

Baby Friendly Hospital Initiative Hong Kong Association

Baby-Friendly Maternal and Child Health Center

In

Hong Kong

Revised January 2026

www.babyfriendly.org.hk

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Introduction to Baby-Friendly Hospital Initiative

The Baby-Friendly Hospital Initiative (BFHI) is a global initiative of the World Health Organization (WHO) and UNICEF launched in 1991¹. 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 (Ten Steps) and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions. By 2011, over 21,000 facilities in 131 countries round the world have been ever-designated as a Baby-Friendly Hospital. As a continuation of Step 10 of the Ten Steps and the recognition that community support is essential to sustaining breastfeeding and optimal Infant and Young Child Feeding, Baby-Friendly Communities² are a further development of BFHI.

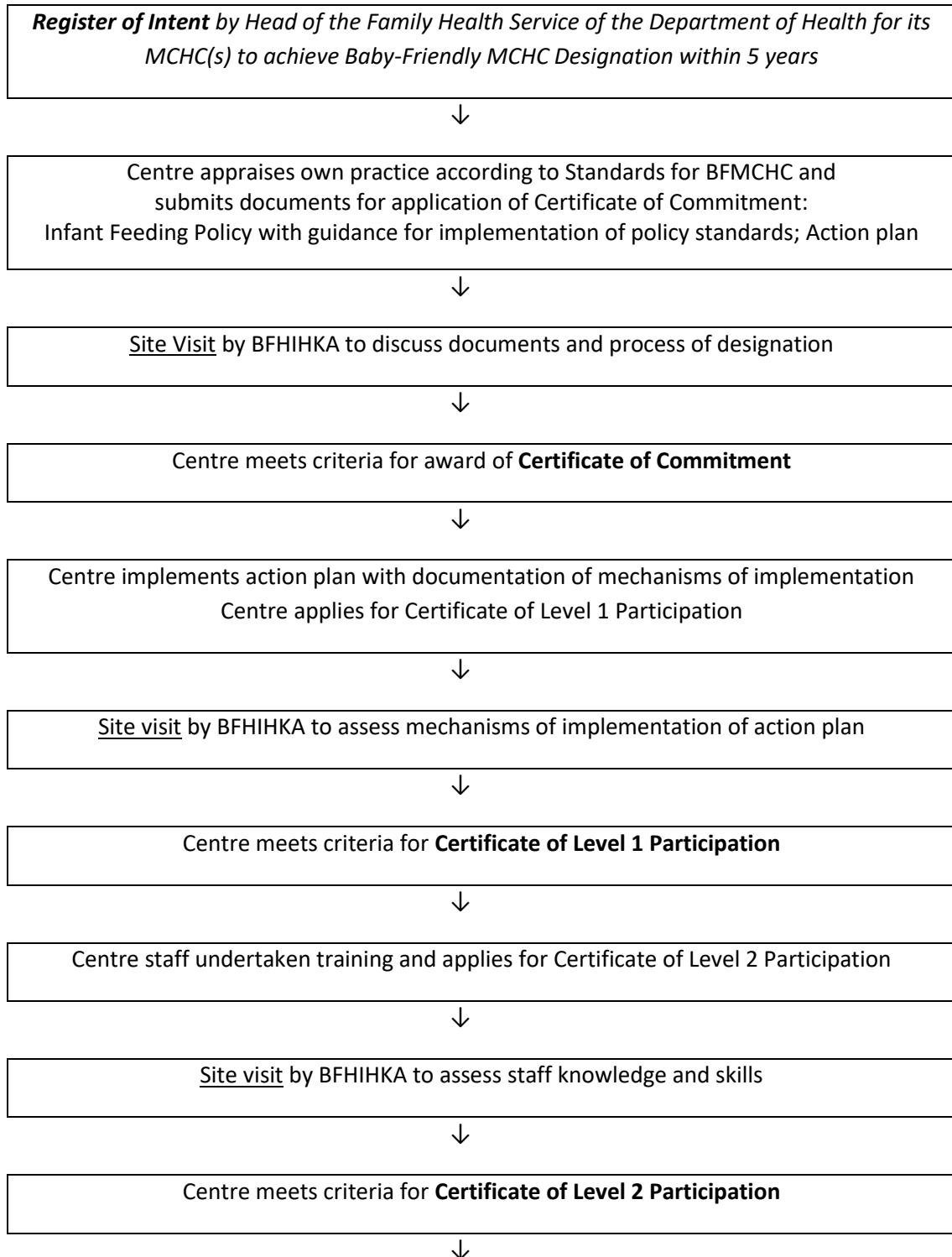
Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) was established by the Hong Kong Committee for UNICEF in 1994 to promote breastfeeding and protect infant and maternal health in Hong Kong. The Hong Kong Committee for UNICEF is a supporting partner of BFHIHKA in its operation of the Baby Friendly Health Facilities Designation Programme. This document explains the process of designation of Maternal and Child Health Centres (MCHCs) as Baby-Friendly Health Facilities. The process involves five steps. As all 29 MCHCs are under the administration of the Family Health Service of the Department of Health, the policies, action plans, protocols and training curricula for the two steps, the Certificate of Commitment and Level 1 Participation, that have been assessed and approved during the application of the first batch of MCHCs, are expected to apply to the whole Service. For each application of the subsequent batches, these documents will be reviewed with regard to any revisions made and in the light of more recent developments in the BFHI. Site visits to individual MCHCs were conducted at each of these two stages for the first batch to ensure teams at the frontline were conversant with the policies and practices promulgated by the senior management and to clarify any concerns. For subsequent batches, the two visits will be combined into one.

