

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



- **“International Code of Marketing of Breastmilk Substitutes”** 《國際母乳代用品銷售守則》 developed by WHO/UNICEF, adopted by World Health Assembly in 1981 (and subsequent relevant WHA resolutions)
- Joint WHO/UNICEF statement in 1989 - *“Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services”* set out **“Ten Steps to Successful Breastfeeding”** 《成功母乳餵哺十項要點》 ; formed the foundation of **“Baby-friendly Hospital Initiatives” (BFHI)** by WHO/ UNICEF in 1991



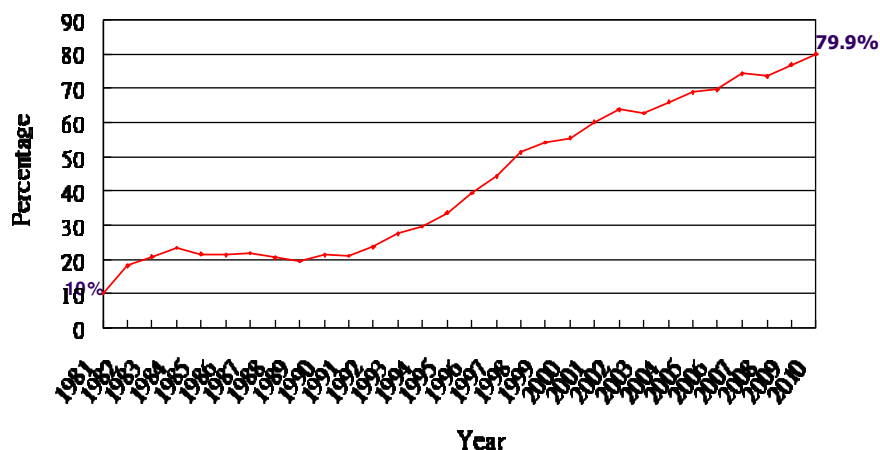
- **“Global Strategy for Infant and Young Child Feeding”** by WHO/UNICEF in 2003

- “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.”



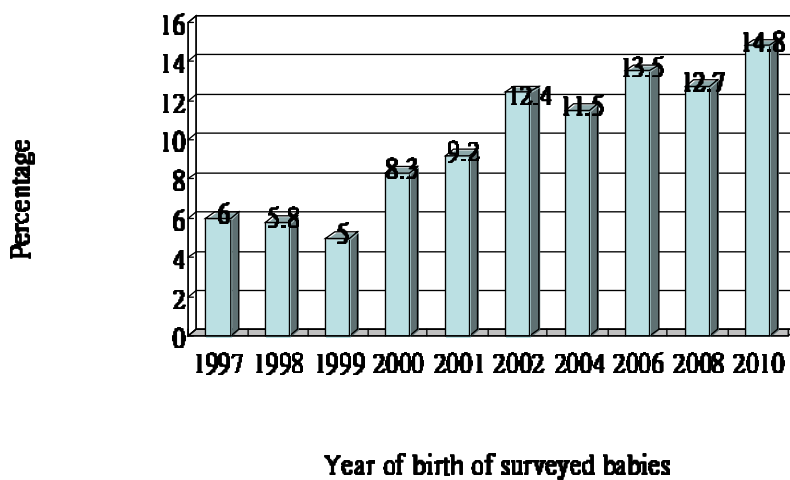
BREASTFEEDING – LOCAL SITUATION

Percentages of Newborns Ever Breastfed on Discharge from Hospitals, 1981-2010



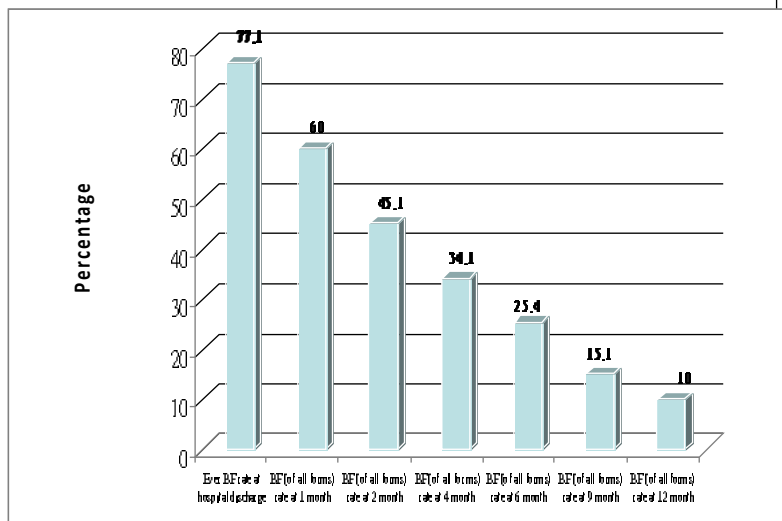
Source: regular reports from all maternity units in public and private hospitals in Hong Kong.

