



A Quality Improvement Project to Enhance Kangaroo Care for Preterm Infants: Transforming the Neonatal Intensive Care

Ms. WONG Ka Yin

Nurse Consultant (Neonatal Care),
Queen Mary Hospital



中文版本
改善早產嬰兒袋鼠式護理的質素提升項目：
重塑新生嬰兒深切治療部的護理模式

Introduction

Kangaroo Care (KC) is defined as the practice of holding an infant skin-to-skin with a caregiver. KC offers numerous benefits for both infants and parents, including reduced mortality and severe infection rates, decreased stress for infants and parents, increased parental confidence, lower rates of parental depression, shorter hospital stays, improved growth rates, enhanced maternal-infant attachment, and increased rates of breastfeeding at discharge as well as 1-month & 3-month follow up.^{1-3,6,8,10}

Kangaroo care is especially beneficial for low birth weight (LBW) and preterm infants. The World Health Organization (WHO)⁹ recommended KC as routine care for infants with a birth weight of ≤ 2000 g and it should be initiated as soon as possible after birth unless the infant is critically ill. However, global studies show that delayed initiation of KC is common, with a Cochrane review reporting the median age of initiation ranging from 3 to 24 days.^{2,7} A 2023 WHO global position paper further emphasised that KC should be regarded as an essential standard of care for all preterm and LBW infants.¹⁰ In addition, WHO and UNICEF's *Every Newborn* action plan set a target for KC coverage to reach at least 50% of preterm or LBW infants by 2020 and 75% by 2025.¹¹

Identifying the Practice Gap

A retrospective chart review conducted from July to September 2023 in the neonatal intensive care unit (NICU) at Queen Mary Hospital (QMH) revealed that KC coverage for preterm infants was only 41%, with a mean age of initiation of 28.1 days. To address this practice gap, a continuous quality improvement (CQI) project was launched to increase KC coverage and reduce the age of initiation for preterm infants in the QMH NICU.

CQI Project Implementation

A multidisciplinary workgroup consisting of doctors and nurses was formed to revise the KC guideline and to identify the root causes of delayed KC initiation for preterm infants. (See Figure 1)

