

World Breastfeeding Week (WBW) 1-7 August 2019

Empower Parents: Enable Breastfeeding

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 the Breastfeeding Rate on discharge from maternity units and also hospitals' practice of the "Ten Steps to Successful Breastfeeding" among hospitals with maternity service.

Breastfeeding Rate of newborns on discharge from hospital

Births in 2018	Breastfeeding Rate		Exclusive Breastfeeding Rate	
	%	Range %	%	Range %
Public hospitals	84.1	75-92	28.6	21-39
Private hospitals	94.8	90-98	9.3	1-68
Total	87.7	75-98	22.1	1-68

Ten Steps to Successful Breastfeeding

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

Improvement:

- Training of O&G doctors (2.3a)
- Help mothers to have skin-to-skin contact with their babies when they are responsive and alert after Caesarean deliveries with general anaesthesia (4.2)

Deterioration:

Nil

Report on WBW Survey 2019

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. We have now three public hospitals designated as baby-friendly hospitals in Hong Kong. Hence around 30% of births in the territory are now in baby-friendly hospitals. The other five public hospitals with maternity unit and one private hospital are at different stages of designation. The programme was extended to the community as well in 2016 with three pilot maternal and child health centres (MCHCs) being designated as baby-friendly MCHCs this year.¹

Countries around the world celebrate the World Breastfeeding Week (WBW) from 1-7 August every year. The theme of WBW this year is "Empower Parents, Enable Breastfeeding". "Empowerment is a process that requires evidence-based unbiased information and support to create the enabling environment where mothers can breastfeed optimally. Breastfeeding is in

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

the mother's domain and when fathers, partners, families, workplaces, and communities support her, breastfeeding improves."² This is also BFHIHKA's main objective.

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

Method

The 8 public and 11 private hospitals in Hong Kong providing maternity service in 2018 were invited to participate in our annual survey. The survey was a self-assessment and covered the following areas:

Breastfeeding rate

The breastfeeding rate of newborns on discharge from hospital

Each hospital reported on the number of live births in the hospital in 2018 and the breastfeeding rate upon discharge for that year. The breastfeeding rate was defined as the number of babies that were breastfeeding on the day of discharge divided by the total number of babies delivered.

Exclusive breastfeeding rate in hospital

Each hospital is to report on their exclusive breastfeeding rate for live births in 2018. The exclusive breastfeeding rate was defined as the number of breastfed babies not given any food or drink before discharge other than breastmilk, divided by the total number of live births.

The implementation of the Ten Steps to Successful Breastfeeding in 2019 (Appendix I)

² WABA World Breastfeeding Week www.worldbreastfeedingweek.org/

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 (Ten Steps). The Ten Steps were revised in 2018³ but as hospitals need time to make the transition, they were asked to complete a questionnaire on how they were implementing the Ten Steps based on the previous version.

Results

All 8 public and 11 private hospitals invited participated in our survey.

Survey Population

	No. of births in 2018	No. of births in 2017
Public hospitals (8)	35,562	38,212
Private hospitals (11)	18,091	18,670 (10)
Total	53,653	56,882

