Promotion of Breastfeeding in Hong Kong

Dr. Kellie SO
Family Health Service
Department of Health
23 August 2011

Outline

- Benefits of breastfeeding
- Local situation of breastfeeding
- Protecting, promoting & supporting breastfeeding in HK: a systems approach
  - Health care facilities and professionals
  - Community support
  - Tackling aggressive marketing of formula milk
- The way forward
Benefits of Breastfeeding

- Best source of nutrition for infants
- Colostrum (初乳) - “1st dose natural immunisation”
- Promote bonding
- Help birth spacing

Risks of Not Breastfeeding (1)

For the Child:
- Increased risk of infections
  - Diarrhoea
  - Respiratory infections
  - Ear infections
- Lower intelligence
- Increased risk of chronic diseases
  - Allergy
  - Obesity
  - Diabetes mellitus
  - Hypertension

For the Mother:
- Increased risk of
  - Breast cancer
  - Ovarian cancer
Risks of Not Breastfeeding (2)

- In many industrialised countries with quality sanitation and medical treatments, most babies can withstand the mortality risks of artificial feeding, but still suffer excessive morbidities.

- Infant who do not breastfeed are nearly 5 times more likely to be hospitalized in their 1st year due to gastroenteritis & respiratory illnesses.

(Paricio Talayero. Full breastfeeding & hospitalization as a result of infections in the 1st year of life. Pediatrics 118, e92-299, 2006.)

Global Initiatives to Protect, Promote and Support BF


“Global Strategy for Infant and Young Child Feeding” by WHO/UNICEF in 2003

- “infants should be exclusively breastfed for the first six months of life, and thereafter, receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.”

BREASTFEEDING – LOCAL SITUATION
Percentage of Newborns Ever Breastfed on Discharge from Hospitals, 1981-2010

Source: regular reports from all maternity units in public and private hospitals in Hong Kong.

Percentage of Surveyed Babies with Exclusive Breastfeeding for over 4-6 months, 1997-2010

Source: FHS, DH
Breastfeeding Rate Declined as Babies Grew (2010)

Source: FHS, DH

Main Reason for Stopping Breastfeeding


Main Reason for Stopping Breastfeeding

Back to work 28%
Not enough milk 36%
Miscellaneous 34%

Feeding pattern problem (e.g. long feeding time) 6%
Medical problem of mother or baby 6%
Misconception 6%
Breast problem (e.g. mastitis) 5%
No family support 2%
Neonatal jaundice 1%
Others 2%
**Reasons for Stop Breastfeeding in Hong Kong**

| Table 3. Primary reason for weaning according to infants’ age at weaning |
|------------------|------------------|------------------|------------------|------------------|------------------|
|                   | Characteristic   | Total            | <1               | 1 to <3           | 3 to <6           | 6 to <9           | 9 to <12          |
|                   |                  | (N=1103)*        | (n= 469)         | (n= 322)          | (n= 122)          | (n= 97)*          | (n= 83)           |
|                   |                  |                  | %                | %                | %                | %                | %                |
| Insufficient milk |                  | 34.5             | 36.7             | 31.1             | 37.1             | 35.1             | 30.1             |
| Returning to work |                  | 31.4             | 12.6             | 58.7             | 48.5             | 23.7             | 13.3             |
| Baby is always hungry |              | 14.1             | 21.5             | 11.8             | 4.6              | 4.1              | 7.2              |
| Maternal illness† |                  | 11.7             | 17.3             | 7.8              | 5.3              | 6.2              | 12.1             |
| Sucking / latching problems † |         | 10.8             | 17.1             | 5.0              | 5.3              | 8.2              | 10.0             |
| Fatigue / stress † |                  | 10.3             | 15.1             | 7.1              | 7.6              | 5.2              | 6.0              |
| Inconvenient / too time consuming |       | 8.9              | 10.9             | 7.1              | 9.1              | 8.3              | 4.8              |
| Nipple / breast pain † |              | 5.7              | 9.0              | 2.5              | 1.5              | 5.2              | 7.2              |
| Infant illness*    |                  | 4.8              | 9.4              | 2.5              | 0.8              | 0.0              | 0.0              |
| Right time to wean* |                 | 3.5              | 0.2              | 0.0              | 6.1              | 19.6             | 13.3             |
| Poor weight gain   |                  | 1.9              | 3.0              | 1.5              | 0.0              | 1.0              | 1.2              |

