

二零一四年五月二十九日

家庭議會第 FC 16/2014 號文件

討論文件

家庭議會

促進母乳餵哺委員會簡報

目的

由促進母乳餵哺委員會擬備有關「在香港推廣、支持及維護母乳餵哺」的投影片簡報載於附件。

徵詢意見

2. 請委員提出意見。

家庭議會秘書處

二零一四年五月

Promoting, Supporting and Protecting Breastfeeding in HK: Committee on Promotion of Breastfeeding

Family Council Meeting
29 May 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 for healthy child development:
 1. stable, responsive, and nurturing caregiving with opportunities to learn
 2. safe, supportive, physical environments
 3. appropriate nutrition”



Short Term Benefits of Breastfeeding

UK Millennium Cohort Study (N= 15 890)

- Exclusive BF for 6M
 - > monthly hospital admissions for
 - ✓ diarrhea decreased by 53%;
 - ✓ respiratory infections 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

- If 90% of families comply with Exclusive BF for 6 months (vs 12% in 2005)
 - ✓ save \$13 billion/year ; & prevent an excess of 911 deaths

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

3



Long Term Benefits of Breastfeeding

Prevent **Non Communicable Diseases (NCD)**:

- Many NCDs (e.g. Cardiovascular diseases, diabetes, allergies) have origins in early life
 - **Early nutrition** 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**

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

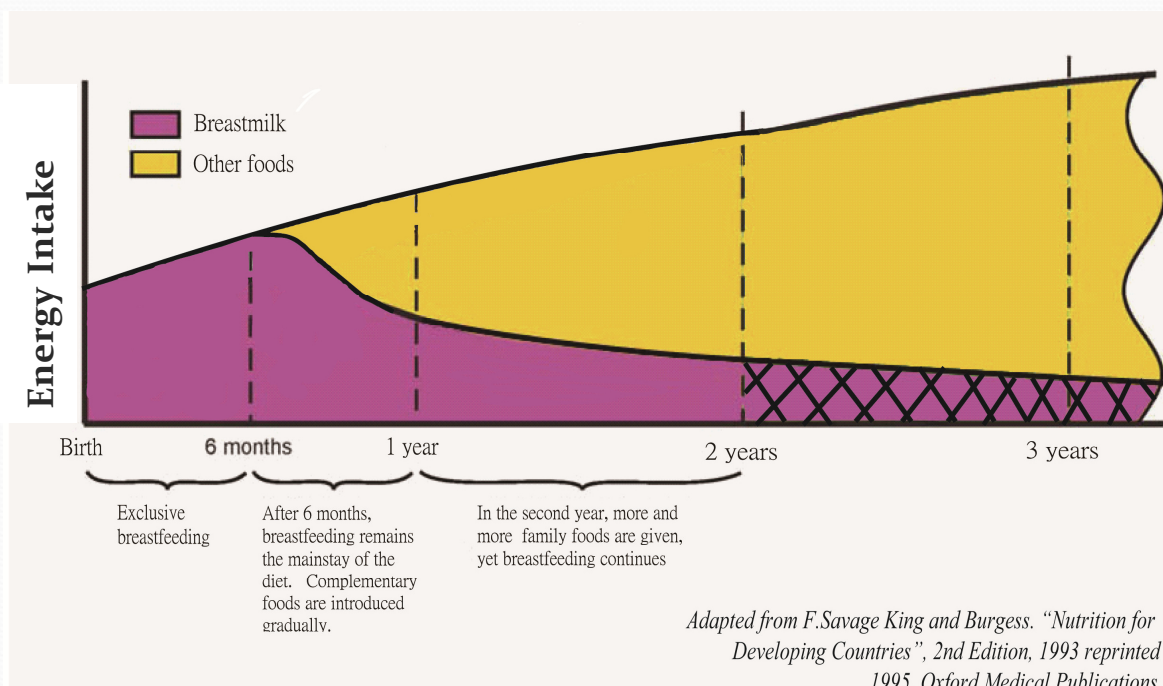


Benefits to Mothers

- Less postpartum bleeding
- Return to pre-pregnancy weight more quickly
- Increase child spacing due to the lactational amenorrhea
- Reduced risk of breast cancer, ovarian cancer, and diabetes in later life