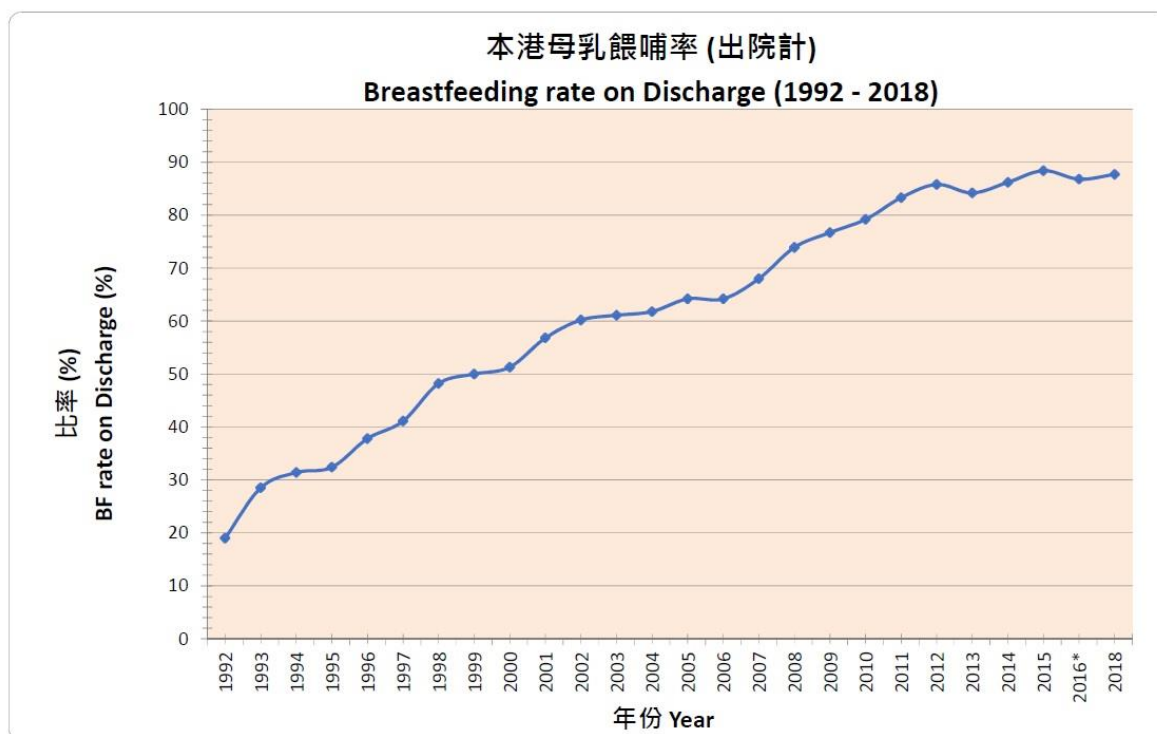
Breastfeeding rate

Breastfeeding Rate on discharge from hospital

The breastfeeding rate, whether exclusive or mixed, on discharge from hospital for births in 2018 from all public and private hospitals in Hong Kong was 87.7%. For public hospitals the rate was 84.1%; for private hospitals, the rate was 94.8%.

³ Implementation guidance: protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. Geneva: World Health Organization; 2018.

www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/



2016*The statistics was from the Department of Health of the Government of HKSAR

Exclusive breastfeeding rate in hospital

The rate in public hospitals was 28.6% for the year with a range of 21 to 39%. For private hospitals the rate was 9.3% with a range from 1 to 68%. The overall exclusive breastfeeding rate was 22.1% for both public and private hospitals.

The implementation of the Ten Steps to Successful Breastfeeding in 2019 (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. 18% of private hospitals still do not have a written policy and for another 18%, 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 public hospitals thought their staff are acquainted with the policy. For private hospitals 91% thought the same but some of these hospitals do not have the policy written down. 99% of obstetric nurses and 90% of paediatric nurses received at least 20 hours training in public hospitals while 85% of obstetric nurses and 56% (among 8 hospitals with information) of paediatric nurses received such training in the private sector.

For doctors' training, 66% of obstetric doctors and 64% of paediatric doctors received at least 8 hours training in public hospitals while 10% of obstetric doctors and 19% 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, 96% in public and 97% in private hospitals received information about the advantages and management of breastfeeding. No public hospitals give group instructions on artificial feeding. 18% of private hospitals still give such talks in groups.

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

54% of mothers in public hospitals and 35% of mothers in private hospitals undertake skin-to-skin contact with their newborns for at least one hour within 5 minutes after vaginal births and Caesarean Section without general anaesthesia. For mothers who had a Caesarean Section under general anaesthesia, 25% of them in 7 public hospitals with information and 62% 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

88% of public and 46% 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 45% start rooming-in from birth and only 36% for 24 hours a day. 29% of babies in public hospitals with a range of 18 to 44%, and 4% in private hospitals were separated from mothers for medical reasons. No public hospital maintains 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 36% of private hospitals do so.

