the voluntary Code
- Introduce legislation if the voluntary Code is ineffective
- A Central Breastfeeding Committee to monitor violations and the implementation of sanctions

Indicator 9: Maternity Protection

Gaps:

- Women in HKSAR are only entitled to 10 weeks maternity leave with no nursing breaks when they return to work.
- No provision for paternity leave by law.
- Health protection for pregnant women but no specific provisions for breastfeeding women.

Recommendations:

- Ratify International Labour Organization Maternity Protection Convention No.183 and implement Recommendation 191
- Provide paternity leave by law

Indicator: 10: Health and Nutrition Care Systems

Gaps:

- Training in infant and young child feeding / breastfeeding is only a small part of the undergraduate training of medical doctors;
- Training curriculum in this area for nursing students is limited

- Little cross-reference of infant and young child feeding / breastfeeding with other health topics
- Lack of training on infant and young child feeding for paediatricians qualified prior to the community paediatric training programme of 2004
- Lack of training for obstetricians in breastfeeding and awareness of mother-friendly childbirth procedures
- Non-systematic in-service training
- Inadequate provision for mothers staying with ill infants during the infants' hospital stay
- Little provision for infants to stay with their mothers who require hospital admission but are still able to care for their infants.

Recommendations:

- Systematically train all health care workers who look after pregnant women, mothers, infants and young children
- Standardise the training content and hours of training for nursing students
- Train health care assistants to assist nurses to support mothers to breastfeed
- Review in-service training in both the public and private sectors

Indicator 11: Mother Support and Community Outreach – Community-based Support for the Pregnant and Breastfeeding Mother

Gaps:

- Few mothers have access to Peer Support groups prior to discharge from maternity units or in the community
- For non-HKSAR resident mothers, there is little knowledge of the support they receive when pregnant or after delivery
- The provision of baby care rooms is limited

Recommendations:

- Make use of community nurses to support mothers to breastfeed in the home setting
- Encourage and support the formation of Peer Support groups for breastfeeding mothers as noted in Step 10 of the Ten Steps
- Train postnatal health workers in breastfeeding support
- Seek a better understanding of the breastfeeding education and support available for pregnant women, mothers and infants in mainland China and to set up mechanisms to ensure their access to reliable services in the HKSAR or mainland China.
- Extend the provision of baby care rooms in facilities used by the public

Indicator 12: Information Support

Gaps:

- No Information / Education / Communication (IEC) strategy with piece-meal programmes that may overlap between different organizations or leave gaps unfilled

Recommendations:

- Formulate a Breastfeeding / Infant Young Child Feeding policy including IEC strategies
- Establish a Central Breastfeeding Committee with representatives from major government departments and organisations involved in breastfeeding promotion, allocated with appropriate resources, to plan and co-ordinate IEC programmes

- Effective implementation of the Code and subsequent relevant WHA Resolutions to minimise the impact of marketing promotions of the industry.

Indicator 13: Infant Feeding and HIV

Gaps:

- No infant and young child feeding policy that includes infant feeding and HIV

Recommendations:

- Formulate a territory-wide infant and young child feeding policy including infants of HIV positive mothers

Indicator 14: Feeding during Emergencies

Gaps:

- No policy on infant and young child feeding that includes infant feeding in emergencies.

Recommendations:

- Formulate a policy on infant and young child feeding that includes infant feeding in emergencies

Indicator 15: Mechanisms of Monitoring and Evaluation System

Gaps:

- No structured monitoring and evaluation of infant and young child feeding practices

Recommendations:

- Establish a Central Breastfeeding Committee and an infant and young child / breastfeeding policy with plans of action accorded appropriate resources, a built-in system of monitoring and evaluation, and the authority to collect data from both the public and private sector
- Collect data according to WHO recommendations in order to facilitate international comparisons
- Conduct periodic territory-wide surveys on breastfeeding through the Census and Statistics Department's household surveys

Introduction

This report is the second assessment of the implementation of the Global Strategy of Infant and Young Child Feeding (GSIYCF) in HKSAR. The first assessment was done in 2008. GSIYCF was adopted by the World Health Assembly (WHA) of the World Health Organization (WHO) and UNICEF in the year 2002. It clearly stated that "breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants" with important implications on the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life and with the addition of appropriate complementary foods continue breastfeeding for up to two years of age or beyond. GSIYCF also outlined actions to be taken by government, non-government and other parties to achieve the recommendation. It reinforced the Innocenti Declaration of 1990 on the Protection, Promotion and Support of Breastfeeding which stressed the importance of a national breastfeeding co-ordinator leading a multisectorial committee, implementation of the WHO "Ten Steps to successful breastfeeding" and the International Code of Marketing of Breast-milk Substitutes (the Code) and subsequent relevant WHA resolutions and maternity protection. The Innocenti Declaration of 2005 further stressed the importance of a policy on infant and young child feeding, support in the family, community and workplace, feeding in exceptionally difficult circumstances and legislative or other suitable measures to give effect to the Code. Monitoring and evaluation, identifying successful measures and deficiencies are important steps to assist the country to move forward.

The World Breastfeeding Trend Initiative (WBT*i*) is a tool developed by International Baby Food Action Network (IBFAN) Asia, based on a WHO tool for a similar purpose, to assess national policies and programmes that support women to breastfeed and assist the nations to bridge gaps noted. Currently over 80 countries or regions have joined the project with 45 having completed their report. The information gathered forms the largest global database of policies and programmes that support breastfeeding.

Background

Hong Kong is a Special Administrative Region in the south of China with an area of 1,104 square kilometers. With a population of 7.1 million but less than 25 percent of the land developed, HKSAR is one of the most densely populated places in the world. In 2010, the birth rate was 12.5 / 1000 population with 88,495 births. Infant mortality was 1.6 / 1,000 live births, maternity mortality ratio 1.1 per 100,000 live births registered, while the life expectancy for men was 80.0 years and for women, 85.9 years.

Despite these apparent favourable statistics, GSIYCF is very relevant to the HKSAR. HKSAR has its share of morbidities from acute infections in the gastrointestinal and respiratory tracts, allergies, obesity, and diabetes mellitus in children, and breast and ovarian cancer in women, all known to be reduced by breastfeeding besides other benefits on mother / infant bonding, the community and the environment. There is no doubt that breastfeeding is a superior means of infant feeding, yet for various reasons, like many countries, breastfeeding had been made difficult for many women. In response to WHO's BFHI, annual statistics on breastfeeding were collected by BFHIHKA starting from 1992. The breastfeeding rate on discharge from maternity units was then 19%. With effort from many parties concerned, the rate increased to 79% in 2010. Yet, according to the Department of Health, the exclusive breastfeeding rate at 4 to 6 months was only 14% in 2010. Although not a country, being able to participate in the WBT*i* assessment

provides HKSAR with a framework for a comprehensive review of the areas which need to be strengthened in order to put into practice the GSIYCF. When the first *WBTi* assessment was done in 2008, the total score for HKSAR was 27 / 150. The current assessment attempts to monitor progress made over the last 3 years.

About WBT*i*

The WBT*i*: How it works?

It involves three-phase process.
The first phase involves initiating a national assessment of the implementation of the *GSIYCF*. It guides countries and regions to document gaps in existing practices, policies and programmes. This is done based on national documentation by involving multiple partners. Their analysis and the process itself bring governments and other civil society partners together to analyse the situation in the country and find out gaps. The gaps identified are used for developing recommendations for priority action for advocacy and action. The WBT*i* thus helps in establishment of a practical baseline demonstrating to programme planners, policy makers where improvements are needed to meet the aims and objectives of the Global Strategy. It assists in formulating plans of action that are effective to improve infant and young child feeding practices and guide allocation of resources. It works as a consensus building process and helps to prioritise actions. The initiative thus can impact on policy at the country level, leading to action that would result in better practices.

