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

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World Breastfeeding Week (WBW) 1-7 August 2026

Breastfeeding for a Sustainable Start in Life: Strengthen What Works

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".

The requirement standards used in this survey were based on the implementation guidance of the 2018 revised Baby-friendly Hospital Initiative (BFHI)[1]. Responses were received from 18 hospitals with maternity services, including 8 public hospitals and 10 private hospitals.

Breastfeeding Rate of newborns on discharge from the hospitals (2025)

	Births in 2025				*Births in 2024*			
	Breastfeeding Rate		Exclusive Breastfeeding Rate		Breastfeeding Rate		Exclusive Breastfeeding Rate	
	%	Range %	%	Range %	%	Range %	%	Range %
Public hospitals	80.26	69-86	15.50	9-21	78.12	66-86	15.22	9-26
Private hospitals	80.69	75-96	3.06	0.06-43	85.36	77-97	3.67	0.04-46
Total	**80.44**	**69-96**	**10.38**	**0.06-43**	**80.94**	**66-97**	**10.73**	**0.04-46**

Ten Steps to Successful Breastfeeding

Areas with improvement and regression of 3% or more as compared with the previous year are listed below, special considerations are also included as indicated:

Improvement

2.2a 20 hours of training given to Obstetric Nursing staff within six months of their arrival (3.4%)
(Among private hospitals, there is a 5.4% increase.)

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2.3a 8 hours of training given to Obstetric doctors within six months of their arrival (12.1%)
(Among private hospitals, there is a 27% increase.)

3.2 Pregnant women are not given group instruction for artificial (bottle) feeding (5.6%)
(Among private hospitals, there is a 10% increase.)

10.2b Facilities coordinate with community services to provide mother-to-mother support (22.2%)
(There was a 37.5% increase among public hospitals and a 10% increase among private hospitals.)

Deterioration

1.2 Breastfeeding policy displayed publicly (5.6%)
(Among private hospitals, there is a 10% decrease.)

1.4 Promotions for infant formula present in your facility (5.6%)
(Among private hospitals, there is a 10% deterioration. One hospital replied that there was promotion of infant formula within the facility.)

3.1 Pregnant clients are taught about the importance and management of breastfeeding (6.6%)

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 (3.6%)
(There was minimal increase in public hospitals and an 8.5% decrease when among private hospitals.)

5.2 Help mothers of babies in special care maintain lactation within 1-2 hours after birth (5.6%)
(Among private hospitals, there is a 10% decrease.)

6.1 Give breastfed infants no food or fluid other than breast milk (5.6%)
(Among private hospitals, there is a 10% decrease.)

7.5 Mothers of preterm babies are encouraged to stay close to their babies (16.7%)
(Among private hospitals, there is a 30% decrease.)

9.1 Breastfeeding babies are cared for without using bottles with artificial teats (nipples) or pacifiers (11.1%)
(Among private hospitals, there is a 20% decrease.)

10.2a Facilities coordinate with community services to provide clinical management support (5.6%)
(Among private hospitals, there is a 10% decrease.)

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Report on WBW Survey 2026

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 seven having undergone revalidation. Hence, around 61.16% of births in the entire territory were in these nine baby-friendly hospitals in 2025. 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. Twenty MCHCs have already been designated as Baby-Friendly MCHCs, with three having undergone revalidation, while nine others are at different stages of designation.[1]

Countries around the world celebrate the World Breastfeeding Week (WBW) from 1-7 August every year. 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 10 private hospitals in Hong Kong providing maternity services in 2025 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 hospitals

Each hospital reported on the number of live births in the hospital in 2025 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.

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

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Exclusive breastfeeding rate in hospitals

Each hospital is to report on its exclusive breastfeeding rate for live births in 2025. 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 2026

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[2], 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 10 private hospitals were invited to participate in our survey.

Survey Population

	No. of births in 2025	*No. of births in 2024*
Public hospitals (8)	18,273 (58.8%)	22,446 (61.1%)
Private hospitals (10)	12,778 (41.2%)	14,275 (38.9%)[#]
Total	**31,051**	**36,721**

[#] A total of 11 private hospitals were invited to participate in the survey for year 2024.

Breastfeeding rate

Breastfeeding rate on discharge from hospitals

The breastfeeding rate, whether exclusive or mixed, on discharge from hospitals for births in 2025 from all hospitals in Hong Kong was 80.44%. For public hospitals, the rate was 80.26%; for private hospitals, the rate was 80.69%.

