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The Baby Friendly e-newsletter focuses on two key themes:
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Baby Friendly Watch

愛嬰情報

Baby Friendly Watch invites healthcare professionals and administrators to contribute insights, strategies, and innovative ideas aimed at improving standards and practices within Baby-Friendly healthcare facilities.

【愛嬰情報】邀請醫護專業和管理人員提供見解、策略和創新想法，旨在改善愛嬰醫療機構的標準和實踐。

【母乳餵哺 人人樂道】為家庭提供一個空間，讓他們分享在母乳餵哺過程中遇到的經驗和挑戰，以促進聯繫和支持。

Breastfeeding - We Care serves as a space for families to share personal stories and challenges from their breastfeeding journeys, fostering connection and support.

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Hong Kong Association
愛嬰醫院香港協會



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About us:

In 1992, the Hong Kong Committee for UNICEF formed the Baby Friendly Hospital Initiative Committee in order to promote and support breastfeeding in Hong Kong. The Baby Friendly Hospital Initiative Hong Kong Association was subsequently established in 1994, aiming to promote breastfeeding and protect infant health. We are committed to creating a health care and societal environment that enables parents and other caregivers to make informed decisions about optimal infant feeding and carry them through.

1992年聯合國兒童基金香港委員會成立推動愛嬰醫院委員會，舉辦各項活動推廣及支持母乳餵養。委員會於1994年正式註冊為一間旨在提倡母乳餵養及保護嬰兒健康的志願機構，名為愛嬰醫院香港協會。我們致力建設一個醫療及社會環境，讓母親及嬰兒照顧者作出知情選擇，以最佳方法餵養嬰兒。



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In Remembrance Dr Maggie Koong May Kay, BBS, JP

追思孔美琪博士

The Baby Friendly Hospital Initiative Hong Kong Association remembers with gratitude and deep respect our founding member and former Chairperson, Dr Maggie KOONG May Kay (BBS, JP), who passed away peacefully on 18 July 2025.

Dr Koong devoted her life to promoting the well-being of children, early childhood education and family development. She firmly believed that every child deserves the best possible start in life and was a strong advocate of breastfeeding as an important foundation for the health and development of infants and young children.

As a founding member and later Chairperson of the BFHIHK, Dr Koong played an important role in advancing the Baby-Friendly movement in Hong Kong. She led the Association in promoting breastfeeding and creating a more supportive environment for mothers and families.

Dr Koong was particularly concerned about the impact of the marketing of breastmilk substitutes on breastfeeding. In 2014, she led the “Baby Friendly Action” Coalition, bringing together six organisations to advocate the full implementation of the “Hong Kong Code”. She also facilitated exchanges between local and international experts to strengthen public understanding of the importance of protecting breastfeeding.

In the early 2000s, Dr Koong initiated the Baby-Friendly Ambassador Programme, encouraging mothers with breastfeeding experience to support other families. As Chair of a working group under the Committee on Promotion of Breastfeeding, she actively promoted community support for breastfeeding and advocated for the rights of breastfeeding women. Her efforts contributed to the 2021 amendment of the Sex Discrimination Ordinance, which extended legal protection against discrimination on the ground of breastfeeding.

Dr Koong also promoted breastfeeding education for healthcare professionals and supported IBCLC training for frontline healthcare workers through collaboration with UNICEF and the WHO. Beyond her work with the Association, she served as Vice-Chairperson of the Hong Kong Committee for UNICEF and World President of OMEP.

Dr Koong's contributions to breastfeeding promotion and child well-being have left a lasting impact on Hong Kong. Her dedication and achievements will always be remembered. The Association extends its condolences to her family.



Dr Maggie Koong (second from right) was presenting the “Baby Friendly Action” Joint Declaration with healthcare leaders in support of protecting breastfeeding.