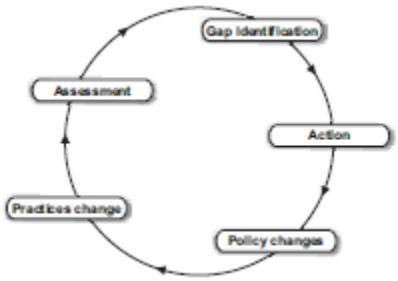
During the **second phase**, WBT*i* uses the findings of phase 1 to score, rate, grade and rank each country or region based on **IBFAN Asia's Guidelines for WBT*i* thus** building some healthy competition among the countries in the region or among regions.

In the **third phase**, WBT*i* calls for repetition of the assessment after 3-5 years to analyse trends in programmes and practices as well as overall breastfeeding rates in a country, to report on programmes and identify areas still needing improvement. This repetition can be also used to study the impact of a particular intervention over a period of time.

IBFAN groups and specialists can assist in planning processes, capacity building, analysis and reporting.

WBT*i* is:

A: Action oriented
B: Brings people together
C: Consensus and commitment building
D: Demonstrates achievements and gaps
E: Efficacy improving programme



The 15 indicators of WBT*i*

The WBT*i* focus is based on a wide range of indicators, which provide an impartial global view of key factors.

The WBT*i* has identified 15 indicators. Each indicator has its specific significance. Part-I has 5 indicators, based on the WHO tool, dealing with infant feeding practices and Part II has 10 indicators dealing with policies and programmes. Once assessment of gaps is carried out and data verified, the data on 15 indicators is fed into the web-based toolkit. Scoring, colour-rating and grading is done for each individual indicator. The toolkit objectively quantifies the data to provide a colour- rating and grading i.e. **'Red' or 'Grade D', Yellow or 'Grade C', Blue or 'Grade B' and Green or 'Grade A'.**

Indicators	
Part I Part II 1. Percentage of babies breastfed with in one hour of birth 2. Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours 3. Babies are breastfed for a median duration of how many months 4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles 5. Percentage of breastfed babies receiving complementary foods at 6-9monthsof age	6. National Policy, Programme and Coordination 7. Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding) 8. Implementation of the International Code 9. Maternity Protection 10. Health and Nutrition Care 11. Community Outreach 12. Information Support 13. Infant Feeding and HIV 14. Infant Feeding During Emergencies 15. Monitoring and Evaluation
Background information: Background information on Millennium Development Goals (MDG) **1, 4, and 5** is collected but is not scored, colour-rated or graded. It can be used to provide a better understanding of the health, nutritional and socioeconomic context which influences infant and young child feeding practices and programmes.	

The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator has the following components:

- The key question that needs to be investigated.
- A list of key criteria as a subset of questions to consider in identifying achievements and areas needing improvement, with guidelines for scoring, rating and grading how well the country is doing.
- Background on why the practice, policy or programme component is important.

Part I: Infant and Young Child Feeding Practices in Part I ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Part II: A set of criteria has been developed for each target based on the *Innocenti Declaration of 2005*, which set 5 additional targets. It takes into consideration most of the *Global Strategy* targets. For each indicator, there is a subset of questions. Answers to these can lead to identifying achievements and gaps. This shows how one country is doing in a particular area of action on Infant and Young Child Feeding.

Once information about the indicators is gathered and analysed, it is then entered into the web-based toolkit through the 'WBT Questionnaire'. Further, the toolkit scores, colour- rates and grades each individual indicator as per IBFAN Asia's Guidelines for WBT*i*.

Methodology & Process

The assessment was co-ordinated by BFHIHKA with the Consumer Council of HKSAR as a supporting organisation.

The Working Group for the first report in 2008 was formed with the following members:
Ms Doris Fan, BFHIHKA
Dr Patricia Ip, BFHIHKA (convener)
Ms Christine Lam, BFHIHKA
Ms Carrie Li, BFHIHKA
Ms Lillian Mak, Consumer Council, HKSAR

Members were briefed on the WBT*i* project by Dr Patricia Ip and Ms Lillian Mak who attended the 2-day IBFAN Asia WBT*i* workshop in Bangkok, Thailand in August 2008. Members helped gather information for the WBT*i* assessment from the Family Health Service of the Department of Health of the Government of the HKSAR, organizations involved in training of health workers and from official government and non-government organisation websites. The group also agreed on the assessment of the indicators. The report was prepared by Dr Patricia Ip.

For updating of the report in 2012, information was collected by BFHIHKA from the relevant departments and organisations and the report was prepared by Dr Patricia Ip.

Assessment findings

The WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

1. *Part-I deals with infant feeding practices (indicator 1-5)*
2. *Part –II deals with policy and programmes (indicator 6-15)*

Part I

The Part I include specific numerical data on each infant and young child feeding practice from a random household survey that is national in scope. Part I assessment finding is about infant and young child feeding practices, which is the actual result of how policy and programmes support these practices to happen in the communities.

Five indicators 1-5 are dealt with separately. In the description of each indicator, there is a key question addressing the indicator itself followed by its background. Then the result of the indicator is expressed in numeric value, with percentage which can be presented as a graph.

Then comes the rating and grading system as per WBT*i* guidelines. The indicator result is given in the first column, WHO's key to rating and WBT*i* guidelines in the next columns. WBT*i* tool kit helps to provide this scoring as well as colour rating and grading.

Source of this result, year and its scope is mentioned next.

Summary comment is given in the end of each 1-5 indicator, which provides its progress, as well as any other important related information.

The toolkit uses the data that is fed into it, and rates and grades it into colours i.e. Red or grade 'D', Yellow or grade 'C' ,Blue or grade 'B' and Green or grade 'A'. The cut off points for each of these levels of achievement were selected systematically, based on the WHO's “Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". WBT*i* used the key to rating as of WHO's tool.

Indicator 1: Early Initiation of Breastfeeding

Key question: Percentage of babies breastfed within one hour of birth

Background

Many mothers, in the world, deliver their babies at home, particularly in developing countries and more so in the rural areas. Breastfeeding is started late in many of these settings due to cultural or other beliefs. According to the new guidelines in Baby Friendly Hospital Initiative (BFHI) "Step" 4 of the *Ten Steps to Successful Breastfeeding*, the baby should be placed "skin-to-skin" with the mother in the first half an hour following delivery and offered the breast within the first hour in all normal deliveries. If the mother has had a caesarean section the baby should be offered the breast when the mother is able to respond and it happens within few hours of the general anaesthesia also. Mothers who have undergone caesarean sections need extra help with breastfeeding otherwise they initiate breastfeeding much later. Optimally, the baby should start to breastfeed before any routine procedure (such as bathing, weighing, umbilical cord care, administration of eye medications) is performed. Early breastfeeding helps better temperature control of the newborn baby, enhances bonding between the mother and the baby, and also increases chances of establishing exclusive breastfeeding early and its success. Evidence from a large community study has established early initiation as a major intervention to prevent neonatal mortality.

