

## World Breastfeeding Week (WBW) 1-7 August 2025

### Prioritise Breastfeeding: Create Sustainable Support Systems

#### 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”.

This year, we used the requirement standards from the implementation guidance of the 2018 revised Baby-friendly Hospital Initiative<sup>1</sup>. There were 19 hospitals with maternity services (8 public hospitals and 11 private hospitals) replied. **One of the private hospitals has ceased providing maternity services since April 2024.**

#### Breastfeeding Rate of newborns on discharge from the hospitals

Births in 2024	Breastfeeding Rate		Exclusive Breastfeeding Rate	
	%	Range %	%	Range %
Public hospitals	78.12	66-86	15.22	9-26
Private hospitals	85.36	77-97	3.67	0.04-46
<b>Total</b>	<b>80.94</b>	<b>66-97</b>	<b>10.73</b>	<b>0.04-46</b>

## Ten Steps to Successful Breastfeeding

As one private hospital stopped providing maternity services in April 2024, information on the implementation of the Ten Steps is available from 8 public and 10 private hospitals. There might be some variations when directly comparing the results of the year 2025 with those of the year 2024. Areas with improvement and regression of 3% or more are listed below, special considerations are also included as indicated:

### Improvement

- 1.1 With written Breastfeeding Policy (5%)
- 1.2 Breastfeeding policy displayed publicly (5%)
- 2.3a 8-hours of training given to Obstetric doctors within six months of their arrival (3%)
- 2.3b 8-hours of training given to Paediatric doctors within six months of their arrival (5%)
- 7.1 Mothers and babies with normal vaginal delivery are rooming-in from birth (4%)
- 7.2 All mothers with normal babies stayed in the same room day and night (4%)
- 8.1 Support mothers to recognize and respond to their infants' cues for feeding (4%)  
(Both steps 7 and 8: Among private hospitals, there was a 10% increase when information from the 10 existing private hospitals with maternity service was compared.)
- 9.1 Give no feeding bottles, artificial teats or pacifiers to breastfeeding babies (5%)

### Deterioration

- 4.1 Babies born vaginally or with Caesarean deliveries without anesthesia had skin-to-skin contact with their mothers within 5 minutes after birth and lasted for at least one hour (5%)  
(There was a 7% decrease among public hospitals but a 3.4% increase when information from the 10 existing private hospitals with maternity service was compared.)
- 4.2 Babies born by Caesarean deliveries with general anaesthesia were placed in skin-to-skin contact with their mothers as soon as the mothers were responsive and alert (6%)  
(There was a 14.5% increase among public hospitals but a 9% decrease when information from the 10 existing private hospitals with maternity service was compared.)
- 5.2 Help mothers of babies in special care maintain lactation (6%)
- 6.1 Give breastfed infants no food or fluid other than breast milk (7%)  
(Among public hospitals, there is a 12.5% decrease.)

## **Report on WBW Survey 2025**

### **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 a 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, all eight public hospitals and one private hospital have been designated as baby-friendly hospitals in Hong Kong, with six having undergone revalidation. Hence, around 63% of births in the entire territory were in baby-friendly hospitals, including all births in public hospitals, in 2024. Another private hospital has started the BFHI designation process. To provide the continuum of care that supports mothers to feed their babies optimally, Maternal and Child Health Centres (MCHCs) are also joining the programme. Fifteen MCHCs have already been designated as baby-friendly MCHCs with three having undergone revalidation, while fourteen others are at different stages of designation.<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 "Prioritise breastfeeding: create sustainable support systems".<sup>2</sup> The theme underscores the need to strengthen support systems that enable breastfeeding, contributing to better health outcomes and a more sustainable future. It calls on all sectors of society, nation, health, workplace and community, to work together to create environments that support breastfeeding, particularly in the context of environmental and social challenges.

