

Women's Commission

Promotion of Breastfeeding

Purpose

This paper is to brief Members on the policy implemented by the Food and Health Bureau (FHB) on the promotion of breastfeeding.

Policy on the Promotion of Breastfeeding

2. The Government has a longstanding commitment to protect, promote and support breastfeeding. In April 2014, FHB set up a Committee on Promotion of Breastfeeding (the Committee) to provide advice on strategies and action plans to further protect, promote and support breastfeeding in different sectors of Hong Kong and to oversee their implementation. Chaired by Prof. Sophia Chan Siu Chee, the Under Secretary for Food and Health, the Committee comprises representatives from healthcare professionals, academia, and breastfeeding advocates from NGOs and private sectors.

3. Under the Committee, a Working Group on Community Support for Breastfeeding was established to recommend to the Committee action plans to support breastfeeding in the workplace and public places, and strategies to strengthen the publicity and public education on breastfeeding. Details of the policy on breastfeeding are at **Annex**.

Advice Sought

4. Members are invited to note the above-mentioned policy.

Protecting, Promoting and Supporting Breastfeeding in Hong Kong

維護、推廣和支持母乳餵哺

Women's Commission Meeting
18 July 2014



Linking Child Survival and Child Development for Health, Equity, and Sustainable Development

[Dr. Margaret Chan, DG, WHO. Lancet, 4 May 2013]

- “Three areas are critical foundations healthy child development:
 1. stable , responsive, and nurturing caregiving with opportunities to learn
 2. safe, supportive, physical environments
 3. appropriate nutrition”



Dr Margaret Chan
Director-General
World Health
Organization



Short Term Benefits of Breastfeeding

母乳餵哺的短期效益

UK Millennium Cohort Study (英國千禧世代研究) (N= 15 890)

- Exclusive BF (全母乳餵哺) for 6M
 - > monthly hospital admissions (每月住院比率) for
 - ✓ diarrhea (腹瀉) decreased by 53%;
 - ✓ respiratory infections (下呼吸道感染) decreased by 27%

M.A. Quigley, et al. Breastfeeding and Hospitalization for Diarrheal and Respiratory Infection in the United Kingdom Millennium Cohort Study. PEDIATRICS 119, e837-842. 2007

US economic study (美國經濟研究)

- If 90% of families comply with Exclusive BF (全母乳餵哺) for 6 months (vs 12% in 2005)
 - ✓ save \$13 billion(130億美元)/year ; & prevent an excess of 911 deaths (死亡個案)



Bartick M & Reinhold A. The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost. PEDIATRICS Volume 125, Number 5, May 2010

Long Term Benefits of Breastfeeding

母乳餵哺的長期效益

- Prevent **Non Communicable Diseases**(預防非傳染病) (NCD):
- Many Chronic Diseases (慢性疾病) (e.g. Cardiovascular diseases (心臟病), diabetes(糖尿病), allergies(過敏症)) have origins in early life
 - Early nutrition (早期營養) during the sensitive developmental period has biological programming effects on subsequent risks of NCDs and adult health
 - Exclusive BF for 6 months offer effective primary prevention for NCDs
- Improve **intellectual performance** (有利智力發展)

1. Long-term effects of breastfeeding: a systematic review. WHO 2013
2. Breast-feeding: A Commentary by the ESPGHAN Committee on Nutrition. 2009
3. Ip S et al. Breastfeeding & Maternal and Infant Health Outcomes in Developed Countries. Agency for Healthcare Research and Quality. April 2007.
4. Mark A. Hanson a, Peter D. Gluckman. Developmental origins of health and disease: Moving from biological concepts to interventions and policy. Int J Gynecol Obstet 115 Suppl. 1 (2011) S3–S5



Benefits to Mothers

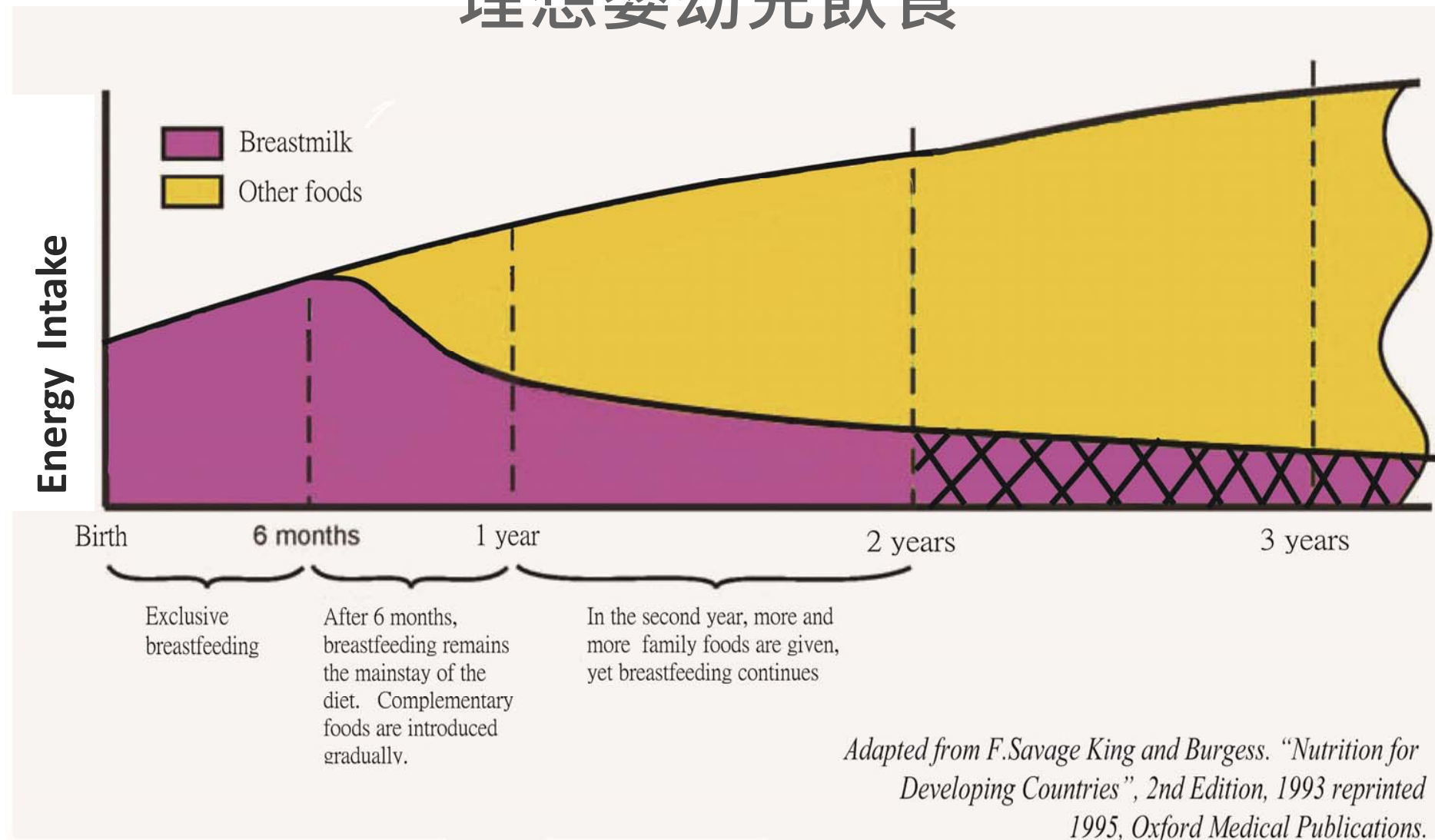
母乳餵哺對媽媽的好處

- Less postpartum bleeding (產後出血)
- Return to pre-pregnancy weight more quickly
- Increase child spacing due to the lactational amenorrhea(哺乳期閉經)
- Reduced risk of breast cancer(乳癌), ovarian cancer(卵巢癌), and diabetes(糖尿病) in later life



Optimal Infant & Young Child Feeding

理想嬰幼兒飲食



The benefit of breastfeeding depends on its duration(餵哺期) & exclusiveness (以全母乳餵哺)...