Guideline:

Indicator 1	**WHO's** *Key to rating %*	**Existing Status %**	**IBFAN Asia Guideline for WBT*i***		
Initiation of Breastfeeding (within 1 hour)		✓ ***Check any one***	***Scores***	***Colour-rating***	***Grading***
	0-29	✓	3	**Red**	**D**
	30-49		6	**Yellow**	**C**
	50-89		9	**Blue**	**B**
	90-100		10	**Green**	**A**

Comments:

One out of 18 maternity units in Hong Kong 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 healthy newborns and around 22% for over an hour. It was unlikely that for shorter periods of contact, breastfeeding was initiated. (*Source: BFHIHKA 2011 World Breastfeeding Week Survey*)

Indicator 2: Exclusive breastfeeding for the first six months

Key question: *Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours*[1]*?*

[1] Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines

Background

Exclusive breastfeeding for the first six months is very crucial for survival, growth and development of infants and young children. It lowers the risk of illness, particularly from diarrhoeal diseases. WHO commissioned a systematic review of the published scientific literature about the optimum duration of exclusive breastfeeding and in March 2001, the findings were submitted for technical review and scrutiny during an Expert Consultation. This Expert Consultation recommended a change to exclusive breastfeeding for 6 months from earlier recommendation of 4 months. The World Health Assembly (WHA) in May 2001 formally adopted this recommendation through a Resolution 54.2 /2001. The World Health Assembly in 2002 approved another resolution 55.25 that adopted the *Global Strategy for Infant and Young Child Feeding*. Later the UNICEF Executive Board also adopted this resolution and the *Global Strategy for Infant and Young Child Feeding* in September 2002, bringing a unique consensus to this health recommendation. Further, in areas with high HIV prevalence there is evidence that exclusive breastfeeding is more protective than "mixed feeding" against risks of HIV transmission through breastmilk. New analysis published in the *Lancet* clearly points to the role of exclusive breastfeeding during first six months for Infant survival and development.

Guideline:

Indicator 2	**WHO's** *Key to rating %*	**Existing Situation %**	**IBFAN Asia Guideline for WBT*i***		
Exclusive Breastfeeding (for first 6 months)		✓ ***Check any one***	***Scores***	***Colour-rating***	***Grading***
	0-11		3	**Red**	**D**
	12-49		6	**Yellow**	**C**
	50-89		9	**Blue**	**B**
	90-100		10	**Green**	**A**

Comments:

No data as specified are available.

The Department of Health (DH) of the Government of the HKSAR carries out regular breastfeeding surveys in its Maternal and Child Health Centres (MCHCs) attended by around 90% of babies born in the HKSAR. DH's 2010 survey showed that the proportion of babies having been exclusively breastfed for 4-6 months was 14%. The feeding data was collected mainly based on clinic records and not collected as a specific survey asking whether babies were exclusively breastfed in the 24 hours prior to the survey. (*Source: DH*)

Indicator 3: Median duration of breastfeeding

Key question: Babies are breastfed for a median duration of how many months?

Background

The *Innocenti Declaration* and the *Global Strategy for Infant and Young Child Feeding* recommend that babies continue to be breastfed for two years of age or beyond along with adequate and appropriate

complementary foods starting after six months of age. Breastmilk continues to be an important source of nutrition and fluids and immunological protection for the infant and the young child. The continued closeness between mother and child provided by breastfeeding helps in optimal development of the infant and young child.

Guideline:

Indicator 3	**WHO's** *Key to rating*	**Existing Situation %**	**IBFAN Asia Guideline for WBT*i***		
		✓ ***Check any one***	***Scores***	***Colour-rating***	***Grading***
Median Duration of Breastfeeding	0-17 Months		3	**Red**	**D**
	18-20 Months		6	**Yellow**	**C**
	21-22 Months		9	**Blue**	**B**
	23-24 Months		10	**Green**	**A**

Comments:

The DH currently does not collect information on infant feeding beyond one year of age to be able to give the median duration of breastfeeding.

Indicator 4: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?

Background

Babies should be breastfed exclusively for first 6 months of age and they need not be given any other fluids, fresh or tinned milk formulas as this would cause more harm to babies and replace precious breastmilk. Similarly after six months babies should ideally receive mother's milk plus solid complementary foods. If a baby cannot be fed the breastmilk from its mother's breast, it should be fed with a cup. (If unable to swallow, breastmilk can be provided by means of an infant feeding tube.) After 6 months of age, any liquids given should be fed by cup, rather than by bottle. Feeding bottles with artificial nipples and pacifiers (teats or dummies) may cause 'nipple confusion' and infants may refuse the breast after their use. Feeding bottles are more difficult to keep clean than cups and the ingestion of pathogens can lead to illness and even death. Pacifiers also can easily become contaminated and cause illness.

Guideline:

Indicator 4	**WHO's** Key to rating	**Existing Situation %**	**IBFAN Asia Guideline for WBT*i***		
Bottle Feeding (<6 months)		✓ ***Check any one***	**Scores**	**Colour-rating**	**Grading**

	30-100%		3	**Red**	**D**
	5-29%		6	**Yellow**	**C**
	3-4%		9	**Blue**	**B**
	0-2%		10	**Green**	**A**

Comments:

The DH currently does not collect such information at its MCHCs.

Indicator 5: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?

Background

As babies grow continuously and need additional nutrition along with continued breastfeeding after they are 6 months of age, complementary feeding should begin with locally available, affordable and sustainable indigenous foods. Babies should be offered soft or mashed foods in small quantities, 3-5 times a day. Complementary feeding should gradually increase in amount and frequency as the baby grows. Breastfeeding on demand should continue for 2 years or beyond. Complementary feeding is also important from the care point of view: the caregiver should continuously interact with the baby and take care of hygiene to keep it safe.

The indicator proposed here measures only whether complementary foods are provided in a timely manner, after 6 months of age along with breastfeeding. Complementary feeds should also be adequate, safe and appropriately fed, but indicators for these criteria are not included because data on these aspects of complementary feeding are not yet available in many countries. It is useful to know the median age for introduction of complementary foods, what percentage of babies are not breastfeeding at 6-9 months and also how many non-breastfeeding babies are receiving replacement foods in a timely manner. These figures can help in determining whether it is important to promote longer breastfeeding and/or later or earlier introduction of complementary foods. This information should be noted, if available, although it is not scored. It is also possible to generate additional information and help guide local program.

Guideline:

Indicator 5	**WHO's Key** to rating %	**Existing Situation %**	**IBFAN Asia Guideline for WBT*i***		
Complementary Feeding (6-9 months)		✓ *Check any one*	***Scores***	***Colour-rating***	***Grading***
	0-59		3	**Red**	D
	60-79		6	**Yellow**	C
	80-94		9	**Blue**	B
	95-100		10	**Green**	A

Comments:

The DH currently does not collect such information at its MCHCs.

Table: Indicators 1-5: Trends in Infant feeding practices

Indicator	Current status
1. Percentage of babies breastfed within one hour of birth	22%
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours	Not available
3. Babies are breastfed for a median duration of how many months	Not available
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	Not available
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	Not available

Part II: IYCF Policies and Programmes

Part II deals with policy and programmes. In fact it is a comprehensive study of the back end support to achieve indicators 1-5.

The description of indicators 6-15 again begins with a key question and its background. It is followed by a result that is given in the table format and depicts subset of questions that have
been answered using the available information, documentation and sometimes observations. Another column shows the relevant result checked in the column opposite the subset of questions.

This result is then scored and rated according to the WBT guidelines. Each indicator has a maximum score of ten. There are some subset of questions that are of subjective nature and have been answered using available information and consensus among the core group.

Achievement is given a tick in the Results column. The result is accumulative except in indicator 8 in which it is progressive in nature. Total score of each indicator is given at the end of the table. Next are the areas where gaps have been found and recommendations to bridge these gaps developed in discussion with the national groups.

Sources of these findings provided altogether at the end of Part-II finding.

Summary comments in the end provide other relevant information and progress on these indicators.

In Part II a set of criteria has been developed for each target based on the *Innocenti Declaration* and beyond, i.e. considering most of the targets of the *Global Strategy*. For each indicator there is a subset of questions leading to key achievement, indicating how a country is doing in a particular area. Each question has possible score of 0-3 and the indicator has a maximum score of 10. Once information about the indicators is entered, the achievement on the particular target indicator is then rated and graded i.e. Red or grade 'D', Yellow or grade 'C', Blue or grade 'B' and Green or grade 'A'. After the tool kit provides the scores, it uses following guidelines for rating.

