

**UNICEF Baby Friendly Hospital Initiative Hong Kong Association**

**Baby-Friendly Hospital Designation**

**In**

**Hong Kong**

**Revised May 2026**

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

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## Introduction to Baby-Friendly Hospital Initiative in Hong Kong

The Baby-Friendly Hospital Initiative (BFHI) is a global initiative of the World Health Organization (WHO) and UNICEF launched in 1991<sup>1</sup>. It aims to give every baby the best start in life by creating a health care environment that supports breastfeeding as the norm.

BFHI includes a global assessment and accreditation scheme that recognises the achievement of health facilities in promoting, supporting and protecting breastfeeding. A Baby-Friendly Hospital is committed to implementing the WHO/UNICEF Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions.

Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) was established by the Hong Kong Committee for UNICEF in 1994 to promote breastfeeding and protect infant and maternal health in Hong Kong. BFHIHKA is entrusted by the Hong Kong Committee for UNICEF to assess the eligibility of hospitals in Hong Kong to be designated as Baby-Friendly Hospitals.

BFHIHKA started the designation programme in 2013 based on the WHO 2009 BFHI implementation requirements. In 2018 WHO/UNICEF introduced the Revised BFHI Implementation Guidance<sup>2</sup> after reviewing the evidence for the Ten Steps<sup>3</sup> and considered how BFHI could be expanded and sustained.

This document updates the process of designation in Hong Kong in light of the 2018 implementation guidance at a pace that caters for the local situation.

