

Achieving Successful Breastfeeding in Hong Kong

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Introduction

Breastfeeding brings health to infants and mothers. The breastfeeding rate in Hong Kong doubled in the last decade from 32.4% in 1995 to 61.8% in 2004¹. The promotion of breastfeeding in Hong Kong has gone a winding path. The breastfeeding rate was at the lowest of 5% in the early 1970s (unpublished data). This loss of the breastfeeding tradition for a whole generation makes its promotion more difficult. Most of the grandmothers nowadays have no experience in breastfeeding. This reflects that breastfeeding education and practice has been grossly ignored by our health care system.

Whilst women nowadays expect health care professionals to teach them how to breastfeed, health care professionals have to re-learn breastfeeding from experienced mothers. This causes frustration to both parties and deprives mothers of having the breastfeeding experience. As women in this metropolitan city often have inadequate milk supply, exclusive breastfeeding without formula supplement is hard to achieve, if not impossible. Today, people are still skeptical about breastfeeding because they are unfamiliar with the behaviour of breastfed babies, especially when compared with formula-fed babies. We are moving from “how to promote breastfeeding?” to “how to achieve successful initiation and continuation of breastfeeding?”

Health Care Practice to Assure a Good Start

Women are expected to receive most care and education during their postpartum stay in hospital. The length of stay for normal postpartum women is shortened in recent years, so is the learning period. Women need to cram basic child care, infant feeding and self care within the 2-night stay in hospital after delivery. This creates great pressures for both mothers and health care personnel.

Studies have evaluated the significance of the length of hospital stay on breastfeeding performance. Controversial results were noticed. Some studies suggest that women with shorter stay breastfeed without supplement at 1 month more than those with longer stay²; and that women with a short stay are more likely to breastfeed than those who spent 2 or 3 nights in the hospital³. On the other hand, a recent study shows that women with a short stay are slightly more prone to terminating breastfeeding than women with a standard stay (2 nights)⁴. Other studies demonstrate that with outpatient breastfeeding support and a home visitor programme, there will be no adverse effects on initiation or continuation of breastfeeding in early postpartum discharge group⁵.

Amongst the factors affecting initiation and continuation of breastfeeding, maternal characteristics such as age, parity, previous breastfeeding experience were found to be more important than the length of stay^{6,7}. Follow-up service by domiciliary visits or home visitor programme also has greater significance on breastfeeding outcome, especially among the risk groups⁵.

Baby-Friendly Hospital Initiative

Besides maternal factors and support services, the Baby-Friendly Hospital (BFH) Initiative (Table 1) is a crucial element for the breastfeeding initiation and continuation. Evidence shows that BFH Initiative has a significant impact on breastfeeding rate and performance⁸⁻¹¹. The BFH Initiative advocates the correct and essential steps towards successful breastfeeding. There are approximately 19 250 hospitals worldwide that have

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Table 1. Ten steps to become a baby-friendly hospital

<ol style="list-style-type: none"> 1. Have a written breastfeeding policy that is routinely communicated to all health care staff. 2. Teach all health care staff necessary skills to implement the breastfeeding policy. 3. Inform all pregnant women about the benefits and management of breastfeeding. 4. Help mothers initiate breastfeeding soon after birth. 5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their babies. 6. Give newborn infants no food or drink other than breast milk, unless medically indicated. 7. Practice rooming-in, allowing mothers and infants to remain together 24 hours a day. 8. Encourage breastfeeding on demand. 9. Give no artificial teats or dummies to breastfeeding infants. 10. Foster the establishment of breastfeeding support groups and refer mothers to the support groups on discharge.
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achieved the ‘baby-friendly status’¹². Ironically, most are in developing countries. In Hong Kong, there are 17 private and public hospitals providing maternal services but none has achieved the BFH status.

Public hospitals (hospitals under Hospital Authority [HA]) have worked hard to promote breastfeeding and to strive for the BFH status. The main barriers to meeting the requirement are clients and staff education, early initiation of breastfeeding, as well as free supply of formula and formula supplement. Steady inroads have been made into the first 3 barriers but formula supplement remains difficult to overcome, as shown by the low exclusive breastfeeding rate (about 17%) among HA hospitals in the last 2 years¹³. Perceived insufficient breastmilk is the main reason for feeding supplement. For women with a short hospital stay, formula supplement was given when there was delayed initiation of feeding, but most were given as a result of strong request from women and families. Steps 4 and 6 of BFH Initiative require a strong network and commitment to support women and their families by providing accurate information (Table 1). Our health care professionals need to have a more comprehensive training in order to understand the physiological lactation needs of mothers and babies.

In Hong Kong, the idea of “breastfeeding is best” is well known to public, but BFH Initiative’s steps of breastfeeding is not popular in the community. Although

substantial increase in breastfeeding rate has been achieved in the last decade, we need to work further to improve the breastfeeding performance and duration based on the baby-friendly steps. The implementation of these steps is crucial for a successful breastfeeding in maternity services. Furthermore, a strategy is needed to reverse the impediment caused by the missing stratum of the breastfeeding generation. Breastfeeding women need to overcome the pressure from family and peers after leaving hospital.

Central Breastfeeding Committee

In Hong Kong, more than 90% of infants attend the government maternal and child health centres (MCHCs) after hospital discharge (communication with senior officer of MCHC). The free and convenient service ensures high utilisation rate of the service when compare with other countries. The mandatory breastfeeding counselling training to MCHC staff provides an excellent continuation of breastfeeding support.

Government support is vital in all health campaigns. Other than promotion through health care system and trained professionals, a central committee to facilitate a cross-departmental support network is an important long-term goal to make Hong Kong a real breastfeeding society. Many countries have enjoyed the success in breastfeeding promotion through a strategy enticing a collective and government-driven effort.

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