IBFAN Asia Guidelines for WBTi

Scores	*Colour- rating*	*Grading*
0 – 3	**Red**	**D**
4 – 6	**Yellow**	**C**
7 – 9	**Blue**	**B**
more than 9	**Green**	**A**

Indicator 6: *National Policy, Programme and Coordination*

Key Question: Is there a national infant and young child feeding / breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

Background

The *Innocenti Declaration* was adopted in 1990. It recommended that all governments have national breastfeeding committees and coordinators as established mechanisms to protect, promote and support breastfeeding in the country. The World Summit for Children (2000) recommended all governments to develop national breastfeeding policies. The *Global Strategy for Infant and Young Child Feeding* calls for urgent action from all member states to develop, implement, monitor and evaluate a comprehensive policy on IYCF.

The table given below depicts the situation in HKSAR on Territory-wide Policy, Programme and Coordination.

Criteria of Indicator 6	Scoring	Results ✓ *Check any one*
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	
6.3) A National Plan of Action has been developed with the policy	2	
6.4) The plan is adequately funded	1	
6.5) There is a National Breastfeeding Committee	1	
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
Total Score	**0 / 10**	

Gaps:

There is still no territory-wide Infant and Young Child Feeding / Breastfeeding Policy, Central Breastfeeding Committee nor Breastfeeding Co-ordinator.

Recommendations:

A multisectorial Central Breastfeeding Committee headed by a co-ordinator is required in HKSAR. The Committee will formulate the Infant and Young Child Feeding / Breastfeeding Policy for the territory with a plan of action supported by adequate funding. The committee will also monitor and evaluate policy implementation.

Comments:

Since the year 2000, a Breastfeeding Policy, incorporating the "Ten Steps to Successful Breastfeeding" (Ten Steps) and the International Code of Marketing of Breast-milk Substitutes (the Code), was implemented in all MCHCs. In 2002, this Policy was extended to all service units of the DH to support their employees and clients to breastfeed. (*Source: DH* www.fhs.gov.hk/english/about_us/breast_policy/breast_policy.html) For the Hospital Authority (HA) that oversees all 8 maternity units in the public sector, a Breastfeeding Policy covering the Ten Steps and the Code was promulgated in 2010. HA has also reactivated its Steering Committee on Breastfeeding. However, there is currently no central government policy and territory-wide strategy on breastfeeding / infant and young child feeding, nor a Central Breastfeeding Committee to coordinate and oversee such policy and actions.

Although it is commendable that the DH has taken the initiative to have a Breastfeeding Policy incorporating the Ten Steps and the Code, as the WHO recommendation of exclusive breastfeeding for the first 6 months was made in March 2001 (i.e. after the implementation of DH's breastfeeding policy), the DH policy does not actually state the recommendation on exclusive breastfeeding explicitly. Nevertheless, the introduction of appropriate complementary foods at 6 months, with continued breastfeeding to two years and beyond has been promulgated in all its MCHCs. Since the first HKSAR WBTi report in 2008, the DH has systematically worked with the HA and other non-government organizations, e.g. BFHIHKA, Hong Kong Breastfeeding Mothers Association, La Leche League Hong Kong to develop programmes and education materials for the public and to enhance the support given to mothers from the antenatal to the postnatal period into the community. However, without a Central Breastfeeding Committee laying down a cross-department government policy with a plan of action and resources to support its implementation and monitoring, after 10 years of the DH initiative, its policy still applies only to service units of the DH. The broader aspects of the IYCF policy have not been properly addressed.

Indicator 7: *Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)*

Key Question:

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" based on the global or national criteria?

7B) What is the skilled training inputs and sustainability of BFHI?

7C) What is the quality of BFHI program implementation?

Background:

The *Innocenti Declaration* calls for all maternity services to fully practise all the *Ten Steps to Successful Breastfeeding* set out in *Protecting, promoting and supporting breastfeeding: the special role of maternity services, a Joint WHO / UNICEF Statement.* UNICEF's 1999 Progress Report on BFHI lists the total number of hospitals / maternity facilities in each country and the total number designated "Baby Friendly". According to the Step 2 of ten steps, all staff in maternity services should be trained in lactation management. UNICEF and WHO recommend that all staff should receive at least 18 hours of training and

that higher level of training is more desirable. Several countries initiated action on BFHI; however, progress made so far has been in numbers mostly and reports suggest that fall back happens if the skills of health workers are not sufficiently enhanced. The *Global Strategy for Infant and Young Child Feeding* indicates that revitalization of BFHI is necessary and its assessment is also carried out periodically to sustain this programme and contribute to increase in exclusive breastfeeding.

The indicator focuses on both quantitative and qualitative aspects. It looks at the percentage of hospitals and maternity facilities designated BFHI and also at the programme quality, e.g., skilled training inputs in BFHI, which is key to sustaining it, and how it is monitored and evaluated.

The tables given below depict the situation in HKSAR on BFHI.

7A) Quantitative

7.1) What percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" based on the global or national criteria?

Criteria	**Score**	**Results** ✓ ***Check any one***
0 - 7%	1	✓
8 – 49%	2	
50 – 89%	3	
90 - 100%	4	
Rating on BFHI quantitative achievements:	**1 / 4**	

7B) Qualitative

7.2) What is the skilled training inputs and sustainability of BFHI?

BFHI designated hospitals that have been certified after a minimum recommended training of 20 hours for all its staff working in maternity services

Criteria	**Score**	**Results** ✓ ***Check any one***
0-25%	1	
26-50%	1.5	
51 –75%	2.5	
75% and more	3.5	
Total Score	**0 / 3.5**	

Qualitative

7C) What is the quality of BFHI program implementation?

Criteria	**Score**	**Results** ✓ ***Check that apply***
7.3) BFHI programme relies on training of health workers	.5	

7.4) A standard monitoring system is in place	.5	
7.5) An assessment system relies on interviews of mothers	.5	
7.6) Reassessment systems have been incorporated in national plans	.5	
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	
Total Score	**/2.5**	
Total Score 7A, 7B and 7C	**1 / 10**	

Gaps:
No hospital in the HKSAR has achieved Baby Friendly status.

Recommendations:
As both public and private hospitals undergo formal accreditation of their service, the exclusive breastmilk feeding rate should be part of the standards being monitored. This would stimulate hospitals with maternity units to review their breastfeeding policy, implementation of the Ten Steps and compliance with the Code and subsequent relevant WHA resolutions. When strategies are developed and implemented, supported by appropriate resources, successful accreditation as Baby Friendly Hospitals would not be too far away. Furthermore, as the government is currently releasing land for the building of new private hospitals, provisions to achieve the standard of a Baby Friendly Hospital should be a requirement.

Comments:
BFHIHKA conducts an annual survey of maternity units in the HKSAR with regard to the implementation of the Ten Steps and violations of the Code observed within hospitals with maternity units. Public hospitals under HA is covered by the HA breastfeeding policy since 2010 but policies of individual hospitals are not to the standard required by a Baby Friendly Hospital. Training of healthcare workers is still a major concern especially medical staff. There are also difficulties fulfilling the other Steps. (*Source: BFHIHKA World Breastfeeding Week Report 2011*) It is gratifying that there is renewed interest in seeking Baby Friendly Hospital status after HA's discontinuation of accepting free supplies of breastmilk substitutes in 2010.

Promoting, supporting and protecting breastfeeding through the establishment of Baby Friendly Hospitals needs to be seen as a priority before these hospitals become a reality as there are resource implications although there will be health cost savings in the long term.

Indicator 8: *Implementation of the International Code*

Key Question: Are the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Background:

The *"Innocenti Declaration"* calls for all governments to take action to implement all the articles of the *International Code of Marketing of Breastmilk Substitutes* and the subsequent World Health Assembly resolutions. The aim of the Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes,

when these are necessary, on the basis of adequate information and through appropriate marketing and distribution. The "State of the Code by Country" by the International Code Documentation Centre (ICDC) on countries' progress in implementing the Code provides sufficient information on the action taken.