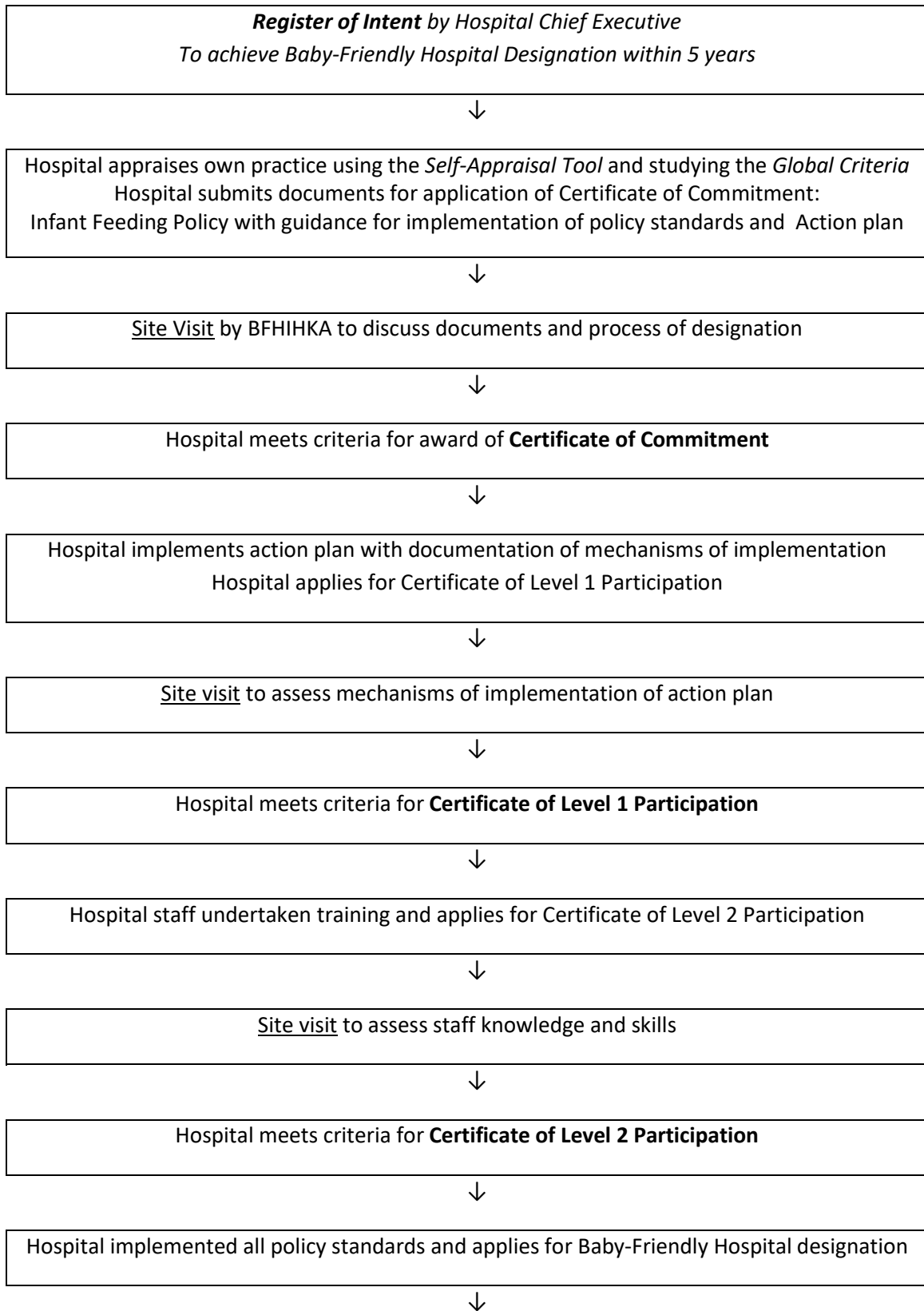
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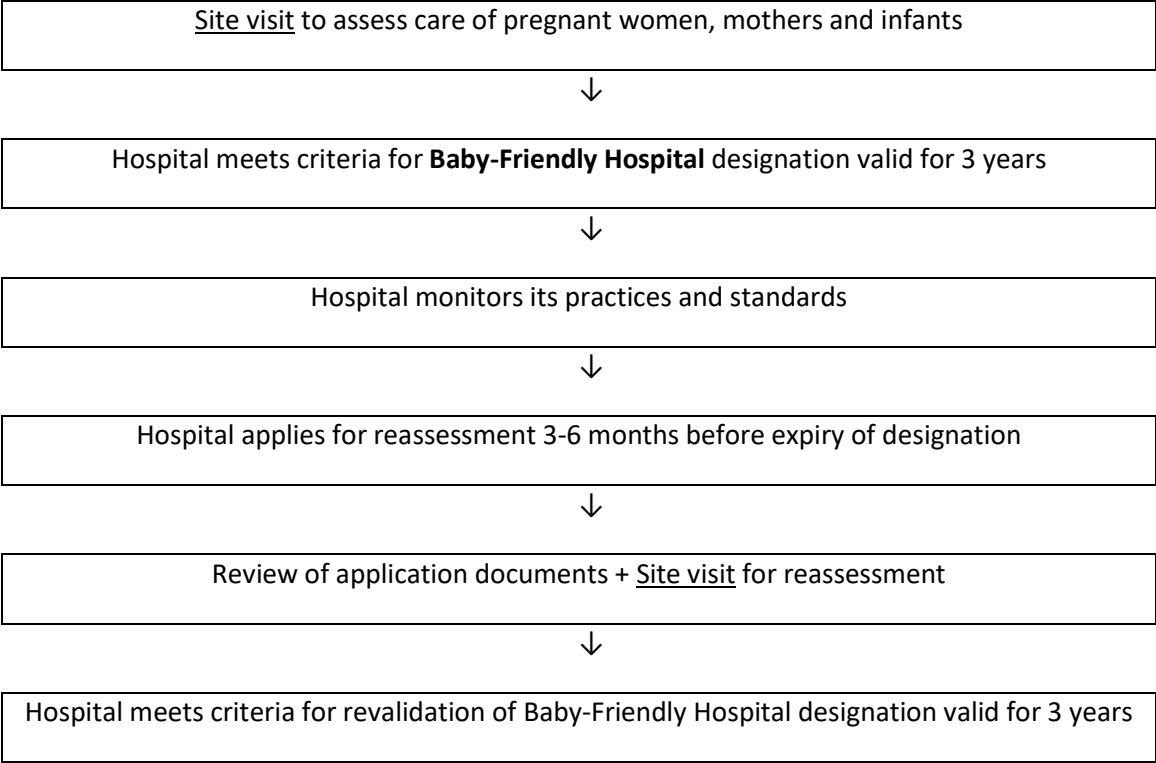
<sup>1</sup> Implementation of the Baby-friendly Hospital Initiative (WHO / UNICEF)  
<https://www.who.int/tools/elena/bbc/implementation-bfhi> accessed 2025.4.3

<sup>2</sup> Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly hospital initiative implementation guidance. Geneva: World Health Organization; 2018 <https://www.who.int/publications/i/item/9789241513807> accessed 2025.4.3

<sup>3</sup> Guideline: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. Geneva: World Health Organization; 2017  
<https://www.who.int/publications/i/item/9789241550086> accessed 2025.4.3

## Outline of Process





## **Process of Designation of Baby-Friendly Hospital (BFH)**

### **Award of Certificate of Intent**

Apply for Certificate of Intent

Application (Appendix 1) states that the hospital

1. Supports the implementation of the WHO/UNICEF Ten Steps to Successful Breastfeeding (Ten Steps) and the International Code of Monitoring of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions (the Code)
2. Will work towards BFH designation within 5 years
3. Has assigned BFH co-ordinator (name with position and contact information – will be liaison person with BFHIHKA)

Signed by Hospital Chief Executive

BFHIHKA awards **Certificate of Intent**

Hospital Award posted on BFHIHKA website with date of award

## Award of Certificate of Commitment

Study WHO global criteria for Ten Steps<sup>4</sup> to familiarize with the expected standards