† p < .001
* 1% participants did not have a stated reason for weaning


**PROTECTING, PROMOTING & SUPPORTING BREASTFEEDING IN HONG KONG: A SYSTEMS APPROACH**
A systems approach to protect, promote and support breastfeeding

Marketing of Formula Milk

Public perception & acceptance
Babycare Facilities

Health Care Facilities
Mother & Baby
Health Care Professionals
NGOs

Support in the workplace

Extended Maternity Leaves

HEALTH CARE FACILITIES - MATERNAL & CHILD HEALTH CENTRES
Maternal & Child Health Centres (MCHCs) 《母嬰健康院》

- 31 MCHCs under the Family Health Service of the Department of Health (DH)
- Provides an antenatal shared-care programme in collaboration with the Hospital Authority (HA) 《醫院管理局》
  - 50% of local mothers attended MCHC (2010)
- Provides an Integrated Child Health & Development Programme 《幼兒健康及發展綜合計劃》
  - Covers 90% of the local newborns

Breastfeeding Policy (母乳餵哺政策) of Department of Health in 2000 (1)

AIMS

- Create a supportive environment in MCHCs where women are provided with sufficient information to make an informed choice and full support to breastfeed their babies

- Enable all medical & nursing staff in MCHCs to provide support to breastfeeding mothers through training in all aspects of breastfeeding management
Breastfeeding Policy of Department of Health (2)

- Implements “Ten Steps to Successful Breastfeeding” 《成功母乳餵哺十項要點》& “International Code of Marketing of Breastmilk Substitutes” 《國際母乳代用品銷售守則》 (with subsequent relevant WHA resolutions 《世界衛生大會的相關決議》, where applicable)

- Create a positive and supportive environment at the health care settings, e.g.
  - Provide information & education to pregnant women & families to facilitate informed infant feeding choices
  - Provide effective counseling & support to breastfeeding mothers (esp. those encounter difficulties)
  - Without undue commercial influences from formula milk companies

Departmental Policy for supporting staff to Breastfeeding

- In 2002, DH implemented a departmental policy to support DH staff to breastfeed in the workplace

  - All DH service units are encouraged to support postnatal staff to continue breastfeeding after resuming duty
  - Arrangements are made for the staff in need to express breastmilk during working hours
  - Provide appropriate facilities for expressing and storing breastmilk in the workplace
Services for Breastfeeding Mothers at MCHCs (1)

For pregnant women & families
- Antenatal counseling & skills empowerment workshops

For breastfeeding mothers & families
- First visit assessment, professional counseling & skill support, follow-up of mother-baby dyads
- Early identification and management of lactation difficulties & problems
- Peer support groups
- Workshops for working mothers: preparation for back to work
- Breastfeeding Hotline

Services for Breastfeeding Mothers at MCHCs (2)

In 2010, MCHCs conducted:
- Over 32 000 breastfeeding coaching for lactating mothers
- About 3 000 antenatal breastfeeding workshops conducted
- About 2 500 postnatal peer support groups conducted
Structured Staff Training

- All newly recruited clinical staff receive structured training programme within 6 months
  - Nurses: 5-day basic breastfeeding course (based on WHO/UNICEF 40-hour training course on breastfeeding)
  - Doctors: structured 3-day training
- Existing staff: receive regular refresher courses and attachments

Breastfeeding Education Kit for Families and Professionals
Breastfeeding Education Kit for Families and Professionals

Breastfeeding Poster

Sustained Breastfeeding paves the way for healthy growth of your baby
Breastfeeding Workshop

Antenatal Class

Postnatal Breastfeeding Support Group
Breastfeeding coaching

Breastfeeding Room for Nursing Mothers
HEALTH CARE FACILITIES - MATERNITY UNITS IN HOSPITALS

Baby Friendly Hospital Initiative (BFHI) by WHO/UNICEF in 1991

- Encourage maternity units to protect, promote and support breastfeeding through
  - implementing the *Ten Steps to Successful Breastfeeding*; and
  - complying with the *International Code of Marketing of Breastmilk Substitutes* and subsequent relevant WHA resolutions
## Implementation of the Ten Steps to Successful Breastfeeding