Nations are supposed to enact legislation as a follow-up to this. Several relevant subsequent World Health Assembly resolutions, which strengthen the *International Code of Marketing of Breastmilk Substitutes* have been adopted since then and have the same status as the Code and should also be considered. The *Global Strategy for Infant and Young Child Feeding* calls for heightened action on this target. According to WHO, 162 out of 191 Member States have taken action to give effect to the Code, but the ICDC report brings out the fact that only 32 countries have so far brought national legislation that fully covers the Code. The ICDC uses criteria to evaluate the type of action.

The Code has been reaffirmed by the World Health Assembly several times while undertaking resolutions regarding various issues related with infant and young child feeding.

The table given below depicts the situation in HKSAR on Implementation of the International Code.

Criteria	**Scoring**	**Results** ✓ ***Check those apply. If more than one* is applicable, record the highest score.**
8.1) No action taken	0	
8.2) The best approach is being studied	1	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures other than law), awaiting final approval	3	✓
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	
8.10) All articles of the Code as law, monitored and enforced	10	
Total Score:	**3 / 10**	

Gaps:

A voluntary Hong Kong Code on marketing of breastmilk substitutes is being drafted with effectiveness to be seen.

Recommendations:

It is important to monitor the effectiveness of the voluntary Hong Kong Code to be in place in 2012. If it is ineffective, legislation should be the immediate next step.

Comments:

In April 2010, the HA discontinued the acceptance of free supplies of breastmilk substitutes to the HA. The tender specification for the purchase of formula milk required that suppliers comply with the International Code and subsequent relevant World Health Assembly (WHA) resolutions. With the system of purchasing formula milk in place, many private hospitals followed the practice. By mid-2011, 8 out of the 10 private hospitals with maternity units in Hong Kong discontinued the acceptance of free supplies of formula milk as well.

The Code and subsequent relevant Resolutions of the WHA are implemented in all MCHCs of the DH. The DH also issues advice letters to companies reported to violate the Code but with no administrative sanction. In mid-2010, DH formed a task force to draft a voluntary Code for Hong Kong expected to be in place in 2012. Together with this exercise, DH is using various strategies such as social marketing to enhance the support for the Hong Kong Code. (*Source:DH*)

Indicator 9: *Maternity Protection*

Key Question: Is there legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?

Background:

The *Innocenti Declarations* (1999, 2005) and WHO Global Strategy for IYCF (2002) call for provision of imaginative legislation to protect the breastfeeding rights of working women and further monitoring of its application consistent with *ILO Maternity Protection Convention No 183*, 2000 (MPC No. 183) and Recommendation 191. MPC No. 183 specifies that women workers should receive:

- Health protection, job protection and non-discrimination for pregnant and breastfeeding workers
- At least 14 weeks of paid maternity leave
- One or more paid breastfeeding breaks daily or daily reduction of hours of work to breastfeed

Furthermore, Recommendation 191 encourages facilities for breastfeeding to be set up at or near the workplace.

The concept of maternity protection involves 7 aspects: 1) the scope (in terms of who is covered); 2) leave (length; when it is taken, before or after giving birth; compulsory leave); the amount of paid leave and by whom it is paid – employer or government; 3) cash and medical benefits; 4) breastfeeding breaks; 5) breastfeeding facilities; 6) health protection for the pregnant and lactating woman and her baby; 7) employment protection and non-discrimination.

Only a limited number of countries have ratified C183, but quite a few countries have ratified C103 and/or have national legislation and practices which are stronger than the provisions of any of the ILO Conventions.

Maternity protection for all women implies that women working in the informal economy should also be protected. *Innocenti Declaration 2005* calls for urgent attention to the special needs of women in the non-formal sector.

Adequate maternity protection also recognizes the father's role in nurturing and thus the need for paternity leave.

The table below depicts the situation in HKSAR on Maternity Protection.

Criteria	Score	Results Check ✓ that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	1	
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	
9.5) Women in informal/unorganized and agriculture sector are:		
a. accorded some protective measures	0.5	✓
b. accorded the same protection as women working in the formal sector	1	
9.6) a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	✓
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
9.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	

9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
Total Score:	**2 / 10**	

Gaps:

Women in HKSAR are only entitled to 10 weeks maternity leave with no nursing breaks when they return to work. There is no legal provision for paternity leave. There is health protection for pregnant women but no specific provisions for breastfeeding women.

Recommendations:

Ratification of ILO MPC No.183 is recommended with the institution of Recommendation 191. Paternity leave should be available for employees in both public and private sectors by legislation.

Comments:

The Employment Ordinance of the HKSAR provides for 10 weeks of maternity leave with four fifths of daily wages. (*Source: Department of Justice Bilingual Laws Information System CAP 57 - Employment Ordinance, Section 12 - Maternity leave; Section 14 - Payment of Maternity leave* www.legislation.gov.hk/eng/home.htm)

There is employment legislation against discrimination of pregnant women and also legislation against discrimination of family status but no specific protection of women during the breastfeeding period. (*Source: Department of Justice Bilingual Laws Information System 57 - Employment Ordinance, Section – 15 Prohibition against termination of employment, Section 15AA - Prohibition of assignment of heavy, hazardous or harmful work; CAP 527 Family Status Discrimination Ordinance, Section 8 – Discrimination against applicants and employees* www.legislation.gov.hk/eng/home.htm)

The Labour Department (www.labour.gov.hk) is responsible for dissemination of information to workers, make inspections, receive and investigate complaints.

Paternity leave is being explored for civil servants at present and is provided by a few private firms on a voluntary basis. For all new fathers to benefit from paternity leave, this needs to be laid down in legislation.

Indicator 10: *Health and Nutrition Care System*

Key Question: Do care providers in these systems undergo *skills training,* and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to the Code are in place?

Background:

The *Global Strategy for Infant and Young Child Feeding* indicates clearly how to achieve its targets and improving these services is critical for this. It has been documented that curriculum of providers is weak on this issue. And it is also seen that many of these health and nutrition workers lack adequate skills in counselling for infant and young child feeding which is essential for the success of breastfeeding.

Ideally, new graduates of health provider programmes should be able to promote optimal infant and young child feeding practices from the outset of their careers. All providers who interact with mothers and their young children should attain the basic attitudes, knowledge and skills necessary to integrate breastfeeding counselling, lactation management, and infant and young child feeding into their care. The topics can be integrated at various levels during education and job. Therefore the total programme should be reviewed to assess this.

The table given below depicts the situation in HKSAR on Health and Nutrition Care System.

Criteria	**Results** ✓ *Check that apply*		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country[2] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	
0.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
			✓
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[3]	2	1	0
		✓	
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
		✓	
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
			✓
10.6) These in-service training programmes are being provided throughout the country.[4]	1	0.5	0
		✓	

2 Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

3 The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

4 Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
		✓	
Total Score:	**3.5 / 10**		

Gaps:

Training in infant and young child feeding / breastfeeding is only a small part of the undergraduate training of medical doctors. The content covered differs between the two medical schools in HKSAR. The training curriculum on breastfeeding for nursing students is limited.

On the whole, there is little cross-reference of infant and young child feeding / breastfeeding with other health topics. Responsibility to the Code is not a prominent feature in the training.

Although the curriculum for paediatricians in training in this area has improved there is a large pool of paediatric specialists who do not have the benefit of such training. Such training is not currently a requirement of obstetricians in training.

In-service training is non-structured.

There are some provisions for mothers to stay with their ill infants but generally there is little provision for the infants to stay with their mothers who require hospital admission but are still able to care for their infants.