Self-appraise practice using WHO Hospital Self-appraisal tool<sup>5</sup> to understand what areas in the current practice need attention

Note:

1. The scope of the BFHI programme covers pregnant women, healthy full term infants and their mothers
2. Parts referring to HIV and infant feeding may be omitted
3. Mother-friendly care will not be specifically assessed but mother-friendly care practice is expected in order to facilitate the standards required by the Ten Steps
4. A pre-determined exclusive breastfeeding rate<sup>6</sup> is not a pre-requisite for application
5. Training requirement
  - 5.1 Nurses (Obstetric and Paediatric) who care for pregnant women, mothers and infants: 20 hours including 3 hours of clinical practice
  - 5.2 Medical staff<sup>7</sup> (Obstetric and Paediatric) who care for pregnant women, mothers and infants: 8 hours including 1 hour of clinical practice
  - 5.3 Other staff providing care to pregnant women, mothers and infants: Training appropriate to their roles and responsibilities
6. Step 10 of Ten Steps: Hospital may, but is not required to, establish own mother support groups but should refer mothers to mother support groups and services that provide infant feeding support in the community

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<sup>4</sup> Baby-Friendly Hospital Initiative Revised Updated and Expanded for Integrated Care Section 4 Hospital Self-appraisal and monitoring 2009 <https://www.who.int/publications/i/item/9789241594950> accessed 2025.4.3 (Chinese translation of questionnaires for breastfeeding mother and non-breastfeeding mother are available from the BFHIHKA. New participants in the BFHI programme after October 2018 should use the revised Ten Steps (footnote 2). Existing participants in the programme can adopt the revised Ten Steps at their discretion.)

<sup>5</sup> *ibid*

<sup>6</sup> WHO's infant and young child feeding recommendation [http://apps.who.int/iris/bitstream/10665/43895/1/9789241596664\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/43895/1/9789241596664_eng.pdf) accessed 2020.4.3 "Exclusive breastfeeding" is defined as no other food or drinks, not even water, except breast milk (including milk expressed or from a wet nurse)..., but allows the infant to receive oral rehydration salts (ORS) solution, drops and syrups (vitamins, minerals and medicines).

<sup>7</sup> For private hospitals, 5.2 applies to resident staff only

**Prepare:**

1. Hospital data
  - 1.1 Geographic area served
  - 1.2 Population served
  - 1.3 Number of beds in
    - 1.3.1 Antenatal ward(s)
    - 1.3.2 Delivery room(s)
    - 1.3.3 Postnatal ward(s)
    - 1.3.4 Special care unit(s)
    - 1.3.5 Neonatal intensive care unit(s)
  - 1.4 Percentage of mothers attending hospital's antenatal clinic; if shared care, percentage of mothers attending clinic(s) outside the hospital
  - 1.5 Average daily number of mothers with infants in each postpartum ward
  - 1.6 Average length of stay of mothers in the postnatal ward for vaginal deliveries and for Caesarian deliveries
  - 1.7 Average number of infants in well baby observation area, if any, in the postnatal ward(s)
  - 1.8 Average daily number of infants in special care unit
  - 1.9 Average daily number of infants in neonatal intensive care unit

(For 1.4 to 1.9: latest data available within the last 12 months – please specify time period)
2. Birth data in the preceding calendar year
  - 2.1 Number of births
  - 2.2 Caesarian deliveries
    - 2.2.1 Caesarian rate
    - 2.2.2 Number under general anaesthesia
    - 2.2.3 Number under regional anaesthesia
3. Infant feeding data (latest data available; please specify time period)
  - 3.1 Percentage of infants on discharge exclusively breastfed since birth

3.2 Percentage of infants breastfed and given supplements for acceptable medical reasons

3.3 Percentage of infants breastfed and given supplements without medical indication

3.4 Percentage of infants fed with formula milk only

(3.1+3.2+3.3+3.4 should be 100%)

4. Staff data

4.1 Number of Obstetric medical staff

4.2 Number of Paediatric medical staff

4.3 Number of Obstetric nurses

4.4 Number of neonatal / nursery nurses

4.5 Number of health care assistants in Obstetric service

4.6 Number of health care assistants in neonatal service

5. Infant Feeding Policy (including all Ten Steps and the Code) with guidance for implementation of policy standards (around 3-5 pages)<sup>8</sup>

6. Action Plan

6.1 How each policy standard, including its components, will be implemented and monitored

6.2 Who is responsible for each policy standard

6.3 Any resources required

6.4 When each action is intended to start and when to be accomplished

Apply for Certificate of Commitment

**Submit** application with

1. Data on hospital, births, infant feeding, staff
2. Infant Feeding Policy with guidance for implementation of policy standards
3. Action Plan addressing the various components of the policy standards

