Baby Friendly Watch
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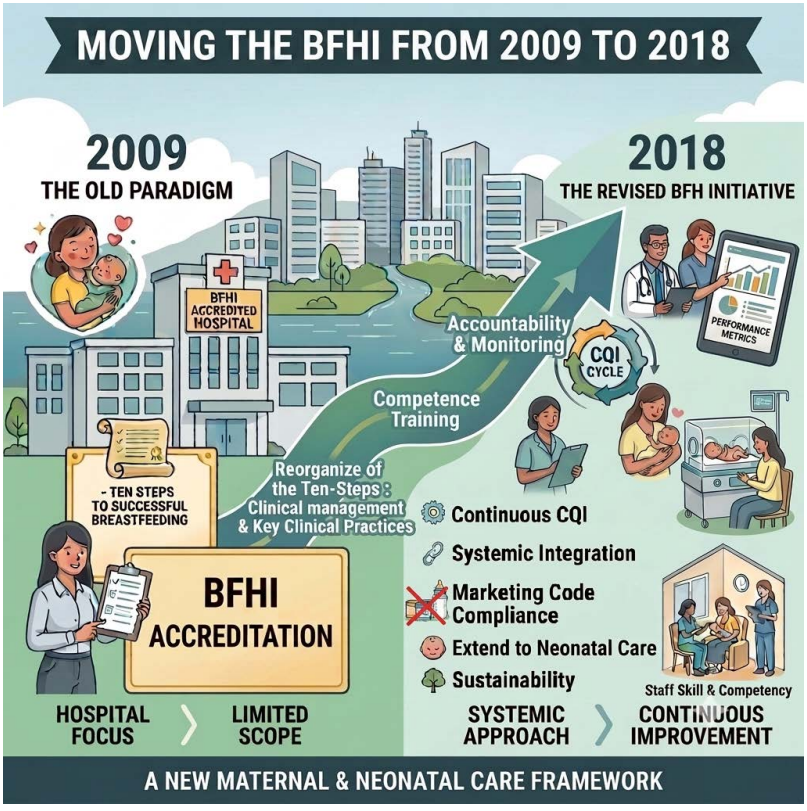
# Moving the BFHI from 2009 to 2018: The Progress in Hong Kong

**Ms LAM Chi-oi, Christine**
APN, Hong Kong Breast Milk Bank,
Chairperson of Committee on Designation of Baby Friendly Health Facilities, BFHIHKA

The Baby-Friendly Hospital Initiative (BFHI), launched by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 1991, has long served as a global strategy to protect, promote, and support breastfeeding. The initiative was built upon the "Ten Steps to Successful Breastfeeding," designed to improve breastfeeding outcomes and maternal-infant care practices worldwide. In 2009, the BFHI package represented an important modernisation of earlier guidance. Between 2015 and 2018, WHO and UNICEF undertook a comprehensive reassessment of BFHI. They concluded that the initiative needed to move beyond a hospital accreditation programme towards a broader quality-improvement framework integrated into health systems and routine maternity care. By 2018, the revised implementation guidance was launched to improve sustainability, expand coverage, strengthen accountability, and align the BFHI with evolving evidence-based maternal and newborn care practices.

The transition from the 2009 to the 2018 BFHI guidance marked a major strategic shift. While the Ten Steps remained central, the revised guidance emphasised continuous quality improvement, reinforced compliance with the International Code of Marketing of Breast-milk Substitutes and expanded the scope of care to include vulnerable newborn populations and ensure long-term sustainability. The 2018 revision positioned the BFHI not simply as a hospital initiative, but a comprehensive framework for improving maternal and newborn care worldwide.



The revised version distinguishes between organisational accountability and clinical bed-side support, moving the standards towards clinical competency and informed choice. Rather than focusing primarily on accreditation, the new guidance emphasises:

## The State of Implementation in Hong Kong

In Hong Kong, the BFHI accreditation process only started in the early 2010s. The first hospital began its application in 2013 and was successfully designated BFH in 2016. This was followed by all public hospitals completing the process in 2023 and one private hospital in 2024. After the introduction of the 2018 BFHI guidance, accredited Baby-Friendly hospitals have made strides in transforming their infant feeding policies and practices using the new standards. The Baby-Friendly Hospital Initiative Hong Kong Association (BFHIHKA) officially transitioned to the revised 2018 standards for hospital revalidations from 2024.