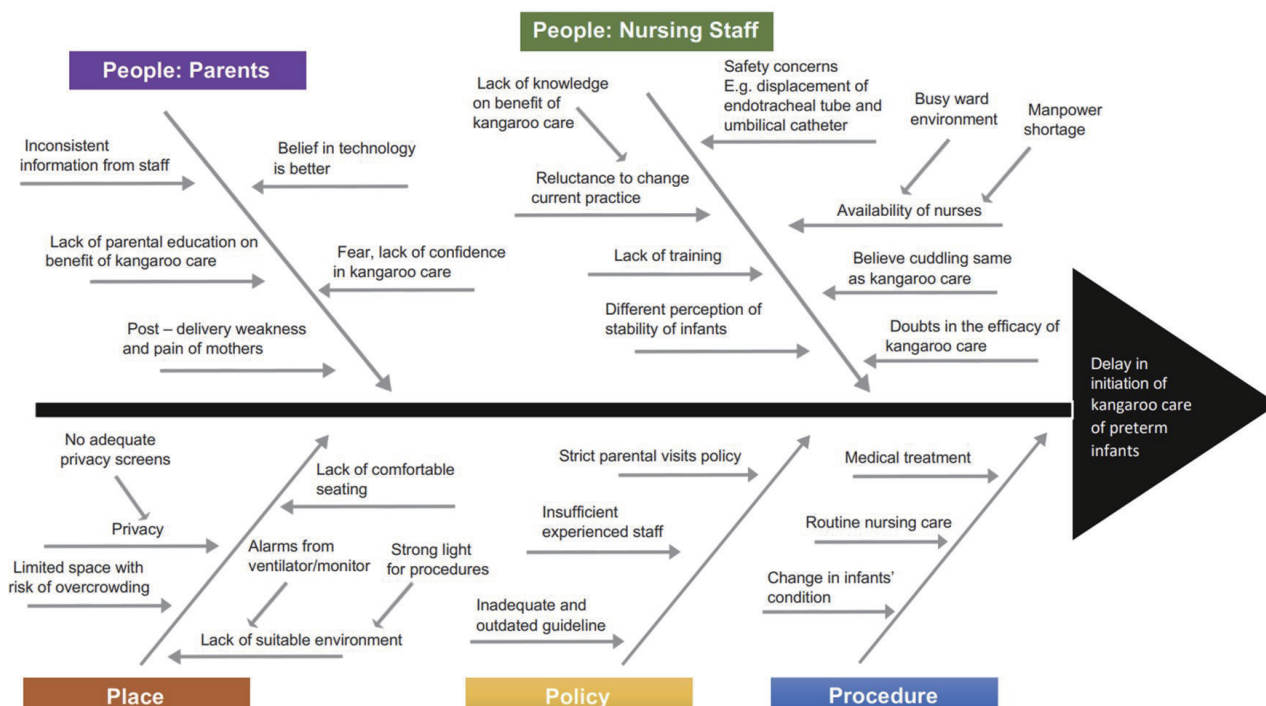


Figure 1: Reasons for delayed initiation of kangaroo care among preterm infants in the QMH NICU

The team conducted a literature review to incorporate the most up-to-date evidence-based KC practices. Previously, preterm infants were eligible for KC only if they met specific criteria: body weight >1.2 kg, corrected gestational age ≥ 30 weeks, and were not on mechanical ventilation or without an umbilical catheter/arterial line.

The revised guideline now states that infants are eligible for KC when they are medically stable, with no reference to body weight or gestational age. A modified lateral kangaroo position (see Figure 2) is also introduced for infants with conditions such as umbilical catheters or stomas, who have difficulty with the conventional prone position (see Figure 3). Additionally, the updated guideline includes a category of infants requiring special consideration, such as those on mechanical ventilation. This group of vulnerable infants can still receive KC if their conditions are deemed suitable during daily ward rounds by medical and nursing staff.



Figure 2:
Modified KC Lateral Position



Figure 3:
Conventional KC Prone Position

Addressing Safety Concerns

1. Prevention of intraventricular haemorrhage (IVH) in the first 72 hours of life

Preterm infants weighing less than 1.5 kg are at high risk of IVH, with most cases occurring within the first 72 hours of life.⁴ During this period, midline positioning and a minimal-handling approach should be adopted to help prevent IVH in this vulnerable group of infants.⁵ Since the conventional KC position may cause jugular venous obstruction, potentially increasing IVH risk, the revised guideline stipulates that KC should be withheld during the first 72 hours for infants weighing less than 1.5 kg.

2. Ensuring clinical stability and normothermia during KC

To prevent hypothermia in preterm infants during KC, several measures are implemented. For infants weighing less than 1 kg, a warm hat should be worn and an electric heater placed nearby. Following WHO recommendations⁹, binders are introduced to secure infants firmly to the caregiver's chest, ensuring crucial skin-to-skin contact and helping to maintain temperature (see Figure 4). All nurses are trained to assist caregivers in using the binder. Additionally, a binder is routinely provided to parents of each preterm infant with a birth weight of less than 1.5 kg or a gestational age of less than 32 weeks during their first visit to the NICU. This measure aims to encourage parents to provide KC to their infants.



Figure 4: A binder is used to secure the infant firmly to the caregiver's chest

A new observation checklist for KC has been added to the clinical information system. Nurses must complete the checklist for each KC episode, documenting vital signs and temperature before and after each KC session, as well as recording temperature hourly during KC. The checklist includes a standardised list of interventions for managing hypothermia or hyperthermia, such as applying or removing warm blankets and adjusting the infant's position. If hypothermia or hyperthermia is noted, the nurse must check the temperature every 15 minutes until it stabilises. Furthermore, the checklist specifies conditions that require suspension of KC, including:

- Persistent hypothermia (Temperature ≤ 35.5 °C) despite interventions;
- A requirement for fraction of inspired oxygen (FiO_2) of more than 10% above the baseline;
- Vital signs that do not stabilise within 15 minutes of transfer to the caregiver's chest.