(For the above documents Nos. 1 to 3, please submit a soft copy, in Word format where possible, and one hard copy)

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<sup>8</sup> May refer to Hospital breastfeeding policy checklist in WHO BFHI Section 4 Hospital Self-appraisal and monitoring <https://www.who.int/publications/i/item/9789241594950> accessed 2025.4.3

4. Name of BFH co-ordinator

5. Fee applicable

(Please contact BFHIHKA if a prior invoice is required)

BFHIHKA:

1. Vets application documents
2. Arranges site visit in around 6 weeks

**1<sup>st</sup> Site visit** (half day)

1. BFHIHKA representatives meet senior management and senior staff involved in the project to gain a mutual understanding of BFHI
2. BFHIHKA representatives discuss Infant Feeding Policy with guidance and Action Plan with BFH co-ordinator and relevant senior staff
3. BFHIHKA representatives pay a brief visit to hospital areas that care for pregnant women, mothers and infants to familiarise with the hospital setting

BFHIHKA representatives leave an e-copy of comments to the hospital

Hospital revises the Infant Feeding Policy with guidance and Action Plan as necessary tracking changes made, and resubmits to BFHIHKA

Hospital Chief Executive signs letter indicating that the necessary support will be given for the adoption and implementation of the agreed Breastfeeding/Infant Feeding Policy and Action Plan

Hospital meets criteria for award of **Certificate of Commitment**

Hospital Award posted on BFHIHKA website with date of award

## Award of Certificate of Level 1 Participation

Mechanisms of implementation of Action Plan and monitoring of policy standards in place

### Prepare:

1. Infant Feeding Policy with guidance for implementation of policy standards
  - 1.1 Plan on how, when and by whom the policy is communicated to all new staff with record that the orientation was done
  - 1.2 Plan on how, when and by whom the policy is to be communicated to pregnant women and parents including e.g.
    - 1.2.1 Poster with summary of the policy in areas serving pregnant women and parents
    - 1.2.2 Written information explaining the policy to pregnant women and parents
    - 1.2.3 Outline of information to be discussed in the antenatal period
    - 1.2.4 Curricula of antenatal classes on infant feeding and topics related to the policy standards
    - 1.2.5 Written information given to mothers on recognition of the effectiveness of breastfeeding
    - 1.2.6 Support for non-breastfeeding mothers
    - 1.2.7 Written information given to postnatal mothers on support in the community
  - 1.3 Protocols related to the policy standards<sup>9</sup> e.g. management of hypoglycaemia, neonatal jaundice, management of infants reluctant to feed, acceptable medical reasons for supplementation of breastmilk substitutes, management of weight loss in the breastfed infant, safe sleep arrangement
- 2 Training programme for staff in order to implement the policy
  - 2.1 Training curricula<sup>10</sup> including the clinical practice session as necessary for medical staff, nurses, health care assistants and other staff that have direct care of pregnant women, mothers and infants according to the staff's role and responsibilities
  - 2.2 Measures to ensure all staff are trained

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<sup>9</sup> May refer to Section 1.6 on Resources, References and Websites of WHO BFHI Section 1 Background and implementation <https://www.who.int/publications/i/item/9789241594950> accessed 2025.4.3

<sup>10</sup> Training curriculum includes a general description and structure of the course, learning objectives and what the trainee is expected to accomplish at the end of each session, session content and means of delivering each session with the time requirement for each topic. A knowledgeable trainer in the subject would be able to deliver the course using the curriculum as a guide

2.3 How staff training is to be recorded

3 Plan on how policy standards related to Steps 4 to 9 of the Ten Steps are to be implemented

4 Monitoring of the policy standards

4.1 Audit plan including frequency of audit depending on the audited area

4.2 Auditing tools<sup>11</sup> to be used for the different policy standards

4.3 Show results of audit are to be reviewed and action taken accordingly

4.4 System of data collection

5 Plan on how to ensure the hospital is Code compliant

6 Evidence that breastmilk substitutes including special formula, breastmilk fortifier, bottles and teats are purchased, and the quantity used over the previous calendar year

Apply for Certificate of Level 1 Participation

**Submit:**

1. Current Infant Feeding Policy with guidance for implementation and protocols related to policy standards
2. Plan on dissemination of policy to new staff
3. Plan on dissemination of policy to pregnant women and parents and related written material
4. Plan on training and training curriculum on different grades of staff
5. Plan on how other policy standards are to be implemented
6. Audit plan and tools for auditing
7. Plan on collection of infant feeding data
8. Plan on how to ensure Code compliance
9. Evidence that breastmilk substitutes including special formula, breastmilk fortifier, bottles and teats are purchased, and the quantity used over the previous calendar year
10. Birth data and Infant feeding data as for application of Certificate of Commitment for the calendar year preceding the current application

