



World Breastfeeding Week (WBW) 1-7 August 2016

Breastfeeding: A Key to Sustainable Development

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. Every year, in celebration of WBW, BFHIHKA conducts a survey on:

1. The **Breastfeeding Rate** on discharge from maternity units in Hong Kong
2. Hospitals' practice of the "**Ten Steps** to Successful Breastfeeding"
3. Compliance of infant food manufacturers with the "**International Code** of Marketing of Breast-milk Substitutes" as observed in institutions with maternity units.

1. Breastfeeding rate on discharge from maternity units

	Births in 2015		Births in 2014	
	%	Range %	%	Range %
Public hospitals	85.6	80-91	82.5	74 - 91
Private hospitals	93.7	89-97	93.2	89 - 97
Total	88.4	80-97	86.3	74 - 97

2. Ten Steps to Successful Breastfeeding

Between the 2015 and 2016 surveys, significant improvement or deterioration ($\geq 10\%$ changes) was noted in the following–

Improvement: Written BF Policy routinely communicated to all health care staff

- BF policy displayed publicly (1.2)

Train all health care staff

Provision of 8-hr training to staff within 6 months of their arrival (2.3)

- Percentage of O&G doctors (2.3a)

- Percentage of Paediatric doctors (2.3b)

Practice rooming-in – allow mothers and infants to remain together



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24 hours

- There is no nursery in postnatal ward for healthy infants (7.4)

Deterioration: - Nil

3. Compliance with the International Code of Marketing of Breast-milk Substitutes in Institution with maternity units

Significant difference of over 10% between the 2015 and 2016 surveys –

Improvement: All written material on IFM products provided to mothers clearly describes the advantages of BF and disadvantages of artificial feedings, including hazards of inappropriate use (8)

Deterioration: Nil

Report on WBW Survey 2016

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 and comply with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions could apply for designation as Baby-Friendly Hospitals. Since its launching, more than 152 countries around the world implementing the initiative. The initiative has measurable and proven impact, increasing the likelihood of babies being exclusively breastfed for the first six months.

2016 is a milestone of the BFHI in Hong Kong. Queen Elizabeth Hospital has been designated as the first Baby-Friendly Hospital in May 2016. Five other public hospitals and three maternal and child health centres (MCHCs) are in different stages of the Baby-Friendly Health Facility (BFHF) Designation programme.

Countries round the world would celebrate the World Breastfeeding Week (WBW) from 1-7 August every year. The theme of WBW this year is “Breastfeeding: A Key to Sustainable Development”. Just like previous years, Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) takes this opportunity to conduct a survey among public and private hospitals to monitor the breastfeeding trend 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 and covered the following areas:

1. Breastfeeding rate

1.1 The breastfeeding rate of mothers on discharge from maternity units

Each hospital reported on the number of live births in the hospital in 2015 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.

1.2 *Exclusive breastfeeding rate in hospital*

Each hospital is to report on their exclusive breastfeeding rate for live births in 2015. 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 babies delivered.

2. The implementation of the Ten Steps to Successful Breastfeeding (Ten Steps)

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 services to mothers. This set of guidelines is called the Ten Steps to Successful Breastfeeding. In the current survey, hospitals were asked to assess the degree to which they were implementing the Ten Steps.

3. The compliance of the International Code of Marketing of Breast-milk Substitutes

The International Code of Marketing of Breast-milk Substitutes (the Code) was adopted as a resolution at the WHO World Health Assembly in 1981 to regulate marketing practices of infant formula and related products that may be detrimental to the success of breastfeeding. Hospitals were asked in the current survey to report on their observation of the compliance of the Code in their hospital premises.

