



World Breastfeeding Week (WBW) 1-7 August 2017

Sustaining Breastfeeding - Together!

WBW Annual Survey Summary

Survey Content

Baby Friendly Hospital Initiative Hong Kong Association (BFHIHK) was incorporated in 1994 to promote, protect and support breastfeeding in Hong Kong. As part of the World Breastfeeding Week activity, BFHIHK conducts an annual survey on hospitals' practice of the "Ten Steps to Successful Breastfeeding" among the 18 hospitals with maternity service.

Ten Steps to Successful Breastfeeding

Steps with difference of 10% or more compared with the previous year:

Improvement:

Training of Paediatric doctors (2.3b)

Rooming-in of mothers and babies with vaginal delivery from birth (7.1)

Deterioration:

Encourage breastfeeding on demand (responsive feeding) (8)

Use of artificial teats or pacifiers for breastfed infants (9)

Report on WBW Survey 2017

Introduction

The Baby-friendly Hospital Initiative (BFHI) was launched by WHO and UNICEF in 1991, following the Innocenti Declaration of 1990. The initiative is a global effort to implement practices that protect, promote and support breastfeeding. Hospitals with maternity units that implement the WHO/UNICEF Ten Steps to Successful Breastfeeding (Ten Steps) and comply with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions (the Code) could apply for designation as baby-friendly hospitals. Since its launch, BFHI's Ten Steps have become global guidance with more than 20,000 maternity facilities having been designated as “baby-friendly”. The initiative has measurable and proven impact, increasing the likelihood of babies being exclusively breastfed for the first six months according to WHO’s Global strategy for infant and young child feeding. Furthermore, the initiative has been extended from hospitals to the community.

Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) started the designation of baby-friendly hospital programme in 2013. The first public hospital achieved baby-friendly status in May 2016. The seven other public hospitals with maternity unit and three maternal and child health centres (MCHCs) are currently in different stages of the programme.¹

Countries around the world celebrate the World Breastfeeding Week (WBW) from 1-7 August every year. The theme of WBW this year is “Sustaining Breastfeeding - Together!” Once again, BFHIHKA takes this opportunity to conduct a survey among public and private hospitals to monitor practices that support breastfeeding before mothers are discharged from maternity units in Hong Kong.

Methods

The 8 public and 10 private hospitals in Hong Kong with maternity units were invited to participate in our annual survey. The survey was a self-assessment that focused on the implementation of the Ten Steps.

¹ Progress of designation of baby-friendly health facilities <https://www.babyfriendly.org.hk/en/healthcare-facilities/>

In 1989, the World Health Organization and UNICEF issued a joint statement titled “Promoting, Protecting and Supporting Breastfeeding: The Special Role of Maternity Services” with a set of guidelines for maternity units to follow in order to provide optimal breastfeeding support to mothers. This set of guidelines is called the Ten Steps to Successful Breastfeeding. In the current survey, hospitals were asked to assess themselves the degree to which they were implementing the Ten Steps.

Results

All 8 public and 10 private hospitals participated in our survey.

Survey Population

	No. of births in 2016
Public hospitals (8)	40,726
Private hospitals (10)	20,081
Total	60,807

The implementation of the Ten Steps to Successful Breastfeeding in 2017(Appendix I)

STEP 1 - Have a written breastfeeding policy that is routinely communicated to all health care staff

All public hospitals have a written breastfeeding policy which is displayed publicly and routinely communicated to all health care staff while 20% of private hospitals still do not have such a policy or practice.

STEP 2 - Train all health care staff in skills necessary to implement this policy

89% of hospitals thought their staff are acquainted with the policy. 98% of obstetric nurses and 77% of paediatric nurses received at least 20 hours training in public hospitals while 76% of obstetric nurses and 40% (among 7 hospitals with information) of paediatric nurses received such training in the private sector.

For doctors’ training, 48% of obstetric doctors and 75% of paediatric doctors received at least 8 hours training in public hospitals while 23% of obstetric doctors and 27% of paediatric doctors received such training in 3 private hospitals that provided the information.



STEP 3 - Inform all pregnant women about the benefits and management of Breastfeeding

97% of pregnant women received information about the advantages and management of breastfeeding in public hospitals and 95% in private hospitals. No public hospitals give group instructions on artificial feeding. 40% of private hospitals still give group talks on artificial feeding.

STEP 4 - Help mothers initiate breastfeeding within half an hour of birth

45% of mothers in public hospitals and 35% of mothers in private hospitals were able to enjoy skin-to-skin contact for over one hour within 5 minutes after vaginal births and Caesarean Section without general anaesthesia. For mothers with Caesarean Section under general anaesthesia, 23% of mothers in public hospitals and 43% of mothers in private hospitals had skin-to-skin contact with their newborns when the mothers were responsive and alert.