(For the above documents Nos. 1 to 10, please submit a soft copy, in Word format where possible, and one hard copy)

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<sup>11</sup> May refer to Annex 3, BFHI monitoring tool in WHO BFHI Section 4 Hospital Self-appraisal and monitoring <https://www.who.int/publications/i/item/9789241594950> accessed 2025.4.3

11. Name of BFH co-ordinator

12. Declaration by Hospital Chief Executive or Designate that the information provided is accurate to the best of his/her knowledge

13. Fee applicable

(Please contact BFHIHKA if a prior invoice is required)

BFHIHKA:

1. Vets application documents
2. Arranges site visit in around 8 weeks

**2<sup>nd</sup> Site visit** (half day)

BFHIHKA representatives discuss mechanisms for implementation and monitoring of Infant Feeding Policy with BFH co-ordinator and relevant senior staff

BFHIHKA representatives leave an e-copy of comments with the hospital

Hospital modifies mechanisms for implementation and monitoring of Infant Feeding Policy as necessary with tracking of changes made, and resubmits to BFHIHKA

Written commitment from Hospital Chief Executive to adhere to the policy standards and enable staff to practise according to the agreed standards

Hospital meets criteria for award of **Certificate of Level 1 Participation**

Hospital Award posted on BFHIHKA website with date

## Award of Certificate of Level 2 Participation

Staff have knowledge and skills to implement the Infant Feeding Policy

### Prepare:

1. Current data on hospital, births, staff (as for Award of Certificate of Commitment)
2. Infant feeding data in the previous calendar year
3. Results of internal audit (within the last 12 months) as indicated in audit plan at Level 1 Participation
4. Records of staff training (Application of Level 2 Participation will not be entertained until at least 80% of staff has undergone training)
5. Description of measures to ensure ALL staff are trained
6. Evidence that breastmilk substitutes including special formula, breastmilk fortifier, bottles and teats are purchased, and the quantity used over the previous calendar year

### Submit:

1. Current data on hospital, births, staff (as for Award of Certificate of Commitment)
2. Infant feeding data in the previous calendar year
3. Summary of training record (percentage of staff in each category that have completed both theory and clinical practice parts of training; no need to submit training attendance records)
4. Summary of results of internal audit in the previous 12 months or since the award of Level 1 participation, whichever is the shorter (In general, for each audit area, at least 2 audits should have been done to observe the trend and effect of action taken after the previous audit. For staff audits, prior to the external assessment, 2 consecutive audits should have achieved standards required.)
5. Current Infant Feeding Policy, protocols, training curricula **if** different from that at Level 1 assessment and **highlight** the changes made
6. Evidence that breastmilk substitutes including special formula, breastmilk fortifier, bottles and teats are purchased, and the quantity used over the previous calendar year

(For the above documents Nos. 1 to 6, please submit a soft copy, in Word format where possible, and one hard copy)

7. Name of BFH co-ordinator
8. Declaration by Hospital Chief Executive or Designate that the information provided is accurate to the best of his/her knowledge

9. Fee applicable

(Please contact BFHIHKA if a prior invoice is required)

**BFHIHKA:**

1. Vets application documents
2. Informs hospital of any outstanding issues to be attended to prior to the site visit
3. Arranges site visit in around 8 weeks (Staff roster during the day(s) of site visit to be submitted by the hospital at least a week before the site visit)

**3<sup>rd</sup> Site visit (1 to 2 days)**

1. Interview a random sample<sup>12</sup> of clinical and non-clinical staff e.g. doctors, nurses, health care assistants, ward clerk on training received, implementation of standards, knowledge and skills appropriate to the role of the staff to support mothers
2. Review staff orientation records
3. Review staff training records
4. Review audit records
5. Visit hospital areas caring for pregnant women, mothers and infants during staff interviews
6. Meet with relevant senior staff to discuss preliminary results of the assessment

BFHIHKA sends report of visit to the hospital with observations on achievements so far and recommendations, if any, for ensuring staff trained to meet the policy standards required

Hospital modifies mechanisms for implementation and monitoring of Infant Feeding Policy as necessary

BFHIHKA reassesses hospital, if required, in another 6 months

Hospital meets criteria for award of **Certificate of Level 2 Participation**

Hospital Award posted on BFHIHKA website with date

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<sup>12</sup> Around 30 clinical (divided into midwives, nurses, doctors in antenatal, labour and delivery areas, postpartum wards, special care, relevant clinics, and dieticians) and around 10 non-clinical staff (e.g. ward clerks)

## Award of Baby-Friendly Hospital

Mothers prepared to care for and feed their infants appropriately

### Prepare

1. Current data on hospital, births, staff (as for Award of Certificate of Commitment)
2. Infant feeding data in the previous calendar year
3. Results of internal audit (within the last 12 months or since Level 2 participation was awarded, whichever is the shorter) as indicated in the agreed audit plan
4. Evidence that breastmilk substitutes including special formula, breastmilk fortifier, bottles and teats are purchased, and the quantity used over the previous calendar year