Results

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

Survey Population

	No. of births in 2015	No. of births in 2014
Public hospitals (8)	39,553	40,096
Private hospitals (10)	20,359	22,152
Total	59,912	62,248

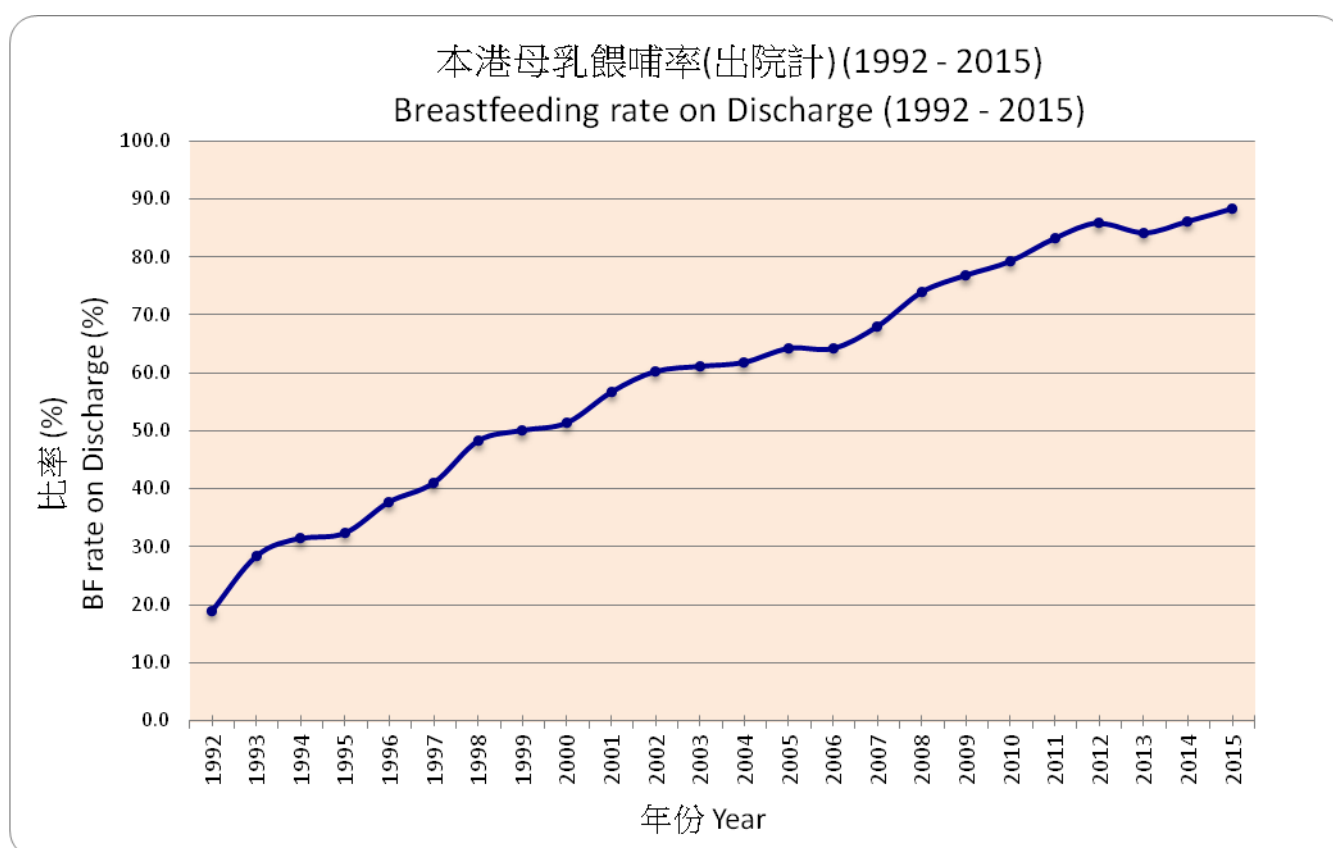
1. Breastfeeding Rate

1.1 *Breastfeeding Rate on discharge from hospital*



The breastfeeding rate on discharge from maternity units for births in 2015 from all public and private hospitals in Hong Kong was 88.4%. This was an increase of 2% from the 86.3% for births in 2014. For public hospitals the rate increased by 3.1%. For private hospitals, the rate increased by 0.5%.