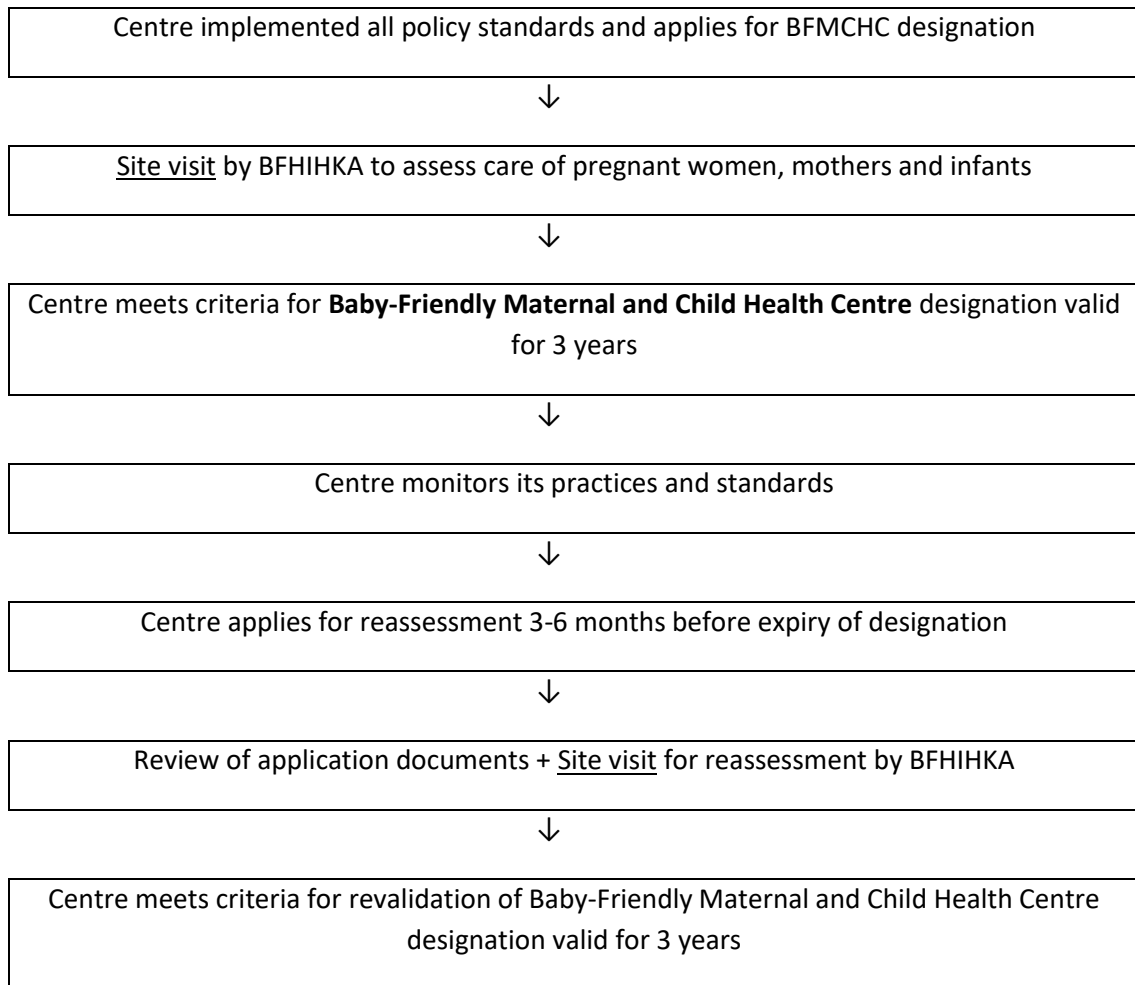
A summary of the standards to be met can be found in Appendix 1.