Recommendations:

It is recommended that the training of all healthcare workers who look after pregnant women, mothers, infants and young children be approached in a systematic fashion so that they receive training appropriate to the level of their involvement in the support of breastfeeding. There should also be better integration with other topics related to infant feeding.

Comments

During their training, medical students are given lectures or tutorials on infant feeding and nutrition, breastfeeding, and depending on the medical school, information on BFHI and the Code. The foci of the nutrition lectures are the risks of over-nutrition and obesity or under-nutrition. Students who have one session of attachment to MCHCs are exposed to activities promoting breastfeeding but they do not receive any structured training about assessing breastfeeding problems and counselling mothers. As students' term in Paediatrics is only around two months, IYCF is one of a wide variety of subjects they have to learn and not particularly integrated with other topics as outlined in 10.5 above. A recent trend good to see is that breastfeeding is not only part of the paediatric or obstetric curriculum but being integrated into public health taking prenatal and postnatal care of the mother and her baby as a continuum. Breastfeeding is said to be often the subject of health advocacy projects.

Trainees in community paediatrics undertake a 6-month rotation at MCHCs since 2004 during their three years of basic training in paediatrics. At the MCHCs they undergo a 3-day training programme on breastfeeding which includes lectures and clinical attachment. From 2009 onwards, the trainees switch to a 3-month MCHC attachment. The revised training curriculum has 2 days of training on breastfeeding. As MCHCs mainly provide community-based primary care for pregnant women, mothers, infants and young children, the programme lacks practical aspects of breastfeeding during the peripartum period. (*Source: DH)* Paediatricians qualified as specialists prior to being required to rotate to MCHCs did not benefit from such

training. Obstetricians-in-training are not required to undergo specific training in breastfeeding. DH launched an interactive self-learning breastfeeding teaching kit for health professionals in 2011 to address the need of doctors, especially paediatricians, obstetricians and family physicians who did not have previous specific training on breastfeeding. Completion of the kit will gain users continuing medical education points. The impact of the teaching kit awaits to be seen.

BFHIHKA has been conducting 30-hour breastfeeding courses since 1994 and train-the trainer and the WHO 40-hour counselling courses for healthcare professionals the last 10 years. This has allowed public institutions to have enough trainers to conduct their own staff training. An encouraging practice is that all doctors in MCHCs undergo an 18-hour course and all nurses, a 40-hour course in breastfeeding. DH also offers training opportunities in its course for nurses in private hospitals. The School of Midwifery at the Prince of Wales Hospital has also incorporated the WHO 40-hour breastfeeding course into its curriculum. The Hospital Authority and individual hospitals conduct 20-hour breastfeeding courses as well. At present, in public hospitals with maternity services, many obstetric nurses, less paediatric nurses and few obstetric and paediatric doctors are trained. With the renewed interest in acquiring Baby Friendly Hospital status (refer Indicator 7) and the availability of DH's self-learning breastfeeding teaching kit, hopefully the situation will improve. Education on breastfeeding for general student nurses is limited to a few hours.

Due to the shortage of nurses, hospitals rely on health care assistants to perform part of the patient care. HA hospitals have finalised the recommended curriculum for the training of health care assistants to support breastfeeding mothers. Some hospitals have already carried out such training.

There is in-service training on breastfeeding of health-care staff but conducted in a non-systematic fashion.

In general, mothers may be able to stay with babies who are sick but not the other way round. Even so, mothers may not be able to stay with sick neonates 24 hours a day.

Indicator 11: *Mother Support and Community Outreach*

Key Question: Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Background:

Community-based support for women is essential for succeeding in optimal breastfeeding practices. Step 10 of BFHI and the Global Strategy for IYCF, which includes mother support and peer support, recognizes this need. Mother Support, as defined by the Global Initiative for Mother Support (GIMS) is

> "any support provided to mothers for the purpose of improving breastfeeding practices for both mother and infant and young child." Women need the support of evidence-based public health policies, health providers, employers, friends, family, the community, and particularly of other women and mothers."

Mother support is often seen as woman-to-woman (or more commonly known as mother-to-mother) but generally covers accurate and timely information to help a woman build confidence; sound recommendations based on up-to-date research; compassionate care before, during and after childbirth; empathy and active listening, hands-on assistance and practical guidance. It also includes support and counselling by health professionals and health care workers. Various community outreach services can also support women in optimal IYCF.

The activities in these contexts include woman-to-woman support, individual or group counselling, home visits or other locally relevant support measures and activities that ensure that women have access to adequate, supportive and respectful information, assistance and counselling services on infant and young child feeding. Mother support enhanced by community outreach or community-based support has been found to be useful in all settings to ensure exclusive breastfeeding for the first six months and continued breastfeeding with appropriate and local complementary foods for 2 years or more. There needs to be a review and evaluation of existing community support systems, especially for the provision of counselling in infant and young child feeding. Women who deliver in a hospital need continued support in the home and in the community, with support for all members of the family, including the father and grandmother of the baby.

The table below depicts the situation in HKSAR on Mother Support and Community Outreach.

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
		✓	
11.2) All women have access to support for infant and young child feeding after birth.	2	1	0
	✓		
11.3) Infant and young child feeding support services have national coverage.	2	1	0
	✓		
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral.	2	1	0
		✓	
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	**7 / 10**		

Gaps:

Few mothers are able to benefit from peer-support groups whether prior to discharge from maternity units or in the community.

For non-HKSAR resident mothers, there is little knowledge of the support they receive when pregnant or after delivery.

The provision of baby care rooms is limited.

Recommendations:

As hospital stay in the postpartum period is generally short, it is recommended that public hospitals of the HKSAR make use of their community nurses to support mothers to breastfeed in the home setting.

There are few Peer Support groups for breastfeeding mothers. Implementation of Step 10 of the Ten Steps will provide better support to mothers.

As many mothers employ postnatal care workers, their training should incorporate the benefits of breastfeeding, risks of formula feeding and basic skills of breastfeeding.

As a significant proportion of mothers delivering in HKSAR are from mainland China while their infants are HKSAR residents, there needs to be a better understanding of the breastfeeding education and support available for pregnant women, mothers and infants in mainland China and mechanisms set up so that there is an assurance of their access to reliable services in the HKSAR or mainland China.

The provision of baby care rooms should be made mandatory in both government and non-government facilities for the public.

Comments:

The 31 MCHCs situated throughout the HKSAR provide education and support services to pregnant women and mothers on infant and young child feeding in the community. Counselling is provided through a hotline and also onsite with coaching and peer support groups for breastfeeding mothers. (*Source: DH*)

Non-government organisations (NGOs) like La Leche League Hong Kong (LLLHK www.lllhk.org) and Hong Kong Breastfeeding Mothers Association (HKBFMA www.breastfeeding.org.hk) operate in the HKSAR. The population able to benefit from their services is limited due to their resource constraints. Leaders of LLLHK respond to enquiries on breastfeeding. The HKBFMA has a breastfeeding hotline answered by volunteer mothers while the BFHIHKA has a hotline serviced by trained professionals.

Since the last report in 2008, there are more co-operation between DH and NGOs. LLLHK leaders are conducting peer support group sessions at MCHCs. DH and BFHIHKA have a pilot programme in progress to train volunteer peer counsellors to support breastfeeding mothers through group sessions and phone contact. It is hoped the programme can be part of the system in future.

There is a trend for mothers to employ postnatal care workers. These workers are trained by the Hong Kong Employment Development Service and other agencies in the care of the mother and infant at home. If they are appropriately trained they could be a source of support for mothers in breastfeeding. Otherwise the tendency is for them to take over the care of the infant from the mother, including feeding the infant.