	Births in 2015		Births in 2014	
	%	Range %	%	Range %
Public hospitals	85.6	80-91	82.5	74 - 91
Private hospitals	93.7	89-97	93.2	89 - 97
Total	88.4	80-97	86.3	74 - 97



1.2 Exclusive breastfeeding rate in hospital (29.3%¹ for 15 hospitals)

The rate in public hospitals was 35% for the year with a range of 21 to 48%. Information available from 7 out of 10 private hospitals was a rate of 12%² with a range

¹ Amended 19 April 2021

² Amended 19 April 2021

from 0.14 to 96%. For public and private hospitals with data, the overall exclusive breastfeeding rate was 29.3%, a slight increase from 27.4% the year before.

2. The implementation of the Ten Steps to Successful Breastfeeding in 2015 (Appendix I)

Step 1 Written Breastfeeding Policy routinely communicated to all health care staff

94% of hospitals have a written breastfeeding policy and 83% of hospitals, an increase of 11% from the previous year, display the policy publicly.

Step 2 Train all healthcare staff

94% of hospitals thought their staff are acquainted with the policy, a slight decrease from the 100% in the year before. There is an increase in O&G nurses trained in the implementation of the policy from 84% in 2015 to 89% in 2016. 61% of Paediatric nurses received training, more than the 52% in 2015. 42% of O&G doctors and 47% of Paediatric doctors are reported to have completed such training, more than the 29% and 35% respectively in 2015.

Step 3 Inform all pregnant women about the advantages and management of Breastfeeding

97% of pregnant women, same as the year before received information about the advantages and management of breastfeeding. 17% of hospitals still give group instructions on artificial feeding, more than the 13% in the previous year.

Step 4 Help mothers initiate breastfeeding within half an hour of birth

44% of mothers, an increase of 4% from the previous year, were able to enjoy skin to skin contact for over one hour within 5 minutes after vaginal births and Caesarian deliveries without general anaesthesia. For mothers with caesarian deliveries under general anaesthesia, 36% (30% in previous year) had skin to skin contact with their newborns when the mothers were responsive.

Step 5 Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infant

Same as the previous year, 100% of hospitals are offering mothers help to breastfeed within six hours of delivery and 100% of hospitals are able to help mothers to maintain lactation if their babies are admitted to special care unit.

Step 6 Give newborn only breastmilk, unless medically indicated



72% of hospitals are not offering any food or drink other than breastmilk to breastfed infants unless medically indicated, compared to 67% in the previous year. All hospitals continue not to receive any free or low-cost supplies of breastmilk substitutes. 89% of hospitals do not promote infant foods or drinks other than breastmilk, showing a slight decrease from 94% last year.

Step 7 Practise rooming-in

56% of hospitals separated mothers from their infants for over an hour before starting rooming-in, compared to 61% in 2015. 53% of hospitals allow mothers and babies to stay in the same room day and night compared with 56% the year before. 16% of babies were separated from mothers for medical reasons compared with 19% in 2015. 59% of the units maintain a nursery in the postnatal ward for healthy infants, less than the 72% in 2015.

Step 8 Encourage breastfeeding on demand

100% hospitals encourage breastfeeding on demand, more than 94% in 2015.

Step 9 Give no artificial teats or pacifiers to breastfed infants

89% of hospitals do not have such practice, same as the previous year.

Step 10 Foster the establishment of breastfeeding support groups

94% of hospitals refer breastfeeding mothers to support groups, compared to 88% in 2015, while 89% vs. 83% of units reported they facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups and 33% of units, compared to 28% last year, 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 hospitals look towards Baby-Friendly Hospital designation, they are starting to formally review their current practice. They identify a number of areas of focus such as the importance of exclusive breastfeeding, training, individual antenatal counselling, early skin-to-skin contact, 24-hour rooming-in, support of mothers with babies under Paediatric care and follow-up after discharge. They also realise the importance of supporting mothers who elect not to breastfeed.

3. The compliance with the International Code of Marketing of Breast-milk Substitutes
(Appendix II)

Generally, violations of the Code were infrequently observed within hospital premises as reported by the hospitals themselves. Same as last year, in 6% of hospitals mothers continue to be given information produced by Infant Formula Manufacturing (IFM) companies and are exposed to promotions of breastmilk substitutes. 11% of hospitals observed gifts given to healthcare workers. No hospital observed IFM companies approaching mothers, giving free samples or discounts or gifts to mothers. 22% of hospitals did not find all written material on infant formula milk products provided to mothers clearly describes the advantages of breastfeeding and disadvantages of artificial feedings compared to 33% in the previous year. Infant formula is not displayed in the ward except when infants are fed formula milk.