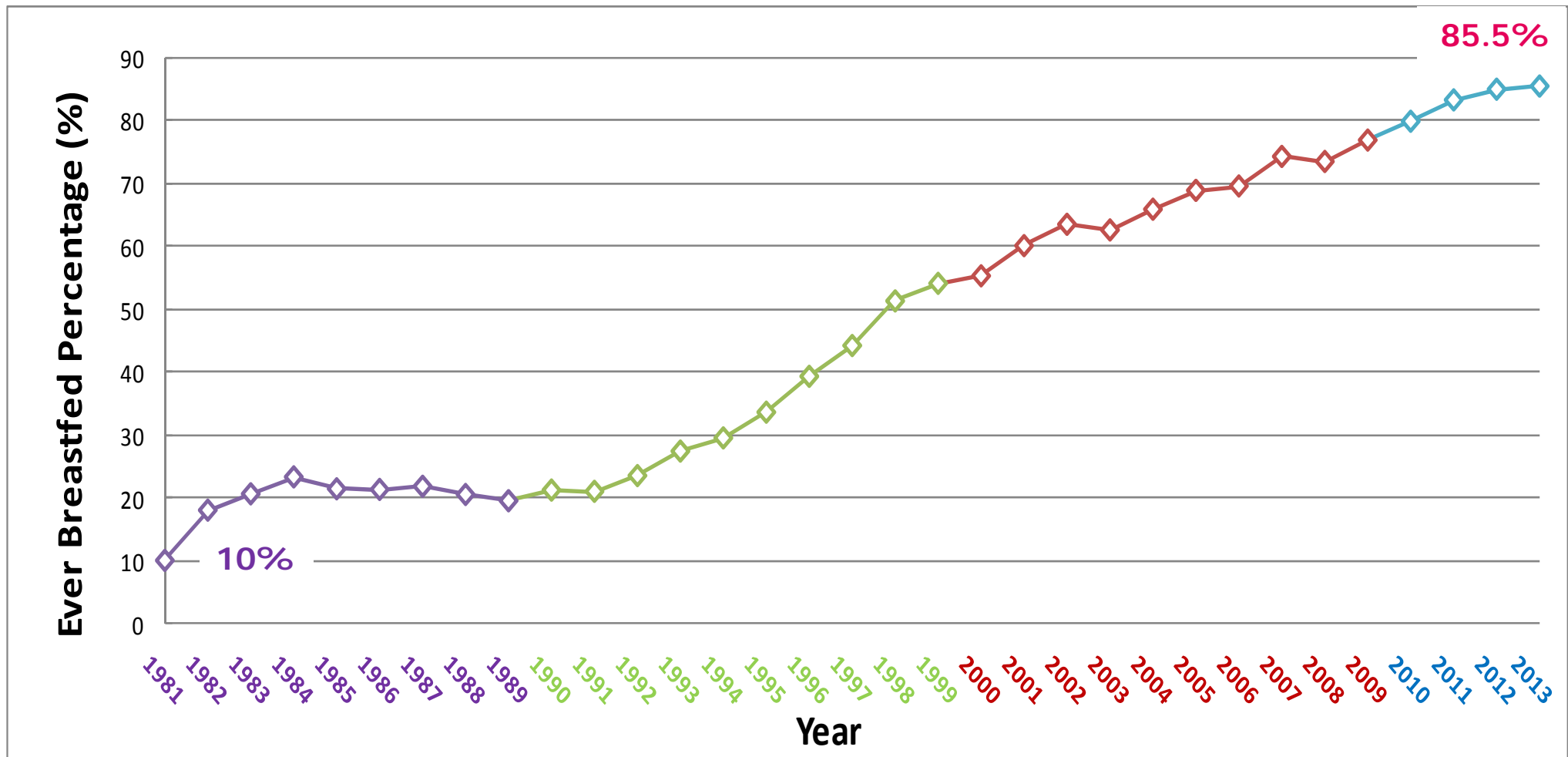


Local Breastfeeding Scene

本地母乳餵哺情況



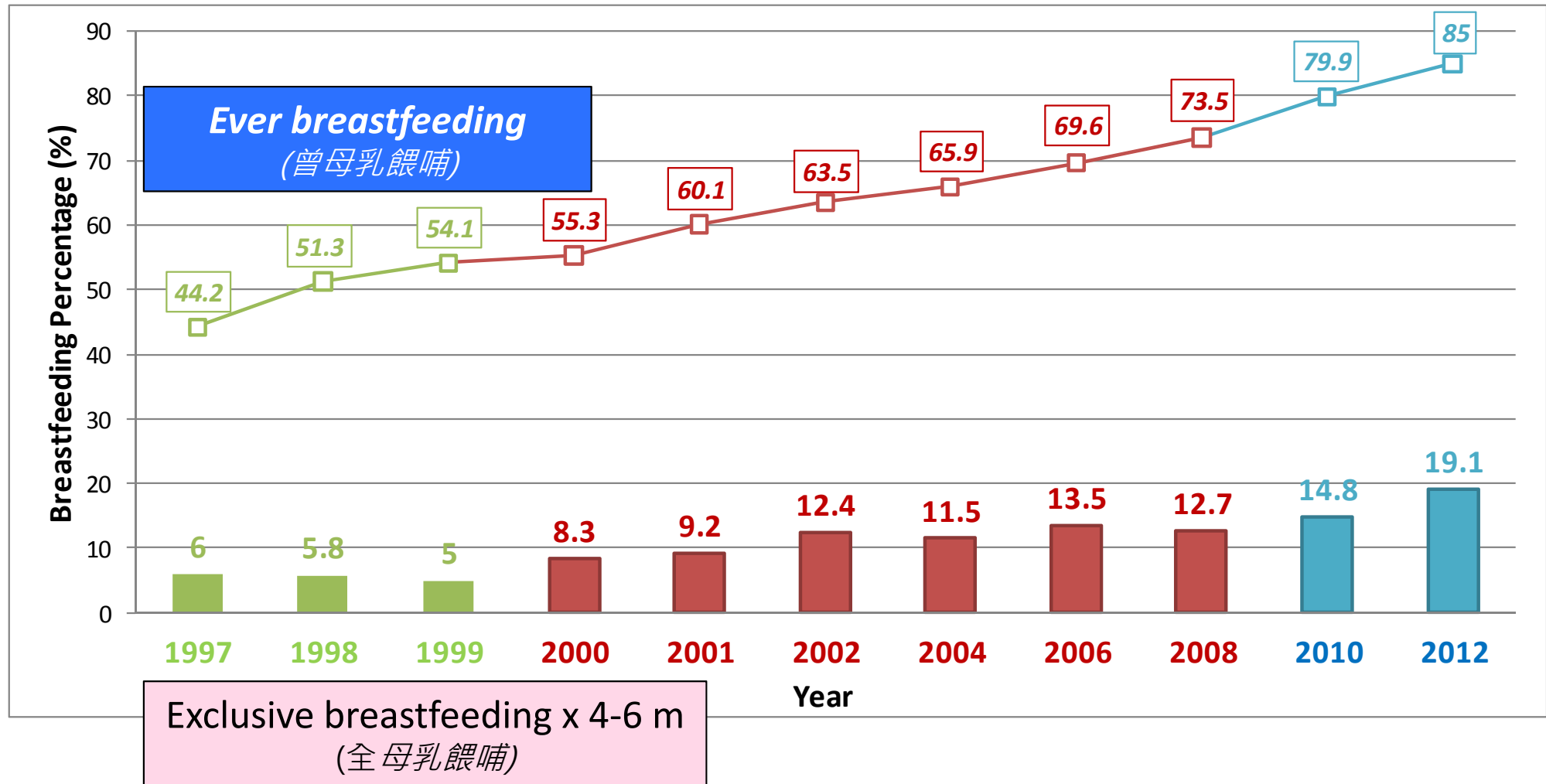
Percentages of Newborns Ever Breastfed on Discharge from Hospitals(出院時的母乳餵哺率), 1981-2013