### Submit

1. Current data on hospital, births, staff (as for Award of Certificate of Commitment)
2. Infant feeding data in the previous calendar year
3. Summary of results of internal audit in the previous 12 months or since the award of Level 2 participation, whichever is the shorter. (Prior to the external assessment, 2 consecutive audits related to the experience of breastfeeding and non-breastfeeding mothers prior to discharge should have achieved standards required.)<sup>13</sup>
4. Current Infant Feeding Policy, protocols, training curriculum, written material for pregnant women and parents **if** different from that at the previous assessment and **highlight** the changes made
5. Timetable of antenatal clinics
6. Evidence that breastmilk substitutes including special formula, breastmilk fortifier, bottles and teats are purchased, and the quantity used over the previous calendar year

(For the above documents Nos. 1 to 6, please submit a soft copy, in Word format where possible, and one hard copy)

7. Name of BFH co-ordinator
8. Declaration by Hospital Chief Executive or Designate that the information provided is accurate to the best of his/her knowledge
9. Fee applicable

(Please contact BFHIHKA if a prior invoice is required)

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<sup>13</sup> Refer to BFHI monitoring tool in WHO BFHI Section 4 Hospital Self-appraisal and monitoring page 78 <https://www.who.int/publications/i/item/9789241594950> accessed 2025.4.3 (A uniform scoring of 80% or above is required according to revised 2018 guidance.)

BFHIHKA:

1. Vets application documents
2. Informs hospital of any outstanding issues to be attended to prior to the site visit
3. Arranges site visit in around 8 weeks

**4<sup>th</sup> Site visit (1-2 days)**

1. Have available current
  - 1.1 Infant Feeding Policy, protocols, training curricula
  - 1.2 Outline of orientation programme for staff
  - 1.3 Curricula of antenatal class on infant feeding and related topics
  - 1.4 Written material for pregnant women and parents
  - 1.5 Checklists for antenatal discussion with pregnant women on infant feeding
  - 1.6 Breastfeeding assessment tool
  - 1.7 Discharge pack of information for mothers
  - 1.8 Discharge bag with gifts to new mothers (if distributed by the hospital)
2. Have available records on
  - 2.1 Staff orientation
  - 2.2 Staff attendance of training (theory and clinical practice)
  - 2.3 Discussion with pregnant women and mothers on infant feeding having taken place (samples)
  - 2.4 Internal audits
3. Assessors
  - 3.1 Interview a random sample of pregnant women (in antenatal clinic or ward), mothers who elect to breastfeed including mothers with infants in special care, and mothers who elect to formula feed, in the absence of staff members<sup>14</sup>
  - 3.2 Visit areas related to care of pregnant women, mothers and infants
  - 3.3 Meet with relevant senior staff to discuss preliminary results of the assessment

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<sup>14</sup> 10-20 pregnant women, 15-30 postpartum mothers, 5-10 mothers with infants in special care; for mothers in the postnatal ward, prepare list of mothers who are at least 6 hours after delivery – both vaginal and caesarian and preferably close to discharge

BFHIHKA sends report of visit to the hospital with observations on achievements so far and recommendations, if any, for designation as a Baby-Friendly Hospital

Hospital modifies mechanisms for implementation and monitoring of Breastfeeding Policy as necessary, and resubmits to BFHIHKA

BFHIHKA reassesses hospital, if required, in another 6 months

Hospital meets criteria for award of **Baby-Friendly Hospital** valid for 3 years

Hospital receives a certificate stating the period of the award and the BFH plaque

Hospital Award posted on BFHIHKA website with date

## Revalidation of Baby-Friendly Hospital Designation

BFHI standards maintained or enhanced

**Submit** every 12 months after the award of BFH

1. The most recent results of audits conducted in the past 12 months on
  - 1.1 Staff knowledge and skills
  - 1.2 Experience of breastfeeding mothers
  - 1.3 Experience of non-breastfeeding mothers
  - 1.4 Experience of mothers with infants in neonatal unit
  - 1.5 Supplementation
  - 1.6 Compliance of the Code
2. Infant feeding data in the previous calendar year
3. Evidence that breastmilk substitutes including special formula, breastmilk fortifier, bottles and teats are purchased, and the quantity used over the previous calendar year

(For the above documents Nos. 1 to 3, please submit a soft copy, in Word format where possible, and one hard copy)

Apply 3 months before expiry of the BFH status and internal audit shows the hospital continues to fulfill the minimum standards required.