Services at MCHCs are free for infants who are born in the HKSAR and mothers who are HKSAR residents. Pregnant women or mothers who are non-residents of the HKSAR are served with a fee. In 2011, 44 percent of mothers of infants born in the HKSAR are residents of mainland China and not that of the HKSAR. Even though they can access the child care services without charge if their children are born locally, not all these pregnant women and mothers may make use to them. Apart from consideration of fees and charges, many of the women are not physically in the HKSAR during most of their pregnancy nor do they reside in the HKSAR with their infants after their delivery although eventually many of these mothers will immigrate to HKSAR. Thus although the pregnant women may attend for booking of their delivery in the HKSAR and a significant number of their infants attend MCHCs for immunization, the pregnant women and mothers may not be able to readily access services in the HKSAR at the time when counselling and support on breastfeeding are required. A better understanding of the breastfeeding education and support available for pregnant women, mothers and infants in mainland China is required and mechanisms set up to ensure they can access services when and as these are required.

Breastfeeding in public places is not yet the norm in HKSAR. The government has laid down standards for baby care rooms but these are only provided in new government buildings and a limited number of existing public buildings and shopping malls while the provision is entirely voluntary in the private sector. Availability of such facilities could encourage mothers to continue breastfeeding their children.

Indicator 12: *Information Support*

Key Question: Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?

Background:

Information, education and communication (IEC) strategies are critical aspects of a comprehensive programme to improve infant and young child feeding practices. IEC approaches may include the use of electronic (TV, radio, video), print (posters, counselling cards, flip charts, manuals, newspapers, magazines) media, interpersonal (counselling, group education, support groups) and community activities to communicate important information and motivational material to mothers, families and the community.

Behaviour change is an important strategy, often used in counselling sessions, home visits, action-oriented group discussions and dramas focused on problem solving. IEC strategies are comprehensive when they use a wide variety of media and channels to convey concise, consistent, appropriate, action-oriented messages to targeted audiences at national, facility, community and family levels.

The table below depicts the situation in HKSAR on Information Support.

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
		✓	
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
	✓		
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
	✓		
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	✓		

12.5) A national IEC campaign or programme[5] using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
		✓	
Total Score:	**8 / 10**		

Gaps:

At present there is no IEC strategy so that programmes are rather piece-meal. There may be overlap of programmes between different organizations and at the same time gaps exist.

Recommendations:

The HKSAR needs a Breastfeeding / IYCF policy. IEC strategies can then be based on the policy. A Central Breastfeeding Committee with representatives from major organisations involved in breastfeeding promotion, allocated with appropriate resources, will be able to plan and co-ordinate programmes effectively and efficiently. With the implementation of the Code and subsequent relevant WHA Resolutions, such programmes will not have to face the stiff competition from the industry.

Comments:

The MCHCs provide educational material in print, including a comprehensive information kit on breastfeeding, in audio-visual format and is available through the website as well. (www.fhs.gov.hk/english/health_info/class_topic/ct_child_health/ch_breastfeeding.html) A revised version of the kit being produced in cooperation with HA and BFHIHKA will be available this year. Complementary video clips on knowledge and skills are available on YouTube. The DH has also produced new material on young child feeding for the public.

Most public hospitals also have breastfeeding information / leaflet for pregnant women. However, not all pregnant women have the opportunity to learn about the benefits and management of breastfeeding in their antenatal period. Most antenatal checkups are done by obstetricians. The pregnant women usually have very limited time to meet midwives during the antenatal checkup sessions. Not all pregnant women attend antenatal classes. According to BFHIHKA's annual survey in 2011, around 16% of the pregnant women were not able to receive information on the advantages of breastfeeding. (*Source: BFHIHKA World Breastfeeding Week report 2011*)

Publicity campaigns including Announcements of Public Interest, community exhibitions, media interviews, etc. are launched around the World Breastfeeding Week in August each year to raise public awareness on breastfeeding. The medical and nursing staff of the DH contributes to talks / sharing of experience to promote breastfeeding in seminars / courses organised by professional bodies, hospitals and NGOs. The staff has also conducted seminars on breastfeeding for workers in childcare centres aiming to support mothers to continue breastfeeding babies in childcare centres, especially the day crèche, as well as to encourage the childcare workers to breastfeed. (*Source:DH*)

The Hospital Authority that manages all public hospital services in the HKSAR celebrates the World Breastfeeding Week each year with a public seminar for professionals and other activities in individual hospitals to enhance awareness and knowledge in breastfeeding.

[5] An IEC campaign or programme is considered "national" if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

NGOs like LLL, HKBFMA and BFHIHKA also conduct talks periodically to the public and have special activities for World Breastfeeding Week.

Indicator 13: *Infant Feeding and HIV*

Key Question: Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Background:

The Global Strategy for IYCF highlights the importance of correct policy and programme work in this area for achieving the targets. The UN Framework for priority action on infant feeding and HIV activities lists:

1. Develop or revise (as appropriate) a comprehensive national infant and young child feeding policy, which includes HIV and infant feeding.
2. Implement and enforce the International Code of Marketing of Breastmilk substitutes and subsequent relevant WHA resolutions
3. Intensify efforts to protect, promote and support appropriate infant and young child feeding practices in general, while recognizing HIV as one of a number of exceptionally difficult circumstances.
4. Provide adequate support to HIV-positive women to enable them to select the best feeding option for themselves and their babies, and to successfully carry out their infant feeding decisions.
5. Support research on HIV and infant feeding, including operations research, learning, monitoring and evaluation at all levels, and disseminate findings.

The risk of HIV transmission through breastfeeding presents policy makers, infant feeding counsellors and mothers with a difficult dilemma. They must balance the risk of death due to artificial feeding with the risk of HIV transmission through breastfeeding. These risks are dependent on the age of the infant and household conditions and are not precisely known. Other factors must be considered at the same time, such as the risk of stigmatization (e.g. if not breastfeeding may signal the mother's HIV status), the financial costs of replacement feeding[6] and the risk of becoming pregnant again. Policies and programmes to meet this challenge should provide access to HIV voluntary and confidential counselling and testing (VCCT) and, for HIV-positive mothers, counselling and support for the chosen method of feeding, such as safe exclusive breastfeeding or exclusive artificial feeding. Safeguards should be in place to protect, promote and support breastfeeding in the rest of the population.
The table given below depicts the situation in HKSAR on HIV and Infant Feeding.

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1	0
		✓	

[6] Feeding infants who are receiving no breastmilk with a diet that provides all the nutrients they need until the age at which they can be fully fed on family foods. During the first 6 months of life, replacement feeding should be with a suitable breastmilk substitute. After 6 months the suitable breastmilk substitute should be complemented with other foods

13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
			✓
13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
		✓	
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
	✓		
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5	0
	✓		
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5	0
	✓		
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
			✓
13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
			✓
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5	0
			✓
Total Score:	**4.5 / 10**		

Gaps:

There is no territory-wide infant and young child feeding policy that includes infant feeding and HIV.

Recommendations:

A territory-wide infant and young child feeding policy is required including infants of HIV positive mothers.

Comments:

As from 2001, testing of HIV status is provided free of charge to all pregnant women who deliver in the HKSAR. Affected infants and their mothers are able to receive regular healthcare services with counselling, support and treatment as required. There were 6 infants born to HIV positive mothers in 2010. Five were treated with anti-retroviral chemoprophylaxis; one with insufficient information. There was no confirmed HIV infection among these infants (*Source: Virtual AIDS Office of Hong Kong, DH* www.info.gov.hk/aids/english/surveillance/latest_stat.htm)

Indicator 14: *Infant Feeding during Emergencies*

Key Question: Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?

Background:

Infants and young children are among the most vulnerable groups in emergencies. Interruption of breastfeeding and inappropriate complementary feeding increase the risks of malnutrition, illness and mortality. In emergency and relief situations the responsibility for protecting, promoting and supporting optimal infant and young child feeding practices and minimizing harmful practices should be shared by the emergency-affected host country and responding agencies. Concise Operational guidance on how to ensure appropriate feeding in emergency situations and comply with international emergency standards has been developed by interagency Infant Feeding in Emergencies Core Group. Practical details on how to implement the guidance are included in companion training materials, also developed through interagency collaboration.