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

All public hospitals and 73% 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 hospitals refer breastfeeding mothers to support groups while 91% of private hospitals do so. 88% and 82% of public and private hospitals respectively reported they facilitate the formation of mother support groups and other community services. Similarly, 25% and 36% provide breastfeeding counselling by trained mother support group counsellors.

Hospitals were also asked how the implementation of the Ten Steps in their hospital could be improved. Many hospitals' focus is on staff training and ensuring staff are practicing what they

learned. Some hospitals are looking forth to having staff trained at a higher level to support other colleagues. Private hospitals realise skin-to-skin contact and rooming-in are areas where practice is at variance with WHO recommendation that need attention while public hospitals are looking into skin-to-skin contact after caesarian section. Other measures that could facilitate the practice of the Ten Steps are the involvement of family members, cooperation between departments and the reduction of unnecessary separation of mothers and babies.

Discussion

BFHIHKA started collecting breastfeeding rates when babies were discharged from maternity units from hospitals on a voluntary basis in 1992. The overall rate, whether mixed or exclusive, was then below 20% and exclusive breastfeeding was rare. As the overall rate increased, BFHIHKA started to collect data on exclusive breastfeeding for births in 2009 as this is the recommended mode of infant feeding by WHO. While all hospitals could provide breastfeeding rates for any breastfeeding, not all hospitals could provide data on exclusive breastfeeding. The Department of Health (DH) was urged to officially collect such statistics and this started around mid-2016. BFHIHKA therefore stopped requesting such information from hospitals for our last two WBW annual surveys. As DH is only releasing breastfeeding rates every two years, BFHIHKA decided to resume our request for such information for this report.

The overall breastfeeding rate on discharge of 87.7% for births in 2018 was slightly higher than that of 86.8% in 2016. It is expected that there will always be some mothers who decide not to breastfeed for various reasons but at least 9 out of 10 mothers in Hong Kong wish to breastfeed. For exclusive breastfeeding, the rate was 19.8% among 15 out of 18 hospitals that provided information for births in 2015.⁴ For births in 2018, the rate was 22.1% with information from all hospitals. Whereas previously hospitals were giving statistics on babies discharged from maternity units, the latest statistics as stipulated by DH was from the hospital

⁴ 2016 World Breastfeeding Week Annual Survey Report. BFHIHKA.

www.babyfriendly.org.hk/wp-content/uploads/2017/02/2016WBWReport-E.pdf

as a whole, i.e. both maternity and neonatal units. With many hospitals lacking suitable facilities for mothers to stay with their babies in neonatal units 24 hours a day and no human milk bank in Hong Kong, it is expected that the exclusive breastfeeding rate in neonatal units are relatively low. Hence the data more accurately reflect exclusive breastfeeding of babies born in Hong Kong before going home but cannot be compared strictly with previous available statistics. As in past years, the range of exclusive breastfeeding rates between hospitals was wide, from 21 to 39% among public hospitals and 1 to 68% among private hospitals. This is unlikely to be accounted for solely by characteristics of mothers attending different hospitals but probably has much to do with different hospital practices. Hence sharing of experiences between hospitals on how to overcome challenges may improve services overall.

For the practice of the Ten Steps, it cannot be emphasized more that the hospital infant feeding policy needs to be explicitly written to ensure staff know what the hospital expects. For training in the implementation of the policy, it is good to see improvements in paediatric nursing training but that for doctors is lagging far behind especially in the private sector. Without appropriate training, it is difficult to fully implement the hospital policy even if there is one. Although most breastfeeding coaching is done by nurses, doctors' understanding of what practices facilitate or impedes breastfeeding is very important so that mothers do not receive conflicting information and clinical management guidelines are well grounded on scientific evidence.

To avoid giving the impression that formula feeding is the norm, most hospitals have done away with group instructions on artificial feeding although not all. BFHI supports not only breastfeeding mothers but also those that have made an informed decision to formula feed. These mothers are to be given individual instructions to formula feed responsively and as safely as possible.

For skin-to-skin contact that provides multiple benefits to both babies and mothers, there needs to be further efforts to practise it as recommended, i.e. immediately and for at least an hour or until the completion of the first feed. The imprinting through the baby's ability to self-attach and initiate breastfeeding during skin-to-skin contact facilitates subsequent breastfeeding behaviour.

