

## World Breastfeeding Week (WBW) 1-7 August 2020

### *Support Breastfeeding for a Healthier Planet*

#### **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**

2019	Breastfeeding Rate		Exclusive Breastfeeding Rate	
	%	Range %	%	Range %
Public hospitals	84.5	71-91	26.4	21-36
Private hospitals	92.3	52-98	9.4	0.3-63
<b>Total</b>	<b>87.2</b>	<b>52-98</b>	<b>20.4</b>	<b>0.3-63</b>

#### **Ten Steps to Successful Breastfeeding**

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

#### **Improvement:**

- 2.3a Training of Obstetric doctors
- 2.3b Training of Paediatric doctors
- 6.1 Given newborn infant no food or drink other than breastmilk

#### **Deterioration:**

Nil

## **Report on WBW Survey 2020**

### **Introduction**

The Baby-friendly Hospital Initiative (BFHI) was launched by World Health Organization (WHO) and United Nations Children's Fund (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<sup>1</sup>. 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. There are now 3 public hospitals designated as baby-friendly in Hong Kong with one having undergone revalidation. Around thirty percent of births in the territory are in these baby-friendly hospitals. The other 5 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 3 maternal and child health centres (MCHCs) being designated as baby-friendly MCHCs in 2019 as a pilot project<sup>2</sup>.

Annually, countries around the world celebrate the World Breastfeeding Week (WBW) from 1-7 August. The theme of WBW this year is "Support Breastfeeding for a Healthier Planet". The focus is to highlight the impact of infant feeding on environment/ climate change. In contrast to breastmilk substitutes which leave an ecological footprint, breastfeeding is environmentally safe and green. It is imperative to protect, promote and support breastfeeding

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<sup>1</sup> WHO, UNICEF. Global strategy for infant and young child feeding. 2003

[www.who.int/nutrition/publications/infantfeeding/9241562218/en/](http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/) accessed 14 July 2020

<sup>2</sup> BFHIHKA. Progress of designation of baby-friendly health facilities: [www.babyfriendly.org.hk/en/healthcare-facilities/](http://www.babyfriendly.org.hk/en/healthcare-facilities/) accessed 14 July 2020

for the health of the planet and its people.<sup>3</sup> This focus ties in well with the objectives of BFHIHKA.

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 2019 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 2019 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 reported on their exclusive breastfeeding rate for live births in 2019. 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.

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<sup>3</sup> WABA World Breastfeeding Week [www.worldbreastfeedingweek.org/](http://www.worldbreastfeedingweek.org/) accessed 14 July 2020

## **The implementation of the Ten Steps to Successful Breastfeeding in 2020 (Appendix I)**

In 1989, the WHO 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 2018<sup>4</sup> 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 except the last step regarding the coordination of community supportive service for the parents and infants feeding after hospital discharge. The survey question was revised from the previous version of “Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic” to “Coordinate discharge so that parents and their infants have timely access to ongoing support and care”. This aims to ensure parents have sustained support and care after mothers’ discharge from the hospitals.

### **Results**

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

### **Survey Population**

	<b>No. of births in 2019</b>	<b>No. of births in 2018</b>
Public hospitals (8)	34,141	35,562
Private hospitals (11)	18,581	18,091
<b>Total</b>	<b>52,722</b>	<b>53,653</b>

