Baby Friendly Watch
愛嬰情報
Baby Friendly Hospital Initiative Hong Kong Association
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Baby Friendly Initiative in Neonatal Care

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The Baby Friendly Initiative, as a global programme of the UNICEF and World Health Organization, has brought huge improvement in the routine care of mothers and babies. So far in Hong Kong, the Queen Elizabeth Hospital, Queen Mary Hospital and Prince of Wales Hospital have been designated "Baby Friendly Hospitals" by the Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA), while the rest of Hospital Authority's birthing hospitals are making big strides towards designation. Nevertheless, practices in neonatal units are only included as part of the standards of maternity units, focusing around early skin-to-skin contact, expressing breastmilk and breastfeeding. Physical separation of mothers and babies, due to admission of babies into special care or intensive care unit, creates difficulties for these babies in obtaining the best of nutrition and establishing a loving and responsive relationship with parents at the very start of life.

The establishment of the new neonatal service at the Hong Kong Children's Hospital (HKCH) has put emphasis in providing a baby-friendly family-centred environment. As there is no maternity unit in the HKCH, all babies are transferred from other birthing hospitals. Most of these babies have surgical conditions or complex medical diseases requiring multi-disciplinary and subspecialty care. These very sick babies face issues resulting from the inevitable and sometimes prolonged physical separation from parents.

Family-friendly Approach to Neonatal Care

Specific evidence-based standards are needed to address the myriad of issues faced by very sick babies in the neonatal unit.

Encompassing the concept of holistic care of families, the UK UNICEF Baby Friendly Initiative has devised standards[1] on:

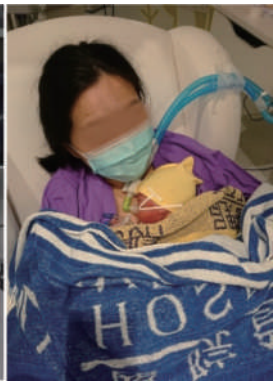
1. Building close and loving relationships between family and the baby
2. Enabling breastmilk feeding and breastfeeding as much as possible
3. Supporting parents as partners in care

Building Close and Loving Relationships Between Family and the Baby

Healthcare staff are prepared with the goal to empower parents to feel important in their baby's care rather than being a visitor. The staff are sensitive and skilful in communicating to parents how the baby responds to their voice, touch and smell. This often serves as a useful ice-breaker which leads to the key message of building a close and loving parent-child relationship and the baby developing a secure attachment to the parents.

When parents are not available, the baby's needs for comfort and emotional support are met by a designated nurse or a caregiver selected by parents. Both the parents and staff are trained to recognise and understand the baby's behavioural cues[2] and tolerance to stimuli. They are supported to build close relationships with the baby in culturally specific ways via kangaroo skin-to-skin holding, social touch, talking, as well as other comforting methods as appropriate. As parents get to know their baby more, they will be more attuned to their baby's individual needs and nuances. The staff are encouraged to listen, accept and respect parents' input about their baby's conditions and needs.

Prolonged and frequent skin-to-skin contact, or kangaroo holding, is encouraged for all babies as it is treated as a part of essential care. The nursing staff are trained to position the baby for safety and comfort and be confident in assisting in the transfer of the baby from and to the incubator.



The Neonatal Intensive Care Unit (NICU) in the Hong Kong Children's Hospital (HKCH) has facilitated this goal by providing comfortable recliners to parents at the cot side to allow kangaroo holding for prolonged periods. Parents are offered unrestricted presence in the neonatal ward 24/7 and fathers are also encouraged to hold their baby and participate in baby care. Kangaroo holding is viewed as usual care whenever the baby's condition allows. The occurrence and duration of kangaroo holding are documented in the Clinical Information System (CIS).

On the other hand, feeding is seen as a clinical intervention with the objective of enabling the baby to swallow a prescribed amount of milk for nutrition and growth. Parents and healthcare staff who are bottle-feeding are supported to do this responsively, recognising the baby's cues[2] and need for comfort and closeness during feeding. It is important that babies also experience feeding as a safe and pleasurable activity. Helping babies in a gentle and supportive way to learn to coordinate their suck, swallow, and breathing as they bottle-feed and preventing force feeding are emphasized to parents and staff. Avoiding rubbing baby's palate too often with the teat, and encouraging finishing the feeds via orogastric tube rather than force feeding are recommended to provide a pleasurable feeding experience for the baby. Proper semi-upright positioning, plenty of eye contact and gentle talking are also necessary to reduce stress during the feeding process.