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



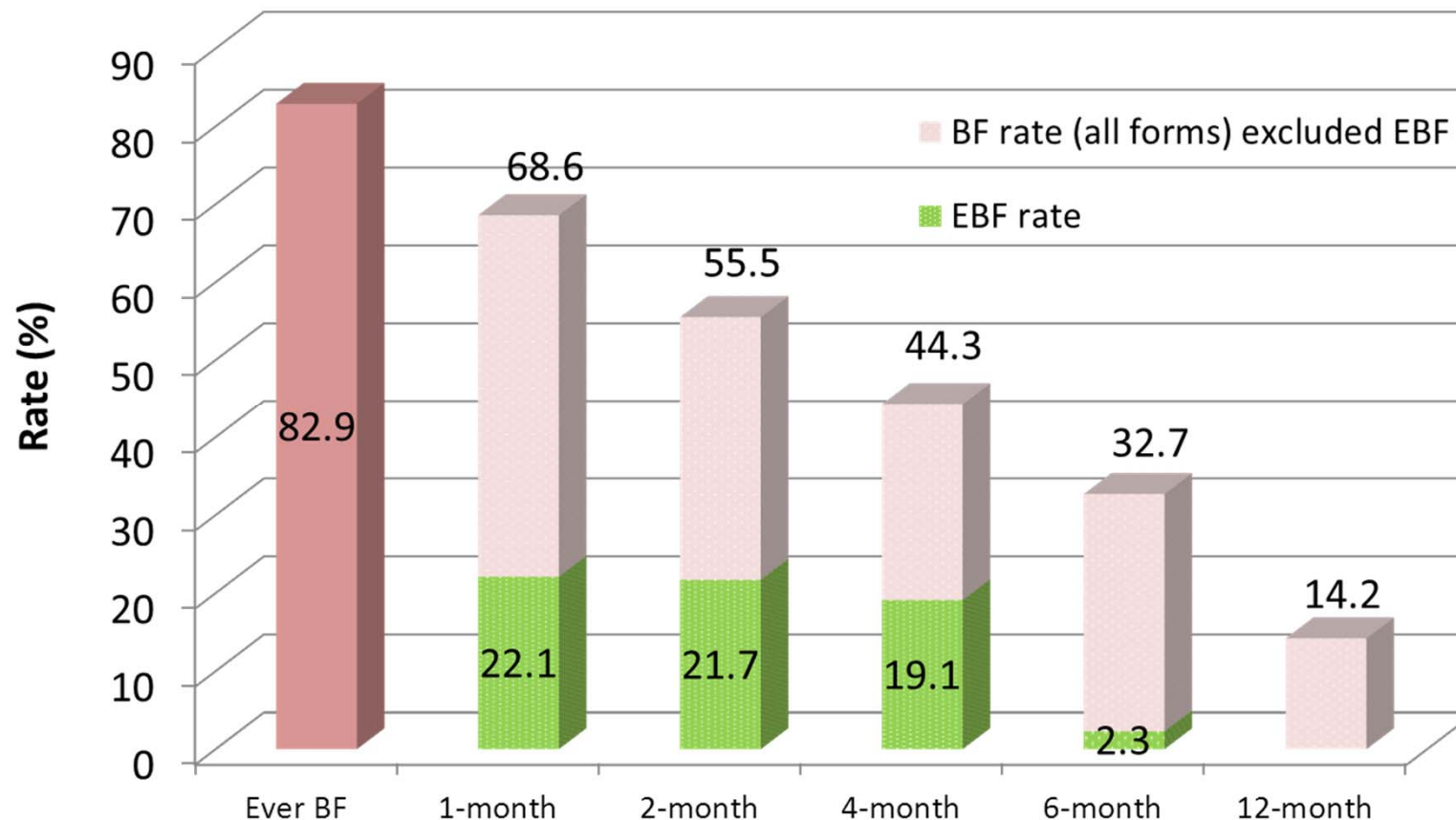
Breastfeeding Rates(母乳餵哺率), 1997-2012



Source: regular reports from all maternity units in public and private hospitals in Hong Kong & BF Survey FHS,DH



The Majority of Mothers who have Initiated Cannot Establish Breastfeeding.....



Source: 2013 BF survey FHS, DH



Barriers to Breastfeeding

母乳餵哺的障礙



Reasons for Stopping Breastfeeding

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 | | 7.8 | 5.3 | 6.2 | 12.1 |
| Sucking / latching problem† | 10.9 | | 5.0 | 5.3 | 8.3 | 10.8 |
| Fatigue / stress† | 10.3 | | 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 |