Since the implementation of the 2018 assessment criteria, 8 public hospitals have been assessed for BFH revalidation, with the majority achieving the required ≥80% compliance benchmark. All participating hospitals have demonstrated strong compliance with the International Code of Marketing of Breastmilk Substitutes, while 7 hospitals have revised their breastfeeding policies to align with the 2018 BFHI standards. The structured antenatal discussion protocols used by nurses to discuss the importance and management of breastfeeding with pregnant women and families have been updated. Implementation of practices to promote uninterrupted mother-infant contact through 24-hour rooming-in and support mothers to recognise and respond appropriately to infant feeding cues have been in place consistently. Moreover, counselling on the appropriate use of and potential risks associated with feeding bottles, teats, and pacifiers, together with coordinated discharge planning to facilitate timely access to ongoing breastfeeding support and postnatal care, have been effectively integrated into routine clinical practice.

Notwithstanding these achievements, several clinical, operational and administrative domains have remained below the global 80% compliance benchmark, highlighting priority areas requiring targeted quality improvement interventions. The following table shows the steps that have failed to meet the standards and require further enhancement.

| The Ten Steps (2018 version) | The State of Compliance | Areas Requiring Further Actions |
|---|---|---|
| **Step 4:**<br><br>**Facilitate immediate, uninterrupted skin-to-skin contact (STS) and early breastfeeding initiation.** | **Requirement not met. Failed to meet the benchmark for NICU babies.** Despite progressive improvement, gaps remain.<br><br>Administrative and training constraints in both maternity and neonatal units may have affected implementation. | **Critical action needed in NICU:**<br><br>Hospitals must modify clinical practices and structural layouts to allow safe, early STS for preterm/sick infants.<br><br>Requires detailed improvement plans for benchmarks not met.<br><br>In clinical situations where individual performance targets cannot be consistently achieved, detailed documentation should be maintained to justify deviations, support clinical decision-making, and ensure accurate quality assurance and audit processes. |
| **Step 5:**<br><br>**Support mothers to initiate and maintain breastfeeding and manage difficulties.** | **Maternity unit met required standard, but neonatal unit did not.**<br><br>For mothers separated from their babies in NICU, compliance fell short regarding instruction on milk expression. The benchmark for **early breastmilk expression within 1-2 hours post-delivery was not met.** | **Critical action needed for mother baby separation:**<br><br>Requires protocol adjustments and closer monitoring. |
| **Step 6:**<br><br>**Do not provide breastfed newborns food or fluids other than breast milk, unless medically indicated.** | **Showing improvement, but substantial gaps remain.**<br><br>Although assessment interview met the 80% compliance threshold, the annual submission of hospital statistics revealed that the exclusive breastfeeding remained low. | **Critical action needed:**<br><br>Needs robust audit and action plan to closely monitor the situation. Furthermore, counselling, training and assessment can help mothers manage their breastfeeding and get support when needed. |

***Table 1 -*** *BFHI Ten Steps (2018 Version): Compliance Status and Required Actions*

### *Other Strategic Recommendations for Care Improvement*

- Achieving these standards requires a hospital-wide commitment, underpinned by strong administrative and clinical leadership. This includes supporting practice change, allocating protected time for staff education and competency assessment, and ensuring the necessary infrastructure is in place.
- Structural modifications are essential, such as optimising postnatal ward layouts to facilitate rooming-in and redesigning NICU environments to enable safe, comfortable, and sustained parent-infant skin-to-skin contact.
- Staff knowledge and clinical competencies in breastfeeding management should be further strengthened, particularly in the assessment and management of early breast complications, neonatal jaundice, and the delivery of effective breastfeeding support.
- Staff education must shift from passive classroom training to direct, bedside clinical skill evaluations. This should be reinforced through systematic documentation, regular internal audits, and targeted competency assessments.
- Implementing an automated internal data management and alert system would enable continuous monitoring of key clinical indicators, with particular attention to two sentinel measures: immediate and uninterrupted skin-to-skin contact following birth, and exclusive breastfeeding.

## Breastfeeding as a Public Health Priority in Hong Kong

Hong Kong is facing a **worrying decline in overall breastfeeding rates**, with persistently low levels of exclusive breastfeeding sustained through the recommended first six months of life. While the Baby-Friendly Hospital Initiative (BFHI) provides a robust institutional framework for promoting, protecting, and supporting breastfeeding within healthcare facilities, **lasting success cannot rely solely on hospital-based interventions or healthcare professionals**.

Breastfeeding should be recognised not as an isolated healthcare initiative, but a **broader public health priority** that extends well beyond the clinical setting. Reversing the current downward trend will require **strong government commitment and leadership**, alongside **partnerships across all sectors of society**. Sustained, system-wide efforts must address public education, the regulation of marketing of breastmilk substitutes, workplace and community support, and family-friendly environments in public spaces, complementing the support already provided within healthcare facilities.

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

Website: www.babyfriendly.org.hk
Baby Friendly Hotline: 2838 7727 (4pm-9pm)
General Enquiry: 2591 0782, Fax: 2338 5521
Email: info@bfhihka.org.hk
Address: 7th Floor, SUP Tower, 75-83 King's Road, Hong Kong


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