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



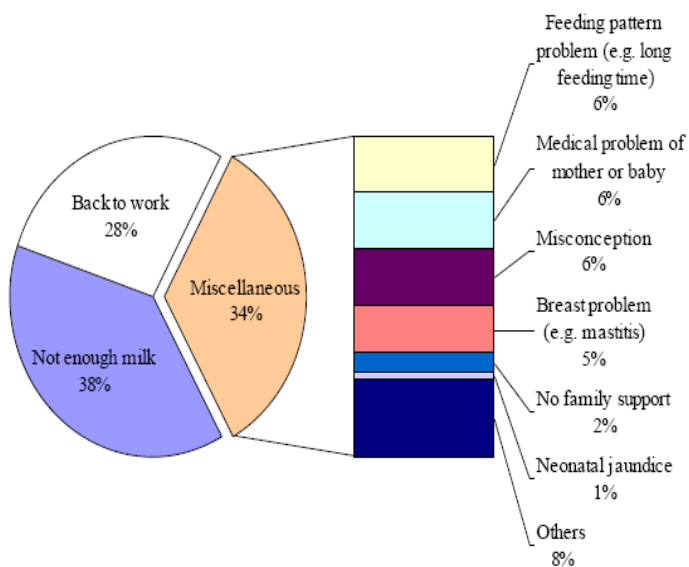
Source: FHS, DH

Breastfeeding Rate Declined as Babies Grew (2010)



Source: FHS, DH

Main Reason for Stopping Breastfeeding



S

Reasons for Stop Breastfeeding in Hong Kong



Table 3. Primary reason for weaning according to infants' age at weaning

Characteristic	Total (N=1103) ^a %	Infants' age in months when no longer receiving any breastmilk				
		<1 (n = 469) %	1 to <3 (n = 322) %	3 to <6 (n = 132) %	6 to <9 (n = 97) %	9 to <12 (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 [†]	10.9	17.1	5.0	5.3	8.3	10.8
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	1.6	0.0	1.0	1.2

[†] $p < .001$

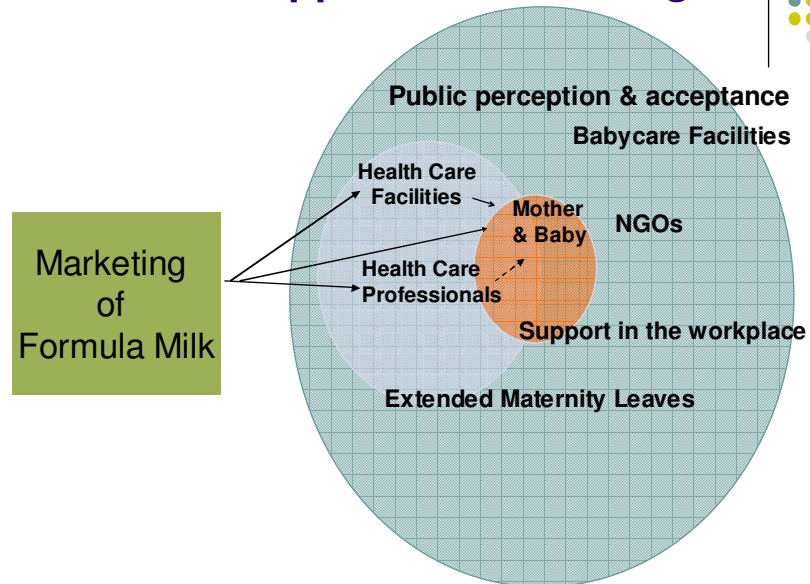
^a 16 participants did not have a stated reason for weaning

Source: Tarrant et al. *BMC Pregnancy and Childbirth* 2010, 10:27



**PROTECTING, PROMOTING &
SUPPORTING BREASTFEEDING
IN HONG KONG:
A SYSTEMS APPROACH**

A systems approach to protect, promote and support breastfeeding



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 《世衛大會的相關決議》, 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