[2] 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

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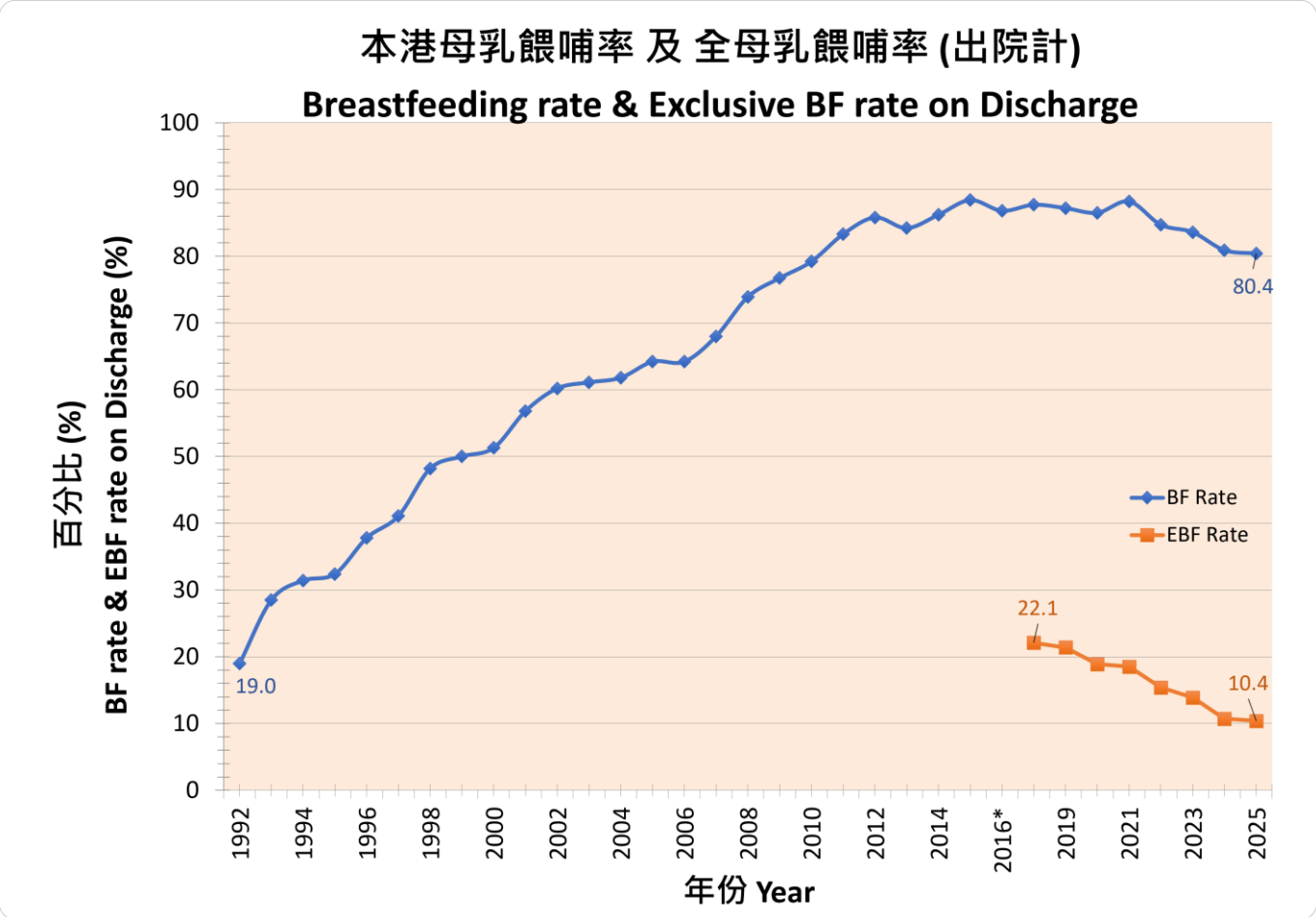

Remarks: 2016*- The statistics of breastfeeding rate were from the Department of Health of the Government of HKSAR. For the year 2017, statistic was not illustrated due to invalid replies and figures.

Exclusive breastfeeding rate in hospitals

The rate in public hospitals was 15.50% for the year (range 9 - 21%). For private hospitals, the rate was 3.06% (range 0.06 - 43%. The overall exclusive breastfeeding rate was 10.38% (range 0.06 - 43%).

<u>The implementation of the Ten Steps to Successful Breastfeeding in 2026</u>[3] (Appendix I)

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.