Enabling Breastmilk Feeding and Breastfeeding as Much as Possible

Breastfeeding is the normal way of providing babies with the nutrients they need for healthy growth and development, including those who are born preterm or ill. These babies may not be able to breastfeed right from birth but, with appropriate support, can begin breastfeeding when they become more mature. The initiation and maintenance of breastmilk production is of great importance for enabling mothers to breastfeed preterm or sick infants. A discussion with parents about the value of breastmilk must take place as early as possible to help them make an informed decision.

The mother's own breastmilk is always the first choice of feed except for a few clinical contraindications such as infant metabolic diseases, maternal HIV infection and a mother undergoing chemotherapy. The mother's own breastmilk, particularly the colostrum, brings the great benefit of priming and protecting the very immature gut of the vulnerable preterm babies from bacterial invasion. Colostrum should be used in the order of expression as evidence suggests that it changes to meet the baby's requirements in the early hours and days after birth. It is therefore important to ensure that parents label and number their collection of colostrum so that it is used in the order of being expressed.

Breastmilk-fed preterm babies receive significant benefits of host protection and improved developmental outcomes compared with those who are formula-fed. More specifically, the immunological components of breastmilk protect preterm babies from infections and life-threatening illnesses such as neonatal sepsis and necrotizing enterocolitis. Components in the breastmilk also support the development and maturation of infants' immune system, which may explain some of the long-term health benefits observed in breastfed children.

Mothers are enabled to express their milk as soon as possible, ideally within the first two hours of delivery, as well as in the neonatal ward when they visit. In the NICU, mothers are provided with syringes when hand-expressing or milk bottles when pumping. The breastmilk is used for mouth care when babies are having nil by mouth. The anti-bacterial properties of breastmilk combined with the sweet familiar taste provide comfort to babies, stimulates enzyme release and keep their mouths clean. Babies appear to recognise the taste of their own mother's milk and this is a valuable psychological support to parents' view of themselves.

Early, systematic and continuing support for mothers to initiate milk expression and breastfeeding as soon as their infants are stable is essential to help mothers succeed in overcoming physiological and emotional challenges related to lactation and breastfeeding. Mothers need to be enabled to use the hospital-grade breast pumps in the neonatal ward and provided with instructions on how to store milk. A prompt in the baby's CIS reminds the staff to check that mother have acquired these skills.

The healthcare staff are trained to be flexible in their approach to how mothers express their milk whilst employing strategies that are known to increase milk removal and production, such as combining hand and pump expression (hand expressing at the beginning and end of an expression with a pump), massage (which stimulates the production of oxytocin) and double pumping (which is more efficient than expressing both breasts separately). Educating mothers (aided by leaflets) on the frequency of pumping helps optimising the supply in the first couple of weeks after birth. The healthcare staff routinely check with mothers their milk yield and any inadequate supply (e.g. less than 750 ml) by day 10. As long-term expressing is a relentless task, ongoing empathy and praise from the healthcare staff, as well as genuine discussion with the family are needed to support mothers to continue.

Kangaroo holding can be used to induce instinctive feeding behaviours and enable the babies to root, lick, and familiarise themselves with their mothers' breast. As a standard practice, the nursing staff teach mothers to recognise these pre-feeding cues so as to practise responsive feeding. They also support mothers to properly position and attach their babies, as well as recognise effective feeding.

There is an increasing number of publications documenting the effectiveness of lactation- and breastfeeding-related best practices in neonatal wards. In Hong Kong, a few continuous quality improvement (CQI) and research studies have been conducted on breastmilk oral care and kangaroo care practices in neonatal wards that showed positive impact on breastmilk feeding rates as well as parental satisfaction[3-7].

Supporting Parents as Partners in Care

Babies have the right to be cared for by their parents as per the United Nations Convention on the Rights of the Child. Parents are the most important persons in their baby's life and should be encouraged to act as the baby's primary caregivers, preferably from birth, regardless of their medical conditions and treatment.

Healthcare staff should provide specialised care and act as parents' teachers and facilitators as they learn to care for their baby. This may require a significant culture shift in the NICU as technological management overwhelms humane care. Parents should be allowed unrestricted presence in the neonatal ward at all times. In HKCH, the more spacious ward environment with an outdoor garden allows space for parents and families to sit, eat and take a rest. Overnight rooms are available next to the unit on the same floor for parents in need.

Premature birth and admission to a neonatal ward have negative impact on the mothers' views of themselves. Mothers of preterm infants often feel that they have failed after giving birth prematurely and that the only task left to do right is to breastfeed. They describe breastfeeding as an action that would make them feel important and reward them with feelings of closeness and bonding with their babies. For these mothers, successful breastfeeding becomes even more important. They have a particular need for pre- and post-natal lactation and breastfeeding counselling. It is found that the establishment of breastfeeding during the hospital stay had been possible in infants with malformations requiring surgery[8].