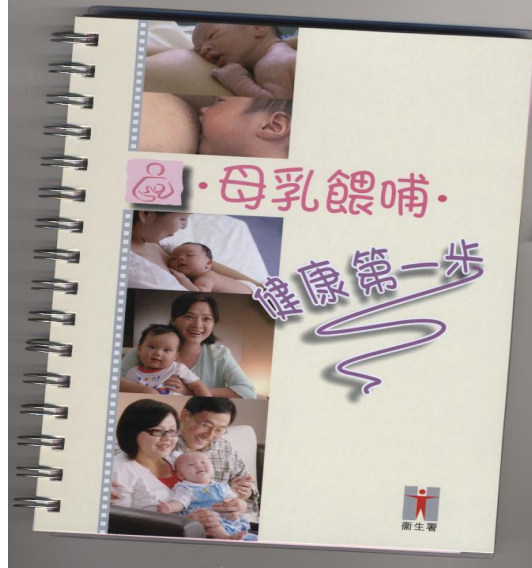


- All newly recruited clinical staff receive structured training programme within 6 months
 - Nurses: 5-day basic breastfeeding course (based on WHO/UNICEF 40-hour training course on breastfeeding)
 - Doctors: structured 3-day training
- Existing staff: receive regular refresher courses and attachments

Breastfeeding Education Kit for Families and Professionals



Breastfeeding Education Kit for Families and Professionals

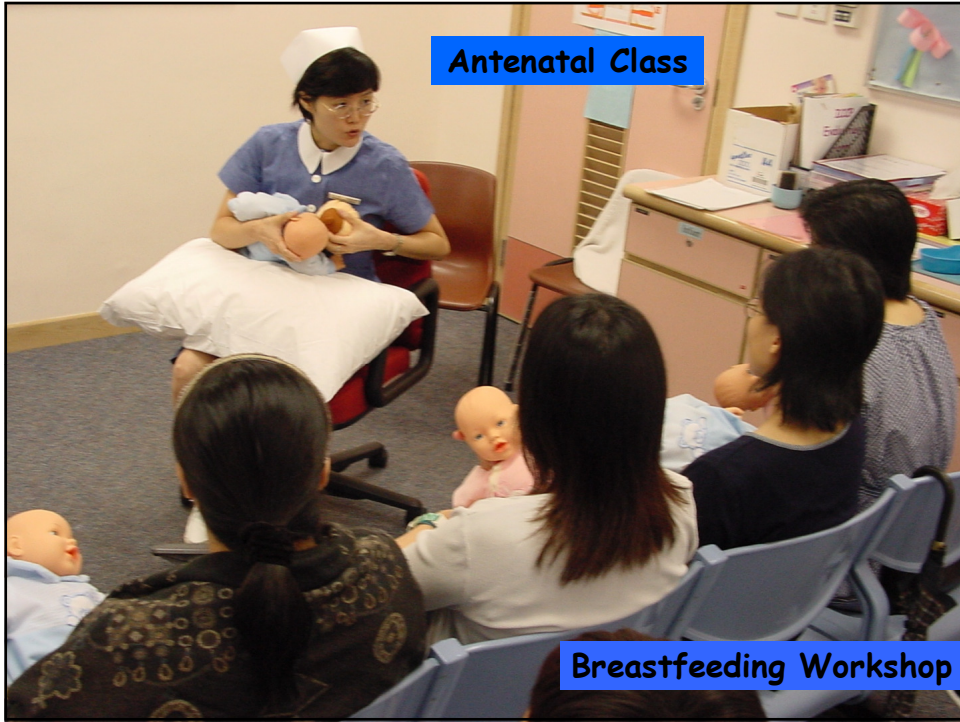


Breastfeeding Poster

The poster features a large, warm-toned photograph of a smiling woman holding a baby. The text on the poster is as follows:

持續母乳餵哺
為寶寶健康成長鋪路
Sustained Breastfeeding
paves the way for
healthy growth of your baby

At the bottom of the poster, there is a row of five small green seedlings growing out of a white surface that resembles milk. To the right of the seedlings, a small baby is crawling. In the bottom left corner, there is a line of small text: '如有查詢，請到附近的母嬰健康院或致電衛生署母乳餵哺熱線 2961 8868'. In the bottom right corner, there is the Department of Health logo and the text '衛生署 Department of Health'.







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 《成功母乳餵哺十項要點》 (Self appraisal by HA & private hospitals)



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

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

Implementation of the Ten Steps to Successful Breastfeeding (Self appraisal by HA & private hospitals)



Tens Steps To Successful Breastfeeding	2008	2009	2010
6. Give newborns no food or drink other than breastmilk, unless medically indicated	47%	53%	56%
7. Practice rooming-in: allow mothers and infants to remain together 24 hrs a day	40%	41%	61%
8. Encourage BF on demand	93%	94%	94%
9. Give no artificial teats or pacifiers to BF infants	93%	71%	72%
10. Foster the establishment of BF support groups and refer mothers to them on discharge	87%	71%	83%

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 (BFHIHKA) (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