[3] Percentages given are averages of all that are provided by hospitals unless otherwise stated.

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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%) do not have a system in place to monitor the policy and 3 (30%) do not display it in public. No hospital receives free or low-cost supplies of breast-milk substitutes, but one has promotions of infant foods or drinks.

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 98% of obstetric nurses and 92% of paediatric nurses received at least 20 hours of training in public hospitals, while 89% of obstetric nurses and 65% (among 9 private hospitals with information provided) of paediatric nurses received such training in the private sector.

For doctors' training, 96% of obstetric and 92% of paediatric doctors received at least 8 hours of training in public hospitals, while 87% of obstetric doctors and 57% 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, 89% of pregnant women in public and 90% of those in private hospitals, received information about the advantages and management of breastfeeding. None of the hospitals give group instructions on artificial feeding to pregnant women.

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, 46% in public and 39% in private hospitals undertook skin-to-skin contact with their newborn for at least one hour within 5 minutes after birth. For mothers who had a Caesarean Section under general anaesthesia, 37% of them in public hospitals and 14% of them in 8 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 80% of the private hospitals helped mothers maintain lactation within 1 to 2 hours after delivery if their babies were admitted to the neonatal care unit.

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

5 public (63%) and 5 private hospitals (50%) 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 9 private hospitals (90%) 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 41% of babies (range 35 - 51%) in public hospitals, and 3% (range 0 - 9%) in private hospitals, 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 only 60% 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 4 private hospitals (40%) did so.

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

All public hospitals and 7 private hospitals do not use feeding bottles, teats or pacifiers for breastfed babies. All public hospitals and 9 private hospitals were 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. All public hospitals coordinate with services that provide clinical management and mother-to-mother support, while 9 (90%) and 7 (70%) private hospitals coordinate with such services, respectively.

Hospitals were invited to evaluate their implementation of the Ten Steps to Successful Breastfeeding and identify opportunities for further improvement. All eight public hospitals and seven private hospitals reported that they had implemented the Ten Steps.

When asked how implementation of the Ten Steps could be further strengthened, respondents provided recommendations that were largely consistent with those identified for improving breastfeeding and exclusive breastfeeding rates within their institutions. Both public and private hospitals acknowledged the need for sustained implementation of the Baby-Friendly Hospital Initiative (BFHI) Ten Steps to Successful Breastfeeding.

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Respondents from public hospitals most frequently highlighted the need to strengthen staff education and clinical competency, and to enhance antenatal and postnatal breastfeeding education, as fundamental strategies for improving breastfeeding outcomes. For mothers, the need to promote immediate and uninterrupted skin-to-skin contact, support early initiation of breastfeeding, and encourage early hand expression of breast milk, particularly for mothers of preterm, low birth-weight, or otherwise vulnerable infants. The promotion of Kangaroo Mother Care (KMC) was also identified as an important strategy to facilitate prolonged skin-to-skin contact, strengthen maternal-infant bonding, improve lactation outcomes, and support breastfeeding establishment. In addition, collaboration with the Hong Kong Human Milk Bank to facilitate access to donor human milk for eligible infants was recognized as an important initiative to support optimal neonatal nutrition.

Respondents from private hospitals emphasized increasing the practice of 24-hour rooming-in and promoting immediate skin-to-skin contact following birth. Many also identified the need to strengthen training for healthcare professionals, particularly medical staff, and to enhance the provision of antenatal breastfeeding education and individualized breastfeeding coaching. Several respondents highlighted the importance of reducing the unnecessary use of breastmilk substitutes and minimizing non-medically indicated formula supplementation to facilitate the establishment and maintenance of exclusive breastfeeding.

Overall, the responses demonstrated a good understanding of the core principles underpinning the BFHI Ten Steps. Nevertheless, continued quality improvement efforts are warranted to ensure that all healthcare professionals possess a comprehensive understanding of the evidence supporting each step and are able to consistently implement these practices into routine clinical care. Strengthening multidisciplinary collaboration, maintaining staff competency, and embedding Baby-Friendly practices into everyday maternity and neonatal services will be essential to further improving breastfeeding initiation, exclusivity, and duration across all hospitals.

Discussion

The upward trend in the birth rate observed in recent years reversed in 2025. The total number of live births fell by 5,670 (15.44%) compared with 2024, dropping below the level recorded in 2022. Despite the lower number of births, the overall breastfeeding rate at hospital discharge remained relatively stable at 80.44%. In contrast, the exclusive breastfeeding (EBF) rate at discharge continued to decline, reaching 10.38%. Both breastfeeding indicators recorded slight decreases compared with the preceding year.