Optimal Infant & Young Child Feeding

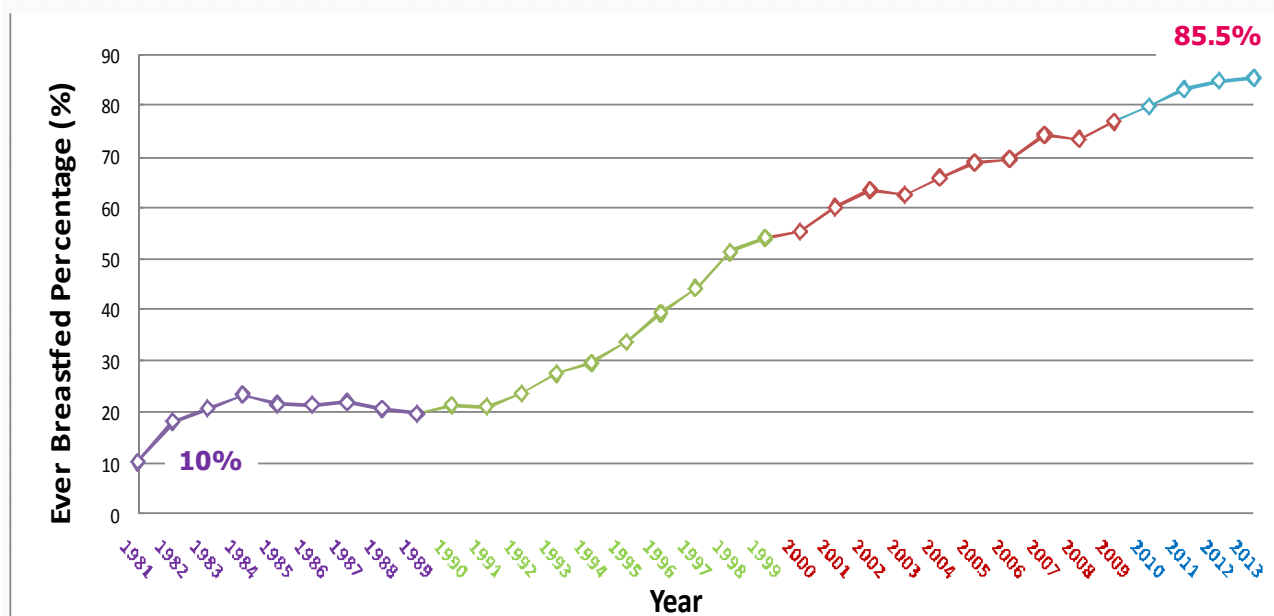


The Benefit of breastfeeding depends on its duration & exclusiveness...