**Tens Steps To Successful Breastfeeding**

<table>
<thead>
<tr>
<th>Step</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have a written BF policy that is routinely communicated to all health care staff</td>
<td>100%</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>2. Train all staff in skills necessary to implement this policy (Obstetric &amp; Paediatric nurses/doctors)</td>
<td>82/3% 42/7%</td>
<td>73/4% 42/11%</td>
<td>64/0.4% 17/ 7%</td>
</tr>
<tr>
<td>3. Inform all pregnant women about the benefits and management of BF</td>
<td>67%</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>4. Help birth mothers initiate BF within half-hour of birth</td>
<td>58%</td>
<td>33%</td>
<td>6%*</td>
</tr>
<tr>
<td>5. Show mothers how to breastfeed, and how to maintain lactation</td>
<td>87%</td>
<td>82%</td>
<td>89%</td>
</tr>
</tbody>
</table>

* The indicator is redefined as “all mothers had skin to skin contact >1 hr”.

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<tr>
<td>6. Give newborns no food or drink other than breastmilk, unless medically indicated</td>
<td>47%</td>
<td>53%</td>
<td>56%</td>
</tr>
<tr>
<td>7. Practice rooming-in: allow mothers and infants to remain together 24 hrs a day</td>
<td>40%</td>
<td>41%</td>
<td>61%</td>
</tr>
<tr>
<td>8. Encourage BF on demand</td>
<td>93%</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>9. Give no artificial teats or pacifiers to BF infants</td>
<td>93%</td>
<td>71%</td>
<td>72%</td>
</tr>
<tr>
<td>10. Foster the establishment of BF support groups and refer mothers to them on discharge</td>
<td>87%</td>
<td>71%</td>
<td>83%</td>
</tr>
</tbody>
</table>
Promotion of Breastfeeding in Hospital Authority

- Hospital Authority Steering Committee on Breastfeeding
  - Hospital Authority Breastfeeding Promotion Subcommittee (HABFPSC)
- HA stopped using sponsored supplies of milk formula in April 2010
- With effect from 1 December 2010, HA implemented its Breastfeeding Promotion Policy, include adopting “Ten Steps to Successful Breastfeeding” and complied with the basic rules of International Code of Marketing of Breastmilk Substitutes.

Breastfeeding promotion in Private Hospitals

- A total of 10 private hospitals has Obstetric Units
- All except 2 private hospitals had stopped using sponsored supplies of infant formula
- More and more private hospitals claimed that they had stopped distributing gifts provided by formula companies
COMMUNITY SUPPORT – NON-GOVERNMENTAL ORGANISATIONS

Non-governmental Organisations in Hong Kong supporting Breastfeeding

- Baby Friendly Hospital Initiative Hong Kong Association (BFHIHK) (愛嬰醫院香港協會) was incorporated in 1994 to promote, protect and support breastfeeding in Hong Kong.
Work of the Baby Friendly Hospital Initiative Hong Kong Association

- Conducts an annual survey on:
  1. The Breastfeeding Rate on discharge from maternity units in Hong Kong;
  2. Hospitals’ practice of the “Ten Steps to Successful Breastfeeding”;
  3. Compliance of infant food manufacturers with the “International Code of Marketing of Breast-milk Substitutes” as observed in institutions with maternity units.

- Holds press conference at the World Breastfeeding Week
- Organises training on BF for health professionals
- Operates a BF hotline

World Breastfeeding Week 2011
Other NGOs

- **Hong Kong Breastfeeding Mothers’ Association** (香港母乳育嬰協會) registered as a NGO in 1998
- **La Leche League - Hong Kong** (國際母乳會 - 香港) is part of La Leche League International (國際母乳會)
  - Organises education activities / provides support to BF mothers
  - Operate BF hotlines

**SUPPORT FOR WORKING MOTHERS**
Breastfeeding Support in working place

- Excluding foreign domestic helpers, 49.6% women in Hong Kong participate in labour force
- Lack of a supportive environment in workplace
  - lactation breaks during work hours
  - facilities for expressing and storing breastmilk
- Relatively short maternity leaves (10 weeks)

PERCEPTION & ACCEPTANCE OF MOTHERS BREASTFEEDING IN PUBLIC
Public Perception towards Breastfeeding

Breastfeeding in public

Public breast-feeding protest in Peninsula

“Eighteen mothers breast-fed their babies in public at the Peninsula hotel yesterday to protest over its policy towards breast-feeding. The demonstration was held after one of the women claimed she had been asked by a member of the hotel's staff to use a bathroom to feed her baby.”