Discussion

There is a decrease in the total no. of births in 2015 (59,912) compared to 2014 (62,248), in both public and private hospitals. The initiation rate of breastfeeding had increased from 86.3% to 88.4%. Overall the number of babies who experienced breastfeeding was similar.

Compared with the survey in 2015 the rate of exclusive breastfeeding increased slightly from 27.4% to 29.3%. It was noted that one of the surveyed hospitals omitted this data this year with the reason that a more “sophisticated” method is needed to collect this information. It could be that after many years of urging, the Department of Health finally started to officially collect from hospitals not only the ever-breastfeeding rate, but also the exclusive breastfeeding rate from May this year. How the exclusive breastfeeding is to be recorded was clearly explained. This demonstrates the value of including important breastfeeding information into the government system of data collection. In future Hong Kong will have this data for all births and not only hospitals who are willing to provide the data. Even so, the wide range of reported exclusive breastfeeding rates of 21 to 48% in public hospitals and <1 to 96% in private hospitals should provide much learning opportunities between hospitals.³

In 2015, there were a number of significant improvements in hospitals’ implementation of the Ten Steps (Appendix I). Training of doctors has always been a difficult area. As there are specific requirements for a Baby-Friendly Hospital on staff training, as more hospitals embark on the road to Baby-Friendly, a continuous improvement should be seen. Doing

³ Second paragraph amended 19 April 2021.

away with nurseries for healthy babies removes a major barrier to 24-hour rooming-in.

Regarding the compliance to the International Code of Marketing of Breast-milk substitutes, in general most hospitals report few violations within the hospital premises. On the other hand it is well known that violations occur right outside hospital premises and other health facilities that serve pregnant women and new mothers. Hong Kong needs an effective code to regulate the marketing of breastmilk substitutes. Unfortunately the draft Hong Kong Code completed in 2012 is still not implemented.

One important measure to enhance exclusive breastfeeding is the implementation of the “Ten Steps to Successful Breastfeeding” in hospitals. As of now, six public hospitals are at various stages of the designation process. The BFHI is also being extended from hospitals to other health facilities. Three MCHCs have registered their intention to be Baby-Friendly MCHCs.

Please refer to the following website for progress of baby-friendly healthcare facilities:-

<http://www.babyfriendly.org.hk/en/to-become-baby-friendly/healthcare-facilities/>

Conclusion

The theme for this year’s World Breastfeeding Week is “*Breastfeeding: A Key to Sustainable Development*”. Sustainable development is about ecology, economy and equity. Despite being a developed city, the development goals described in the theme is very relevant to Hong Kong to ensure a sustainable environment for our next generations. Breastfeeding is the key to their good health and wellbeing, readiness to learn, gender equality, affordable and clean energy, and a sustainable and natural source of nutrition and sustenance. Besides being the “best start in life” for all children, breastfeeding is the “best” for the global world in terms of its advantages on the health of mothers and children, energy saving, and elimination of improper consumption of breastmilk substitutes.

For Hong Kong, the initiation of breastfeeding rate is relatively high which means most mothers know that breastfeeding is superior and wish to breastfeed. Yet the majority of mothers are also using formula milk in hospital. As this is associated with early cessation of breastfeeding, mothers are unable to achieve even their own goal in breastfeeding. Exclusive breastfeeding in hospital does not come with dissuading mothers to use formula milk but rather the implementation of every one of the Ten Steps to negate the need for non-medically indicated supplements. BFHI is the means to achieve this. Continued



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breastfeeding after leaving hospital depends on support immediately after discharge. It is good to see MCHCs willing to take up this role. Sustained breastfeeding in the longer term will depend on the duration of maternity leave, breastfeeding friendly workplace and public places, support from family members, education of the general public, and implementation of the Hong Kong Code. In essence, breastfeeding is the business of the whole society if we are to re-establish breastfeeding as the norm of infant feeding.