¹ WHO / UNICEF Baby Friendly Hospital Initiative <http://www.who.int/nutrition/topics/bfhi/en/> accessed 2026.1.13

² WHO / UNICEF Baby-Friendly Hospital Initiative Section 1 Background and Implementation <https://apps.who.int/iris/handle/10665/43593> accessed 2026.1.13

Outline of Process





Process of Designation of Baby-Friendly Maternal and Child Health Centre (BFMCHC)

Award of Certificate of Intent

Apply for Certificate of Intent

Application states that the Centre

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

Signed by Head of the service

BFHIHKA awards **Certificate of Intent**

Award posted on BFHIHKA website with the date of award

Award of Certificate of Commitment

Study Standards for BFMCHC (Appendix 1)

Prepare:

1. General Information
 - 1.1 Geographic area served
 - 1.2 Population served
 - 1.3 Services provided in the Centre related to pregnant women, mothers and infants with relevance to infant feeding e.g. clinics, workshops, classes, including frequency of sessions
 - 1.4 Maternity units with which there are shared care
 - 1.5 Other community organisations, if any, with collaboration in relation to breastfeeding and infant feeding
2. Service data in the preceding calendar year
 - 2.1 Number of newborns served
3. Infant feeding data in the preceding calendar year
 - 3.1 Exclusive breastfeeding rate at first newborn visit, 1, 2, 4, and 6 months
 - 3.2 Partial breastfeeding rate at first newborn visit, 1, 2, 4, 6 months
 - 3.3 Formula feeding rate at first newborn visit, 1, 2, 4, 6 months
 - 3.4 Age at introduction of complementary feeds
4. Staff data
 - 4.1 Number of medical staff
 - 4.2 Number of nurses
 - 4.3 Number of other staff (state position)
5. Infant Feeding Policy with guidance for implementation of policy standards
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 is action intended to start and when to be accomplished

Apply for Certificate of Commitment

Submit application with

1. Information on Centre, newborns served, 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 and one hard copy; for Nos. 2 and 3, submit once for all MCHCs unless there have been amendments)

4. Name of BFMCHC co-ordinator (name with position and contact information – will be liaison person with BFHIHKA)
5. Fee applicable

(Please contact BFHIHKA if a prior invoice is required)

BFHIHKA:

1. Vets application documents
2. Arranges visit to Head Office in around 6 weeks

Head Office visit (for the application of the 1st MCHC)

1. BFHIHKA representatives meet relevant Head Office staff involved in the programme to gain a mutual understanding of BFMCHC
2. BFHIHKA representatives discuss Infant Feeding Policy with guidance and Action Plan with the staff