3. Prevention of dislodgement of tubing/invasive lines during KC

As many nurses have reported that the fear of dislodging tubes or lines is one of the primary reasons for hesitating to assist caregivers with KC (see Figure 1), comprehensive small-group training sessions have been conducted for all nurses. These hands-on sessions help nurses master the technique of safely transferring infants from the incubator to the caregiver's chest while securing ventilator tubing and invasive lines at the same time. In addition, a tubing and cable holder (Neogrip) has been introduced to help organise and secure tubes, cables, and invasive lines during KC, thereby preventing dislodgement. To ensure patient safety, all nurses are required to pass a competency assessment in assisting caregivers with KC.

Project Outcomes

Following the completion of nurse training and competency assessments, the updated KC guideline was implemented at the end of July 2024. Data collected two months post-implementation showed significant improvements. Before the intervention, the mean age at KC initiation for preterm infants was 28.1 days. This decreased to 12.8 days after project implementation, representing a 54.4% reduction. It was also encouraging to note that even an infant with a corrected gestational age of 29 weeks and a body weight of 870 g could undergo KC safely and successfully. KC coverage for preterm infants in the NICU increased from 41% to 70% after project implementation. No adverse events related to KC – such as unplanned extubation, dislodgement of invasive lines, or moderate / severe hypothermia during KC – were reported during the review period. In line with the revised guideline, no infant with a birth weight of less than 1.5 kg received KC during their first 72 hours of life.

Summary

In conclusion, this project successfully facilitated increased KC coverage for preterm infants in the NICU and earlier initiation of KC, allowing this vulnerable group to benefit from KC at a younger age. Going forward, several strategies can be explored to further improve KC coverage. For example, extending NICU visiting hours and enhancing the comfort of bedside chairs are practical steps that could encourage and enable caregivers to perform KC more frequently and for longer durations.

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Breastfeeding – We Care

母乳餵哺 人人樂道

 Baby Friendly Hospital Initiative Hong Kong Association

Mar 2026

從同路到同行：在社區中編織「母愛蜜語」的支援網

作者：Jamie Lau (自然育兒網絡、衛生署「母愛蜜語」朋輩支援計劃項目經理)



母乳餵哺是母親與孩子最親密的連結，但這段旅程並非總是一帆風順。對許多初為人母的媽媽而言，真正的挑戰往往在離開產房、回到社區後才開始。為了持續推動母乳餵哺，自然育兒網絡多年來一直承辦衛生署的「母愛蜜語—母乳餵哺朋輩支援計劃」，透過「同路人」的力量，為無數母乳家庭點燃希望。計劃旨在透過招募並培訓有餵哺經驗的媽媽，在社交媒體及母嬰健康院的平台上，為產前及產後的媽媽提供全方位的朋輩支援。

朋輩支援 — 專業之外的溫柔力量

醫護人員的專業指導固然重要，然而媽媽回到家中後，面對身體疲憊、荷爾蒙變化及家庭壓力時，她們往往更需要生活化的支持。

情感共鳴的獨特性

母乳義工與醫護不同，她們以經驗分享和陪伴為主。她們曾經歷塞奶的痛楚、追奶的焦慮，以及在公眾場所餵哺的尷尬。這種「感同身受」的連結能降低新手媽媽的防禦心理，並減輕其在育兒旅程中的孤獨感。研究亦顯示，朋輩支援能延長母乳餵哺時間，並顯著降低產後抑鬱的風險。



建立信心，而非單純傳授技巧

母乳餵哺的成功，心理素質佔很大比重。「母愛蜜語」大使不是指導者，而是陪伴者。她們透過傾聽與肯定，幫助媽媽了解自身狀況，重拾對身體的信任，並建立餵哺信心，從而選擇最適合自己的方案。

消除孤獨感的橋樑

朋輩支援的核心在於「共鳴」。「母愛蜜語」的義工都是曾親身走過母乳餵哺旅程的過來人。一句「我明白妳現在的心情，因為我也走過這段路」，往往比任何技巧更能撫慰媽媽焦慮的心靈。在「母愛蜜語」計劃下，義工與媽媽之間的聯繫不僅包含同理心，也涵蓋建議與陪伴。她們透過分享親身經歷與實戰心得，讓媽媽感到更實在，並在交流中獲得真正的共鳴。

