



World Breastfeeding Week (WBW) 1-7 August 2022

Step Up for Breastfeeding, Educate and Support

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 hospitals with maternity units and also their practice of the “Ten Steps to Successful Breastfeeding”.

Breastfeeding Rate of newborns on discharge from hospital

Births in 2021	Breastfeeding Rate		Exclusive Breastfeeding Rate	
	%	Range %	%	Range %
Public hospitals	85.2	78-93	23.8	18-34
Private hospitals	93.4	90-100	9.3	0-58
Total	88.2	78-100	18.5	0-58

Ten Steps to Successful Breastfeeding

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

Improvement:

- 2.3a. Obstetric doctors trained for 8 hours or more (with 2 less hospitals providing information)
- 2.3b Paediatric doctors trained for 8 hours or more (with 2 less hospitals providing information)
- 3.2 No group instruction on artificial feeding for pregnant women.
- 4.1 Babies who have been delivered vaginally or by caesarean section without general anaesthesia are placed in skin-to skin contact with their mothers within 5 minutes following birth for at least an hour or until the first feed (with 1 less hospital providing information)
- 4.2 Babies who have been delivered by caesarean section with general anaesthesia are placed skin-to-skin with their mothers as soon as the mothers are responsive and alert (with 1 more hospital providing information)
- 6.1 Breastfeeding babies receive no other food or drink unless medically indicated.
- 10.2b Facilities coordinate with community services that provide breastfeeding /infant feeding support including mother-to-mother support.

Deterioration:

- 1.2 The breastfeeding policy displayed in all areas which serve mothers, infants and/or children.



Report on WBW Survey 2022

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, six public hospitals have been designated as baby-friendly hospitals in Hong Kong with two having undergone revalidation. Hence around 79% of births in public hospitals and 50% in the entire territory were in baby-friendly hospitals in 2021. The other two 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 started the process.¹

Countries around the world celebrate the World Breastfeeding Week (WBW) from 1-7 August every year. The theme of WBW this year is "Step Up for Breastfeeding, Educate and Support."² It focuses on strengthening the different actors including the government, health systems, workplaces and community's capacity to provide and sustain breastfeeding-friendly environments for families. The theme highlights breastfeeding is key to effective implementation of sustainable development as it improves nutrition, ensures food security, and reduces inequalities between and within countries.

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 12 private hospitals in Hong Kong providing maternity service in 2021 were invited to participate in our annual survey. The survey was a self-assessment and covered the following areas:

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

² World Breastfeeding Week 2022. World Alliance for Breastfeeding Action. <https://worldbreastfeedingweek.org/>

Breastfeeding rate

The breastfeeding rate of newborns on discharge from hospital

Each hospital reported on the number of live births in the hospital in 2021 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 live births.

Exclusive breastfeeding rate in hospital

Each hospital is to report on their exclusive breastfeeding rate for live births in 2021. The exclusive breastfeeding rate was defined as the number of breastfed babies not given any food or drink other than breastmilk before discharge, divided by the total number of live births.

For babies that had been admitted into the neonatal unit from birth or from the postnatal ward, 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 2022

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 except that Step 10 was updated.

Results

All 8 public and 12 private hospitals invited participated in our survey.

Survey Population

	<i>No. of births in 2021</i>	<i>No. of births in 2020</i>
Public hospitals (8)	23,374	26,858
Private hospitals (12)	13,558	16,136
Total	36,932	42,994

