

## World Breastfeeding Week (WBW) 1-7 August 2021

### *Protect Breastfeeding: A Shared Responsibility*

#### **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 Rates on discharge from maternity units and also the practice of the “Ten Steps to Successful Breastfeeding” in the hospitals to which these units belong.

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

Births in 2020	Breastfeeding Rate		Exclusive Breastfeeding Rate	
	%	Range %	%	Range %
Public hospitals	82.7	72-91	26.7	21-32
Private hospitals	92.7	74-97	6.2	0.6-65
<b>Total</b>	<b>86.5</b>	<b>72-97</b>	<b>19.0</b>	<b>0.6-65</b>

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

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

#### **Improvement:**

2.1 All staff aware of the advantages of breastfeeding and acquainted with the facility policy and services to protect, promote and support breastfeeding

10.2b The facility coordinates with community services that provide breastfeeding/infant feeding support, including mother-to-mother support



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



**Deterioration:**

4.2 Babies who have been delivered by caesarean section with general anaesthesia placed skin-to-skin with their mothers as soon as the mothers are responsive and alert

6.1 Breastfeeding babies receive no other food or drink unless medically indicated

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[www.babyfriendly.org.hk](http://www.babyfriendly.org.hk) [www.unicef.org.hk](http://www.unicef.org.hk)

## **Report on WBW Survey 2021**

### **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 a 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 community facilities.

Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) started the programme of designating health facilities as baby-friendly in 2013. Since then, three public hospitals have been designated as Baby-Friendly Hospitals in Hong Kong with two having undergone revalidation. Hence around 44% of births in public hospitals and 27% in the entire territory were in Baby-Friendly Hospitals in 2020. The other five public hospitals with maternity unit and one private hospital are at different stages of designation. To better support mothers in the antenatal and postnatal periods, Maternal and Child Health Centres (MCHCs) are also joining the programme. Three MCHCs have already been designated as Baby-Friendly MCHCs and five others have just started the process.<sup>1</sup>

Countries around the world celebrate the World Breastfeeding Week (WBW) from 1-7 August every year. The theme of WBW this year is "Protect Breastfeeding: A Shared Responsibility"<sup>2</sup>. It focuses on a public health approach to breastfeeding, the foundation of life. Breastfeeding contributes to short- and long-term health, good nutrition and food security. The responsibility of supporting and protecting breastfeeding should be shouldered by the government and other stakeholders with investment in policy, services and legislation.

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

<sup>2</sup> World Breastfeeding Week 2021. World Alliance for Breastfeeding Action. <https://worldbreastfeedingweek.org/>

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 2020 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 2020 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 2020. 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. For babies that had been admitted into the neonatal unit from birth, unless they were discharged earlier, their feeding status was captured at the age of one month.

## The implementation of the Ten Steps to Successful Breastfeeding in 2021

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 2018<sup>3</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 that Step 10 was updated.

### Results

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

### Survey Population

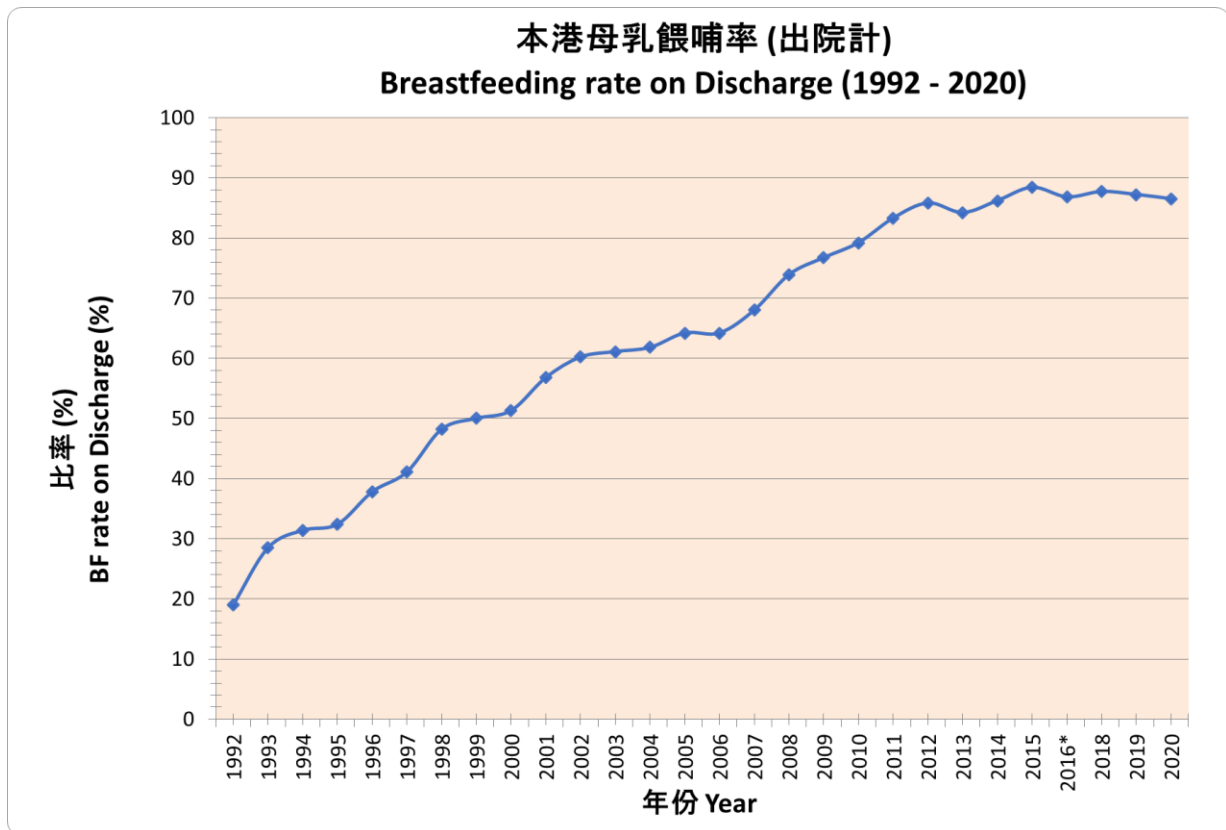
	No. of births in 2020	No. of births in 2019
Public hospitals (8)	26,858	34,141
Private hospitals (11)	16,136	18,581
<b>Total</b>	<b>42,994</b>	<b>52,722</b>