The table given below depicts the situation in HKSAR on Infant Feeding during Emergencies.

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
			✓
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
			✓
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
			✓
14.4) Resources identified for implementation of the plan during emergencies	2	1	0
			✓
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
			✓
Total Score:	**0 / 10**		

Gaps:

There is no policy on infant and young child feeding that includes infant feeding in emergencies.

Recommendations:
There needs to be a policy on infant and young child feeding that includes infant feeding in emergencies.

Comments
As the HKSAR is not considered a natural disaster prone area there is no government policy on infant feeding during emergencies although contamination of infant formula e.g. with melamine or radiation can also be considered potential emergencies.

On the other hand, volunteers from the HKSAR do provide services to other localities with natural disasters. Infant and young child feeding in emergencies should be an area of attention to avoid compromising the health of these infants and young children through inappropriate measures of intervention or "assistance"

Indicator 15: *Monitoring and Evaluation*

Key Question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Background:

Monitoring and evaluation (M & E) components should be built into all major infant and young child feeding programme activities and collection of data concerning feeding practices integrated into national nutritional surveillance and health monitoring systems or surveys. Monitoring or management information system data should be collected systematically and considered by programme managers as part of the management and planning process. When appropriate, both baseline and follow-up data should be collected to measure outcomes. Use of internationally agreed-upon indicators and data collection strategies should be considered, in an effort to increase availability of comparable data.[7] It is important that strategies be devised to help insure that key decision-makers receive important evaluation results and are encouraged to use them.

The table given below depicts the situation in HKSAR on Monitoring and Evaluation.

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
		✓	
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
		✓	
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
		✓	

[7] See the WHO report on indicators for assessing breastfeeding practices for suggestions concerning breastfeeding indicators and data collection strategies. The WHO is in the process of considering appropriate indicators for measuring complementary feeding practices.

15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
		✓	
15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1	0
		✓	
Total Score:	**5 / 10**		

Gaps:
There is no structured monitoring and evaluation of infant and young child feeding practices.

Recommendations:
The HKSAR needs a Central Breastfeeding Committee and an infant and young child / breastfeeding policy with plans of action accorded appropriate resources and a built-in system of monitoring and evaluation.

In order to facilitate international comparisons, data collection according to WHO recommendations is required.

A Central Breastfeeding Committee with the authority to collect data from both the public and private sector is essential.

Periodic territory-wide surveys on breastfeeding can be undertaken as part of the Census and Statistics Department's social indicator household surveys.

Comments:
The DH carries out regular breastfeeding surveys in its MCHCs to monitor the local trend of breastfeeding practices (*Source: DH*), but the format is not necessarily according to WHO recommendations. As not all infants attend MCHCs, the information does not cover the entire population. The DH has conducted milk consumption and dietary surveys on infants and young children showing an over reliance on formula milk and an unbalanced diet. This gave further impetus to design a Code for Hong Kong to regulate marketing of breastmilk substitutes.

Data collected by BFHIHKA is only on a voluntary basis as self-reports.

Participant evaluations are generally conducted for programme activities.

Summary part 1: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 1 Starting Breastfeeding (Initiation)	22%	3
Indicator 2 Exclusive Breastfeeding for first 6 months		
Indicator 3 Median duration of Breastfeeding		
Indicator 4 Bottle-feeding		
Indicator 5 Complementary Feeding		
Score Part 1 (Total)		**3 / 50**

Guideline:

Scores (Total) Part-I	Colour-rating	Grading	Existing Situation ✓ *Check that apply*
0 – 15	**Red**	**D**	✓
16 – 30	**Yellow**	**C**	
31 – 45	**Blue**	**B**	
46 – 50	**Green**	**A**	

Summary Part II: IYCF Polices and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Programme and Coordination	**0**
2. Baby Friendly Hospital Initiative	**1**
3. Implementation of the International Code	**3**
4. Maternity Protection	**2**
5. Health and Nutrition Care System	**3.5**
6. Mother Support and Community Outreach	**7**
7. Information Support	**8**
8. Infant Feeding and HIV	**4.5**
9. Infant Feeding during Emergencies	**0**
10. Monitoring and Evaluation	**5**
Score Part 2 (Total)	**34 / 100**

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding policies and programmes (indicators 6-15) are calculated out of 100.

Scores	Colour- rating	Grading	Existing Situation ✓ *Check that apply*
0 – 30	**Red**	**D**	
31 – 60	**Yellow**	**C**	✓
61 – 90	**Blue**	**B**	
91 – 100	**Green**	**A**	

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding **practices; policies and programmes (indicators 1-15)** are calculated out of 150.

Scores	Colour- rating	Grading	Existing Situation ✓ *Check that apply*
0 – 45	**Red**	**D**	✓
46 – 90	**Yellow**	**C**	
91 – 135	**Blue**	**B**	
136 – 150	**Green**	**A**	

Acronyms

- BFHI – Baby Friendly Hospital Initiative
- BFHIHKA – Baby Friendly Hospital Initiative Hong Kong Association
- DH – Department of Health, HKSAR
- GSIYCF – Global Strategy for Infant and Young Child Feeding
- HKCU – Hong Kong Committee for UNICEF
- HKSAR – Hong Kong Special Administrative Region
- HIV – Human immunodeficiency virus
- IBFAN - International Baby Food Action Network
- IYCF - Infant and Young Child Feeding
- MCHC – Maternal and Child Health Centre
- MDG – United Nations Millennium Development Goals
- TAM - Tracking, Assessing and Monitoring
- UNICEF – United Nations Children's Fund
- WBT*i* - World Breastfeeding Trends Initiative
- WHA – World Health Assembly
- WHO – World Health Organization

Concluding Remarks and the Way Forward

BFHIHKA appreciates the opportunity to co-ordinate the WBT*i* assessment so that there can be a baseline database on infant and young child feeding for HKSAR. Although HKSAR is only a special administrative region, being able to use an instrument accepted internationally allows comparison between HKSAR and other countries and regions. The assessment can serve as a basis to monitor progress and effectiveness of interventions.

From the first report in 2008 to the present report in 2012, although the scoring system only recorded an increase from 27 to 37 out of 150, much fundamental progress have been made. Of significance was the discontinuation of acceptance of free supplies of breastmilk substitutes in public hospitals in 2010 tied in with the implementation of the Code within the hospital premises. This paved way for the DH to prepare a voluntary Code for Hong Kong to be in place in 2012. There is renewed interest for acquiring Baby Friendly Hospital status especially in public hospitals.

It is unfortunate that there is still no Breastfeeding or Infant and Young Child Feeding Policy for the whole of Hong Kong and no Central Breastfeeding Committee with the authority to implement the policy. Sustaining breastfeeding requires more than the effort of DH or hospitals, for example, in order to extend maternity protection. Since HKSAR has not adopted the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes" on which the WBT*i* assessment tool is based, there is a lack of data required for Part I on infant feeding practices.

HKSAR is in urgent need of a multisectorial Central Breastfeeding Committee headed by a Breastfeeding co-ordinator so that a Breastfeeding policy, plan of action, monitoring and evaluation mechanism can be developed. Appropriate resource allocation and legislative support are needed for the successful implementation of the plan. Infant and young child feeding has such important life-long implication for the individual and the community that this ought to receive priority attention of the government of HKSAR to ensure a healthy population from birth to adulthood.

Reference:
BFHIHKA 2011 World Breastfeeding Week Survey. Accessible at http://www.babyfriendly.org.hk/pdf/2011WBWReport_E.pdf