孔美琪博士（右二）與醫護界領袖共同發表「愛嬰行動」聯合聲明，支持保護母乳餵哺。

愛嬰醫院香港協會懷著感恩與不捨，緬懷本會創會成員及前主席孔美琪博士 (BBS, JP)。孔博士於2025年7月安詳辭世。

孔博士畢生致力促進兒童福祉、幼兒教育及家庭發展，在香港及國際間均享有崇高聲譽。她一直深信每一位兒童都應擁有健康快樂的成長起點，因此除積極推動幼兒教育發展外，亦長期支持和推廣母乳餵哺，致力為嬰幼兒及其家庭創造更健康、更有利的成長環境。

作為愛嬰醫院香港協會創會成員之一，其後出任協會主席，孔博士多年來積極參與和領導協會工作，推動香港「愛嬰醫院行動」及母乳餵哺發展。她以遠見卓識和堅定信念，帶領協會推動愛嬰理念在醫療機構及社區的落實，為香港建立更完善的母乳餵哺支援環境。

孔博士一直十分關注母乳代用品銷售對母乳餵哺的影響。2014年，她帶領「愛嬰行動」聯盟，聯合六個團體發表聯合聲明，促請政府全面採納《香港守則》。她亦積極促進本地與國際專家的交流，讓香港社會更深入了解保護母乳餵哺的重要性。

除了政策倡議外，孔博士同樣重視社區支援。早於二千年年代初，她倡議成立「愛嬰大使計劃」，邀請有母乳餵哺經驗的母親擔任義工，向其他母親提供鼓勵和實際支援。作為母乳餵哺委員會工作小組主席，孔博士積極推動改善工作場所安排、公眾設施及公眾教育，提高社會對母乳餵哺的認識和支持。她多年來一直倡議保障母乳餵哺婦女的權益，其努力推動香港逐步完善相關措施，並為2021年修訂《性別歧視條例》作出重要貢獻，正式將母乳餵哺婦女納入法律保障範圍，禁止對母乳餵哺婦女作出歧視。

孔博士亦十分重視醫護人員的母乳餵哺培訓。在其領導下，協會與聯合國兒童基金會及世界衛生組織合作，為前線醫護人員提供國際認可泌乳顧問培訓課程，提升本地醫護團隊支援母乳餵哺的能力。除協會工作外，她亦曾擔任聯合國兒童基金會香港委員會副主席及世界幼兒教育聯會 (OMEP) 世界會長等職務，在促進兒童權益及幼兒發展方面建樹良多。

孔博士對推廣母乳餵哺及促進兒童福祉的貢獻，對香港影響深遠。她的努力與成就將永遠被銘記。愛嬰醫院香港協會謹向其家人致以深切慰問。

In Remembrance Dr Thomas Wong Hon Kwong

懷念黃漢光醫生

The Baby Friendly Hospital Initiative Hong Kong Association remembers with sorrow our former Executive Committee Member and Vice-Chairperson, Dr Thomas WONG Hon Kwong, who passed away in March 2026.

Dr Wong devoted his professional life to the development of maternal and child health services in Hong Kong. As Vice Hospital Chief Executive and Chief of Service in Obstetrics and Gynaecology at Queen Elizabeth Hospital (QEH), he made significant contributions to maternity care and clinical management, and was deeply committed to the well-being of mothers and babies.

Dr Wong actively served the BFHIHK for many years. He was an Executive Committee Member from 1997 to 2017, Vice-Chairperson from 2002 to 2013, Treasurer from 2013 to 2017, and subsequently contributed to the Baby-Friendly Health Facilities (BFHF) Designation programme. Through his extensive clinical and management experience, he played an important role in advancing the Baby-Friendly movement in Hong Kong.

During his years at QEH, Dr Wong placed great emphasis on breastfeeding promotion and staff training. He strongly supported education for midwives and maternity staff, ensuring that healthcare professionals were equipped with the knowledge and counselling skills necessary to support breastfeeding mothers. These efforts laid an important foundation for the implementation of Baby-Friendly practices at the hospital.

Dr Wong was a strong supporter of implementing Baby-Friendly standards in public hospitals. He fostered collaboration among the Hospital Authority, UNICEFHK and the BFHIHK in working towards Baby-Friendly designation for maternity hospitals. These collective efforts led to QEH becoming the first Baby-Friendly Hospital in Hong Kong in 2016, marking an important milestone in the development of maternal and child health services.

Following his retirement, Dr Wong continued to support the Baby-Friendly movement as an assessor for the BFHF Designation programme, sharing his experience and providing professional advice to hospitals seeking accreditation. Dr Wong's contributions to maternal and child health services and the advancement of the Baby-Friendly movement in Hong Kong have left a legacy. His dedication, leadership and commitment to supporting mothers and babies will always be remembered. The Association extends its condolences to his family.