† $p < .001$

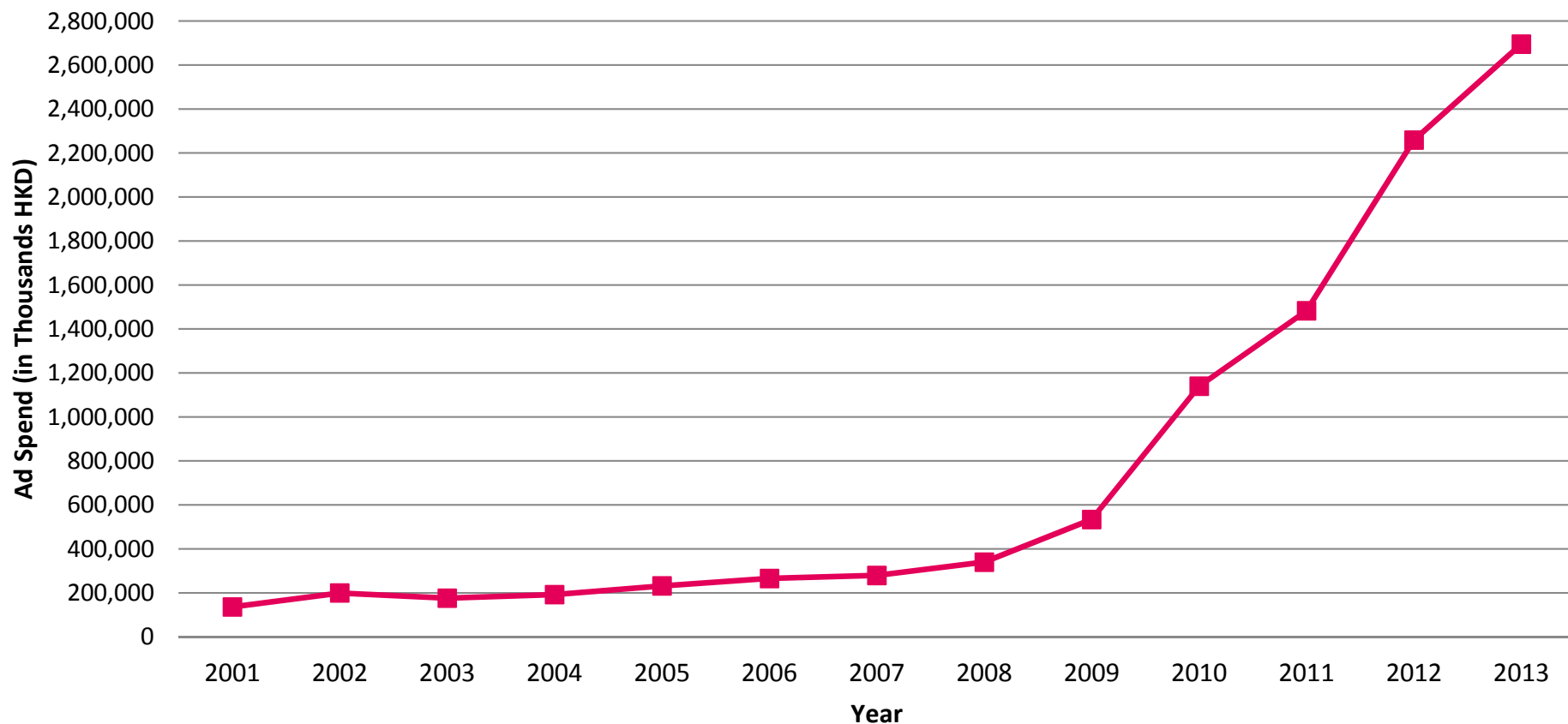
^a 16 participants did not have a stated reason for weaning

87.3%



Aggressive Marketing of Formula Milk

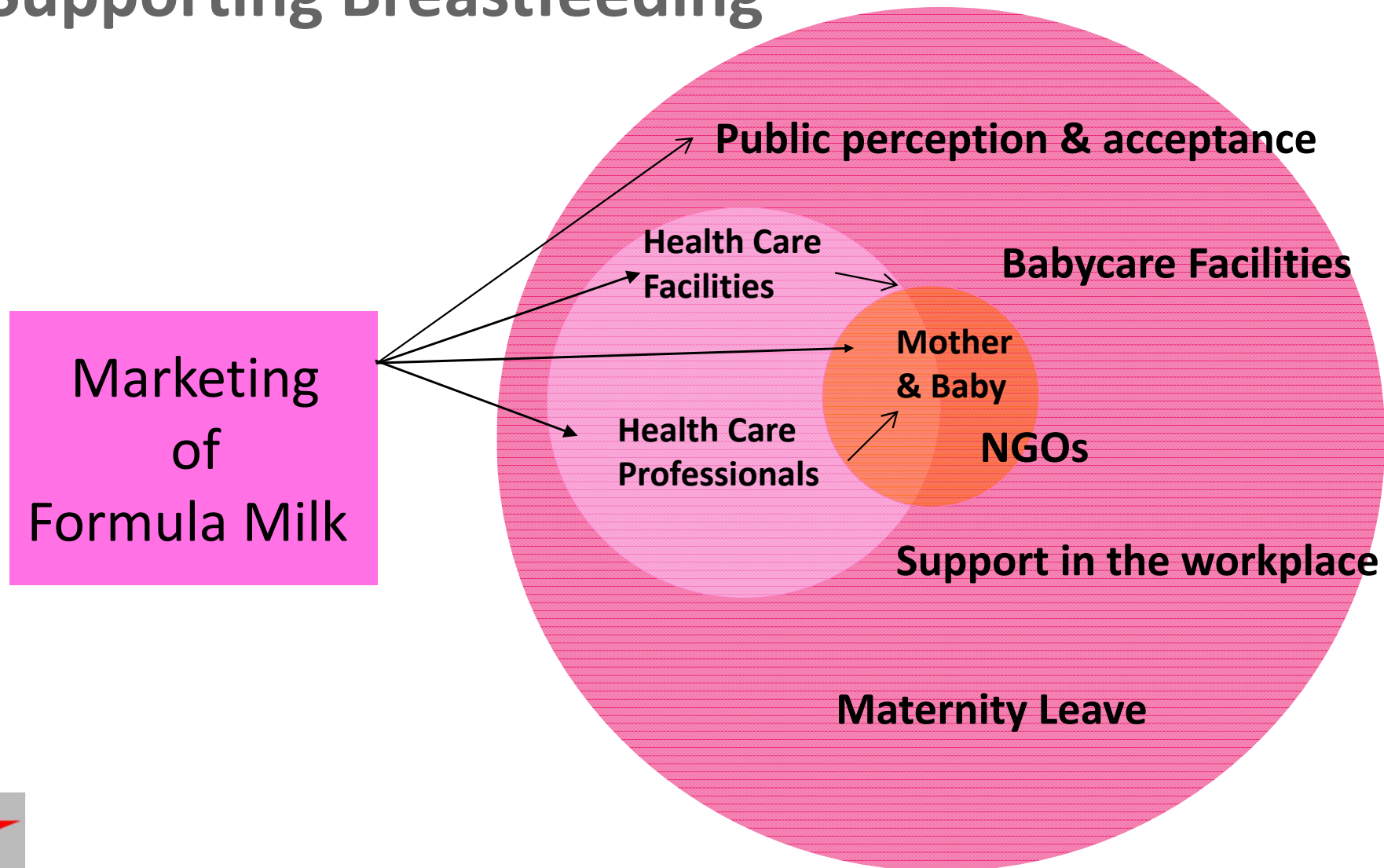
Ad Spend (廣告開支) on Formula Milk for 0-36m Infants and Young Children



- In 2013, the trade spent \$2.7 billion (27億) on advertising and promotion (about 20 times of the spending in 2001).