隨時隨地的心理支持

若母乳餵哺問題在深夜或非門診時間出現，義工仍能透過電話及社交媒體提供即時支援與經驗分享，有效填補醫療體系支援的空隙。

尋找熱血同路人

作為朋輩義工，不僅需要具備母乳餵哺的親身經驗，更必須擁有良好的溝通技巧與正確的母乳知識。「母愛蜜語」定期公開招募，尋找願意回饋社會的母乳媽媽。她們來自不同背景與職業，令支援更具多樣性與包容性。

在正式投入服務前，義工必須接受由自然育兒網絡提供的系統化培訓，內容涵蓋有效的溝通技巧、最新的母乳資訊，以及如何識別需要轉介專業醫護的情況。完成培訓後，義工還需通過考核，以確保服務質素，讓每位媽媽都能獲得可靠而貼心的支援。

健康院內的暖心影蹤

母嬰健康院是準父母和新手父母認識「母愛蜜語」的重要場所。在院內，義工大使穿梭於產前檢查及新生嬰兒檢查的等候大堂，主動與媽媽交談，介紹朋輩支援服務，了解她們的餵哺情況，並提供實用的餵哺貼士。針對不同媽媽的需要，資訊涵蓋產前準備、餵哺技巧，以至重返職場的安排，務求提供全方位支援。

這些互動不僅幫助準父母在心理上做好母乳餵哺的準備，也讓正在餵哺的媽媽知道，社區中有一群過來人能成為她們的後盾，陪伴並支持她們走過這段旅程。

愛的承傳 — 從受惠者到施予者

「母愛蜜語」最動人之處，在於建立了一個循環的「愛心生態系統」。許多今日的義工，正是昔日的受惠媽媽。

回想當年，女兒回母嬰健康院檢查時，我透過護士認識了「母愛蜜語」，並參加了手擠奶工作坊。當時義工大使親身手把手示範技巧，那一幕至今仍歷歷在目。

之後，義工大使與我傾談，給予身為新手媽媽的我一個情感出口，讓我能訴說餵哺與育兒的血與淚。那一刻，我第一次感到有人真正理解我，原來我並不孤單。這股同路人的力量，支持我