The Parent's Quarters in HKCH:
20 studio-like rooms including bathrooms, designed for overnight stay
&
The Outdoor Garden for families

Conclusion

Family-centred care should be integrated into the organization and functions of the neonatal ward. Core concepts of family-centred care are dignity and respect, information sharing, participation and collaboration. Baby care is transferred gradually to the parents, beginning as soon as possible after birth, with freedom of choice regarding the performance of caregiving tasks and adequate instruction and support. Parents may also designate other members of their social network as their substitutes. Moreover, the neonatal ward should provide an individualized and developmentally supportive environment that is appropriate for babies and parents, offering them adequate privacy and facilitating breastfeeding. Ideally, a family-friendly neonatal ward should be able to provide practical support for parents to stay with their babies at the cot side as well as a place to eat close to the neonatal ward. The HKCH is heading towards implementing the ideal of child-centred and family-friendly care.

Key Messages

The Family-friendly Approach to Neonatal Care encompasses:

1. Building close and loving relationships between family and the baby
2. Enabling breast milk feeding and breastfeeding as much as possible
3. Supporting parents as partners in care

在新生兒護理病房中實踐「愛嬰行動」

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「愛嬰行動」是聯合國兒童基金會和世界衞生組織協作的一項全球計劃，為母親和新生兒護理帶來了莫大的改善。到目前為止，伊利沙伯醫院、瑪麗醫院及威爾斯親王醫院已獲認證為「愛嬰醫院」，其餘醫管局轄下設有產科的醫院也正朝着愛嬰醫院香港協會的認證邁進。 然而，目前新生兒病房的做法僅被視為產科實務標準的一部分，側重於早期肌膚接觸、手擠母乳和母乳餵哺。嬰兒如需要特殊護理及深切治療，留院會帶來母親和嬰兒分隔，令嬰兒有困難去盡早獲得最佳營養及與父母建立關愛和互動的關係。

香港兒童醫院（HKCH）建立了新生兒服務，著重於提供嬰兒友善及以家庭為中心的環境。 香港兒童醫院沒有產科服務，因此所有嬰兒均從其他醫院轉來。這些嬰兒大多數有外科或複雜的內科疾病，需要跨學科及專業的診治和護理。這些病重的嬰兒往往要面對與父母長時間分離所產生的問題。

「家庭友善」新生兒護理

我們需要以具體的循證標準來處理新生兒病房的情況。為涵蓋以家庭為本的整全護理概念，英國聯合國兒童基金會的「愛嬰倡議」制定了以下標準[1]：

1. 在家庭和嬰兒之間建立親密和愛的關係
2. 盡可能讓母親以母乳餵養
3. 支援父母作為照顧嬰兒的合作夥伴

在家庭和嬰兒之間建立親密和愛的關係

醫護人員期望可以協助父母在寶寶的康復護理中感到重要而不單單是一個訪客。醫護人員都具備敏感及精煉的溝通技巧，向父母解釋嬰兒如何回應他們的聲音、觸摸和味道，以便與父母打開話匣子，帶出與寶寶建立親密和富安全感的關係的重要信息。

如果父母未能到訪，當值的護士或其他特定照顧者會照顧嬰兒對舒適和情感支持的需求。員工會指導家長如何去識別和理解嬰兒的行為信號[2]及對外來刺激的容忍度；透過因應種族家庭文化的袋鼠抱、觸摸、說話及其他安撫方法，適當地建立親密的親子關係。隨著父母更了解他們的寶寶，他們會更可以無微不至和適切地回應寶寶的需求。當中員工會傾聽、接受並尊重父母對寶寶狀況和需求的意見。

對於所有病兒，我們鼓勵父母進行長時間的袋鼠抱接觸，因為它已被視為基本護理的一部分。富經驗的護士和哺乳顧問會循指引協助從溫箱轉移嬰兒到父母胸前進行袋鼠抱，並確保嬰兒擺放在一個安全和舒適的位置。為達到這目標，香港兒童醫院的新生兒深切治療部病房在嬰兒床邊為父母設置舒適的躺椅。 而實行袋鼠抱的時間將被記錄在病人的檔案(CIS系統)中。當嬰兒的病情許可時，與母親袋鼠抱接觸便成常規護理，父母可以在新生兒病房中任何時間不受限制地進行袋鼠抱和參與嬰兒護理 ；護理人員也鼓勵父親積極參與。