齊傾齊講！
支援母乳哺育多面睇
國際母乳哺育周 2011



「我支持母乳哺育！」 相片大募集	經驗分享— 母乳哺育：挑戰變樂趣	齊傾齊講— 母乳哺育經驗分享會
國際母乳哺育周2011 主頁	查詢及表格下載	請加入我們！

每年8月1日至7日，國際母乳哺育行動聯盟（WABA）會舉行國際母乳哺育周（WBW）的慶祝活動。國際母乳哺育行動聯盟已經公佈了今年的活動主題——「齊傾齊講！支援母乳哺育多面睇。」提倡加強溝通，擴大餵哺母乳的資訊的接觸面，藉此使公眾對餵哺母乳建立正



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



- Advisory Guidelines on Babycare Facilities (2008)
 - 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

Babycare Room Award Presentation Ceremony



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.

母乳母語

多倫多地區有以下雜誌：「母乳哺育的知識」，專心介紹母乳哺育。母乳哺育的知識，專心介紹母乳哺育。母乳哺育的知識，專心介紹母乳哺育。

全泵奶弊多於利

有些雙職媽媽因工作，無法全天候留在家中照顧小寶，便使用泵奶器或用人工擠奶的方法儲存母乳，以供寶寶日常食用。不過，要注意若媽媽從不讓寶寶「埋身哺乳」，只使用「全泵奶」的話，會對媽媽帶來以下不良的影響：

乳管易閉塞 回奶麻煩

- 1、有些媽媽會盡量減少母乳，有些則愈產愈多，因此經常會出現乳管阻塞和乳脹炎。當寶寶的吸吮能力足夠，以寶寶的吮吸來調整奶量效果最理想不過，不太多也不太少。
- 2、若媽媽本身奶量多，又以全泵奶來儲存的話，母乳會「長養長有」，這些「多奶媽媽」的奶時常會漸漸減少至奶時和次數，若奶時容易出現乳管阻塞和乳脹炎，相反讓寶寶吸吮乳房，奶時時便會很舒服，因為寶寶約6個月大開始吃固體食物後，吃母乳分量會減少，直至完全不吃母乳時，媽媽就會自然回奶。我三次回奶經驗都是這樣，從19個月大時主動回奶：「媽媽，我不餓，唔食奶嘍！」兩個兒子與這同一樣從9個月大起只吃早晚兩次母乳，分別在兩歲前兩歲半斷奶，當時我會就與他們商量，又找丈夫幫忙照顧

母乳母語 文：馮慧嫻醫生（專科家庭健康護理及母乳護理工作小組成員，以母乳哺育3名兒子）或半年7歲的兒女）

初乳雖少 BB 夠喝

「初乳雖少，BB 夠喝」，這句老話聽起來似乎很簡單，但其實背後有很多科學的根據。初乳是母乳的精華，含有豐富的免疫球蛋白和生長因子，對新生兒的成長和發育至關重要。雖然初乳的量很少，但足夠滿足新生兒的需求。母乳的分泌量會隨著時間的增加而逐漸增加，確保寶寶能獲得足夠的營養。

母乳母語 文：馮慧嫻醫生（專科家庭健康護理及母乳護理工作小組成員，以母乳哺育3名兒子）或半年7歲的兒女）

補奶不等於失敗

「補奶不等於失敗」，這是一句非常重要的觀念。母乳哺育是一個動態的過程，每個媽媽和寶寶的情況都不一樣。如果母乳量不足，通過科學的方法進行補奶，並不代表母乳哺育失敗。相反，這是一種積極的應對策略，旨在確保寶寶獲得足夠的營養和照顧。媽媽們應該保持冷靜，尋求專業的建議，找到最適合自己的母乳哺育方案。

母乳母語 文：馮慧嫻醫生（專科家庭健康護理及母乳護理工作小組成員，以母乳哺育3名兒子）或半年7歲的兒女）



TACKLING THE AGGRESSIVE MARKETING OF FORMULA MILK



International Code of Marketing of Breastmilk Substitutes 《國際母乳代用品銷 售守則》

- 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 《母乳代用品銷售守則》



- A taskforce 《香港母乳代用品銷售守則專責小組》 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) 《守則草議小組》
 - Code Education and Publicity Sub-group 《守則推廣教育小組》
- Will be implemented as a voluntary Code with a system of monitoring; will adopt Social Marketing (社會營銷) 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 (瑪麗醫院放射科)

Representatives from

- Relevant Government Bureaux and Departments; Television and Entertainment Licensing Authority (影視及娛樂事務管理處) & Consumer Council (消費者委員會)
- 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



1. Scope of the International Code (1981)
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



健康飲食 · 由零開始
**HEALTHY EATING
STARTS FROM ZERO**





THANK YOU