一路餵哺女兒，直至自然離乳。當時我甚至立即詢問招募時間，並在下一期加入了「母愛蜜語」義工大使的行列。

如今，輪到我透過健康院、工作坊及社交媒體，把這份勇氣傳遞給下一位媽媽。這就是母乳媽媽之間的浪漫——一份會承傳的愛。

展望未來 — 讓「母愛蜜語」響徹全港

隨著「愛嬰醫院」倡議在香港的推廣，越來越多媽媽認識母乳餵哺的好處。然而，要讓這份選擇成為長久堅持，醫護與社區的支援缺一不可。

我們將繼續與衛生署母嬰健康院合作，擴展「母愛蜜語」的覆蓋面，讓更多家庭受惠。

母乳餵哺是一場充滿愛與汗水的長跑，而朋輩支援就是沿途那聲最響亮的加油。在母乳餵哺的路上，有同路人並肩而行，即使遇到難關仍能獲得前行的力量。

願「母愛蜜語」能持續傳遞，陪伴每一位奮鬥中的媽媽！

欲了解更多資訊，
請瀏覽「母愛蜜語」Facebook、
Instagram、YouTube Channel
及活動登記網頁：

<https://nphk.org/bfpc-event/>



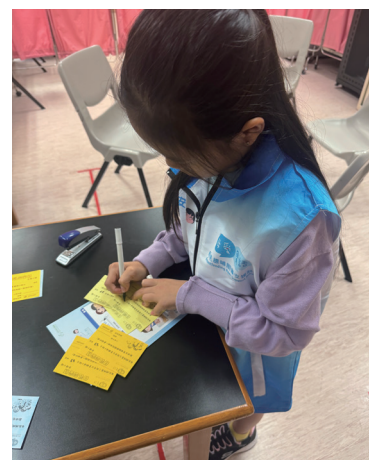
作者在本文表達的見解，未必代表愛嬰醫院香港協會的意見或立場。

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

本文圖片：由自然育兒網絡提供



Baby Friendly Watch

愛嬰情報



Baby Friendly Hospital Initiative Hong Kong Association

July 2026

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

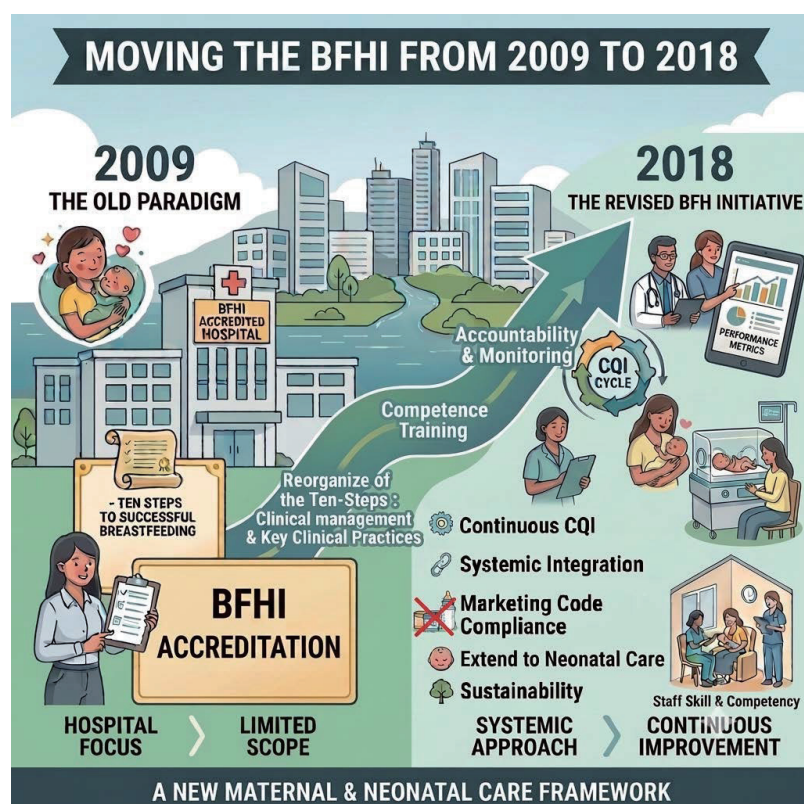


中文版本

愛嬰醫院行動從2009版邁向2018版：
香港發展概況

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: 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. Administrative and training constraints in both maternity and neonatal units may have affected implementation.	Critical action needed in NICU: Hospitals must modify clinical practices and structural layouts to allow safe, early STS for preterm/sick infants. Requires detailed improvement plans for benchmarks not met. 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: Support mothers to initiate and maintain breastfeeding and manage difficulties.	Maternity unit met required standard, but neonatal unit did not. 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: Requires protocol adjustments and closer monitoring.
Step 6: Do not provide breastfed newborns food or fluids other than breast milk, unless medically indicated.	Showing improvement, but substantial gaps remain. Although assessment interview met the 80% compliance threshold, the annual submission of hospital statistics revealed that the exclusive breastfeeding remained low.	Critical action needed: 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.

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The Designation of Baby-Friendly Health Facilities in Hong Kong

愛嬰醫療機構在香港的認證情況

(Updated to 1/8/2026)

In Hong Kong, maternity units in hospitals and Maternal and Child Health Centres (MCHCs) provide the continuum of care that supports mothers to feed their babies optimally. As an extension of BFHI, we are including Maternal and Child Health Centres in our designation programme.

There are 5 stages to achieve Full accreditation: Registration of Intent, Certificate of Commitment, Award of Level 1 Participation, Award of Level 2 Participation and Award of Baby-Friendly Hospital (BFH) / Maternal and Child Health Centre (MCHC). BFHs/ MCHCs need to apply for revalidation every 3 years.