愛嬰醫院香港協會懷著深切哀思，追念本會前副主席黃漢光醫生。黃醫生於2026年3月與世長辭。

黃醫生畢生致力推動香港母嬰健康服務發展。曾任伊利沙伯醫院副醫院行政總監及婦產科部門主管，在婦產科醫療服務及臨床管理方面貢獻卓著，並一直關心母親及嬰兒的健康福祉。

黃醫生多年來積極參與愛嬰醫院香港協會的工作。他於1997年至2017年擔任執行委員，更曾出任副主席及司庫，其後亦參與愛嬰醫療機構認證工作。憑藉豐富的臨床及管理經驗，他為協會工作及香港「愛嬰醫院行動」的發展作出重要貢獻。

在伊院服務期間，黃醫生十分重視母乳餵哺推廣及醫護人員培訓。他積極支持助產士及產科醫護團隊接受母乳餵哺教育，確保前線人員具備相關知識和輔導技巧，為產婦提供適切的母乳餵哺支援服務。這些工作為醫院推行愛嬰醫院措施奠定重要基礎。

黃醫生一直支持在公立醫院落實愛嬰醫院標準，並促進醫院管理局、聯合國兒童基金會香港委員會及愛嬰醫院香港協會之間的合作，推動婦產科醫院朝著愛嬰醫院認證方向發展。多年來的努力，促成伊院於2016年成為香港首間獲認證的醫院，為本港母嬰健康服務發展樹立重要里程碑。

退休後，黃醫生仍繼續支持愛嬰醫院運動，擔任愛嬰醫療機構認證評審員，分享其豐富經驗，並為申請認證的醫療機構提供專業意見和實務建議。

黃醫生對香港母嬰健康服務及推動「愛嬰醫院行動」的貢獻，影響深遠。他的奉獻、領導和對母嬰健康的承擔將永遠被銘記。愛嬰醫院香港協會將永遠懷念他，並向其家人致以深切慰問。



Establishing Hong Kong's First Breast Milk Bank: Ensuring Safety and Quality of Donor Breast Milk

Dr. WONG Cheuk Ying Sally

Associate Director of Hong Kong Breast Milk Bank,
Consultant (Clinical Microbiology and Infection), Hong Kong Children's Hospital
LMCHK, MRCP(UK), PdiPID(HK), FRCPPath, FHKCPath, FHKAM(Pathology)



中文版本
香港成立首個母乳庫：
確保捐贈母乳的安全與品質

Overview

Human breast milk has the best composition and is most suited for human babies. It contains the perfect balance of macronutrients (protein, fat and carbohydrates), micronutrients (vitamins and minerals), as well as active immune components such as antibodies, lactoferrin and white cells that protect infants from infections.¹ While Mother's own milk (MOM) is advocated, it may not be available due to medical, biological or personal reasons, and alternatives have to be sought. Although cow's or goat's milk-based formulae are convenient alternatives, the use of donor breast milk has been associated with a lower incidence of feeding intolerance and serious complications such as necrotising enterocolitis, a serious complication in newborn babies with potential significant morbidity (short gut syndrome) and mortality.²

A breast milk bank is a facility that collects, screens, processes and supplies donor breast milk to at-risk infants when MOM is unavailable. These banks follow stringent protocols to ensure that the donated milk is safe for consumption and of high quality. Since the first breast milk bank opened in 1909 in Vienna³, more than 500 such facilities have been set up globally across more than 37 countries by 2024.⁴ The establishment of breast milk bank in Hong Kong was expedited by the Chief Executive's policy address in 2023, highlighting it as a key initiative to enhance public health service. It aims to support infants and young children who cannot be breastfed by their biological mother, while also reducing the risk of serious illness in premature or severely-ill babies.