### **Submit**

1. Most recent documents required for annual submission above if not submitted previously
2. **If** different from the last assessment (please **highlight** the changes)
  - 2.1 Infant Feeding Policy
  - 2.2 Training curricula
    - 2.2.1 Staff
    - 2.2.2 Antenatal class
  - 2.3 Protocols and guidelines related to policy standards (revised and/or new)
  - 2.4 Written material for mothers/parents
3. Current data on hospital, births, staff (as for Award of Certificate of Commitment)

(For the above documents Nos. 1 to 3, please submit a soft copy, in Word format where possible, and one hard copy **if** submission is required)

4. Timetable of antenatal clinics
5. Name of BFH co-ordinator
6. Declaration by Hospital Chief Executive or Designate that the information provided is accurate to the best of his/her knowledge
7. Fee applicable  
(Please contact BFHIHKA if a prior invoice is required)

**BFHIHKA:**

1. Vets application documents
2. Informs hospital of any outstanding issues to be attended to prior to the site visit
3. Arranges site visit in around 8 weeks (Clinical staff roster during one of the days of the site visit as agreed, to be submitted by the hospital at least a week before the site visit)

**Site visit (1-2 days)**

1. Have available current
  - 1.1 Infant Feeding Policy, protocols, training curricula
  - 1.2 Outline of orientation programme for staff
  - 1.3 Curricula of antenatal class on infant feeding and related topics
  - 1.4 Written material for pregnant women and parents
  - 1.5 Checklists for antenatal discussion with pregnant women on infant feeding
  - 1.6 Breastfeeding assessment tool
  - 1.7 Discharge pack of information for mothers
  - 1.8 Discharge bag with gifts to new mothers (if distributed by the hospital)
2. Have available records (since last assessment) on
  - 2.1 Staff orientation
  - 2.2 Staff attendance on training (theory and clinical practice)
  - 2.3 Discussion with pregnant women and mothers on infant feeding having taken place (samples)
  - 2.4 Internal audits

3. Interview a random sample of clinical staff, and of pregnant women (in antenatal clinic or ward), mothers who elect to breastfeed including mothers with infants in special care, and mothers who elect to formula feed in the absence of staff members<sup>15</sup>
4. Visit areas related to care of pregnant women, mothers and infants
5. Meet with relevant senior staff to discuss preliminary results of the assessment

BFHIHKA sends report of visit to the hospital with observations on achievements so far and recommendations, if any, for revalidation of Baby-Friendly Hospital designation

Hospital modifies mechanisms for implementation and monitoring of Breastfeeding/Infant Feeding Policy as necessary, and resubmits to BFHIHKA

BFHIHKA reassesses hospital, if required, in another 6 months

Hospital meets criteria for award of revalidation of **Baby-Friendly Hospital** designation valid for 3 years

Hospital Award posted on BFHIHKA website with date<sup>16</sup>

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<sup>15</sup> 10-20 clinical staff, 10-15 pregnant women, 15-20 postpartum mothers, 5-10 mothers with infants in special care; for mothers in the postnatal ward, prepare list of mothers who are at least 6 hours after delivery – both vaginal and caesarian and preferably close to discharge

<sup>16</sup> A hospital that requires a reassessment but does not fulfill the required standards will not be able to continue to display the BFH plaque. The BFH plaque can be displayed again when a reassessment not exceeding 24 months from the expiry of BFH status found the required standards being fulfilled. A hospital that does not apply for revalidation within 24 months of expiry of BFH status may have to go through the entire process of BFH designation.

## Fees for Application for the Stages of Designation of Baby-Friendly Hospital

### 1. Public hospitals with maternity unit (Revised 1 May 2025)

| Fee  | HK\$    |
|--|---------|
| Certificate of Intent                        | Nil     |
| Certificate of Commitment                    | 12,000  |
| Award of Level 1 Participation               | 23,000  |
| Award of Level 2 Participation               | 29,000* |
| Award of Baby-Friendly Hospital <sup>@</sup> | 35,000* |
| Revalidation                                 | 26,000* |

### 2. Private hospitals with maternity unit (Revised 1 May 2026)

| Fee  | HK\$ (Original) | HK\$ (Conditional Reduction)       |
|--|-----------------|------------------------------------|
| Certificate of Intent                        | Nil             | Nil                                |
| Certificate of Commitment                    | 50,000          | 50,000                             |
| Award of Level 1 Participation               | 55,000          | 55,000                             |
| Award of Level 2 Participation               | 60,000*         | 60,000*                            |
| Award of Baby-Friendly Hospital <sup>@</sup> | 65,000*         | 45,000#*                           |
| Revalidation                                 | 37,000*         | 17,000 <sup>^</sup> (For GHK only) |

\*Should a repeat assessment requiring interviews be necessary within 12 months, no additional fee applies. Thereafter, 2/3 of the assessment fee for that level is applicable for each reassessment if required.

# A reduction of HK\$20,000 will be granted if the private hospital submits the Letter of Intent **on or before 31 December 2028** and achieves Baby-Friendly Hospital designation within a five-year timeframe, consistent with the requirement applied to all birthing hospitals.