For details, please refer to our website (有關詳情，請參閱我們的網站)：

<https://www.babyfriendly.org.hk/en/healthcare-facilities/>

<https://www.babyfriendly.org.hk/zh/healthcare-facilities-zh/>



中文版本



English version

Hospitals in BFHI programme

Name of Hospital	Level of Designation achieved	Date
Queen Elizabeth Hospital	3rd Revalidation of Baby-Friendly Hospital	9/2025
Queen Mary Hospital	2nd Revalidation of Baby-Friendly Hospital	7/2024
Prince of Wales Hospital	2nd Revalidation of Baby-Friendly Hospital	11/2025
Kwong Wah Hospital	Revalidation of Baby-Friendly Hospital	4/2025
Pamela Youde Nethersole Eastern Hospital	Revalidation of Baby-Friendly Hospital	8/2024
Tuen Mun Hospital	Revalidation of Baby-Friendly Hospital	12/2024
Princess Margaret Hospital	Revalidation of Baby-Friendly Hospital	4/2026
United Christian Hospital	Award of Baby-Friendly Hospital	6/2023
Gleneagles Hong Kong Hospital	Award of Baby-Friendly Hospital	9/2024
Hong Kong Baptist Hospital	Award of Level 1 Participation	6/2026

MCHCs in BFHI programme

Name of MCHC	Level of Designation achieved	Date
Kowloon City MCHC, Sai Ying Pun MCHC, Yau Matei MCHC	2nd Revalidation of Baby-Friendly MCHC	8-9/2025
Lam Tin MCHC, Ma On Shan MCHC, North Kwai Chung MCHC, Sai Wan Ho MCHC, Tin Shui Wai MCHC	Award of Baby-Friendly MCHC	2-6/2024
Fanling MCHC, Mui Wo MCHC, Tang Chi Ngong MCHC, Tuen Mun Wu Hong MCHC, Tung Chung MCHC, West Kowloon MCHC, Yan Oi MCHC	Award of Baby-Friendly MCHC	4-5/2025
Ap Lei Chau MCHC, Kwun Tong MCHC, Tsing Yi MCHC, Madam Yung Fung Shee MCHC, Tseung Kwan O Po Ning Road MCHC	Award of Baby-Friendly MCHC	5-6/2026
Anne Black MCHC, Chai Wan MCHC, Cheung Chau MCHC, East Kowloon MCHC, Lek Yuen MCHC, Robert Black MCHC, Tsuen Wan MCHC, Wong Siu Ching MCHC	Award of Level 2 Participation	7-12/2025

World Breastfeeding Week 2026 – Annual Survey Summary

「國際母乳哺育周2026」周年問卷調查



中文版本



Full version

To monitor breastfeeding trends and evaluate the effectiveness of breastfeeding promotion initiatives, the Baby-Friendly Hospital Initiative Hong Kong Association (BFHIHKA) has conducted an annual survey since 1992. The survey examines breastfeeding rates in Hong Kong, the implementation of the Ten Steps to Successful Breastfeeding in maternity facilities, and compliance with the International Code of Marketing of Breast-milk Substitutes within healthcare institutions. The survey findings are released annually during World Breastfeeding Week. Presented below is a selection of findings from the latest survey (2026).^{*} For the full annual survey report, please scan the QR code or visit our website.

The survey questionnaire was updated in accordance with the WHO and UNICEF implementation guidance for the revised Baby-friendly Hospital Initiative (2018).

為了解香港母乳餵哺的趨勢及推廣工作的成效，愛嬰醫院香港協會自1992年起每年進行周年問卷調查，內容涵蓋本港母乳餵哺率、設有婦產服務的醫院落實《成功促進母乳餵哺十項措施》的情況，以及醫療機構遵守《國際母乳代用品銷售守則》的情況。調查結果每年於國際母乳哺育周期間公布。以下為最新一期（2026年）調查結果的節錄^{*}。歡迎掃描二維碼或瀏覽本會網站查閱周年調查報告全文。