Establishment of the Hong Kong Breast Milk Bank (HKBMB)

Establishing a breast milk bank in Hong Kong required meticulous planning as there had been no previous experience. International standards, such as the Operational Guidelines for Milk Banks in Australia and New Zealand and those published by the National Institute for Health and Care Excellence (NICE), PATH and the Human Milk Banking Association of North America (HMBANA) were referenced⁵⁻⁸ and adapted for local use. Site visits to Mainland China and overseas breast milk banks have

also proven valuable. In June 2024, the local “Guideline for Breast Milk Bank Service Operation” was issued, addressing areas such as donor recruitment, milk delivery, pasteurisation, storage, testing, as well as securing donor and recipient consents. This aligns with the principles of Baby-Friendly Hospital Initiative (BFHI), reinforcing breastfeeding as a cornerstone of infant health.

Breast Milk Safety: a Microbiological Perspective

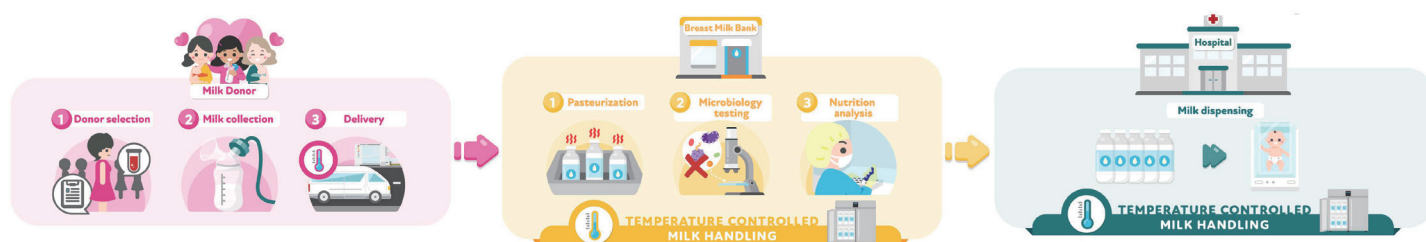
A core focus of HKBMB is minimising risks of infectious diseases while preserving the nutritional integrity of donor breast milk. Donor breast milk can become contaminated with infectious agents intrinsically or extrinsically (Table 1). Intrinsic contamination occurs when breast milk becomes infected within the mammary system before expression, while extrinsic contamination happens during milk expression or afterwards. Intrinsic contamination of breast milk is usually secondary to maternal infection with intracellular organisms, e.g. Human Immunodeficiency Virus (HIV), Human T-lymphotropic Virus (HTLV-1 or -2), human Cytomegalovirus (CMV), or due to bacterial colonisation or infection of the mammary glands (mastitis), such as *Staphylococcus aureus* or *Streptococcus pyogenes*. In contrast, extrinsic contamination usually arises from improper hand or skin hygiene during expression, inadequately cleaned breast milk collection equipment, suboptimal storage conditions such as faulty freezers, or other sources of environmental cross-contamination. By identifying these transmission pathways, the breast milk bank can effectively manage and reduce infectious risks.

Table 1. Examples of pathogens associated with breast milk related infections

	INTRINSIC Contamination	EXTRINSIC Contamination
Mechanism(s) of Contamination	Agents from maternal systemic or local infections (mastitis) contaminating the milk before it is expressed	Bacteria from the skin or environment contaminating the milk during or after it is expressed
Examples of Pathogens	Maternal systemic infections: - Human Immunodeficiency virus (HIV-1 and -2) - Human T-lymphotropic Virus (HTLV-1 and -2) - Human Cytomegalovirus Pathogens associated with mastitis: - <i>Staphylococcus aureus</i>⁰⁵ Methicillin susceptible (MSSA) and Methicillin resistant (MRSA) - <i>Streptococcus pyogenes</i> (Gp A Streptococcus) - <i>Streptococcus agalactiae</i> (Gp B Streptococcus)	Gram-positive organisms: - <i>Staphylococcus aureus</i>, coagulase-negative staphylococci - <i>Bacillus</i> species (skin commensals) Gram-negative organisms: - Enterobacterales e.g. <i>Escherichia coli</i>, <i>Klebsiella pneumoniae</i> etc. - Non-fermenting Gram-negative bacilli: e.g. <i>Pseudomonas</i> species, <i>Stenotrophomonas maltophilia</i>

Measures Implemented in HKBMB to Lower Infection Risks

Every step of the process in HKBMB was designed to provide safe pasteurised donor breast milk to preterm and critically ill infants in public hospitals. The journey of breast milk donation is summarised in the following diagram.⁹



1. Donor selection

The safety of donor breast milk begins with rigorous donor screening. Like blood donors, potential breast milk donors are required to undergo a comprehensive health assessment, with detailed medical and lifestyle history. Additionally, blood tests are conducted to screen for infectious diseases including HIV, HTLV-1 and -2, hepatitis B and C, and syphilis.