Appendix I: Ten Steps to Successful Breastfeeding (BF)

(Self-Appraisal by Hospitals)

Survey year	2016	2015
	Hospital %	
1. Written BF Policy routinely communicated to all health care staff		
1.1) With explicit written notice	94	94
1.2) BF policy displayed publicly	83	72
2. Train all health care staff		
2.1) Acquainted with BF policy (H 2015: 17)	94	100
2.2) 20-hr training given to staff within six month of their arrival		
2.2a) % of O&G nursing staff (H 2016: 17; H 2015:17)	89	84
2.2b) % of Paediatric nursing staff (H 2016: 15; H 2015:14)	61	52
2.3) 8-hr training given to staff within six month of their arrival		
2.3a) % of O&G doctors (H 2016: 10; H 2015:9)	42	29
2.3b) % of Paediatric doctors (H 2016: 10; H 2015:8)	47	35
3. Inform all pregnant women about the advantage & management of BF		
3.1) % of pregnant clients informed	97	97
3.2) Give group instruction on artificial feeding (H2015:16)	17	13
4. Help mothers initiate BF within half an hour of birth		
4.1) Vaginal or Caesarian deliveries without general anaesthesia (skin to skin) - % of mothers who had skin to skin contact within 5 minutes and >1 hour (H 2016: 16; H 2015:17)	44	40
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) - % of mothers (H 2016: 17; H 2015:17)	36	30
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
5.2) Help mothers of babies in special care maintain lactation	100	100
6. Give newborn only breast-milk, unless medically indicated		
6.1) Given newborn infants no food or drink other than breast-milk	72	67
6.2) No free or low-cost supplies of breast-milk substitutes accepted	100	100
6.3) No promotion of infant foods or drinks other than breast-milk	89	94



7. Practice rooming-in – allow mothers and infants to remain together 24 hours		
7.1) Mothers and babies separated more than 1hr before starting rooming-in	56	61
7.2) Mothers and babies stayed in the same room day and night (H 2016: 17)	53	56
7.3) % of mothers and babies separated for medical reasons (H 2016: 16; H2015:16)	16	19
7.4) There is a nursery in postnatal ward for healthy infants (H 2016: 17)	59	72
8. Encourage breastfeeding on demand	100	94
9. Give no artificial teats or pacifiers to BF infants	89	89
10. Foster the establishment of BF support groups		
10.1) Refer BF mothers to BF support groups (H 2016:17)	94	88
10.2) Facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups	89	83
10.3) Provide BF counseling in its maternity services by trained mother support group counsellors	33	28

Remarks: All 18 hospitals responded unless “H” stated.

“H” refers to number of hospitals that responded out of 18 hospitals



Appendix II: International Code of Marketing of Breast-milk Substitutes

(Violations of the Code as observed by hospital healthcare workers within their health care facilities)

The Code aims to promote and protect breastfeeding by ensuring appropriate marketing and distribution of breast-milk substitutes. The Code applies to products, when marketed or otherwise represented as a partial or total replacement for breast-milk. These include formulae, other milk products, cereals, vegetable mixes, juices and baby teas, and follow-up milks. The Code also applies to feeding bottles and teats.

	Code Violations	2016	2015
		% of hospitals with such observations	
1	Mothers given materials with information about infant feeding published or distributed by IFM companies	6%	6%
2	Advertise infant formula, bottles, and teats through posters, calendars etc.	6%	6%
3	Free samples or gifts given directly or indirectly to mothers	0%	0%
4	IFM company staff directly or indirectly approach mothers	0%	0%
5	Discounts for infant formula offered to mothers	0%	0%
6	Gifts such as pens, calendars given to healthcare workers	11%	11%
7	Information about infant formula products which is promotional rather than scientific or factual given to healthcare workers	0%	0%
8	Not all written material on IFM products provided to mothers clearly describes the advantages of BF and disadvantages of artificial feedings, including hazards of inappropriate use	22%	33%
9	Texts or pictures idealise artificial feeding (2015) Display of formula milk in ward when not being used by formula feeding infants (2016)	0%	11%

Remarks: All 18 hospitals responded in 2016