Multiple Determinants of Breastfeeding AND A Systems Approach to Protecting, Promoting and Supporting Breastfeeding



Ongoing Activities to Protect, Promote and Support Breastfeeding

1. Baby-friendly Initiative in Healthcare Facilities
愛嬰醫院運動
2. Breastfeeding in Public Places
公共場所母乳餵哺
3. Breastfeeding Friendly Workplace
母乳餵哺友善工作間
4. Publicity and Public Education
教育及宣傳
5. The Hong Kong Code of Marketing of Breastmilk Substitutes
香港守則



Committee on Promotion of Breastfeeding

促進母乳餵哺委員會

Chairperson: Under Secretary for Food and Health 食物及衛生局副局長

Secretariat: DH 衛生署

Members:

Advisory bodies to
Government

NGOs

Community
leaders

Healthcare Professional
Bodies

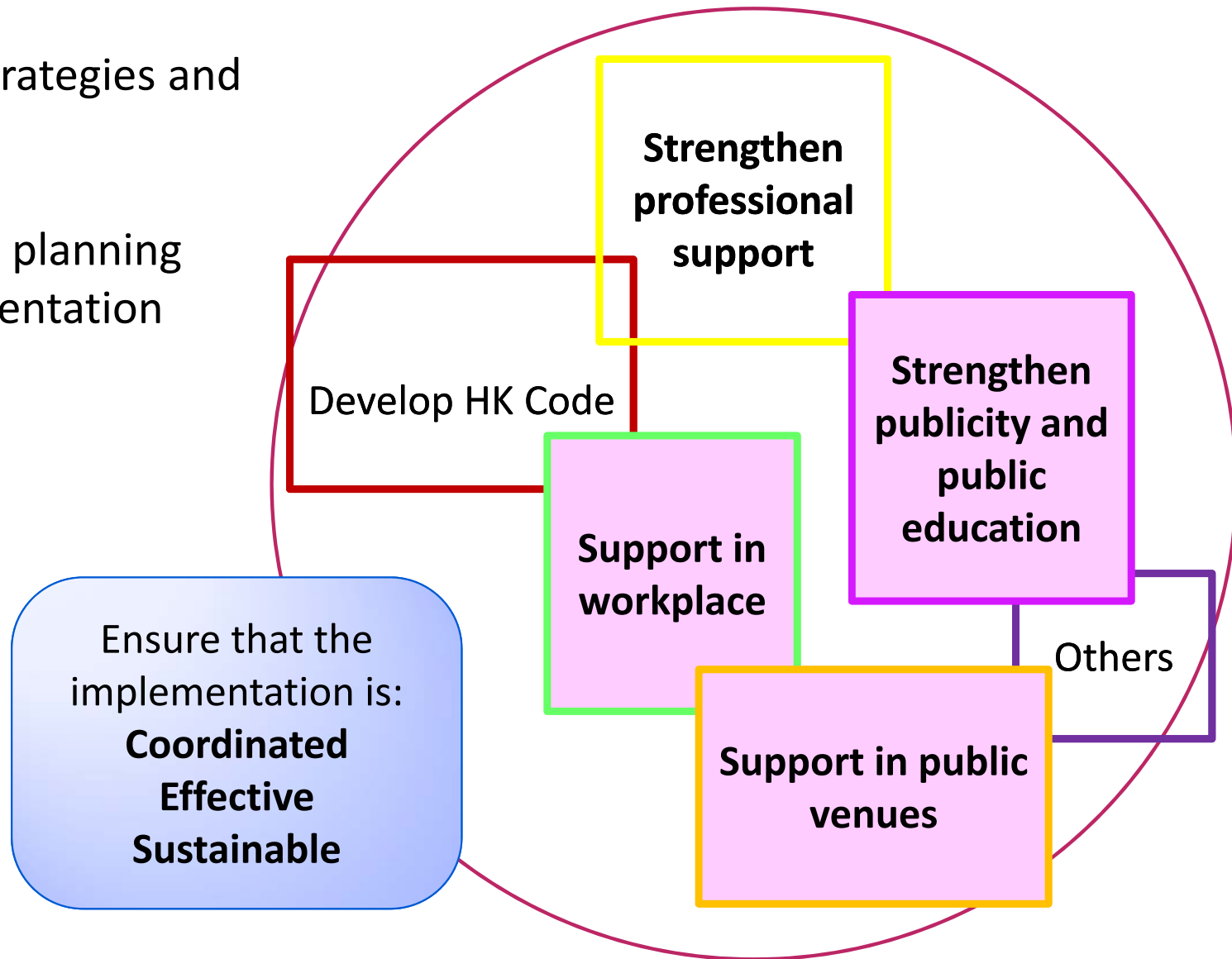
Academia



Committee on Promotion of Breastfeeding

促進母乳餵哺委員會

- ◆ Advise on strategies and actions
- ◆ Oversee the planning and implementation



Working Group on Community Support of breastfeeding 社區支援母乳餵哺工作小組

- Chaired by Dr Maggie Koong
- Set up in June 2014 under the Committee on Promotion of Breastfeeding
- Aim:
 - Make recommendation to the Committee on **strategies and actions** to promote and support Breastfeeding in the community



1. Baby-friendly Initiative in Healthcare Facilities (愛嬰醫院運動)

“The single most fundamental intervention to achieve increases in initiation, exclusivity and duration of breastfeeding for all women in a developed country setting.”

Policy & Public Health Recommendations to promote initiation & duration of breastfeeding in developed country settings. Public Health Nutrition:13(1),137-141.



The Baby Friendly Initiative (BFI)

愛嬰醫院運動

- A worldwide programme of the WHO (世界衛生組織) & UNICEF (聯合國兒童基金) that encourages all maternity units and community child health/care organisations to
 1. comply with **the International Code of Marketing of Breastmilk Substitutes** (國際母乳代用品銷售守則) & **subsequent relevant WHA (世界衛生大會) resolutions**
 2. fully practise
 - **Ten Steps to Successful Breastfeeding** (成功母乳餵哺十項指引) in maternity units (& accredited as Baby-friendly Hospitals)
 - To date, there are > 2,000 hospitals worldwide accredited as "Baby-friendly"
 - **Seven Points for Sustaining Breastfeeding in the Community** (UNICEF, UK)



Public Birthing Hospitals & Clinics

- Hospital Authority has a plan to designate all birthing hospitals as Baby Friendly Hospital (BFH) by 2020.
 - 3 pilot hospitals : QEH, QMH, KWH
- There is a plan for MCHCs to provide seamless transition of care on breastfeeding