It is noted that the rate of separation of mothers and babies for medical reasons varied from 18 to 44% in public hospitals. Reasons for such a variation should be studied as separation greatly increases the chance of supplementation with breastmilk substitutes. Giving non-medically indicated breastmilk substitutes and the inability to practice responsive feeding are issues very much tied in with not rooming-in mother and baby day and night. The Ten Steps are complementary to each other and need to be practiced in their entirety.

Concluding Remarks

With public hospitals going through the process of designation as baby-friendly hospitals, the understanding of the requirement of the Ten Steps has improved. Many hospitals have also achieved much in overcoming barriers to their implementation. It is hoped the experience could be shared not only among public hospitals but also with the private sector. It is good to have one private hospital joining the programme and three MCHCs completing the pilot project to complement the effort of hospitals in their cluster. Although WHO has revised the Ten Steps in 2018⁵, for Hong Kong which has only started our designation programme six years ago, we will proceed through the transition at a pace that we can manage. In time we hope to include the care of sick and premature babies in the programme according to the revised Ten Steps. This should not stop individual hospitals looking into how to improve the care of this vulnerable population. Hong Kong should also look seriously into the establishment of a human milk bank that would reduce the exposure of sick babies to breastmilk substitutes.

Empowering parents to enable them to sustain their effort to breastfeed their babies are important in addition to helping mothers to start breastfeeding within the health care system. Legislation of the Hong Kong Code of Marketing of Formula Milk and Related Products for Infants & Young Children and the prohibition of any cross promotion and health and

⁵ Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018 Implementation guidance. WHO/UNICEF 2018.

www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/



developmental claims need to be in place. The proposed legislative amendment on discrimination of breastfeeding mothers need to be more explicit and include provision of nursing breaks in the work place in order for the amendment to serve more than an educational tool. Maternity leave has been extended in the public sector. Implementation in the private sector should be delayed no longer. Hong Kong has spent years promoting breastfeeding. It is time to effectively support and protect breastfeeding.

Appendix I: Ten Steps to Successful Breastfeeding (BF)
(Self-Appraisal by Hospitals)

Survey year	Hospital %			
	2019			2018
	Public	Private	All	All
1. Written BF Policy routinely communicated to all health care staff				
1.1) With explicit written notice	100	82	90	89
1.2) BF policy displayed publicly	100	64	79	83
2. Train all health care staff				
2.1) Acquainted with BF policy	100	91	95	94
2.2) 20-hr training given to staff within six months of their arrival				
2.2a) % of O&G nursing staff	99	85	91	90
2.2b) % of Paediatric nursing staff	90	56(H:8)	73(H:16)	65(H:15)
2.3) 8-hr training given to staff within six months of their arrival				
2.3a) % of O&G doctors	66	10(H:6)	42(H:14)	32(H:14)
2.3b) % of Paediatric doctors	64	19(H:6)	45(H:14)	42(H:14)
3. Inform all pregnant women about the benefits & management of BF				
3.1) % of pregnant clients informed	96	97	97	96
3.2) Give group instruction on artificial feeding	0	18	10	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	54	35	43	40
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) - % of mothers	25(H:7)	62	48(H:18)	27(H:16)

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	88	46	68	67
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	100
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	45	68	67
7.2) All mothers and babies stayed in the same room day and night	100	36	63	61
7.3) % of mothers and babies separated for medical reasons	29	4	15	22
7.4) There is a nursery in postnatal ward for healthy infants	0	100	58	61
8. Encourage responsive (or demand) breastfeeding	100	36	63	61
9. Give no artificial teats or pacifiers to BF infants	100	73	84	78
10. Foster the establishment of BF support groups				
10.1) Refer BF mothers to BF support groups	100	91	95	100
10.2) Facilitate the formation of mother support groups and other community services	88	82	85	84
10.3) Provide BF counseling in its maternity services by trained mother support group counsellors	25	36	31	39

Remarks:

Public hospitals with maternity unit: 8

Private hospitals with maternity unit: 11

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