



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

World Breastfeeding Week (WBW) 1-7 August 2018

Breastfeeding : Foundation of Life

WBW Annual Survey Summary

Survey Content

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

Ten Steps to Successful Breastfeeding

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

Improvement:

Refer breastfeeding mothers to breastfeeding support groups (10.1)

Deterioration:

Training of O&G doctors (2.3a)

Training of Paediatric doctors (2.3b)



Report on WBW Survey 2018

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 programme of designating health facilities as baby-friendly in 2013. This year, Queen Mary Hospital became the second baby-friendly hospital in Hong Kong. Hence around 17% of births in the territory are now in baby-friendly hospitals. The other six 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 “*Breastfeeding : Foundation of Life*”. “Breastfeeding is a universal solution that levels the playing field, giving everyone a fair start in life. It improves the health, wellbeing and survival of women and children around the world.”² This is no less relevant for Hong Kong.

BFHIHKA takes this opportunity to conduct a survey to monitor practices that support breastfeeding before mothers are discharged from maternity units in Hong Kong.

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

² WABA/World Breastfeeding Week Action Folder

http://worldbreastfeedingweek.org/2018/wp-content/uploads/2018/04/a_folder_eng_2018_A4.pdf

Method

The 8 public and 10 private hospitals in Hong Kong providing maternity service in 2017 were invited to participate in our annual survey.

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 complete a questionnaire on how they were implementing the Ten Steps.

Results

All 8 public and 10 private hospitals were invited to participate in our survey.

Survey Population

	No. of births in 2017
Public hospitals (8)	38,212
Private hospitals (10)	18,670
Total	56,882

The implementation of the Ten Steps to Successful Breastfeeding in 2018(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 that is displayed publicly and routinely communicated to all health care staff. 20% of private hospitals still do not have a written policy and for 10%, although there is a policy, do not display the policy in public.

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

All hospitals thought their staff are acquainted with the policy although as mentioned above, some private hospitals do not have a written policy. 99% of obstetric nurses and 84% of paediatric nurses received at least 20 hours training in public hospitals while 83% of obstetric nurses and 44% (among 7 hospitals with information) of paediatric nurses received



such training in the private sector.

For doctors' training, 49 % of obstetric doctors and 68% of paediatric doctors received at least 8 hours training in public hospitals while 10% of obstetric doctors and 7% of paediatric doctors received such training in 6 private hospitals that provided the information.

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

Nearly all pregnant women, 97% in public and 95% in private hospitals received information about the advantages and management of breastfeeding. No public hospitals give group instructions on artificial feeding. 30% of private hospitals still give such talks in groups.

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

48% of mothers in public hospitals and 33% of mothers in private hospitals undertake skin-to-skin contact with their newborns for over one hour within 5 minutes after vaginal births and Caesarean Section without general anaesthesia. For mothers who had a Caesarean Section under general anaesthesia, 23% of them in 7 public hospitals with information and 31% of them in 9 private hospitals with information had skin-to-skin contact with their babies when they 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 60% private hospitals are not offering any food or drink other than breastmilk to breastfed babies unless medically indicated. All hospitals do not receive free or low-cost supplies of breastmilk substitutes. All public hospitals and private hospitals do not have promotions 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 babies with normal vaginal delivery from birth. In private hospitals, only 40% start rooming-in from birth and only 30% for 24 hours a day. 28% of babies in public hospitals and 17% in private hospitals were separated from mothers for medical reasons. 13% of public hospitals maintain a nursery in the postnatal ward for healthy babies, 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.

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 babies.

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

All public and private hospitals refer breastfeeding mothers to support groups. 88% and 80% of public and private hospitals respectively reported they facilitate the formation of mother support groups and other community services. Similarly 25% and 50% 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. Public hospitals that are in the process of attaining baby-friendly status are focusing on measures that will take them to a higher level. Even after designation, continued enhancement is sought like further minimizing mother infant separation and maximize breastfeeding for mothers who elect to mix feed. Private hospitals being more diverse in their ability to practice the Ten Steps are working on many of the Steps especially staff training, skin-to-skin contact and rooming-in.

Discussion

Although all hospitals support breastfeeding, it is important that this is laid down as a written policy, routinely communicated to all staff and its implementation monitored. After many years of conducting this survey, unfortunately there are still hospitals without an explicitly written policy in support of breastfeeding.

For training, there is a report of reduction of training of O&G and Paediatric doctors mainly because in 2017, only 3 private hospitals provided information. This year 3 more private hospitals provided information of low rates thus bringing down the average.

While no public hospitals give group instruction on artificial feeding, it is good to see less private hospitals doing so. Mothers who made an informed decision needs to be taught to prepare formula milk as safely as possible but routine group instructions tends to normalise artificial feeding.