### **Breastfeeding rate**

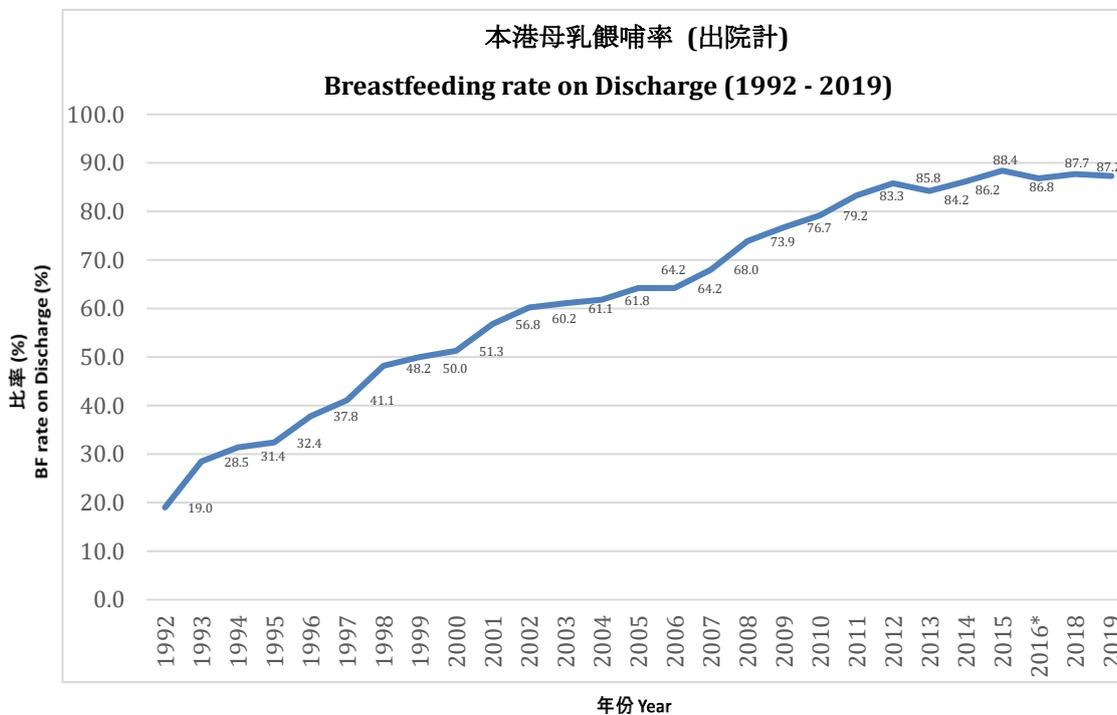
#### *Breastfeeding Rate on discharge from hospital*

The breastfeeding rate, whether exclusive or mixed, on discharge from hospital for births in

<sup>4</sup> 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/](http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/) accessed 14 July 2020

2019 from all public and private hospitals in Hong Kong was 87.2%. For public hospitals, the rate was 84.5%; for private hospitals, the rate was 92.3%.



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 26.4% for the year with a range of 21% to 36%. For private hospitals the rate was 9.4% with a range from 0.3% to 63%. The overall exclusive breastfeeding rate was 20.4% for both public and private hospitals.

### **The implementation of the Ten Steps to Successful Breastfeeding in 2020** (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 9%, 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 82% thought the same. 99% of obstetric nurses and 90% of paediatric nurses received at least 20 hours training in public hospitals while 85% of obstetric nurses and 66% (among 8 hospitals with information) of paediatric nurses received such training in the private sector.

For doctors' training, 85% of obstetric doctors and 77% of paediatric doctors received at least 8 hours training in public hospitals while 13% of obstetric doctors and 27% of paediatric doctors received such training in 5 private hospitals that provided the information.

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

A high percentage of the pregnant women, 93% in all public hospitals and 96% in 10 private hospitals received information about the advantages and management of breastfeeding. No public hospitals give group instructions on artificial feeding but 27% of private hospitals still give such talks in groups.

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

51% of mothers in public hospitals and 44% of mothers in private hospitals undertook 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 delivery under general anaesthesia, 49% of them in 7 public hospitals and 59% in 8 private hospitals with such 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 91% private hospitals are offering mothers help to breastfeed within six hours of delivery. All hospitals 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 64% 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 normal babies including those born by caesarian section and normal vaginal delivery. In private hospitals, only 36% of mothers and babies with normal delivery start rooming-in from birth and only 27% start rooming-in from the time mothers come to their rooms or from the time they were responsive to their babies in case of caesarians. 30% of babies in public hospitals with a range of 19 to 43%, and 16% in private hospitals (out of 10 providing information) 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 64% of private hospitals do not use bottles with artificial teats or pacifiers for breastfed babies.

***STEP 10 – Coordinate discharge so that parents and their infants have timely access to ongoing support and care***

All public hospitals and 91% private hospital provide information to the breastfeeding mothers for the access of breastfeeding support in the community. 88% public hospitals and 82% private hospitals reported that there was coordination for clinical management for such a purpose in the community. Some hospitals also coordinate mother-to-mother support service for the discharged mothers. The percentages are 38 and 45 for the public and private hospitals respectively.

Hospitals were also asked how the implementation of the Ten Steps in their hospitals could be improved. Although a few hospitals thought they are already implementing the Ten Steps in full, many reflected on how they could further improve their care of pregnant women, mothers

and newborns. The areas covered included antenatal discussions with pregnant women, staff training and assessment, and skin-to-skin contact especially for mothers who had caesarian deliveries. Rooming-in and responsive feeding were concerns for hospitals not yet instituting such practices.