One hospital reported the presence of promotional materials for breast-milk substitutes, indicating non-compliance with the International Code of Marketing of Breast-milk Substitutes (the Code). This finding constitutes a violation of the Code and underscores the need for strengthened institutional oversight. Hospital management and healthcare staff should work collaboratively to implement effective monitoring mechanisms, reinforce staff awareness and accountability, and ensure full compliance with the Code to prevent future violations.

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Regarding healthcare professional education, there was a marked increase in breastfeeding-related training among clinicians in private hospitals, with participation increasing by 27% among obstetricians and 7% among paediatricians. This improvement was primarily attributable to the enrolment of a private hospital in the Baby-Friendly Hospital Initiative (BFHI) designation programme in 2023. Strengthening the breastfeeding knowledge and competencies of obstetric and paediatric healthcare professionals is a core element of BFHI implementation, as these professionals play a critical role in providing evidence-based infant feeding guidance, counselling, and clinical recommendations, which can significantly influence parents' decisions regarding breastfeeding initiation, exclusivity, and continuation.

There was a slight decline in the proportion of pregnant women who received antenatal education on the benefits of breastfeeding and appropriate breastfeeding management in both public and private hospitals. This reduction may have contributed to the increasing proportion of breastfed infants receiving food or fluids other than breast milk based on maternal preference in the absence of a medical indication. In addition, compliance with the practice of avoiding bottles with artificial teats (nipples) and pacifiers among breastfed infants remained suboptimal. These findings highlight the need to strengthen antenatal breastfeeding education and counselling, with greater emphasis on the importance of exclusive breastfeeding, the avoidance of unnecessary supplementation, and the risks associated with the use of artificial teats and pacifiers. Expanding the coverage and quality of antenatal education programmes is essential to improve breastfeeding outcomes and support adherence to BFHI standards.

The rate of immediate skin-to-skin contact (SSC) following the birth of healthy term infants has remained consistently low. In the current assessment cycle, only a marginal improvement was observed in public hospitals, while implementation continued to decline in private hospitals. Strengthened institutional commitment and administrative support are required to improve SSC uptake. This should include ensuring adequate staffing outside routine operating hours, particularly in operating theatres, and providing multidisciplinary education and competency-based training for healthcare professionals at all levels to facilitate the consistent implementation of SSC across all birth settings.

The 2018 BFHI guidance places greater emphasis on providing breastfeeding support for vulnerable newborn populations, including preterm infants, low birth-weight infants, sick newborns, and infants admitted to neonatal intensive care units (NICUs). With respect to the care of infants separated from their mothers, performance in supporting timely initiation and maintenance of lactation remained suboptimal. Specifically, the proportion of mothers who received assistance to initiate and maintain lactation within 1–2 hours after birth and those supported to remain close to their infants during hospitalization decreased. These findings highlight significant gaps in the implementation of family-centred care and lactation support for high-risk mother–infant dyads and underscore the need to strengthen evidence-based practices to improve breastfeeding outcomes in neonatal care settings.

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The implementation of rooming-in in postnatal wards and the provision of support for responsive (cue-based) feeding have remained consistently suboptimal in private hospitals. In addition, support for mothers to remain in close proximity to their preterm infants during neonatal intensive care unit (NICU) admission was inadequate. Strengthened administrative commitment and institutional support are required to address these deficiencies, including the development of family-centred care policies, allocation of appropriate resources, and implementation of practice changes that facilitate maternal-infant proximity and promote responsive feeding throughout the continuum of neonatal care.

Concluding Remarks

Hong Kong is facing a concerning decline in overall breastfeeding rates, with **exclusive breastfeeding rates remaining persistently low** during the recommended first six months of life. Although the Baby-Friendly Hospital Initiative (BFHI) provides an evidence-based framework to protect, promote, and support breastfeeding within healthcare facilities, improving breastfeeding outcomes requires efforts beyond the healthcare system. The theme of this year's World Breastfeeding Week (WBW), "Breastfeeding for a sustainable start in life: Strengthen what works," emphasizes monitoring progress, evaluating the impact of breastfeeding on nutrition, food security, and poverty reduction, and strengthening successful strategies through collaboration at all levels. Breastfeeding is not only a clinical intervention but also **a public health priority** that requires coordinated support from healthcare services, government, workplaces, communities, and families. Reversing the current decline will require sustained policy commitment, public education, and a supportive environment that enables mothers to initiate and continue breastfeeding.