2. Breastfeeding in Public Places

公共場所母乳餵哺



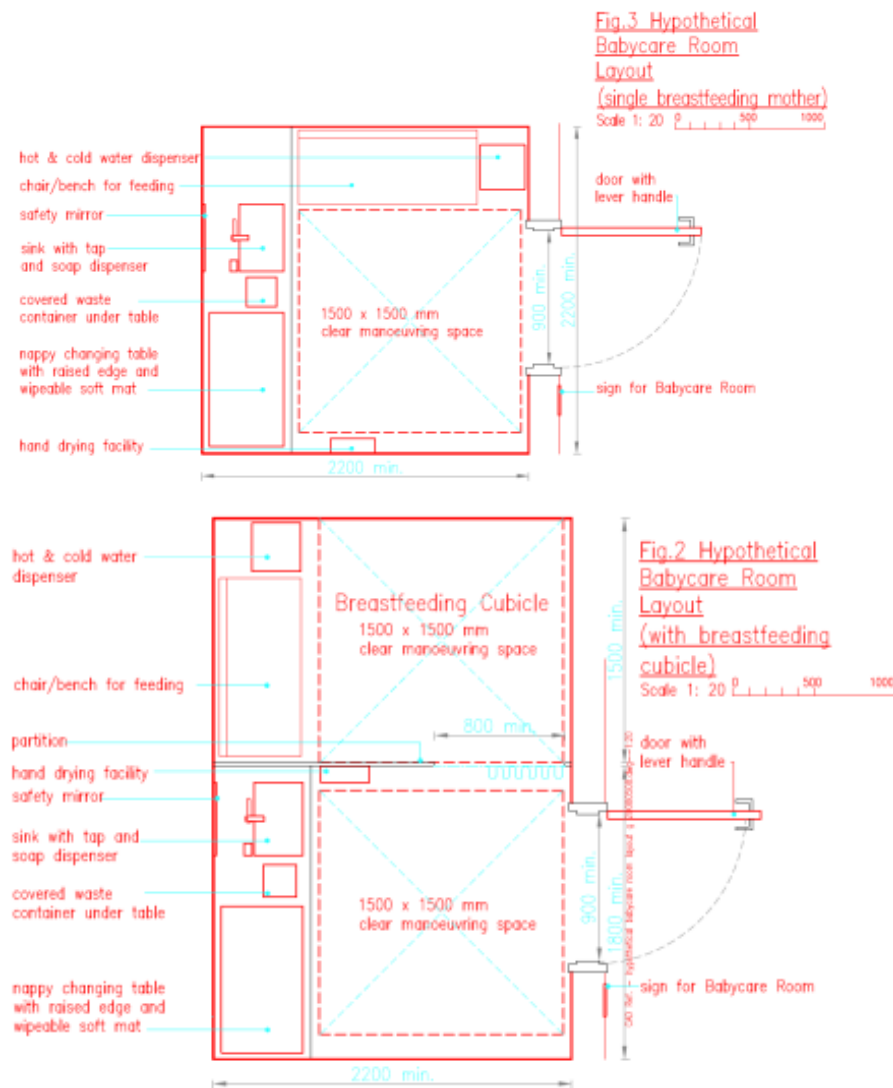
Babycare Facilities (BCF) 育嬰間

- In 2008, FHB issued the ***Advisory Guidelines on Babycare Facilities*** (BCF) (育嬰間設置指引)
 - 227 BCFs in government premises (as of Dec 2013)
- In 2009, the Buildings Department issued a **Practice Note on the Provision of Babycare Rooms in Commercial Buildings** (《在商業樓宇提供育嬰間設施》的作業備考)
 - There are a total of 69 BCFs in shopping malls (*Source: HK BF Mothers' Association website*)



Provision of Babycare Facilities (BCF) in Government Premises

Advisory Guidelines on Babycare Facilities (2008)



- Issued by FHB. Developed with the support of DH, GPA, BD, HD & ArchSD
- Encourage the incorporation of BCF in Government premises frequently used by the public
- BCF is treated as an item in Schedule of Accommodation (SOA) by GPA



Breastfeeding Friendly Premises

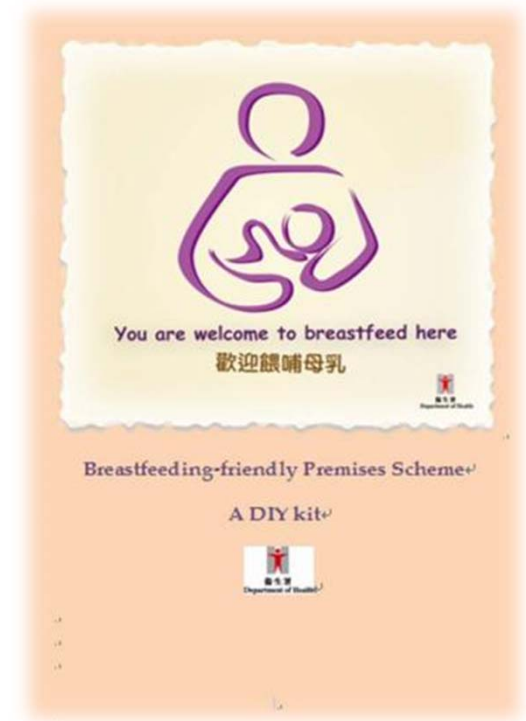
母乳餵哺友善場所

Objective

- to encourage Government B&Ds, NGOs and corporations of public and private to welcome mothers to breastfeed in their areas open to public

Staff of the organisation should:

1. Display a welcoming attitude to breastfeeding mothers
2. Support and create a comfortable environment for mothers to breastfeed
3. Explain to other users about the organisation's policy to welcome and support mothers to breastfeed in the premises.



3. Breastfeeding Friendly Workplace

母乳餵哺友善工作間



Benefits of Breastfeeding Friendly Workplace

Employers

- Low cost intervention that support family-friendly work culture
- Improved retention of female employees
- Reduced absenteeism & staff turnover because of improved child health
- Enhanced employee morale and productivity

Society: Healthy Public Policy

- Reduce health care cost in long term
- Sustainability of population: early nutrition lay the foundation for future health
- Environment friendly



DH Breastfeeding Policy (2002)

衛生署母乳餵哺政策



The screenshot shows the website of the Family Health Services (FHS) of the Hong Kong Government. The header includes the FHS logo, the text '香港特別行政區政府 衛生署 家庭健康服務', and navigation links for 'GovHK 香港政府一站通', '简体版', and 'ENGLISH'. A search bar is present with the text '輸入查詢字串'. The main content area features a large image of a mother breastfeeding her baby, with the title '母乳餵哺' and '母乳餵哺政策' prominently displayed. A sidebar on the left contains a list of links: '主頁', '消息與活動', '關於我們', '主要服務範疇', '健康院／中心資料', '登記服務', '收費', '母乳餵哺', '健康資訊', '視像資訊', '親子e平台', '醫護專業', '刊物及報告', '熱線', '下載表格', '舊資料庫', and '有用連結'.

在衛生署各部門工作的員工應該：

1. 參與推廣、維護及支持母乳餵哺，使之成為大眾文化。
2. 鼓勵婦女選擇以母乳餵哺。
3. 在服務單位內建立合適和支持母乳餵哺的環境（例如在公眾地方張貼母乳餵哺海報；為有需要的授乳母親提供有私隱的空間等）。
4. 熟悉及遵照「國際母乳代用品銷售守則」而行事。

衛生署支持員工於工作間持續餵哺母乳的政策摘要

1. 衛生署支持員工於產後返回工作崗位時仍持續授乳。
2. 計劃或需要於工作時間擠奶的員工應接觸其主管，以便作出適當安排。
3. 主管人員應為授乳員工提供有利授乳的環境，以下是一些特別措施：
 - 容許員工利用授乳時段擠奶(在8小時上班時間內約有兩節30分鐘授乳時段)。
 - 提供有私隱的空間，並設置舒適的座椅和電插座(以連接奶泵)，以供授乳員工擠奶之用。
 - 提供可妥善存放母乳的冷藏設施。
4. 員工須以正面和接納的態度支持餵哺母乳的同事。