2. Specific requirements regarding the collection, storage and transportation of donor breast milk

Donors are counselled on safe milk expression and storage practices to minimise the risk of contamination at home. Education materials are provided to remind donors of hygiene measures, with specific and detailed instruction on how to collect, label and store expressed breast milk. The milk is then transported to the bank under strict temperature-controlled conditions within 10 weeks from expression. Upon arrival, the milk is checked, logged, labeled, and stored in freezers until it undergoes further processing.

3. Milk processing and testing

To further reduce infectious risk, donor breast milk is subjected to pasteurisation. The Holder method, which involves heating the milk to 62.5°C for 30 minutes, is implemented. This process kills or inactivates harmful pathogens while preserving the majority of the milk's nutritional and immunological components. Donor breast milk is subjected to microbiological testing before and after pasteurisation to ensure the quality and safety of the milk. Nutritional analysis is also performed to monitor the nutritional content of post-pasteurised donor breast milk.

4. Quality management system

ISO 22000 and Hazard Analysis Critical Control Point (HACCP) lay out important principles to ensure food safety. HKBMB has implemented these standards in the quality management system and targets to be accredited in the near future.

Once the milk has passed all safety checks, it is distributed to the Neonatal Intensive Care Units in public hospitals, where it is prioritised for preterm and critically ill infants upon paediatricians' prescription. Healthcare providers carefully monitor the use of donor breast milk to ensure that it meets the specific needs of each baby.

Final words

With these dedicated efforts, the Hong Kong Breast Milk Bank, located at the Hong Kong Children's Hospital, commenced operation on January 6, 2025. We envision that the establishment of the HKBMB will not only help vulnerable infants through the provision of safe donor breast milk, but also foster a stronger breastfeeding culture in Hong Kong. Many donors express a profound sense of fulfilment, knowing their contributions help save vulnerable lives. As we celebrate the launch of the HKBMB, we warmly invite all eligible mothers to join this life-changing journey, building a community of care and compassion that makes a lasting impact.

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Views expressed in this article are the author's and do not necessarily reflect the opinion or position of the BFHIHKA.

Editor-in-Chief: Dr Shirley Leung

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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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母乳餵哺 人人樂道

 Baby Friendly Hospital Initiative Hong Kong Association

Sep 2025

醫護媽媽實戰分享：從迷思到信心的母乳路

作者：

李海滢醫生：香港兒童醫院新生兒深切治療部副顧問醫生

林小慧女士：伊利沙伯醫院婦產科資深護師（國際認證哺乳顧問，註冊助產士）

過去二十多年來，香港醫療團隊在支援母乳餵哺上下了很多功夫。隨著公共健康意識的提升及母乳推廣活動的持續推行，母乳餵哺已逐漸被公認為新生兒最佳的營養選擇，並取得了可觀的成果。

然而，在社會各界，仍然存在不少對母乳餵哺的誤解與迷思。這些觀念不僅影響產婦的信心，也阻礙了母乳文化的建立，繼而影響寶寶的健康與成長。

近年來，我們更觀察到一個令人關注的趨勢：部分新生兒的媽媽選擇不在醫院餵哺母乳。為了解背後原因，醫療團隊深入探究，發現在資訊科技發達的年代，媽媽們接觸到各式各樣的資訊與意見，當中不乏迷思，例如「回家上奶後才開始餵哺母乳」、「奶粉與母乳的營養價值相若」等。

由於資訊混亂或錯誤觀念的影響，不少產婦在猶豫之間錯失了餵哺的黃金時機，甚至放棄了母乳餵哺。這值得我們深思與關注。

作為一位兒科醫生兼三孩之母，以及一名助產士、國際認證哺乳顧問與母乳媽媽，我們希望透過本文，闡明一些常見的迷思與誤解，並分享我們的親身經歷與臨床觀察，協助媽媽們建立正確的母乳觀念，讓她們能在寶寶出生初期就自信地展開母乳旅程，享受一段溫馨而深刻的親子連結。