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/



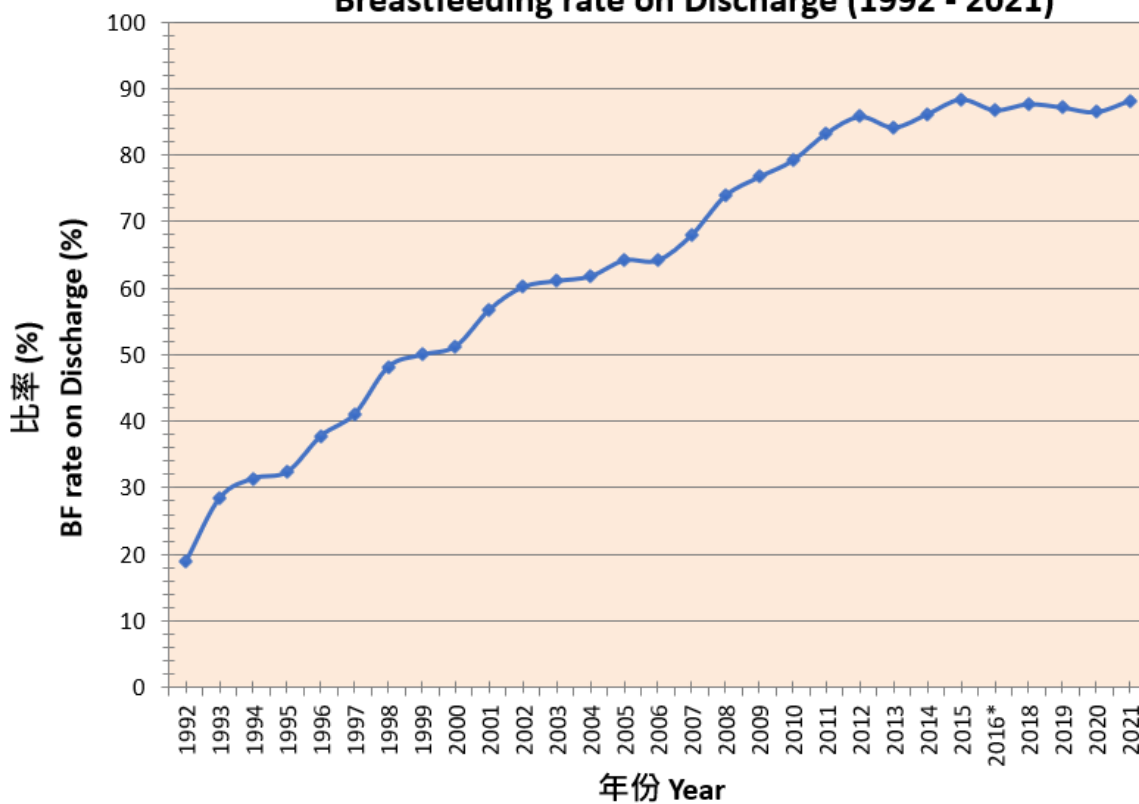
Breastfeeding rate

Breastfeeding Rate on discharge from hospital

The breastfeeding rate, whether exclusive or mixed, on discharge from hospital for births in 2021 from all public and private hospitals in Hong Kong was 88.2%. For public hospitals the rate was 85.2%; for private hospitals, the rate was 93.4%.

本港母乳餵哺率 (出院計)

Breastfeeding rate on Discharge (1992 - 2021)



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 23.8% for the year with a range of 18 to 34%. For private hospitals the rate was 9.3% with a range from none to 58%. The overall exclusive breastfeeding rate was 18.5% for both public and private hospitals.



The implementation of the Ten Steps to Successful Breastfeeding in 2022⁴ (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 while 36% 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 95% of paediatric nurses received at least 20 hours training in public hospitals while 91% of obstetric nurses and 68% (among 8 hospitals with information) of paediatric nurses received such training in the private sector.

For doctors' training, 98% of obstetric doctors and 92% of paediatric doctors received at least 8 hours training in public hospitals while 43% of obstetric doctors and 36% 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

Nearly all pregnant women, 92% in public and 99% in private hospitals received information about the advantages and management of breastfeeding. One of the private hospitals still give group instructions on artificial feeding.

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

51% of mothers in public hospitals and 65% of mothers in 10 private hospitals with information undertook skin-to-skin contact with their new-borns 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, 22% of them in public hospitals and 70% of them in 10 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.