衛生署員工請參閱衛生署常務通告第9/2012號(支持衛生署員工，令母乳餵哺與工作相容)

成功母乳餵哺十項要點*

每個提供產科服務及新生嬰兒護理服務的機構應該：

<http://www.fhs.gov.hk/english/breastfeeding/policy.html>



“Breastfeeding Friendly Workplace” Policy in Government Bureaus & Departments

- In August 2013, SFH appealed to B&Ds to adopt the “Breastfeeding Friendly Workplace” Policy as a public health recommendation
 1. Lactation breaks (up to 1 hour in a work-day for the first year)
 2. Privacy space / room
 3. Facilities for expression and storage of milk



4. Publicity and Public Education

教育及宣傳



Publicity & Education

Information Services Department

哺乳媽媽化身愛嬰天使 (Apr-May 2013)

社區與健康

請選擇



哺乳媽媽化身愛嬰天使
2013年05月12日

張寶芝的小兒子希希是早產嬰，出生時體重只有1.6公斤。但她堅持以全母乳餵哺希希，因為她相信母乳是上天賜給寶寶最完美的食物，也是母親給孩子最佳的禮物。

心靈食糧：張寶芝明白到母乳給寶寶的不只是飽肚，還有心靈上的滿足和安全感。

她參加了聯合國兒童基金會愛嬰醫院香港協會和衛生署合辦的「愛嬰天使計劃」，接受培訓後成為義務輔導

TVB programme(新聞透視- 奶粉神話)
on 20 Apr 2013



Hong Kong Breastfeeding Mothers' Association
2013 感激乳你同行



Baby Friendly Hospital Initiative - World
Breastfeeding Week (Aug 2013)



Publicity & Education

DH-HA Press Conference

“Baby Friendly Care - from Hospital to Community”

(5 August 2013)



USFH NOW TV interview –

鼓勵母乳倡公務員享泵奶時段 (Oct 2013)



Mingpao interview (Oct 2013)

政府物業加育嬰室倡母乳 8公院參加認證



Mingpao interview (Jan 2014)

「偏食奶粉」易致偏食

廣告宣傳盛 熱量高影響正餐胃口

高熱量奶粉營養成分

| 每100克 | 每100克 | 每100克 | 每100克 |
|---------|--------|-------|-------|
| 總能量 | 蛋白質 | 脂肪 | 碳水化合物 |
| 418.00 | 8.70 | 10.00 | 10.00 |
| 4.70 | 11.70 | 13.20 | 13.20 |
| 3.15 | 3.00 | 3.00 | 3.00 |
| 6.00 | 8.30 | 7.40 | 8.20 |
| 113.00 | 108.00 | 94.00 | 98.00 |
| 3.15 | 3.00 | 3.00 | 3.00 |
| 200-280 | 220 | 225 | 250 |

以上數據截至2014年1月25日，並已與國際標準比較。

資料來源：衛生署及各奶粉廠商

惠氏 金裝膳兒加 雅培 偉兒加營養 雀巢 兒童佳膳

Publicity & Education

出生後
盡早與寶寶肌膚接觸...
Early skin-to-skin
contact with your baby...

聯繫感情
Enhance bonding

讓他吃第一口甘露...
Take the first taste of liquid gold...
初乳 Colostrum...
第一道“天然疫苗”
The first “natural vaccine”

學習吮母乳
Learn to feed on breast

快向你的產科醫生與醫院查詢以作安排
Discuss with your obstetrician and hospital for arrangement

衛生局
Department of Health

香港家庭健康協會
Hong Kong Family Health Association

母乳友善醫院聯盟
Baby Friendly Hospital Initiative

La Leche League
國際母乳會

愛從母乳開始.....

衛生局
Department of Health

香港家庭健康協會
Hong Kong Family Health Association

母乳友善醫院聯盟
Baby Friendly Hospital Initiative

La Leche League
國際母乳會

媽記奶品工場

來！一同努力
營運吧！！

衛生局
Department of Health

香港家庭健康協會
Hong Kong Family Health Association

母乳友善醫院聯盟
Baby Friendly Hospital Initiative

La Leche League
國際母乳會



Recommendations on the Use of Formula Milk

寶寶飲用配方奶的建議單張

(Poster and Factsheet to parents)

寶寶飲用配方奶的建議

基於嬰兒營養及健康飲食的考慮，我們對家長有以下的建議：

一歲以下嬰兒：可轉用其他品牌的配方奶

- * 初生至六個月的嬰兒 — 市面上符合食物法典標準的「1」號配方奶，成份均大同小異。家長如有困難購買或習慣於使用其他品牌的配方奶，可繼續轉用其他品牌。
- * 六至十二個月的嬰兒 — 他們已開始接受固體食物，亦可讓他們飲用任何品牌的「1」號或「2」號配方奶。雖然，現時並沒有足夠的科學或醫學證據建議轉用較大嬰兒配方奶。
- * 一歲以下的嬰兒並不適宜飲用牛奶。

一歲或以上的幼兒：可繼續飲用牛奶

- * 奶只是孩子均衡飲食的其中一部分，是一種容易獲取鈣質的來源。孩子每天飲用 360 - 480 毫升的奶，已大致足夠提供他們每日鈣質所需。他們亦可吃豆腐、雞蛋、蔬菜、乳酪和芝士等高鈣食物。
- * 家長可飲用較配方奶便宜的牛奶(包括全脂牛奶、保鮮奶(UHT)牛奶或全脂奶粉)。家長毋須為嬰兒轉用「3」、「4」號配方奶。兩歲以下可喝全脂牛奶，二至五歲可喝低脂奶，而五歲或以上可喝脫脂奶。

原稿：母乳是嬰兒的最佳天然食物。
原稿：有母乳以全母乳哺喂初生嬰兒至六個月，之後逐漸添加
固體食物，並繼續哺喂母乳至兩歲或以上。

查詢詳情請向香港衛生防護處查詢電話：2343 786 或 2343 787



有關寶寶飲用配方奶的建議

親愛的家長，面對近期香港嬰兒奶粉銷售緊張的情況，我們明白你對寶寶能否繼續有足夠的配方奶飲用而感到擔憂。基於嬰兒營養及健康飲食的考慮，衛生署有以下的建議，希望可幫助你們轉瞬疑慮：

1. 一歲以下嬰兒 — 可轉用其他品牌的配方奶

- * 初生至六個月的寶寶 — 奶仍是寶寶的主要食糧。家長可選用符合食物法典標準的嬰兒配方奶(即「1」號)，為符合食物法典標準。市面上不同品牌的嬰兒配方，成分均大同小異。家長如有困難購買或習慣於使用其他品牌的配方奶，可以轉用其他品牌。
- * 六至十二個月大的寶寶 — 他們已開始接受固體食物，你可讓他們飲用任何品牌的嬰兒配方奶(即「1」號)或較大嬰兒配方奶(即「2」號)。雖然，現時並沒有足夠的科學或醫學證據建議轉用較大嬰兒配方奶。
- * 一般來說，嬰兒可以直接轉用其他品牌的配方奶，只要按寶寶接受新口味的程度來調節便可。
- * 家長應用溫度不低於 70°C 的熱開水沖調奶粉(即以電熱水煲煮沸的水，放置於室溫下不超過 30 分鐘，一般能合乎這溫度)，以消滅奶粉中有害的細菌。
- * 一歲以下的寶寶並不適宜飲用牛奶。