醫生媽媽的三胎母乳經歷：從懷疑到堅持

作為三孩之母及新生兒深切治療部的兒科醫生，我深刻體會到母乳餵哺的複雜性與挑戰。母乳餵哺不同讀書寫字，不是單靠自己的努力就能成事。除了嬰兒吸吮的頻密程度與質素，產婦的水份攝取、休息、生活壓力、伴侶支援、工作環境等，都是影響奶量的重要因素。

我的三胎經歷正好反映出不同心態與支援對餵哺成效的影響，願與大家共勉：

第一胎：戰戰兢兢，不相信自己能上奶。過度緊張、休息不足、腰酸背痛，奶量未達預期，最終只能維持三個月的「半人奶」餵哺。產假完結後復工，工作繁忙，有時連飲水的時間都沒有，人奶便自然收了。

第二胎：因信心不足而採取「有就有、冇就冇」的心態，並安排24小時全天候陪月支援，反而因放鬆與休息充足，餵哺時間延長至五個月。有了充裕的休息與心理調整，不但可以給當時只有三歲的大仔足夠的關注和照顧，亦能於復工後順利餵哺兩個月。雖然看到其他媽媽能親餵至一歲，內心仍會羨慕，但我也學會了接納自己、笑著面對：「就當我的胸不是親餵的材料吧！（笑）」

第三胎：結合多年醫學理論與知識以及實際經驗，我在產前諮詢母乳顧問，了解更多成功上奶的方法。產後積極親餵、補充營養、保持休息，加上伴侶支持，終於如願以償，成功全母乳餵哺。回想這段母乳路，真是有血有淚，如今成功以全母乳餵哺，內心真的充滿感動。至於我腰酸背痛的問題，原來只要人放鬆、奶水充足，一切都會迎刃而解。



讓我分享一段小插曲，是在三寶一個月大時我患病的經歷。雖然我當時被大寶的感冒感染至發高燒，更非常擔心會傳染給三寶，但我深知母乳含有珍貴抗體，又深信母乳能帶給三寶天然保護屏障，心裏便感踏實安穩。因此選擇繼續餵哺母乳，配合戴口罩、保持衛生、雙手清潔，在發燒期間持續泵奶並由家人以奶瓶餵哺。結果三寶順利度過艱難的一星期，這段與家人齊心共同對抗病菌的經歷，至今仍難以忘懷。

兩孩之母助產士的臨床觀察：五大常見迷思

在作為助產士和母乳顧問的日常工作中，我不時接觸初為人母的產婦，她們在餵哺母乳的初期往往面對不少挑戰，而這些挑戰的根源，往往在於資訊不足或錯誤的觀念。以下是我歸納出來的五大常見迷思，希望能為媽媽們釐清疑慮，建立信心。

迷思一：擔心醫院不提供水奶，怕黃疸或體重不足

不少媽媽擔心初乳量少，寶寶會患黃疸或體重下降，於是選擇放棄母乳。其實，初乳雖少但已能滿足新生兒基本需要，而且營養豐富，並有助排出膽紅素。早期吸吮可促進乳汁分泌，降低黃疸風險。若過早使用配方奶，反而可能減少寶寶吸吮意願，影響奶量建立，亦錯失母乳中的天然抗體保護。醫護人員會根據臨床指引及寶寶的實際情況，在寶寶有醫療需要時補充配方奶，以確保新生兒能獲得足夠的營養和水分。

迷思二：在醫院時好好休息，出院後才開始餵哺

有些媽媽認為在醫院應先休息，回家或到月子中心再開始餵哺。但事實上，產後頭幾天是建立母乳餵哺的關鍵期。早期親密接觸與即時餵哺有助穩定奶量與吸吮技巧。出院後環境變化大，壓力增加，反而更難建立和持續餵哺。善用醫院的哺乳支援，為日後餵哺打好基礎，能提升持續餵哺的成功率。