BFHIHKA representatives leave an e-copy of comments to Head Office

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

Head of the service signs letter indicating that the necessary support will be given for the adoption and implementation of the agreed Infant Feeding Policy and Action Plan

1st Site visit (around 2 hours)

1. BFHIHKA representatives meets BFMCHC co-ordinator and relevant senior staff involved in the project to gain a mutual understanding of BMCHC, the Infant Feeding Policy and the Action Plan
2. BFHIHKA representatives pay a brief visit to the Centre to familiarise with the setting

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

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 including building a positive relationship with babies before and after birth
 - 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 to give feeds as safely as possible and practice responsive feeding
 - 1.2.7 Outline of information to be discussed in the postnatal period on continued breastfeeding according to individual need
 - 1.2.8 Written information given to postnatal mothers on support in the community
 - 1.2.9 Written information on the introduction of complementary foods
 - 1.3 Protocols/guidelines related to the policy standards e.g. breastfeeding assessment, management of neonatal jaundice, management of infants reluctant to feed, acceptable medical reasons for supplementation of breastmilk substitutes, management of weight loss and slow weight gain in the breastfed infant, maximising breastmilk received in the mothers who give supplements, safe sleep arrangement, introduction of complementary foods

2. Training programme for staff in order to implement the policy
 - 2.1 Training curricula including the clinical practice session as necessary for medical and nursing staff, 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
 - 2.3 How staff training is to be recorded
3. Plan on how policy standards 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 to be used for the different policy standards
 - 4.3 How results of audits are to be reviewed and action taken accordingly
 - 4.4 Mechanism of feedback from parents and how these are addressed
 - 4.5 System of data collection
5. Plan on how to ensure the Centre is Code compliant

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. Data on newborns served 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 9, please submit a soft copy and one hard copy for the first MCHC; subsequent MCHCs can submit no. 9 alone unless there has been amendments to Nos. 1 to 8)

10. Name of BFMCHC co-ordinator (name with position and contact information – will be liaison person with BFHIHKA)

11. Declaration by Head of service that the information provided is accurate to the best of his/her knowledge

12. Fee applicable

(Please contact BFHIHKA if a prior invoice is required)

BFHIHKA:

1. Vets application documents
2. Arranges visit to Head Office in around 8 weeks

Head Office visit

BFHIHKA representatives discuss mechanisms for implementation and monitoring of Infant Feeding Policy with relevant Head Office staff involved in the programme

BFHIHKA representatives leave an e-copy of comments with Head Office

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

Written commitment from Head of service to adhere to the policy standards and enable staff to practise according to the agreed standards

2nd Site visit (around 2 hours)

BFHIHKA representatives meets BFMCHC co-ordinator and relevant senior staff involved in the project to gain a mutual understanding of the mechanisms for implementation and monitoring of the Infant Feeding Policy

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

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 Centre, newborns served, 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

Submit:

1. Current data on Centre, newborns served, 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)
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)
5. Current Infant Feeding Policy, protocols, training curricula **if** different from that at Level 1 assessment

(For the above documents Nos. 1 to 5, please submit a soft copy and one hard copy)

6. Name of BFMCHC co-ordinator (name with position and contact information – will be liaison person with BFHIHKA)
7. Declaration by Head of service that the information provided is accurate to the best of his/her knowledge
8. Fee applicable

(Please contact BFHIHKA if a prior invoice is required)

BFHIHKA:

1. Vets application documents
2. Informs Centre 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 of site visit to be submitted by the Centre at least a week before the site visit)

3rd Site visit (1 day)

1. Interview a random sample of clinical and non clinical staff e.g. doctors, nurses, non-clinical staff 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 Centre areas caring for pregnant women, mothers and infants
6. Meet with relevant senior staff to discuss preliminary results of the assessment