⁴ Percentages given are averages of all that are provided by hospitals unless otherwise stated.



STEP 6 - Give new-born infants no food or drink other than breastmilk, unless medically indicated

75% of public and 82% 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 and 36% of private hospitals practise 24-hour rooming-in of mothers and babies with normal vaginal delivery from birth. 40% of babies in public hospitals with a range of 25 to 56%, and 5% in 9 private hospitals with information with a range of 0-13% 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. 63% of public hospitals and 73% of private hospitals coordinate with mother-to-mother support.

Hospitals were also asked whether they were implementing the Ten Steps and how the implementation could be improved. All public and 10 out of 11 private hospitals considered themselves as having implemented the Ten Steps. For those already in the BFHI programme, improvements sought included enhancing skin-to-skin contact for deliveries in the operating theatre, reduction of non-medically indicated supplementation, support for separated mothers and infants, higher training for staff and the promotion of mother-friendly care. Those not in the programme mentioned more on basic training, means to avoid not-rooming-in, and better support for breastfeeding at different stages. To mitigate the impact of COVID-19, hospitals have modified their means of contact with pregnant women and are seeking ways to better support mothers and babies where there are restricted visiting.

Discussion

Births in 2021 was 14% less than 2020. Although Hong Kong was still under the shadow of COVID-19, the situation was more controlled in the later part of the year. The breastfeeding rate on discharge increased slightly to 88.2% compared with 86.5% the year before but the exclusive breastfeeding rate dropped from 19% to 18.5%⁵ as the rate of separation of mothers and babies for medical reasons remain high in public hospitals with different restrictions for mothers visiting babies admitted to the neonatal units. Many private hospitals continue to keep healthy babies in nurseries instead of mothers' bedside which makes responsive feeding impossible.

During 2021, one private hospital discontinued its obstetric service while there was a new private hospital commencing an obstetric service. With regards to the implementation of the Ten Steps, although in 2022 the total number of hospitals remained the same, the survey results did not reflect exactly the same hospitals surveyed in the 2021 report.

For the implementation of the Ten Steps in 2022, two hospitals still do not have a written infant feeding policy while an additional two hospitals do not display the policy publicly. Communicating an explicit policy including all Ten Steps and the Code to the staff and public is the essential first step.

For training, although there is an apparent increase in training for doctors in the private sector in 2022 compared with 2021, two more hospitals in 2022 did not provide data. Hence the percentages of the two years were not strictly comparable.

It is good that instead of 3, only 1 hospital still provide group instructions on artificial feeding which gives the erroneous message that artificial feeding is the norm.

For Step 4, again the apparent improvement in skin-to-skin contact over the previous year is influenced by a different number of hospitals providing data. Even so, the percentages vary widely between hospitals such as 0 to 68% among public hospitals for Caesarean deliveries under general anaesthesia pointing to the fact that there is much experience to be shared.

More hospitals reported that they are practising only giving newborns breastmilk unless medically indicated. As the exclusive breastfeeding rate is low, mothers' request for supplementation is likely to be high as there is a limited list of medical indications. Other than mothers being well informed of the disadvantages of formula supplementation, it is important that all Ten Steps are practised well to provide appropriate support on breastfeeding.

⁵ 2021 World Breastfeeding Week Survey Report. BFHIHK. https://www.babyfriendly.org.hk/wp-content/uploads/2020/08/2020-WBW-Annual-Survey_E_Final.pdf

All hospitals give information to mothers about where to seek help with infant feeding after discharge, but the previous mother-to-mother support in person has been difficult during the pandemic. New models of mother-to-mother support needs to be devised.