另一方面，臨床上病兒必須吞食定量的母乳或配方奶以汲取營養，健康成長。對用針筒或奶瓶餵奶的嬰兒，護士和哺乳顧問會教導父母識別和適當地回應嬰兒的信號[2]，使嬰兒在餵奶期間感到舒適、親密、安全和愉快。他們亦會教導父母如何幫助病兒學會協調吮奶，吞嚥和呼吸。為防止強迫餵食，向父母強調避免經常用奶嘴揉搓嬰兒的嘴巴和上顎，需要時用口胃管完成餵食，使嬰兒有愉快的餵食體驗。另外，必須維持嬰兒適當的半直立位置，加上充足的眼神接觸和對他溫和的說話，讓餵食過程中的壓力減輕。

盡可能讓母親以母乳餵養

母乳餵哺是為所有嬰兒提供健康成長和發育所需營養的正常模式。早產兒或外科病兒出生時未能進行母乳餵哺，但在適當的支持下，他們可以在身體較穩定成熟時開始吃母乳。啟動和維持泌乳對於母親能夠使用母乳餵早產兒或外科病兒非常重要。護士和哺乳顧問會儘早與父母討論母乳的價值，以幫助父母決定餵養模式。

母乳一直是餵哺的首選，除了一些臨床情況包括嬰兒患代謝病、母親受艾滋病毒感染或母親正接受化療例外。母乳中的初乳含有濃縮的免疫球蛋白和抗體，為腸道內壁提供保護性塗層，防止細菌感染，尤其為保護早產兒和外科病兒的不成熟腸道帶來極大好處。與餵配方奶的嬰兒相比，餵母乳能保護早產兒免於感染危疾如新生兒敗血症和壞死性小腸結腸炎。母乳中的成分也促進嬰兒免疫系統的成熟發育，對兒童的長期健康及發展帶來益處。

初乳應順時序使用，因為有研究證據表明初乳會在出生後的幾小時和幾天內發生變化以滿足該嬰兒的需求。在香港兒童醫院，最佳時間在生產後兩小時內，護士會指導母親手擠初乳並用針筒儲存，以編號標記，並按編號順時序使用。在新生兒深切治療部病房，除使用針筒儲存手擠母乳外，母親可在探訪時接著泵奶以維持早期泌乳。護士和哺乳顧問會說明如何按摩乳房以增強噴奶反射，幫助排乳；並引導使用病房提供的醫院級電奶泵和儲存母乳方法。當病兒接受禁食治療時，母乳則用作口腔護理。母乳的抗菌特性結合甜蜜熟悉的味道，為病兒提供口腔舒適感，亦可刺激口腔分泌酵素，保持嬰兒口腔清潔。病兒似乎辨認到母親乳液的味道，這對父母是一種寶貴的心理支持。醫護人員會以稱讚、同理心和真誠的討論支持母親持續餵母乳。

香港醫管局研討會文獻記錄了在新生兒病房護理與母乳餵哺相關的有效做法。伊利沙伯醫院在過去六年進行了一些持續質量改進(CQI)研究，結果顯示推行以家庭為本的護理實踐包括袋鼠抱和母乳口腔護理，能有助提升母乳餵養率及父母滿意度[3-7]。

支援父母作為照顧嬰兒的合作夥伴

根據「聯合國兒童權利公約」，嬰兒有權得到父母的照顧。父母是嬰兒生命中最重要的人，不論病兒的健康和治療狀況，也應該鼓勵父母從出生起作病兒的主要照顧者。

臨床護士應擔任教師和引導者，幫助父母學習照顧嬰兒；能以母乳餵養，使母親感覺其角色的重要，促使她與病兒建立親密的感情。在香港兒童醫院新生兒深切治療部病房，父母可以在任何時間不受限制地陪伴病兒；病床之間寬敞的設計，配合戶外花園，讓父母與家庭成員能在兒童醫院休息或進食。此外，病房同層亦設有留宿房間，供有需要的父母使用。

總而言之，以家庭為本的護理應被納入新生兒病房的組織和功能。其核心概念是尊嚴(dignity)和尊重(respect)、資訊共享 (Information sharing)、參與(Participation)和協作(Collaboration)。在出生後盡早給予適當的指導和支持，讓父母自由選擇照顧病兒的工作，然後讓他們逐漸掌握更多的病兒護理。香港兒童醫院新生兒深切治療部病房，能夠提供適合家庭使用的環境和設施，例如扶手躺椅和寬闊的空間，保持隱私，促進母乳餵養。另外醫院範圍可讓父母以幾分鐘步行的路程便到達地面便利店或一樓咖啡座購買食物或進食。香港兒童醫院正致力實現以兒童為本及家庭友善為核心價值的護理目標。

文章撮要

在新生兒病房採用「家庭友善」的護理方法包括：

1. 在家庭與嬰兒之間建立親密和愛的關係
2. 盡可能讓母親以母乳餵養
3. 支持父母作為照護新生兒的合作夥伴

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