<sup>^</sup> A reduction of HK\$20,000 will be applied to the **first revalidation only**, provided that **Gleneagles Hospital Hong Kong (GHK)** meets the required standard during the revalidation of the Baby-Friendly Hospital designation in **September 2027**.

<sup>@</sup> There will be a charge at cost for the BFH plaque awarded.

### 3. Fees for hospitals unable to complete designation within 5 years of registering intent

The latest revised fees would apply for any Levels applied beyond the 5 years after registering the intent to be a Baby-friendly Hospital if the designation process is not completed within that period. It is at the discretion of the Committee on Designation of Baby-friendly Health Facilities of BFHIHKA whether the hospital needs to restart with applying for the Certificate of Commitment or subsequent levels as appropriate should there be significant changes in standards required for designation.

For enquiries, please contact the Project Officer, BFHIHKA

7th Floor, SUP Tower, 75-83 King's Road, Hong Kong

Email: [info@bfhihka.org.hk](mailto:info@bfhihka.org.hk)

Tel: 2591 0782 Fax: 2338 5521

SAMPLE

Application for Certificate of Intent

\_\_\_\_\_ Hospital

1. Supports the implementation of the WHO/UNICEF Ten Steps to Successful Breastfeeding and
2. Complies with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions

I pledge, on behalf of the hospital, that the hospital will work towards designation as a Baby-Friendly Hospital within 5 years.

The following person has been appointed as the Baby-Friendly Co-ordinator of the hospital

\_\_\_\_\_ (name)

\_\_\_\_\_ (position)

Contact: Tel: \_\_\_\_\_ e-mail: \_\_\_\_\_

\_\_\_\_\_ (signed)

\_\_\_\_\_ (name)

Hospital Chief Executive

\_\_\_\_\_ Hospital

\_\_\_\_\_ (date)

## SAMPLE

## Data Submission for Application for Certificate of Commitment

Name of Hospital: \_\_\_\_\_

|          |  |  |
|----------|--|--|
| <b>1</b> | <b>Hospital data</b>   |  |
| 1.1      | Geographic area served   |  |
| 1.2      | Population served  |  |
| 1.3      | Number of beds in  |  |
| 1.3.1    | Antenatal ward(s)  |  |
| 1.3.2    | Delivery room(s)   |  |
| 1.3.3    | Postnatal ward(s)  |  |
| 1.3.4    | Special care unit(s)   |  |
| 1.3.5    | Neonatal intensive care unit(s)  |  |
| 1.4      | <i>% of mothers attending antenatal clinic</i>                             |  |
| 1.4.1    | Within hospital  |  |
| 1.4.2    | Outside hospital   |  |
| 1.5      | Average daily no. of mothers with full term infants in each postnatal ward |  |
| 1.6      | <i>Average length of stay of mothers in postnatal ward for</i>             |  |
| 1.6.1    | Vaginal deliveries   |  |
| 1.6.2    | Caesarian deliveries   |  |
|          | <i>Average daily no. of infants in</i>                                     |  |
| 1.7      | Well baby observation area, if any, in postnatal ward                      |  |
| 1.8      | Special care unit(s)   |  |

|          |  |                     |
|----------|--|---------------------|
| 1.9      | Neonatal intensive care unit(s)  |                     |
|          | Time period of data (1.4-1.9)  |                     |
| <b>2</b> | <b>Birth data in preceding calendar year</b>   |                     |
| 2.1      | No. of births  |                     |
| 2.2      | <i>Caesarian deliveries</i>  |                     |
| 2.2.1    | Caesarian rate   |                     |
| 2.2.2    | No. under general anaesthesia  |                     |
| 2.2.3    | No. under regional anaesthesia   |                     |
| <b>3</b> | <b>Infant feeding data*</b> (within the last 12 months; from Level 1 onwards – for the last calendar year) | Time period of data |
| 3.1      | % of infants on discharge exclusively breastfed since birth  |                     |
| 3.2      | <i>% of infants breastfed and given supplements</i>  |                     |
| 3.2.1    | For acceptable medical reasons   |                     |
| 3.2.2    | Without medical indication   |                     |
| 3.3      | % of infants fed formula only  |                     |
|          | *3.1 + 3.2.1 + 3.2.2 + 3.3 is expected to be 100%  |                     |
| <b>4</b> | <b>Staff data – No. of</b>   |                     |
| 4.1      | Obstetric medical staff  |                     |
| 4.2      | Paediatric medical staff   |                     |
| 4.3      | Obstetric nurses   |                     |
| 4.4      | Neonatal / nursery nurses  |                     |
| 4.5      | Health care assistants (Obs)   |                     |
| 4.6      | Health care assistants (Neonate)   |                     |