For hospitals not in the BFHI programme there needs to be a better understanding of what the Ten Steps entail. When a hospital has a breastfeeding policy, not only the staff but the public needs to be aware of this. When staff training has to meet a certain standard yet there is no information or record kept on the training this does not fulfil Step 2. Skin-to-skin contact facilitates the initiation of breastfeeding and reduces the subsequent need for supplementation. It needs to be carried out as long as the condition of mothers and babies allow whatever the mode of delivery. Without rooming-in, one can hardly practise responsive feeding which again leads to the use of supplements. Hospitals may feel they are very supportive of breastfeeding. It is only the mothers' decision not to breastfeed. Assisting mothers to make informed decision means not only providing information at the appropriate stages of pregnancy and postpartum period but also finding out what are the mothers' concerns, helping them resolve such concerns and decide on the best option in their situation. Regular monitoring of various aspects of hospital practice is important on the road to improvement which is also a requirement under the Ten Steps.

Concluding Remarks

Parents and babies and our health care workers have experienced a difficult year under the shadow of the pandemic. Until recently there had been inconsistent advice on vaccination in pregnancy and during lactation. Although with the accumulation of experience world-wide and WHO⁶ having clear recommendations on supporting breastfeeding for mothers with suspected or confirmed COVID-19, the practice is still very variable in the Hong Kong healthcare system even for mothers without such risks. If mothers are unable to fulfil the requirement of the vaccination pass in time, infection control again overrides mothers being able to directly breastfeed, or even to see their babies in the neonatal unit in person. COVID-19 is likely to be with us for some time. We need to balance the immediate and long-term impact of infection control measures on our babies and their parents and hence our community.

“Step Up for Breastfeeding, Educate and Support” highlights the importance of having informed government policies, health care systems and communities that are able to support mothers to initiate and sustain breastfeeding. As Hong Kong's birth rate continues to decline, our future depends on the actions we take now.

⁶ World Health Organization. Frequently Asked Questions: Breastfeeding and COVID-19 for health care workers. 2020
https://cdn.who.int/media/docs/default-source/maternal-health/faqs-breastfeeding-and-covid-19_805d4ce8-2329-4227-9261-695afa68b32c.pdf?sfvrsn=d839e6c0_5



Appendix I: Ten Steps to Successful Breastfeeding (BF)

(Self-Appraisal by Hospitals)

Survey year	Hospital %			
	2022			2021
	Public	Private	All	All
1. Written BF Policy routinely communicated to all health care staff				
1.1) With explicit written notice	100	82	90	90
1.2) BF policy displayed publicly	100	64	79	90
2. Train all health care staff				
2.1) Acquainted with BF policy	100	100	100	100
2.2) 20-hr training given to staff within six months of their arrival				
2.2a) % of O&G nursing staff	97	91	93	91
2.2b) % of Paediatric nursing staff	95	68(H:8)	82(H:16)	74(H:16)
2.3) 8-hr training given to staff within six months of their arrival				
2.3a) % of O&G doctors	98	43(H:5)	77(H:13)	59(H:15)
2.3b) % of Paediatric doctors	92	36(H:5)	70(H:13)	56(H:15)
3. Inform all pregnant women about the benefits & management of BF				
3.1) % of pregnant clients informed	92	99	96	94
3.2) Give group instruction on artificial feeding	0	9	5	16
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	51	65(H:10)	59(H:18)	38
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) - % of mothers	22	70(H:10)	49(H:18)	26(H:17)



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	75	82	79	58
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	36	63	58
7.2) All mothers and babies stayed in the same room day and night	100	36	63	56
7.3) % of mothers and babies separated for medical reasons	40	5 (H:9)	21(H:17)	22
7.4) There is a nursery in postnatal ward for healthy infants	0	100	58	58
8. Encourage responsive (or demand) breastfeeding	100	36	63	63
9. Give no artificial teats or pacifiers to BF infants	100	73	84	84
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care				
10.1) Breastfeeding mothers are informed where they can access breastfeeding support in the community	100	100	100	100
10.2) Facilities coordinate with community services that provide breastfeeding/infant feeding support including				
10.2a) clinical management	100	100	100	100
10.2b) mother-to-mother support	63	73	68	53

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