STEP 5- Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants

All public and private hospitals are offering mothers help to breastfeed within six hours of delivery and help mothers to maintain lactation if their babies are admitted to the special care unit.

STEP 6 - Give newborn infants no food or drink other than breastmilk, unless medically indicated

75% of public and 70% private hospitals are not offering any food or drink other than breastmilk to breastfed infants unless medically indicated. All hospitals do not receive free or low-cost supplies of breastmilk substitutes. All public hospitals and 90% of private hospitals do not have promotion of infant foods or drinks other than breastmilk.

STEP 7 - Practise rooming-in – allow mothers and infants to remain together 24 hours a day

All public hospitals practise 24-hour rooming-in of mothers and infants with normal vaginal delivery from birth. In private hospitals, only 40% start rooming-in from birth and only 20% for 24 hours a day. 33% of infants in public hospitals and 16% of infants in 8 private hospitals with information were separated from mothers for medical reasons. 13% of public hospitals maintain a nursery in the postnatal ward for healthy infants, but all maternity units in private hospitals still keep a nursery in the postnatal ward.

STEP 8 - Encourage breastfeeding on demand (responsive feeding)

All public hospitals encourage responsive breastfeeding while 30% of private hospitals do so. Overall there is a reduction from 100% to 61% from 2016 to 2017.

STEP 9 - Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants

88% of public hospitals and 70% of private hospitals do not use bottles with artificial teats or pacifiers for breastfed infants.

STEP 10 - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic

88% of public hospitals refer breastfeeding mothers to support groups. A similar percentage reported they facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups and 38% of units provide breastfeeding counselling by trained mother support group counsellors.

In private hospitals, 90% refer breastfeeding mothers to support groups, while 80% of units reported they facilitate the formation of support groups and 40% of units provide breastfeeding counselling by trained mother support group counsellors.

Hospitals were also asked how they see the implementation of the Ten Steps could be improved in their hospital. As all public hospitals are in different stages of designation as a baby-friendly hospital, they report taking measures to comply with the official standard required for each of the Ten Steps from staff training to antenatal and perinatal care. Although private hospitals have not yet enrolled in the designation programme, they appear to be targeting different steps as their priority area according to their circumstances, such as training, skin-to-skin contact, and rooming-in.

Discussion

BFHIHKA has been collecting breastfeeding rates on discharge from maternity units since 1992 and subsequently exclusive breastfeeding rates on discharge as well. Unfortunately not all hospitals could provide information on the latter while it is well known that if mothers are already giving supplements of formula milk in hospital, their chance of discontinuing breastfeeding after discharge is much higher. It is gratifying to see from May 2016, the Department of Health apart from officially collecting the ever-breastfeeding rates, has taken up the collection of exclusive breastfeeding rates for all births in Hong Kong. In order to

avoid a duplication of effort, our annual survey is focusing on the practice of the Ten Steps only. Code compliance within hospital premises is not a major issue since hospitals purchasing infant formula also require suppliers to comply with the Code within hospital premises. Hence this is also omitted in this year's survey.

Comparing the overall implementation of the Ten Steps as reported by hospitals in 2017 and 2016, there are no marked differences except in four areas. There is an increase in training of Paediatric doctors mainly in public hospitals as they move to comply with requirements of being baby-friendly. Similarly there is an increase in rooming-in of mothers and babies with vaginal delivery from birth. For the decrease in breastfeeding on demand (responsive feeding), it is probably the clarification that this step does not mean only feeding babies when they cry and that when mothers and babies are not rooming-in, the hospital could not be practising responsive feeding. It is not clear why there is an overall decrease in hospitals that declare they do not give artificial teats or pacifiers to breastfed infants. Even if breastfed infants are unable to breastfeed directly, expressed breastmilk, or if not possible, formula milk is to be given with, for example, a cup, spoon or syringe. The decrease may be a better understanding of hospitals that using a bottle to give milk to a breastfed baby, whether expressed breastmilk or formula milk, would not meet the requirement of this step.

As a whole, most public hospitals have information on their practice of the Ten Steps. For private hospitals, only 3 out of 10 hospitals provided information on training of Obstetric and Paediatric doctors and 7 out of 10 on Paediatric nurses. Collection of data is important to plan measures to address the gaps and monitor progress.

Overall, only less than half of mothers with vaginal or Caesarian deliveries without general anaesthesia could have skin-to-skin contact with their babies within 5 minutes of birth for at least an hour. This is an important step to provide a favourable start to breastfeeding that needs attention.

There are more mothers separated from their babies for medical reasons in public hospitals (33%) compared with the 8 private hospitals with information (16%). This may be due to a higher proportion of deliveries in public hospitals being at risk pregnancies. On the other hand, all public hospitals practise rooming-in while this is done in only 20% of private hospitals where all of them have a nursery for healthy babies in the postnatal ward.