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 services in 2024 were invited to participate in our annual survey. The survey was a self-assessment and covered the following areas:

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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 2025. World Alliance for Breastfeeding Action. <https://worldbreastfeedingweek.org/>

## Breastfeeding rate

### *The breastfeeding rate of newborns on discharge from hospitals*

Each hospital reported on the number of live births in the hospital in 2024 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 hospitals*

Each hospital is to report on its exclusive breastfeeding rate for live births in 2024. The exclusive breastfeeding rate was defined as the number of breastfed babies not given any food or drink other than breast milk from birth to discharge, divided by the total number of live births.

For babies that had been admitted into the neonatal unit from birth or 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 2025

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 BFHI implementation guidance was revised in 2018<sup>3</sup>, and hospitals were invited to complete a questionnaire on how they were implementing the Ten Steps based on this updated version.

## **Results**

All 8 public and 11 private hospitals were invited to participate in our survey.

### Survey Population

	<i>No. of births in 2024</i>	<i>No. of births in 2023</i>
Public hospitals (8)	22,446	20,741
Private hospitals (11)	14,275	12,480
<b>Total</b>	<b>36,721</b>	<b>33,221</b>

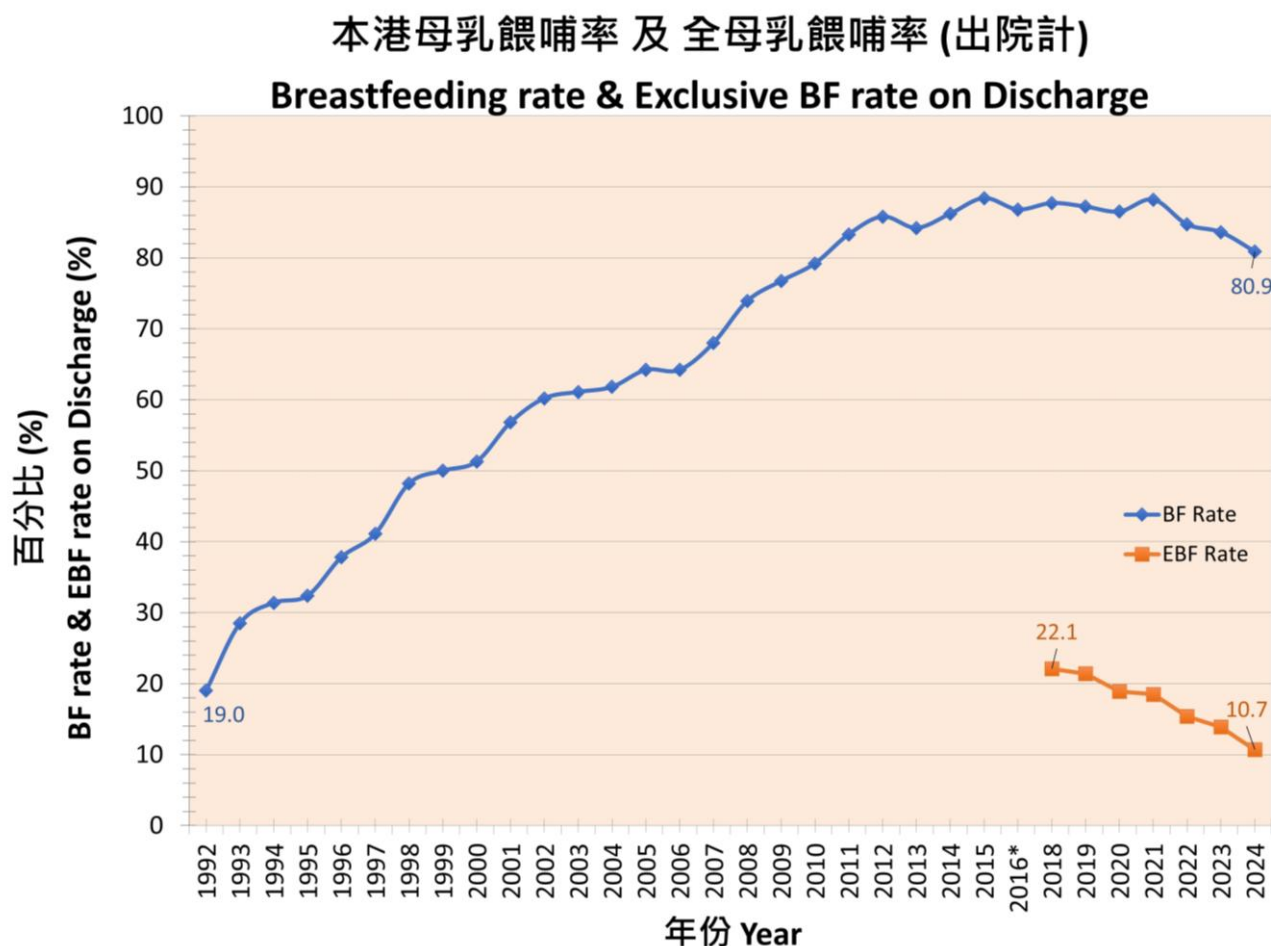
<sup>3</sup> Implementation guidance: protecting, promoting, and supporting breastfeeding in facilities providing maternity and new-born services – the revised Baby-friendly Hospital Initiative 2018. Geneva: World Health Organization; 2018.  
<https://www.who.int/publications/i/item/9789241513807>