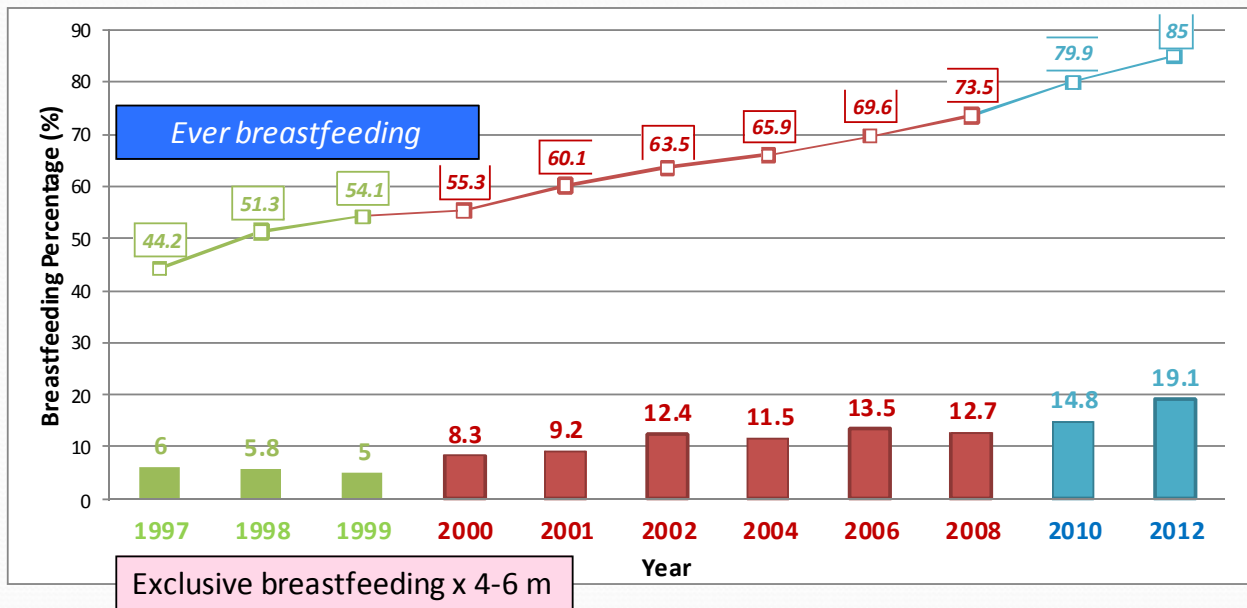
Local Breastfeeding Scene

Percentages of Newborns Ever Breastfed on Discharge from Hospitals, 1981-2013



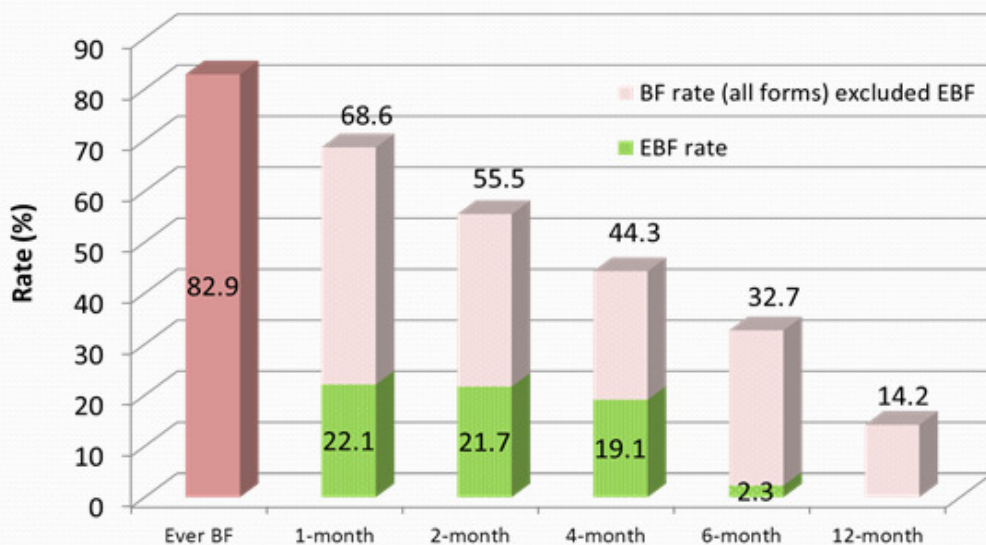
Source: regular reports from all maternity units in public and private hospitals in Hong Kong.

Breastfeeding Rates, 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



What are the Barriers to Breastfeeding?