Early skin-to-skin contact and initiation of breastfeeding are important measures that stabilise the baby, facilitate continued breastfeeding, and colonisation of the baby with mother's microbiota. This is important for both babies delivered vaginally and those by Caesarian section. The first step is to start collecting such data so that hospitals know both the baseline and the trend while efforts are being made to change practice. Hospitals that have yet to collect such data are strongly encouraged to do so.

While 24-hour rooming-in is the routine in public hospitals, it is good to see some increase in the private sector. Mothers generally want to do the best for their babies. Antenatal education is important so that mothers understand why hospitals support having both breastfeeding and non-breastfeeding babies with them all the time unless there is a specific reason not to.

Post-discharge support for breastfeeding mothers is important to continue the effect of breastfeeding support in hospitals. All hospitals now refer breastfeeding mothers to breastfeeding support groups.

This survey questionnaire gives an outline of the Ten Steps and is a self-completed but it provides an opportunity for hospitals to review their practice at least annually. Through the designation programme, hospitals would gain a fuller understanding of what is actually expected in the implementation of the Ten Steps. We encourage all hospitals providing maternity service to join the programme.

Concluding Remarks

WHO recently reviewed the scientific evidence for the Ten Steps and success factors and challenges to the BFHI³. Based on the review WHO and UNICEF published a revised BFHI implementation guidance this year⁴, the first since 2009. The International Code of Monitoring of Breast-milk Substitutes and relevant World Health Assembly resolutions are now part of the policy Step 1 which also requires a monitoring and data management system. The wordings of the other Steps have also been revised. The assessment standards are higher than previous WHO requirement but countries can decide how to make the transition. The interpretation of the Ten Steps in the BFHI programme in Hong Kong is actually close to the revised description of the Ten Steps but we will carefully consider the transition process to the higher standards of the new guidance.

BFHI aims to get mothers breastfeeding off to a good start. Other measures are required to support mothers to continue and sustain their effort. The government's current review of maternity and paternity leave and the proposed amendment of legislation to include non-discrimination of breastfeeding mothers are welcomed. On the other hand, we have yet to discuss formalising nursing breaks at the workplace beyond such provision at employers' discretion. The Hong Kong Code of Marketing of Formula Milk and Related Products for Infants & Young Children launched last year as a voluntary measure has failed to deter inappropriate marketing especially when legislation on restriction of claims is still not in sight. There is an urgent need to strengthen the Code through legislation and widening its coverage of marketing practices. Government and community effort cannot falter if every child in Hong Kong is to be born with a strong foundation in life through breastfeeding.

³ Guideline: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. WHO 2017. <http://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf?sequence=1>

⁴ Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018 Implementation guidance. WHO/UNICEF 2018. <http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/>



Appendix I: Ten Steps to Successful Breastfeeding (BF)

(Self-Appraisal by Hospitals)

Survey year	Hospital %			
	2018			2017
	Public	Private	All	All
1. Written BF Policy routinely communicated to all health care staff				
1.1) With written policy	100	80	89	89
1.2) BF policy displayed publicly	100	70	83	89
2. Train all health care staff				
2.1) Acquainted with BF policy	100	90	94	89
2.2) 20-hr training given to staff within six month of their arrival				
2.2a) % of O&G nursing staff	99	83	90	86
2.2b) % of Paediatric nursing staff	84	44(H:7)	65(H:15)	60(H:15)
2.3) 8-hr training given to staff within six month of their arrival				
2.3a) % of O&G doctors	49	10(H:6)	32(H:14)	42(H:11)
2.3b) % of Paediatric doctors	68	7(H:6)	42(H:14)	62(H:11)
3. Inform all pregnant women about the benefits & management of BF				
3.1) % of pregnant clients informed	97	95	96	96
3.2) Give group instruction on artificial feeding	0	30	17	22
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	48	33	40	39
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) - % of mothers	23(H:7)	31(H:9)	27(H:16)	34
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infant				
5.1) Offer breastfeeding assistance within six hours of delivery	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	60	67	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	100	100	94
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	67
7.2) All mothers and babies stayed in the same room day and night	100	30	61	56
7.3) % of mothers and babies separated for medical reasons	28	17	22	24(H:16)
7.4) There is a nursery in postnatal ward for healthy infants	13	100	61	61
8. Encourage responsive (or demand) breastfeeding				
	100	30	61	61
9. Give no artificial teats or pacifiers to BF infants				
	88	70	78	78
10. Foster the establishment of BF support groups				
10.1) Refer BF mothers to BF support groups	100	100	100	89
10.2) Facilitate the formation of mother support groups and other community services	88	80	84	83
10.3) Provide BF counseling in its maternity services by trained mother support group counsellors	25	50	39	39

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.