## Breastfeeding rate

### Breastfeeding rate on discharge from hospitals

The breastfeeding rate, whether exclusive or mixed, on discharge from hospitals for births in 2024 from all public and private hospitals in Hong Kong was 80.94%. For public hospitals, the rate was 78.12%; for private hospitals, the rate was 85.36%.



Remarks: 2016\*- The statistics of breastfeeding rate were from the Department of Health of the Government of HKSAR. For the year 2017, statistic was not illustrated due to invalid replies and figures.

### Exclusive breastfeeding rate in hospitals

The rate in public hospitals was 15.22% for the year with a range of 9% to 26%. For private hospitals, the rate was 3.67% with a range from 0.1% to 46%. The overall exclusive breastfeeding rate was 10.73% for the 19 public and private birthing hospitals.

## **The implementation of the Ten Steps to Successful Breastfeeding in 2025<sup>4</sup> (Appendix I)**

As one private hospital ceased providing maternity services in April 2024, information on the implementation of the Ten Steps is available from 8 public and 10 private hospitals.

***STEP 1 - a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.***

***b. Have a written infant feeding policy that is routinely communicated to staff and parents.***

***c. Establish ongoing monitoring and data-management systems.***

All public hospitals have a written infant feeding policy, monitored by a system in place, and are being displayed publicly and routinely communicated to staff and parents. All private hospitals have a written policy, while 2 (20%) have neither a system in place to monitor the policy nor display it in public. No hospital receives free or low-cost supplies of breast-milk substitutes nor have promotions of infant foods or drinks other than breast milk.

***STEP 2 - Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding***

All public and private hospitals replied that their staff were acquainted with the policy. There were 97% of obstetric nurses and 91% of paediatric nurses received at least 20 hours training in public hospitals, while 83% of obstetric nurses and 66% (among 8 private hospitals with information provided) of paediatric nurses received such training in the private sector.

For doctors' training, 93% of obstetric and 95 % of paediatric doctors received at least 8 hours training in public hospitals, while 60% of obstetric doctors and 50% of paediatric doctors received such training in 5 private hospitals that provided the information.

All public and 8 private hospitals replied that they had a system in place to assess the health professionals who provide antenatal, delivery and/or newborn care, on their competency in breastfeeding.

***STEP 3 - Discuss the importance and management of breastfeeding with pregnant women and their families.***

As reported from the survey, nearly all pregnant women, 94% in public and 99% in private hospitals, received information about the advantages and management of breastfeeding. One of the private hospitals still gives group instructions on artificial feeding.

***STEP 4 - Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.***

For mothers with vaginal births and Caesarean Section without general anaesthesia, 44% in both public and private hospitals undertook skin-to-skin contact with their newborn for at least one hour within 5 minutes after

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



birth. For mothers who had a Caesarean Section under general anaesthesia, 36% of them in public hospitals and 23% of them in 9 private hospitals with information had skin-to-skin contact with their babies when mothers were responsive and alert.