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

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

BFHIHKA reassesses Centre, if required, in another 6 months

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

Award posted on BFHIHKA website with date

Award of Baby-Friendly Maternal and Child Health Centre

Mothers prepared to care for and feed their infants appropriately

Prepare

1. Current information/data on Centre, newborns served, 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

Submit

1. Current data on Centre, newborns served, staff (as for Award of Certificate of Commitment)
2. Infant feeding data in the previous calendar year
3. Summary of results of internal audit
4. Current Infant Feeding Policy, protocols, training curriculum, written material for pregnant women and parents **if** different from that at the previous assessment
5. Timetable of antenatal, postnatal and infant clinics

(For the above documents Nos. 1 to 5, please submit a soft copy and one hard copy)

6. Name of BFMCHC co-ordinator (name with position and contact information – will be liaison person with BFHIHKA)
7. Declaration by Head of service that the information provided is accurate to the best of his/her knowledge
8. Fee applicable

(Please contact BFHIHKA if a prior invoice is required)

BFHIHKA:

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

4th Site visit (1 day or 2 half-days depending on the arrangement of clinic sessions)

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
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, mothers who elect to breastfeed, and mothers who elect to formula feed, in the absence of staff members
 - 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

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

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

BFHIHKA reassesses Centre, if required, in another 6 months

Centre meets criteria for award of **Baby-Friendly Maternal and Child Health Centre** valid for 3 years

Centre receives a certificate stating the period of the award and the BFMCHC plaque.

Award posted on BFHIHKA website with date

Revalidation of Baby-Friendly Maternal and Child Health Centre Designation

Standards for BFMCHC maintained or enhanced

Submit every 12 months after the award of BFMCHC

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 Compliance of the Code
2. Infant feeding data in the previous calendar year

(For the above documents Nos. 1 and 2, please submit a soft copy, in Word format if possible)

Apply 3 months before expiry of the BFMCHC status and internal audit shows the Centre continues to fulfill the minimum standards required for BFMCHC.

Submit

1. Most recent documents required for annual submission above if not submitted previously
2. **IF** different from the last assessment
 - 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 pregnant women, mothers/parents

(For the above documents Nos. 1 and 2, please submit a soft copy and one hard copy **IF** submission is required)

3. Current data on Centre, newborns served, staff (as for Award of Certificate of Commitment)

4. Timetable of antenatal, postnatal and infant clinics
5. Name of BFMCHC co-ordinator (name with position and contact information – will be liaison person with BFHIHKA)
6. Declaration by Head of service 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 Centre 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 the days of the site visit as agreed to be submitted by the Centre at least a week before the site visit)

Site visit (1 day or 2 half days depending the arrangement of clinic sessions)

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
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. Assessors

3.1 Interview a random sample of clinical staff, pregnant women, mothers who elect to breastfeed, and mothers who elect to formula feed in the absence of staff members

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

BFHIHKA sends report of visit to the Centre with observation and recommendations, if any, for revalidation of Baby-Friendly Maternal and Child Health Centre designation

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

BFHIHKA reassesses Centre, if required, in another 6 months

Centre meets criteria for award of revalidation of **Baby-Friendly Maternal and Child Health Centre** designation valid for 3 years

Award posted on BFHIHKA website with date*

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

**Fees for Application for the Stages of
Designation of Baby-Friendly Maternal and Child Health Centre**

(Revised 1 May 2020)

Fee	HK\$
Certificate of Intent	Nil
Certificate of Commitment (for each batch of applications)	5,000
Award of Level 1 Participation (for each batch of applications)	10,000
Each MCHC in the batch	5,000
Award of Level 2 Participation (per MCHC)	14,000*
Award of Baby-Friendly Maternal and Child Health Centre (per MCHC)	23,000*
Revalidation as Baby-Friendly Maternal and Child Health Centre (per MCHC)	15,000*

* 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

For enquiries, please contact Project Officer, BFHIHKA

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Standards for Baby-Friendly Maternal and Child Health Centre