## Discussion

The breastfeeding rate on discharge has been stable around 87% over the last two years while the exclusive breastfeeding rate in hospital was around 20%. The relatively high breastfeeding rate on discharge indicated that most mothers wished to breastfeed, but on average, among these mothers, only 1 in 4 managed to breastfeed exclusively during their hospital stay. Although with extra support, some mothers may manage to maximise breastfeeding at home, being able to avoid supplements of formula milk in hospital vastly enhances the chance of exclusive breastfeeding. Once again, the range of exclusive breastfeeding rates for births in 2019 was wide. Among public hospitals, it ranged from 21% to 36% and for private hospitals, 0.3% to 63%. How well a hospital practises the Ten Steps affects the ability of mothers to exclusively breastfeed. Hence, there is much for hospitals to learn from each other and for those on the upper range to further raise their practice standards.

This year one more hospital recognizes the significance of publicly displaying the infant feeding policy to show its staff and the public the hospital's commitment to implementing the Ten Steps and the Code. On the other hand, one less hospital indicated their staff are acquainted with the policy probably having gained a better understanding of what this entails.

For staff training in the implementation of the policy, 3 private hospitals still do not have records of paediatric nursing staff and 6 of obstetric and paediatric doctors being trained. For those that do keep records, it is good to see the percentage of staff trained is increasing. As more public hospitals progress in the BFHI journey, training of obstetric and paediatric doctors have also increased. Training enables the health workers to build on existing knowledge and develop effective skills, give consistent messages and implement policy standards according to their roles. Keeping such records is crucial for service planning and monitoring of the trend.

Hospitals reported that most pregnant women are informed about the benefits and management of breastfeeding. Unfortunately, one private hospital had reverted back to providing group instructions on artificial feeding. This could give the impression that artificial feeding is one

of the normal means of infant feeding. Mothers who need to provide artificial feeds because of medical reasons or as an informed decision should be taught individually.

For mothers with vaginal or caesarian deliveries without general anaesthesia being able to have early skin-to-skin contact lasting at least an hour, there is an improvement mainly because of an increase of such practice in the private hospitals from 35% in the 2019 survey to 44% this year. The range from the lowest rate to the highest is wide spanning 42% in the public and 90% in the private sectors. No doubt there are human and environmental factors involved which some hospitals are able to overcome, but others, not yet. Sharing of experience should be fruitful. Although usually only a small proportion of caesarian deliveries are under general anaesthesia, it is still important to practise skin-to-skin contact when the mother is responsive and alert. Some hospitals indicate this will be offered should mothers make the request. The onus is on the hospital to present this as a routine practice unless there are medical contraindications. Mothers could make an informed decision to decline the practice rather than be relied upon to initiate such a request.

According to responses provided, there are more hospitals giving newborns only breastmilk unless medically indicated which is good but there needs to be a better understanding of what is considered “medical indication” by the hospitals. It should be difficult for hospitals that are not practising rooming-in to give newborns only breastmilk unless medically indicated.

Rooming-in continues to be an issue in the private sector which in turn affects responsive feeding. Although the percentage of babies separated from their mothers for medical reasons are less in private hospitals, most of them were probably separated from non-medical reasons. For public hospitals, the range for separation for medical reasons remain high from 19 to 43%. Again, the interpretation of “medical reasons” and how such separation could be minimized need revisiting.

For the revised Step Ten on the coordination of timely and ongoing infant feeding support in the community on discharge, most hospitals reported informing mothers where they can access breastfeeding support. Facilities tend to coordinate support involving clinical management rather than mother-to-mother support. The “Breastfeeding Peer Support Scheme” launched by the Department of Health could fill this gap.

## Conclusion

The theme of this year's WBW is "Support breastfeeding for a Healthier Planet". The recent Covid-19 pandemic has reminded us that the health of the planet and its people can be fragile. The unique immunological protection from the act of breastfeeding and breastmilk brings home once more the importance of breastfeeding for our newborns in this era of evolving known and unknown infections.

The recently passed amendments to the Employment and Discrimination Legislation Ordinances<sup>5, 6</sup> extending maternity leave to 14 weeks and prohibiting direct and indirect discrimination on the ground of breastfeeding are steps in the right direction. The legislative amendments do not include mandated nursing breaks nor the provision of breastfeeding facilities in the workplace or commercial complexes. The requirement for commercial developments to provide baby care/ lactation rooms is only in new land sales.<sup>7</sup> The Hong Kong Code regulating the marketing of formula milk for infants and young children continues to be a voluntary code without sanctions and does not include nutrition and health claims, reference to pricing, nor cross-promotion with products for older children or pregnant women and mothers. Babies cannot wait. Even for BFHI, WHO recommends governments to take up a more active role and more responsibilities in order to speed up the coverage of the programme and its sustainability.<sup>8</sup> Many challenges still lie ahead of mothers wishing to practise WHO's recommendation for optimum infant feeding for the health of their children, their own health and that of our planet.