***STEP 5- Support mothers to initiate and maintain breastfeeding and manage common difficulties***

All public and private hospitals offered mothers help to breastfeed within six hours of delivery and taught breastfeeding mothers on hand expression of breast milk. All public hospitals and 90% of the private hospitals helped mothers maintain lactation if their babies were admitted to the neonatal care unit.

***STEP 6 - Do not provide breastfed newborn food or fluids other than breast milk, unless medically indicated***

63% of public and 60% of private hospitals gave no food or drink other than breast milk to breastfed babies unless medically indicated. For the mothers who decided not to breastfeed, all public hospitals and 90 % of private hospitals offered counselling on various feeding options and supported them in making suitable choices for their infants. All hospitals provide information about the safe preparation, feeding, and storage of breast-milk substitutes for these mothers.

***STEP 7 - Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day***

All public hospitals and 40% of private hospitals practised 24-hour rooming-in of mothers and babies with normal vaginal delivery from birth. There were 40% of babies in public hospitals with a range of 29 to 46%, and 4% in private hospitals with a range of 0.5% to 10% were separated from their 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 kept a nursery for healthy babies. All public hospitals encouraged mothers of preterm babies to stay close to their babies, day and night, while 90% of private hospitals do so.

***STEP 8 - Support mothers to recognize and respond to their infants' cues for feeding***

All public hospitals encouraged responsive breastfeeding, while 40% of private hospitals did so.

***STEP 9 - Counsel mothers on the use and risks of feeding bottles, teats and pacifiers***

All public hospitals and 9 private hospitals do not use feeding bottles, teats or pacifiers for breastfed babies, as well as providing information to the breastfeeding mothers about the risks of using feeding bottles, teats and pacifiers.

***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. There were 63% of public and 60% of private hospitals that coordinated with mother-to-mother support.

Hospitals were invited to assess their implementation of the Ten Steps to Successful Breastfeeding and identify areas for improvement. All 8 public hospitals and 9 private hospitals reported that they had implemented the Ten Steps. Most emphasized the importance of regularly updating and refreshing staff knowledge to ensure healthcare professionals are competent in supporting mothers with breastfeeding and managing related challenges.

Several hospitals acknowledged the need to enhance practices such as skin-to-skin contact following both vaginal and Caesarean births (Step 4). Concerns were also raised about the increasing number of mothers requesting formula supplementation. To address this, hospitals highlighted the importance of strengthening antenatal education and individual discussion (Step 3) to help parents understand the risks associated with formula feeding.

Facilitating and encouraging rooming-in (Step 7), where mothers and babies stay together 24 hours a day, was also identified as a key area for improvement, as it supports responsive feeding and contributes to successful breastfeeding outcomes.

All these efforts require more comprehensive planning and systematic program evaluation to monitor progress effectively.

When asked about strategies to improve breastfeeding initiation and exclusive breastfeeding rates, most hospitals indicated prioritizing enhanced staff education alongside antenatal counseling programs, which include involvement of extended family members such as grandparents. Some hospitals have conducted maternal surveys to understand perspectives on infant feeding choices, subsequently utilizing these findings to tailor family-centered prenatal infant feeding education. This approach aims to address individual maternal needs, mitigate breastfeeding barriers, and support informed decision-making.

Overall, hospitals plan to bolster maternal confidence through comprehensive support for infant feeding and care during the early postpartum period. To reinforce breastfeeding self-efficacy, mothers and babies in postnatal wards receive dedicated support from midwives, lactation consultants, and multidisciplinary healthcare teams to optimize lactation techniques and promptly address breastfeeding difficulties.

For dyads separated postpartum, early and frequent milk expression combined with the utilization of human milk banks facilitates the provision of exclusive breast-milk feeding in neonatal intensive care units.

Within private healthcare settings, some institutions recognize that full implementation of rooming-in will significantly promote exclusive breastfeeding. Collaboration between obstetricians, pediatricians, and hospital staff is also considered vital in the promotion and support of exclusive breastfeeding among all mothers.