迷思三：乳汁充足才開始餵哺

不少媽媽以為「奶多了才餵」，導致錯過黃金時機。其實，乳汁的分泌是靠寶寶吸吮逐步增加和穩定的。初乳雖少但極具營養，早期餵哺能促進分泌。若等到乳房脹滿才開始，反而容易讓媽媽不適，影響吸吮與增加奶量。愈早開始，愈能建立穩定供應，提升餵哺成功率。

迷思四：奶粉與母乳營養相近

母乳含有抗體、酵素與活細胞，能動態調整成分，支援寶寶免疫與發展。奶粉雖不斷改良，但仍無法複製母乳的活性成分與保護力。此外，母乳餵哺促進親子情感、讓寶寶自我調節食量與強化口腔發育，是健康與親情的雙重保障。

迷思五：媽媽生病不能餵哺母乳

很多媽媽一生病就暫停餵哺，擔心傳染寶寶。其實，只要注意衛生與防護，仍可安全餵哺。媽媽在患病時產生的抗體會透過母乳保護寶寶。除非患有特定疾病或服用禁忌藥物，大部分情況下都可繼續餵哺，讓寶寶獲得天然免疫屏障。（請參考上文李醫生的經驗。）



李醫生：知識與信心之間的距離

我們觀察到，現今香港的家長很聰明，普遍具備良好知識水平，甚至會閱讀醫學文獻。知識大家都擁有了，但各樣的迷思卻依然存在。當所有專家都指出趁早親餵能幫助上奶，仍有媽媽選擇回家才開始餵哺；即使知道母乳營養價值高於配方奶，仍有媽媽因各種原因放棄餵哺。

我們相信，只要媽媽們能解開這些迷思，並對自己有信心，找出無法順利餵哺的原因並對症下藥，每一個媽媽都可以做得到。這份信心，不是來自完美的開始，而是來自每一次嘗試、每一次調整、每一次堅持、和每一次小小的成功，並且知道有專業的醫護團隊作後盾。餵哺母乳雖然有艱難的地方，我依然覺得以母乳來餵哺寶寶是非常值得的。

林姑娘：母乳餵哺是一段充滿挑戰與愛的旅程

每位媽媽的經歷都值得被尊重與讚賞。無論是全母乳、半人奶，或是曾經放棄又再嘗試，只要有正確資訊與適切支援，每位媽媽都可以找到最適合自己的餵哺方式。

母乳不僅為寶寶提供最純粹、最適合的營養，更是建立親子深厚情感的重要橋樑。從生育兩位寶寶的經驗，我深刻體會到母乳的諸多好處，並親身體驗早期回應式餵哺的價值。於寶寶出生後的黃金時期，及早享受肌膚接觸，讓他們在出生頭一小時內便開始吸吮乳房，並在產後房內全日母嬰同室，隨時回應寶寶的需求，回應式餵哺。到第三天，乳房漲奶，寶寶的吸吮不僅舒緩乳房的不適，也刺激了乳汁的分泌。即使復工後，我仍堅持早晚親餵，這不僅提供寶寶豐富的營養與抗體，也讓我們之間的親密關係持續深化。兩位寶寶健康成長，成為我堅持母乳餵哺的最大動力。

結語

我們相信，醫院、家庭與社會各界應攜手合作，積極消除有關母乳的迷思與誤解，推廣正確的知識與支援體系，營造一個友善、支持母乳的環境。唯有如此，寶寶才能在生命的初期階段，獲得最適合的營養與愛護，健康快樂地成長。

最後，我們鼓勵各位媽媽們：你們都非常了不起！你們每一次的付出，都是對寶寶最深的愛與關懷。相信自己，堅持下去，寶寶的健康與幸福就是最好的回報。

你並不孤單，這條母乳之路上，有我們，也有無數同路人與你們同行。無論你正處於哪一個階段——剛開始、正在掙扎、或已經走得很穩——你都值得被支持、被理解、被鼓勵。請保持信心，勇敢迎接每一個挑戰，因為你們的愛會讓寶寶成長得更健康、更快樂！

祝大家都能成功餵哺！



作者在本文表達的見解，未必代表愛嬰醫院香港協會的意見或立場。

總編輯：梁士莉醫生

中文編輯：歐葉麗賢女士

編輯部成員：曾珮瑜女士、謝嘉雯中醫師、徐瑩女士、黃章翹女士、李海滢醫生