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	87.3%	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

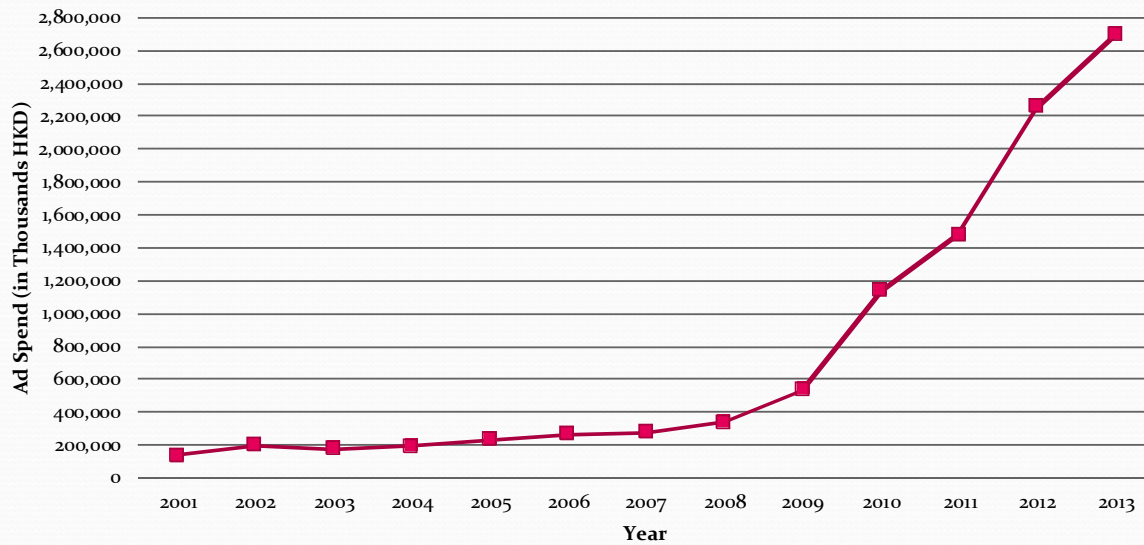
† $p < .001$

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



Aggressive Marketing of Formula Milk

Ad Spend on Formula Milk for 0-36m Infants and Young Children

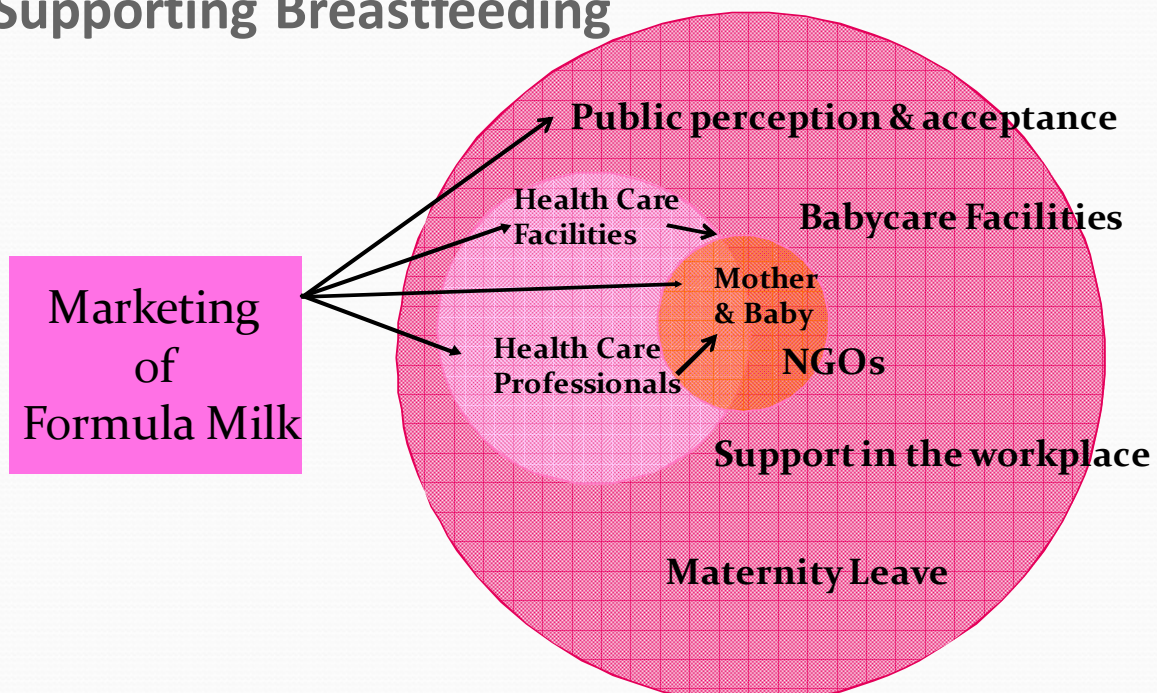


- In 2013, the trade spent \$2.7 billion on advertising and promotion (about 20 times of the spending in 2001).



Source: admanGo

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



Committee on Promotion of Breastfeeding

Chairperson: Under Secretary for Food and Health

◆ Bring stakeholders and close partners together.

Secretariat: DH

Members:

Advisory bodies
to Government

NGOs

Community
leaders

Healthcare Professional
Bodies

Academia



Ongoing Activities to Protect, Promote and Support Breastfeeding

1. Baby-friendly Initiative in Healthcare Facilities
2. Breastfeeding in Public Places
3. Breastfeeding Friendly Workplace
4. Publicity and Public Education
5. The Hong Kong Code of Marketing of Breastmilk Substitutes



1. Baby-friendly Initiative in Healthcare Facilities

“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)

- A worldwide programme of the WHO & UNICEF that encourages all maternity units and community child health/care organisations to
 1. comply with **the International Code of Marketing of Breastmilk Substitutes & subsequent relevant WHA resolutions**
 2. fully practise
 - **Ten Steps to Successful Breastfeeding** 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