### Breastfeeding rate

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

The breastfeeding rate, whether exclusive or mixed, on discharge from hospital for births in 2020 from all public and private hospitals in Hong Kong was 86.5%. For public hospitals the rate was 82.7%; for private hospitals, the rate was 92.7%.

<sup>3</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/)



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 26.7% for the year with a range of 21 to 32%. For private hospitals the rate was 6.2% with a range from 0.6 to 65%. The overall exclusive breastfeeding rate was 19.0% for both public and private hospitals.

The implementation of the Ten Steps to Successful Breastfeeding in 2021<sup>4</sup> (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 do not have a written policy. The same percentage do not have the policy displayed in public.

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

All public and private hospitals thought their staff are acquainted with the policy. 97% of obstetric nurses and 90% of paediatric nurses received at least 20 hours training in public hospitals while 86% of obstetric nurses and 58% (among 8 hospitals with information) of paediatric nurses received such training in the private sector.

For doctors' training, 86% of obstetric doctors and 78% of paediatric doctors received at least 8 hours training in public hospitals while 28% of obstetric doctors and 32% of paediatric doctors received such training in 7 private hospitals that provided the information.

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

Nearly all pregnant women, 89% in public and 97% in private hospitals received information about the advantages and management of breastfeeding. One of the public hospitals and 2 of the private hospitals still give group instructions on artificial feeding.

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

49% of mothers in public hospitals and 30% 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, 20% of them in public hospitals and 32% of them in 9 private hospitals with information had skin-to-skin contact with their babies when they were responsive and alert.

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<sup>4</sup> Percentages given are averages of all that are provided by hospitals unless otherwise stated.



***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***

63% of public and 55% 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. 27% of private hospitals start rooming-in from birth and 18% for 24 hours a day. 35% of babies in public hospitals with a range of 23 to 48%, and 12% 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 – Coordinate discharge so that parents and their infants have timely access to ongoing support and care***

All public and private hospitals informed breastfeeding mothers how to access support in the community and coordinate with services that provide clinical management. 38% of hospitals and 64% of private hospitals coordinate with mother-to-mother support.

Hospitals were also asked how the implementation of the Ten Steps in their hospitals could be improved. For hospitals already in the BFHI programme many focus on the implementation of their infant feeding policy, action plan and practice guidelines and the monitoring of their practice outcomes. Attention is being paid as to how to improve breastfeeding in the neonatal unit. For those not in the programme, although some hospitals went through the Ten Steps to see what can be improved, others thought the Steps are all in place. What could be done has been done. In general, because of COVID-19, many hospitals have developed or are developing electronic means for antenatal education and staff training.

### **Discussion**

2020 was a difficult year for parents and healthcare workers alike because of COVID-19. It was remarkable that there was only a slight drop in the breastfeeding rate on discharge (86.5% vs 87.2%) and the exclusive breastfeeding rate (19.0% vs 20.4%) from the year before<sup>5</sup> with the reduction in antenatal contact and increased mother infant separation.

For the implementation of the Ten Steps, two hospitals still do not have a written infant feeding policy. It is not enough for a hospital to say it supports breastfeeding. An explicit policy including all Ten Steps and the Code is essential for the formulation of an action plan.

For Step 2, training for doctors in the private sector, remains a hurdle to be overcome.

Although Step 3 is to “inform” pregnant women about the benefits and management of breastfeeding, it includes addressing the women’s concerns, clarifying myths, and assisting them to find the best infant feeding option in their circumstances. It is also in the antenatal period when mothers are introduced to the baby-friendly measures adopted routinely in the hospital as evidence-based practices for benefit to both mothers and babies.