The declining breastfeeding rates also highlight the need for a better understanding of the **factors influencing parental infant feeding decisions**. These include misconceptions about breastfeeding, cultural beliefs, maternal confidence, family and social influences, workplace demands, and the growing impact of digital media and commercial marketing of infant formula. Understanding these factors will help develop targeted interventions that address barriers and support informed feeding decisions.

Regardless of feeding choice, all maternity and neonatal services should **consistently implement the Ten Steps to Successful Breastfeeding** for every mother-infant dyad. Consistent implementation ensures equitable, evidence-based care and supports parents in making informed feeding decisions. Healthcare institutions should continue to strengthen Baby-Friendly practices through continuous quality improvement, regular audit and monitoring, staff competency development, and timely identification and correction of service gaps.

Strict implementation and monitoring of compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions are equally important. **Effective enforcement of the Code** protects families from inappropriate commercial influence and ensures that infant feeding decisions are based on accurate, unbiased, and evidence-based information.

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Improving breastfeeding outcomes in Hong Kong will require a coordinated, multisectoral approach beyond healthcare institutions. Sustained investment in Baby-Friendly services, stronger community and peer support, greater family engagement, breastfeeding-friendly workplace policies, and continued public health promotion are essential to creating an environment where breastfeeding is protected, promoted, and supported throughout the continuum of maternal and child care.

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Appendix I: Ten Steps to Successful Breastfeeding (BF)

(Self-Appraisal by Hospitals)

	Hospital %			
Survey year	**2025**			**2024**
	Public	**Private**	**All**	**All**
1. Comply with the Code, written infant feeding policy routinely communicated to staff and parents				
1.1) With explicit written notice	100	100	100	100
1.2) Infant feeding policy displayed publicly	100	70	83	89
1.3) No free or low-cost supplies of breast-milk substitutes accepted	100	100	100	100
1.4) No promotion of infant foods or drinks other than breast milk	100	90	94	100
1.5) A system in place to monitor the policy	100	80	89	89
2. Ensure staff have knowledge, competence and skills to support BF				
2.1) Acquainted with infant feeding 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	98	89(H:9)	93(H:17)	90
2.2b) % of Paediatric nursing staff	92	65(H:7)	79(H:15)	79(H:16)
2.3) 8-hr training given to staff within six months of their arrival				
2.3a) % of O&G doctors	96	87(H:5)	92(H:13)	80(H:13)
2.3b) % of Paediatric doctors	92	57(H:5)	79(H:13)	77(H:13)
2.4) A system in place to assess staff competency	100	80	89	89
3. Discuss the importance and management of BF with pregnant women and their families				
3.1) % of pregnant clients taught	89	90	90	96
3.2) Give group instruction on artificial feeding	0	0	0	6
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate BF after 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	46	39	42	44
4.2) Caesarean deliveries with general anaesthesia (skin to skin when mother responsive) - % of mothers	37	14(H:8)	25(H:16)	29(H:17)

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5. Support mothers to initiate, maintain breastfeed and manage common difficulties				
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	80	89	94
5.3) Teach BF Mothers on hand expression of breast milk	100	100	100	100
6. Give breastfed newborn only breast milk, unless medically indicated				
6.1) Give breastfed newborn no food or fluid other than breast milk	63	50	56	61
6.2) Mothers who decided not to breastfeed were counselled on feeding options and supported in making suitable choices	100	90	94	94
6.3) Mothers who decided not to breastfeed were taught on safe preparation, feeding, and storage of breast-milk substitutes	100	100	100	100
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day				
7.1) Mothers and babies with normal vaginal delivery are rooming-in from birth	100	40	67	67
7.2) All mothers and normal babies stayed in the same room day and night	100	40	67	67
7.3) % of mothers and babies separated for medical reasons	41	3	20	20
7.4) There is a nursery for healthy infants	0	100	56	56
7.5) Encourage mothers of preterm babies to stay close to their babies, day and night	100	60	78	94
8. Support mothers to recognize and respond to their infants' cues for feeding	100	40	67	67
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers				
9.1) Care for BF babies without using feeding bottles, teats or pacifiers	100	70	83	94
9.2) Teach BF mothers about the risks of using feeding bottles, teats and pacifiers	100	90	94	94
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	90	94	100
10.2b) mother-to-mother support	100	70	83	61

Remarks:

Public hospitals with maternity unit: 8
Private hospitals with maternity unit: 10
All hospitals gave a response unless "H", no. of hospitals providing information stated

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