- 1.1. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions (the Code)**
- 1.2. Have a written infant feeding policy that is routinely communicated to staff and parents**
 - 1.2.1. The policy addresses all standards of BFMCHC and the Code.
 - 1.2.2. The policy includes guidance for how each of the standards should be implemented.
 - 1.2.3. All protocols or guidelines related to infant feeding are in line with current evidence-based standards.
 - 1.2.4. The policy is available for reference to all staff members who take care of mothers and babies.
 - 1.2.5. The policy is summarised in languages and wordings most commonly understood by parents and staff and visibly posted in all areas of the Centre that serve pregnant women, mothers, and or/children.
- 1.3. Establish ongoing monitoring and data-management systems**
 - 1.3.1. There is a mechanism for data collection and evaluation of the effectiveness of the policy.
- 2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding**
 - 2.1 All staff are orientated on the policy within two weeks of joining the service.
 - 2.2 There is a training plan to ensure all staff caring for pregnant women, mothers and infants are trained within 6 months of joining the service.
 - 2.3 The training covers the Ten Steps of Successful Breastfeeding³, BFMCHC standards and the Code.

³ Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. Geneva: World Health Organization; 2018 <https://www.who.int/publications/i/item/9789241513807> accessed 2026.1.13

2.4 The training is appropriate for the role of the staff. For nursing staff caring for pregnant women, mothers and infants, the training is at least 20 hours including 3 hours supervised clinical practice; for medical staff caring for pregnant women, mothers and infants, the training is at least 8 hours including 1 hour supervised clinical practice. There is also staff with specialized training on lactation management.

2.5 The training includes supporting mothers who elect not to breastfeed as an informed choice in infant feeding.

2.6 The appropriate training curricula are available.

2.7 Training is recorded with a means to address non-attendees.

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

3.1. The antenatal discussion includes

3.1.1. The importance and management of breastfeeding and the risks of supplementation while breastfeeding in the first 6 months of life.

3.1.2. Connecting with the baby before birth with the development of a positive relationship.

3.1.3. Importance of early skin to skin contact between mothers and babies, early initiation of breastfeeding, rooming-in and avoidance of teats and pacifiers before breastfeeding is established.

3.1.4. Practical skills such as positioning and attachment, responsive feeding.

3.1.5. Possible challenges such as engorgement, perception of milk insufficiency and how to address them.

3.2. That the above antenatal discussion has taken place is documented.

4. Carry out a full breastfeeding assessment at the first post partum visit.

4.1. A formal assessment is carried out using an agreed breastfeeding assessment tool including mother's understanding of sufficient milk intake, effective feeding and hand expression.

4.2. Counselling on breastfeeding management is provided as necessary.

4.3. Referral to specialized lactation management is made as required.

5. Advise mothers to breastfeed exclusively for six months and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond.

- 5.1. Mothers' options for continued breastfeeding have been discussed.
- 5.2. Where exclusive breastfeeding is not possible, mothers are advised on how to maximize the amount of breastmilk received by their babies.
- 5.3. Mothers who elect to give formula milk are advised on how to feed their babies as safely as possible.
- 5.4. Mothers are advised on when and how to introduce solid food.
- 5.5. Mothers are advised on management of night feeds and safe sleeping practices.

6. Welcome breastfeeding mothers in the Centre

- 6.1. Staff display a welcoming attitude.
- 6.2. Appropriate signage is displayed.
- 6.3. Private area is provided as necessary.
- 6.4. Strategies to enable mothers to breastfeed in public places are discussed.

7. Refer mothers for additional professional care and/or peer support as appropriate

- 7.1. Referral system is in place for additional professional care if required.
- 7.2. Mothers are aware of how to access professional support.
- 7.3. Mothers are informed on local support.

Summary

- 1.1. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
- 1.2. Have a written infant feeding policy that is routinely communicated to staff and parents.
- 1.3. Establish ongoing monitoring and data-management systems.
- 2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding
- 3. Discuss the importance and management of breastfeeding with pregnant women and their families.
- 4. Carry out a full breastfeeding assessment at the first post partum visit.

5. Advise mothers to breastfeed exclusively for six months and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond.
6. Welcome breastfeeding mothers in the Centre
7. Refer mothers for additional professional care and/or peer support as appropriate.