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<sup>5</sup> 2020 World Breastfeeding Week Survey Report. BFHIHKA.

[https://www.babyfriendly.org.hk/wp-content/uploads/2020/08/2020-WBW-Annual-Survey\\_E\\_Final.pdf](https://www.babyfriendly.org.hk/wp-content/uploads/2020/08/2020-WBW-Annual-Survey_E_Final.pdf)

Overall only 38% of mothers with vaginal births or Caesarean deliveries without general anaesthesia could have skin-to-skin contact with their babies in the recommended manner. The range was wide from 23 to 70% in public hospitals and not at all to 89% in private hospitals. Hospitals could certainly learn from each other to benefit more mothers and babies. Although mothers having Caesarean deliveries under general anaesthesia are not many, they need even more support in their breastfeeding journey starting with skin-to-skin contact when they are responsive.

Although all hospitals are helping mothers of babies in special care to maintain lactation, separation of mothers and babies should be avoided as far as possible in the first place. Separation for medical reasons could vary from 23 to 48% of babies in public hospitals. The criteria for admission to the neonatal unit and how babies can be observed and managed next to their mothers need review.

Many hospitals indicate formula supplements are given with medical indications but mothers' request is also found to be a significant factor. The implementation of the Ten Steps in their entirety is important if supplements are to be avoided.

Rooming-in is uniformly practiced in public hospitals. For private hospitals, this may only be for single rooms or upon mothers' request. COVID-19 had been cited as a reason not to room-in at all. As understanding of COVID-19 infections improves, the pandemic should not be a reason to discontinue rooming-in. Much more needs to be done during the antenatal period to help mothers understand the importance of rooming-in and what assistance could be offered if needed. Asking mothers to go to the nursery or bringing the baby to the mother when the baby wants a feed is not responsive feeding.

All hospitals give information to mothers about where to seek help with infant feeding after discharge but mother-to-mother support could be further developed.

It is good that most hospitals are exploring how to enhance their service. Hospitals not in BFHI programme are encouraged to join the programme to have a better understanding of the rationale behind the Ten Steps, and how they are to be implemented.

## Concluding Remarks

COVID-19 has brought many challenges to new parents and the healthcare system. It is important that we take seriously WHO recommendations on the management of childbirth and breastfeeding based on research and experience of the disease worldwide, many in countries with a level of economic development comparable to Hong Kong. Practices not conducive to exclusive breastfeeding with the short- and long-term impact on maternal and child health are not to be adopted lightly. There needs to be a balance between the confirmed benefits of breastfeeding and the theoretical risks of infection. The concept that parents, as visitors of their babies in hospital, can be dispensed with any time needs to change when they are in fact the primary carers of their offspring.

Protecting breastfeeding is a shared responsibility between the government and stakeholders in the community. Maternity leave has finally been extended in December 2020, admittedly only to 14 weeks. Legislation against discrimination of breastfeeding mothers took effect in June 2021. We await legislation to regulate the marketing and nutrition and health claims of formula milk for infants and young children. Births in Hong Kong have been decreasing for a number of years. The drop of 18.5% from 2019 to 2020 was particularly severe. It is difficult to predict the future trend but this makes it all the more urgent to ensure the right of every child to the highest attainable standard of health through protecting the mother's ability to breastfeed for as long as she wishes.

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

Survey year	Hospital %			
	2021			2020
	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	90	89
1.2) BF policy displayed publicly	100	82	90	84
<b>2. Train all health care staff</b>				
2.1) Acquainted with BF policy	100	100	100	89
2.2) 20-hr training given to staff within six months of their arrival				
2.2a) % of O&G nursing staff	97	86	91	91
2.2b) % of Paediatric nursing staff	90	58 (H:8)	74 (H:16)	78 (H:16)
2.3) 8-hr training given to staff within six months of their arrival				
2.3a) % of O&G doctors	86	28 (H:7)	59 (H:15)	57 (H:13)
2.3b) % of Paediatric doctors	78	32 (H:7)	56 (H:15)	58 (H:13)
<b>3. Inform all pregnant women about the benefits &amp; management of BF</b>				
3.1) % of pregnant clients informed	89	97	94	95
3.2) Give group instruction on artificial feeding	13	18	16	16
<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	49	30	38	47
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) - % of mothers	20	32 (H:9)	26 (H:17)	54 (H:15)

<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	100	100	95
5.2) Help mothers of babies in special care maintain lactation	100	100	100	100
<b>6. Give newborn only breast-milk, unless medically indicated</b>				
6.1) Given newborn infants no food or drink other than breast-milk	63	55	58	74
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
<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	27	58	63
7.2) All mothers and babies stayed in the same room day and night	100	18	56	58
7.3) % of mothers and babies separated for medical reasons	35	12	22	16
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	73	84	79
<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 the community	100	100	100	95
10.2) Facilities coordinate with community services that provide breastfeeding/infant feeding support including				
10.2a) clinical management	100	100	100	84
10.2b) mother-to-mother support	38	64	53	42

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.