## Discussion

In 2024, the number of births increased by 3,500, representing a 10.54% rise compared to the previous year. Despite this, the breastfeeding rate at hospital discharge has continued to decline since 2021, reaching 80.94% in 2024. Public hospitals experienced a 1.97% reduction in breastfeeding rates, while private hospitals saw a greater decline of 4.01%.

The exclusive breastfeeding (EBF) rate at discharge dropped to 10.73% in 2024, marking a 3.13%<sup>5</sup> decrease from 2023. When disaggregated by hospital sector, public hospitals recorded an EBF rate of 15.22%, reflecting a 4.52% year-on-year decline, while private hospitals reported an EBF rate of 3.67%, a reduction of 0.40% observed.

Regarding healthcare professional training, there was an approximate 3% and 5% increase in breastfeeding-related education and training among obstetricians and paediatricians respectively. In private hospitals, women typically report positive interactions with obstetric and paediatric professionals during both antenatal consultations and postnatal care. The infant feeding guidance provided by these clinicians significantly influences parental decisions around breastfeeding initiation and continuation.

In relation to Step 4 of the Baby-friendly Hospital Initiative, which advocates for immediate and uninterrupted skin-to-skin contact (SSC) between mother and newborn, there was a 7% decline in SSC following vaginal deliveries and Caesarean sections performed under regional anaesthesia in public hospitals. Conversely, a 3% increase in SSC was observed in the 10 existing private hospitals providing maternity services. Notably, SSC following Caesarean deliveries under general anaesthesia increased by 14.5% in public hospitals but declined by 9% in the same group of private hospitals. These variations in clinical practice warrant further evaluation to identify barriers and implement targeted strategies for improvement.

Although it has been reported that the vast majority of pregnant women receive education regarding the benefits of breastfeeding and appropriate breastfeeding management, and that comprehensive counselling on infant feeding options is provided to most mothers who choose not to breastfeed, there remains a persistent rise in the administration of fluid other than breast milk to neonates. This trend is particularly notable in public hospitals, where the rate of such practices has increased by 12.5%.

Concerning Step 7, which promotes 24-hour rooming-in, all private hospitals continued to maintain nursery within their postnatal wards for healthy babies. Nevertheless, rooming-in practices showed mild improvement with all eight public birthing hospitals and four private hospitals implementing full-time rooming-in, allowing mothers and infants to remain together day and night.

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<sup>5</sup> 2024 World Breastfeeding Week Survey Report. BFHIHKA.

[https://www.babyfriendly.org.hk/wp-content/uploads/2024/08/2024-WBW-Annual-Survey\\_E.pdf](https://www.babyfriendly.org.hk/wp-content/uploads/2024/08/2024-WBW-Annual-Survey_E.pdf)

Given the widespread availability of infant feeding information through various media channels, it is imperative that healthcare professionals receive continuous, evidence-based training. Furthermore, communication strategies should be enhanced to ensure that accurate, up-to-date information is effectively conveyed to parents, supporting informed decision-making and optimal infant feeding practices.

### Concluding Remarks

Up till now, all public hospitals, one private hospital and more than half of the Maternal and Child Health Centres in Hong Kong have been designated as baby-friendly health facilities. However, both the overall breastfeeding rate and the exclusive breastfeeding rate have shown a gradual decline. This trend underscores the need for a more in-depth understanding of contemporary parental decision-making regarding infant feeding. Factors such as prevailing myths, cultural beliefs, and evolving caregiving practices may influence feeding choices.

Regardless of parental preference for breastfeeding or formula feeding, it is imperative that the Ten Steps to Successful Breastfeeding are implemented consistently for all neonates. Healthcare institutions should commit to continuous quality improvement, identifying gaps in service delivery and enhancing clinical practices to better support breastfeeding.

Equally important is the stringent monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes. This Code serves as a critical safeguard against the pervasive and often misleading promotion of infant formula, ensuring that parents can make feeding decisions based on unbiased, evidence-based information free from commercial influence.