Through the annual survey, it is observed that there can be marked differences between hospitals both public and private. For example although on average of 33% of babies were

separated from their mothers after birth at some stage before discharge in public hospitals, the range extends some 30%. In private hospitals, skin-to-skin contact at birth for at least an hour ranges from none to nearly all and similarly for separation due to “medical reasons”. There is definitely room for aligning medical practices and management guidelines.

The clear limitation of our survey is that it is a self-assessment but it provides an opportunity for hospitals to review their practice annually if not more frequently. As hospitals enroll in the programme of designation as a baby-friendly hospital, there will be a better understanding of what is meant by the Ten Steps with regular monitoring of their implementation.

Conclusion

The theme of WBW this year is “Sustaining Breastfeeding – Together!” through informing, anchoring, engaging and galvanising.² The healthcare system plays an important role but we also need policy makers and the community to be actively engaged towards this common goal. While looking forward to more health facilities, both public and private, both hospitals and health centres to being baby-friendly, we also need to go beyond voluntary measures to protect mothers’ right to breastfeed in the workplace and in public areas, and not the least, maternity leave that meets international recommendation. The long awaited Hong Kong Code of Marketing of Formula Milk and Related Products for Infants & Young Children was finally launched in June this year. While monitoring its effectiveness in protecting both breastfeeding and non-breastfeeding mothers, the realization of government commitment to a restrictive approach towards legislation on nutrition and health claims would be an important next step. All these elements are essential to the sustaining of breastfeeding which we expect will be progressively reflected in the breastfeeding data being collected by the government.

² World Breastfeeding Week <http://worldbreastfeedingweek.org>

Appendix I: Ten Steps to Successful Breastfeeding (BF)

(Self-Appraisal by Hospitals)

Survey year	Hospital %			
	2017			2016
	Public	Private	All	All
1. Written BF Policy routinely communicated to all health care staff				
1.1) With explicit written notice	100	80	89	94
1.2) BF policy displayed publicly	100	80	89	83
2. Train all health care staff				
2.1) Acquainted with BF policy	88	90	89	94
2.2) 20-hr training given to staff within six month of their arrival				
2.2a) % of O&G nursing staff	98	76	86	89(H:17)
2.2b) % of Paediatric nursing staff	77	40(H:7)	60(H:15)	61(H:15)
2.3) 8-hr training given to staff within six month of their arrival				
2.3a) % of O&G doctors	48	23(H:3)	42(H:11)	42(H:10)
2.3b) % of Paediatric doctors	75	27(H:3)	62(H:11)	47(H:10)
3. Inform all pregnant women about the benefits & management of BF				
3.1) % of pregnant clients informed	97	95	96	97
3.2) Give group instruction on artificial feeding	0	40	22	17
4. Help mothers initiate BF within half an hour of birth				
4.1) Vaginal or Caesarean deliveries without general anaesthesia (skin-to-skin) - % of mothers who had skin-to-skin contact within 5 minutes and >1 hour	45	35	39	44(H:16)
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) - % of mothers	23	43	34	36(H:17)
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infant				
5.1) Offer breastfeeding assistance within six hours of delivery	100	100	100	100
5.2) Help mothers of babies in special care maintain lactation	100	100	100	100

6. Give newborn only breast-milk, unless medically indicated				
6.1) Given newborn infants no food or drink other than breast-milk	75	70	72	72
6.2) No free or low-cost supplies of breast-milk substitutes accepted	100	100	100	100
6.3) No promotion of infant foods or drinks other than breast-milk	100	90	94	89
7. Practise rooming-in – allow mothers and infants to remain together 24 hours a day				
7.1) Mothers and babies with normal vaginal delivery are rooming-in from birth	100	40	67	56
7.2) Mothers and babies stayed in the same room day and night	100	20	56	53(H:17)
7.3) % of mothers and babies separated for medical reasons	33	16 (H:8)	24(H:16)	16(H:16)
7.4) There is a nursery in postnatal ward for healthy infants	13	100	61	59(H:17)
8. Encourage breastfeeding on demand (responsive feeding)	100	30	61	100
9. Give no artificial teats or pacifiers to BF infants	88	70	78	89
10. Foster the establishment of BF support groups				
10.1) Refer BF mothers to BF support groups	88	90	89	94(H:17)
10.2) Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups	88	80	83	89
10.3) Provide BF counseling in its maternity services by trained mother support group counsellors	38	40	39	33

Remarks:

Public hospitals with maternity unit: 8

Private hospitals with maternity unit: 10

All hospitals gave a response unless “H”, no. of hospitals providing information stated.