是次問卷內容已根據世界衛生組織及聯合國兒童基金會於2018年修訂的《愛嬰醫院行動》實施指引更新。



《成功母乳餵哺十項措施》
的實施情況

Implementation of
the Ten Steps to
Successful Breastfeeding

BREASTFEEDING RATE OF NEWBORNS ON DISCHARGE FROM HOSPITALS 初生嬰兒母乳餵哺率（以出院計）



	Births in 2025 年出生嬰兒		Births in 2024 年出生嬰兒	
	Breastfeeding Rate 母乳餵哺率	Exclusive Breastfeeding Rate 全母乳餵哺率	Breastfeeding Rate 母乳餵哺率	Exclusive Breastfeeding Rate 全母乳餵哺率
	% 百分比 (Range (%) 百分比範圍)	% 百分比 (Range (%) 百分比範圍)	% 百分比 (Range (%) 百分比範圍)	% 百分比 (Range (%) 百分比範圍)
Public hospitals 公營醫院 (8)	80.26 (69-86)	15.50 (9-21)	78.12 (66-86)	15.22 (9-26)
Private hospitals 私營醫院 (10)	80.69 (75-96)	3.06 (0.06-43)	85.36 (77-97)	3.67 (0.04-46)
All hospitals 總數 (18)	80.44 (66-97)	10.38 (0.06-43)	80.94 (66-97)	10.73 (0.04-46)

RECOMMENDATION 建議



Creating a breastfeeding-friendly environment through legislative protection, workplace accommodations, healthcare system support, and societal acceptance

透過立法保障、職場配套措施、醫療系統支援及社會接納，共同營造母乳餵哺友善環境

Robust monitoring, regulatory oversight, and institutional accountability to maintain the Code compliance and preserve the integrity of maternal and newborn healthcare services

建立健全的監察、規管及機構問責機制，以確保持續遵守《國際母乳代用品銷售守則》要求，並維護母嬰醫療服務的專業性和公信力



Consistent application of the Ten Steps for every mother-infant dyad to promote breastfeeding initiation and continuation while safeguarding maternal autonomy and ensuring that infants receive optimal nutritional care

為每一對母嬰持續貫徹執行《成功母乳餵哺十項指引》，在尊重母親自主選擇的同時，促進母乳餵哺的開始及持續，並確保嬰兒獲得最佳營養照顧

Have a comprehensive study & understanding of the multifactorial determinants influencing parental infant feeding decisions and develop evidence-based strategies to address barriers to breastfeeding initiation, exclusivity, and continuation

研究、全面了解影響家長嬰幼兒餵養決策的多重因素，並制定以實證為本的策略，以應對母乳餵哺開始、純母乳餵哺及持續母乳餵哺的障礙



會員申請 / 捐款 / 接收資訊表格 Membership Application / Donation / Information Request Form

本人欲成為愛嬰醫院香港協會的： I wish to join The BFHIHK as

- ☐ 永久會員 A LIFE MEMBER (永久會費 Fee : HKD \$1000.)
☐ 本年度會員 AN ANNUAL MEMBER (年費 Annual Fee : HKD \$100.)

☐ 本人欲捐助愛嬰醫院香港協會 I wish to donate HK\$ _____ to the Association.

☐ 本人願意成為愛嬰醫院香港協會義工，協助籌辦活動 I wish to assist in voluntary activities organized by the Association.

☐ 本人希望瀏覽電子版的“愛嬰資訊”及其他最新消息。

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職業 Profession : _____ 機構名稱 Organization : _____

簽名 Signature : _____ 日期 Date : _____

請將填妥表格交回本會：香港英皇道75-83號聯合出版大廈7樓，傳真至 2338 5521 或 電郵至 info@bfhihka.org.hk

Please return the completed form by mailing to : 7th Floor, 75-83 SUP Tower, King's Road, Hong Kong,

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“Baby Friendly Hospital Initiative Hong Kong Association” 郵寄至本會上述地址。

** To donate or/and pay membership fee, please send the completed form and a crossed cheque payable to “Baby Friendly Hospital Initiative Hong Kong Association” to above mentioned address.

Breastfeeding Seminar & Workshop Welcome Institutional Partners 母乳餵哺講座及工作坊 歡迎機構合作



<https://www.babyfriendly.org.hk/zh/training-zh/>



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Baby Friendly Initiative HK



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2838 7727 (每天下午4時至晚上9時)

Baby Friendly Hotline
(Breastfeeding enquiries):
2838 7727 (4pm - 9pm)

Contact us:

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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