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

	Hospital %			
Survey year	2025			2024
	Public	Private	All	All
<b>1. Comply with the Code, written infant feeding policy routinely communicated to staff and parents</b>				
1.1) With explicit written notice	100	100(H:10)	100(H:18)	95
1.2) Infant feeding policy displayed publicly	100	80(H:10)	89(H:18)	84
1.3) No free or low-cost supplies of breast-milk substitutes accepted	100	100(H:10)	100(H:18)	100
1.4) No promotion of infant foods or drinks other than breast milk	100	100(H:10)	100(H:18)	100
1.5) A system in place to monitor the policy	100	80(H:10)	89(H:18)	NA
<b>2. Ensure staff have knowledge, competence and skills to support BF</b>				
2.1) Acquainted with infant feeding policy	100	100(H:10)	100(H:18)	100
2.2) 20-hr training given to staff within six months of their arrival				
2.2a) % of O&G nursing staff	97	83(H:10)	90(H:18)	90
2.2b) % of Paediatric nursing staff	91	66(H:8)	79(H:16)	78(H:17)
2.3) 8-hr training given to staff within six months of their arrival				
2.3a) % of O&G doctors	93	60(H:5)	80(H:13)	77(H:14)
2.3b) % of Paediatric doctors	95	50(H:5)	77(H:13)	72(H:14)
2.4) A system in place to assess staff competency	100	80(H:10)	89(H:18)	NA
<b>3. Discuss the importance and management of BF with pregnant women and their families</b>				
3.1) % of pregnant clients taught	94	99(H:10)	96(H:18)	97
3.2) Give group instruction on artificial feeding	0	10(H:10)	6(H:18)	5
<b>4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate BF after 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	44	44(H:10)	44(H:18)	49
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) - % of mothers	36	23(H:9)	29(H:17)	35(H:18)



<b>5. Support mothers to initiate, maintain breastfeed and manage common difficulties</b>				
5.1) Offer breastfeeding assistance within six hours of delivery	100	100(H:10)	100(H:18)	100
5.2) Help mothers of babies in special care maintain lactation	100	90(H:10)	94(H:18)	100
5.3) Teach BF Mothers on hand expression of breast milk	100	100(H:10)	100(H:18)	NA
<b>6. Give breastfed newborn only breast milk, unless medically indicated</b>				
6.1) Give breastfed newborn no food or fluid other than breast milk	63	60(H:10)	61(H:18)	68
6.2) Mothers who decided not to breastfeed were counselled on feeding options and supported in making suitable choices	100	90(H:10)	94(H:18)	NA
6.3) Mothers who decided not to breastfeed were taught on safe preparation, feeding, and storage of breast-milk substitutes	100	100(H:10)	100(H:18)	NA
<b>7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day</b>				
7.1) Mothers and babies with normal vaginal delivery are rooming-in from birth	100	40(H:10)	67(H:18)	63
7.2) All mothers and normal babies stayed in the same room day and night	100	40(H:10)	67(H:18)	63
7.3) % of mothers and babies separated for medical reasons	40	4(H:10)	20(H:18)	19
7.4) There is a nursery for healthy infants	0	100(H:10)	56(H:18)	58
7.5) Encourage mothers of preterm babies to stay close to their babies, day and night	100	90(H:10)	94(H:18)	NA
<b>8. Support mothers to recognize and respond to their infants' cues for feeding</b>	100	40(H:10)	67(H:18)	63
<b>9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers</b>				
9.1) Care for BF babies without using feeding bottles, teats or pacifiers	100	90(H:10)	94(H:18)	90
9.2) Teach BF mothers about the risks of using feeding bottles, teats and pacifiers	100	90(H:10)	94(H:18)	NA
<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(H:10)	100(H:18)	100
10.2) Facilities coordinate with community services that provide breastfeeding/infant feeding support including:				
10.2a) clinical management	100	100(H:10)	100(H:18)	100
10.2b) mother-to-mother support	63	60(H:10)	61(H:18)	63

**Remarks:**

Public hospitals with maternity unit: 8

Private hospitals with maternity unit: 11 (1 closed down maternity service since April 2024)

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