參考資料：

- * 食物安全中心網頁有關嬰兒奶粉供應緊張的結果：
http://www.cfs.gov.hk/tc_chi/consumer_jones/food_safety/Nutritional_Composition_Infant_Follow-up_Formulae.html
http://www.cfs.gov.hk/tc_chi/consumer_jones/food_safety/Infant_Follow-up_Formulae.html
- * 衛生署有關轉換奶粉及奶類供應單張：
http://www.cfs.gov.hk/tc_chi/switching_formula_to.pdf
http://www.cfs.gov.hk/tc_chi/switching_formula_to.pdf

2. 一歲或以上的幼兒 — 可繼續飲用牛奶

- * 一歲以上的寶寶 — 奶已能從多種化的飲食攝取所需的營養，奶只是孩子均衡飲食的其中一部分。是一種容易獲取鈣質的來源。孩子每天飲用 360 - 480 毫升的奶，已大致足夠提供他們每日鈣質所需。
- * 家長可飲用牛奶(包括全脂牛奶、保鮮奶(UHT)牛奶或全脂奶粉)。家長毋須為寶寶轉用成長/較大嬰兒配方奶(即「3」、「4」號等)攝取額外營養。而且，普通牛奶比較配方奶粉便宜。
- * 選擇牛奶方面，兩歲以下可喝全脂牛奶，二至五歲則可用低脂奶，而五歲或以上可用脫脂奶。
- * 你亦可讓他們吃其他含較高鈣質的食物(如豆腐、綠葉蔬菜、乳酪和芝士等)來攝取足夠的鈣質。

參考資料：

- * 衛生署有關轉換奶粉及「嬰兒奶粉健康飲食」— 奶類知多少? 的單張：
http://www.cfs.gov.hk/tc_chi/switching_formula_to.pdf
http://www.cfs.gov.hk/tc_chi/switching_formula_to.pdf

3. 準備母乳餵哺母乳 — 母乳是嬰兒的最佳天然食物，應以全母乳餵哺初生嬰兒至六個月，之後逐漸添加固體食物，並繼續哺喂母乳至兩歲或以上。

參考資料：

- * 衛生署「從母乳開始」小冊子：
http://www.cfs.gov.hk/tc_chi/health_info/Infant_11.pdf
http://www.cfs.gov.hk/tc_chi/health_info/Infant_11.pdf



衛生署公眾健康處，2013 年 2 月 4 日

Information Leaflets on Milk Feeding

餵哺嬰兒宣傳單張及小冊子

嬰兒的餵哺(初生至六個月)
奶瓶餵哺指引
如何正確沖調配方奶粉及安全餵哺嬰兒



Education Materials on Transitional Feeding

過渡期飲食教材



Promotion of Optimal Feeding through e-newsletter for Parents and Professionals



親子一點通
Parent-Child e-Link

For Parents



衛生署



6-12個月是寶寶學習進食的關鍵時期，他需要學習咀嚼，同時也需適應吃多種類的食物，亦開始表現要「自己吃」。這時候，你需要配合孩子的發展為他提供合適的食物和環境。

寶寶8個多月了，家長應留意他的需要：

- 提供多種類的食物 — 除粥/米糊之外，每天也須包括蔬菜、水果、肉(或魚、蛋、豆類)。煮粥時，加適量的植物油。
- 寶寶可能需要嘗試多過十五次才會接受新的食物，所以你要耐心地重複給他嘗試，不要輕易放棄。
- 增加進食固體食物的分量和餐數
 - 到了9-12個月大時，寶寶一般每天進食兩至三次固體食物及茶點；喝奶約兩至三次，總量約500-600毫升。
- 提供不同質感的食物 — 當寶寶適應了稠蓉狀的食物後，便可把煮軟的瓜菜、魚和肉等切碎，讓他嘗試。
 - 剛嘗試吃碎菜或碎肉時，每一口進食的分量宜減少些，好讓寶寶逐步適應。
- 進食和喝奶時，應移走玩具、關掉電視。
- 寶寶應坐在他的餐椅上進食。
- 給他嘗試用小手抓著食物來吃。
- 給寶寶一個學習杯及多鼓勵他使用。
 - 開始時，家長可以幫忙拿著杯耳，把杯口邊輕輕貼住下唇，傾斜杯子，讓寶寶學習用杯子喝。10個月大以後，寶寶一般能夠自己拿杯子喝水或其他飲料。



如對寶寶的飲食有疑問，或當他10個月大時仍有以下情況，請諮詢醫護人員：

- 仍是只能吃糊狀食物，未能接受帶有小碎塊的食物，或
- 不願吃某一大類別的食物，例如完全不吃肉和魚。

想知多一些有關6-12個月大嬰兒的食物選擇和進食方式，請按以下連結參閱
6至24個月 嬰幼兒健康飲食 進展篇(上) [小冊子](#)及[視像光碟](#)



衛生署家庭健康服務
www.fhs.gov.hk
24小時健康資訊熱線 2112-9900

到母嬰健康院，記緊要帶寶寶的出世紙及免疫接種記錄卡（針卡）呀！

重要告示 私隱政策



親子一點通
Parent-Child e-Link

For Professionals



衛生署

6個月以上的嬰兒，僅靠母乳餵養已不能滿足他們的營養需求。同時，嬰兒在約6個月時的吞嚥能力亦發展到能開始進食固體食物。所以，父母及照顧者需要在這時為他們引進奶以外的其他食品，協助孩子從單純吸吮奶逐漸過渡至24個月時能像成人般飲食。

“引入固體食物時，應繼續母乳餵養。”



發展就緒，開始進食固體食物

孩子的口肌發展雖有個別差異，但大多數的嬰兒到近6個月時，舌頭本能地把放入口裏的食物向外推的神經反射作用(tongue extrusion reflex)已減退，他們能接受匙羹上糊蓉狀的食物，舌頭亦能將食物移至口腔的後端，然後吞嚥。這時，當孩子看到匙羹放近嘴邊，他們會張開嘴巴，期待咬一口。當肚子餓了，他們會將身體向前傾，張開嘴，表示渴望吃東西。這些都是顯示孩子已準備好進食固體食物的表現。

來，[按此](#)看看嬰兒準備進食固體食物的影片吧！



滿足營養的需要

5. The Hong Kong Code of Marketing of Breastmilk Substitutes 香港守則



Combating the Aggressive Marketing of Formula Milk....

- A Task Force was set up to develop & implement the Hong Kong Code of marketing of Breastmilk Substitutes (June 2010) (香港母乳代用品銷售守則專責小組)
- The aim of HK Code is to contribute to the provision of safe and adequate nutrition for infants and young children, by —
 - protecting breastfeeding; and
 - ensuring the proper use of formula milk, formula milk related products, and food products for infants and young children up to the age of 36 months,on the basis of adequate and unbiased information and through appropriate marketing.
- Public consultation of the draft HK Code: October 2012 – February 2013
- The Government will announce the result of the public consultation and the way forward for the HK Code in due course
- In the mean time.....
 - More communication & collaboration with child health/care partners