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<sup>5</sup> Hong Kong SAR Government. Employment (Amendment) Bill 2019  
[www.gld.gov.hk/egazette/pdf/20192352/es32019235223.pdf](http://www.gld.gov.hk/egazette/pdf/20192352/es32019235223.pdf) accessed 14 July 2020

<sup>6</sup> Hong Kong SAR Government. Discrimination Legislation (Miscellaneous Amendments) Ordinance 2020.  
[www.legco.gov.hk/yr19-20/english/ord/2020ord008-e.pdf](http://www.legco.gov.hk/yr19-20/english/ord/2020ord008-e.pdf) accessed 14 July 2020

<sup>7</sup> Legislative Council Panel on Health Services. Promotion of Breastfeeding. 2019.  
[www.legco.gov.hk/yr18-19/english/panels/hs/papers/hs20190218cb2-769-4-e.pdf](http://www.legco.gov.hk/yr18-19/english/panels/hs/papers/hs20190218cb2-769-4-e.pdf) accessed 14 July 2020

<sup>8</sup> Refer to footnote 4 on page 4.

## **Appendix I: Ten Steps to Successful Breastfeeding (BF)**

*(Self-Appraisal by Hospitals)*

Survey year	Hospital %			
	2020			2019
	Public	Private	All	All
<b>1. Written BF Policy routinely communicated to all health care staff</b>				
1.1) With explicit written notice	100	82	89	90
1.2) BF policy displayed publicly	100	73	84	79
<b>2. Train all health care staff</b>				
2.1) Acquainted with BF policy	100	82	89	95
2.2) 20-hr training given to staff within six months of their arrival				
2.2a) % of O&G nursing staff	99	85	91	91
2.2b) % of Paediatric nursing staff	90	66(H:8)	78(H:16)	73(H:16)
2.3) 8-hr training given to staff within six months of their arrival				
2.3a) % of O&G doctors	85	13(H:5)	57(H:13)	42(H:14)
2.3b) % of Paediatric doctors	77	27(H:5)	58(H:13)	45(H:14)
<b>3. Inform all pregnant women about the benefits &amp; management of BF</b>				
3.1) % of pregnant clients informed	93	96(H:10)	95(H:18)	97
3.2) Give group instruction on artificial feeding	0	27	16	11
<b>4. Help mothers initiate BF within half an hour of birth</b>				
4.1) Vaginal or caesarean deliveries without general anaesthesia (skin-to-skin) - % of mothers who had skin-to-skin contact within 5 minutes and $\geq 1$ hour	51	44	47	43
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) - % of mothers	49(H:7)	59(H:8)	54(H:15)	48(H:18)

Survey year	Hospital %			
	2020			2019
	Public	Private	All	All
<b>5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infant</b>				
5.1) Offer breastfeeding assistance within six hours of delivery	100	91	95	100
5.2) Help mothers of babies in special care maintain lactation	100	100	100	100
<b>6. Give newborn only breastmilk, unless medically indicated</b>				
6.1) Given newborn infants no food or drink other than breastmilk	88	64	74	63
6.2) No free or low-cost supplies of breastmilk substitutes accepted	100	100	100	100
6.3) No promotion of infant foods or drinks other than breastmilk	100	100	100	100
<b>7. Practise rooming-in – allow mothers and infants to remain together 24 hours a day</b>				
7.1) Mothers and babies with normal vaginal delivery are rooming-in from birth	100	36	63	68
7.2) All mothers and babies stayed in the same room day and night	100	27	58	63
7.3) % of mothers and babies separated for medical reasons	30	5(H:10)	16(H:18)	15
7.4) There is a nursery in postnatal ward for healthy infants	0	100	58	58
<b>8. Encourage responsive (or demand) breastfeeding</b>	100	36	63	63
<b>9. Give no artificial teats or pacifiers to BF infants</b>	100	64	79	84
<b>10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care</b>				
10.1) Breastfeeding mothers are informed where they can access breastfeeding support in their community	100	91	95	*
10.2) Facilities coordinate with community services that provide breastfeeding/infant feeding support including				
10.2a) clinical management	88	82	84	*
10.2b) mother-to-mother support	38	45	42	*

Remarks: Public hospitals with maternity unit: 8

Private hospitals with maternity unit: 11

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

\*The 2020 survey question 10 has been revised according to the revised Ten Steps of 2018 and hence not comparable.