Source: SCMP, 19 May 1999

“It is so normal back home in Europe, but honestly I have never seen someone feeding in public here.”

Source: http://www.geobaby.com/forum/thread136551.html

Setting up Babycare Facilities in Public Venues

  - is intended for encouraging incorporation of babycare facilities in government premises and large scale commercial centres operated by Housing Authority
  - Interdepartmental effort, involved 6 Bureau and departments
  - As at July 2011, about 160 babycare room in government premises
  - The Buildings Department prepared a Practice Note on Provision of Babycare Rooms in Commercial Buildings (2009)
  - To encourage private premises to make available babycare facilities
Education and Publicity to Promote BF by DH

- Regular columns on breastfeeding in Mingpoa & other feature articles in newspapers
- Media interviews
- Designated website, You Tube, etc.
TACKLING THE AGGRESSIVE MARKETING OF FORMULA MILK

International Code of Marketing of Breastmilk Substitutes

- Developed by the WHO and UNICEF in 1981
- The aim of the Code is to contribute to the provision of safe and adequate nutrition for infants by
  - protecting breastfeeding
  - ensuring the proper use of breastmilk substitutes, on the basis of **adequate and unbiased information through appropriate marketing**
Scope of the International Code

The International Code (1981) covered three main categories of products:

a) breastmilk substitutes, including infant formula;
b) other milk products, foods and beverages, including bottle-fed complementary foods, when marketed as a partial or total replacement of breastmilk;
c) feeding bottles and teats

Subsequent WHA Resolutions

- World Health Assembly (WHA) Resolutions which address the evolving marketing strategies of Formula Milk (FM) companies and keep the Code updated, e.g.

  1981 - WHA34.22
  - Stresses that adoption and adherence to the Code is a minimum requirement

  2002 - WHA55.25
  - Endorses the Global Strategy on Infant and Young Child Feeding

  2010 - WHA 63.23
  - To strengthen implementation of the International Code of Marketing of Breastmilk substitutes and relevant WHA Resolutions, The Global Strategy on Infant and Young Child Feeding, the Baby Friendly Hospital Initiative...

  - End to all forms of inappropriate promotion of foods for infants and young children and that nutrition and health claims should not be permitted on these foods (i.e., claims about IQ, eyesight or protection from infection)
Hong Kong Code of Marketing of Breastmilk Substitutes

- A taskforce involving all relevant stakeholders was set up in June 2010 to develop and implement the Hong Kong Code.

- Two sub-groups worked concurrently:
  - Code Drafting Sub-group (aim for completion by end 2011)
  - Code Education and Publicity Sub-group

- Will be implemented as a voluntary Code with a system of monitoring; will adopt Social Marketing approach to promote compliance with the Code among local health professionals.

Membership of Taskforce

Chaired by Dr Lilian Leong, Honorary Consultant Radiologist, Queen Mary Hospital.

Representatives from:
- Relevant Government Bureaux and Departments; Television and Entertainment Licensing Authority & Consumer Council
- Public & private health care sectors
- Relevant professional colleges & societies (Obstetric & Gynecology, Paediatrics, Family Medicine, Nursing, Nutrition, Dietitian)
- Non-governmental organizations
- Marketing professional
Defining the Scope of the HK Code

2. All subsequent relevant WHA resolutions
3. Local factors to be considered, e.g.
   - Marketing practices of FM companies
   - Milk and complimentary food consumption patterns of infants and young children

THE WAY FORWARD
More Work to be Done

- Multifaceted interventions and concerted efforts
- Capacity building
  - Develop multi-media BF learning kit for health professionals and conduct capacity building programmes
  - Collaborate with NGOs in community projects
- Public education & publicity
  - Raise public awareness to promote & support breastfeeding

BREASTFEEDING…

THE NORM
THANK YOU