Breastfeeding in Public Places

Babycare Facilities (BCF)

- In 2008, FHB issued the *Advisory Guidelines on Babycare Facilities* (BCF)
 - 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**
 - There are a total of 69 BCFs in shopping malls (Source: HK BF Mothers' Association website)



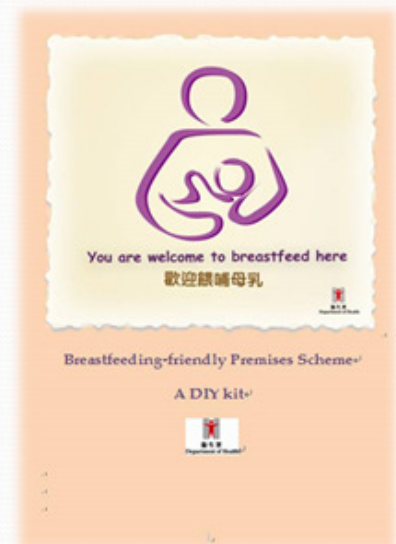
Breastfeeding Friendly Premises

Objective

- to encourage Government B&Ds, NGOs and corporations to welcome mothers to breastfeed in their publicly accessible premises

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.



Breastfeeding Friendly Workplace

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)

The screenshot shows the FHS website interface. At the top, there is a navigation bar with 'GOVHK 香港政府一站通' and '衛生署 家庭健康服務'. Below this is a search bar and a '網頁指南' link. The main content area features a large image of a woman breastfeeding a baby, with the heading '母乳餵哺' and '母乳餵哺政策'. A sidebar on the left contains a menu with items like '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'. The main text under '母乳餵哺政策' discusses the government's commitment to promoting breastfeeding and lists ten key points for successful breastfeeding.

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。

衛生署員工持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)

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

25

“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

26

Publicity and Public Education

Publicity & Education

Information Services Department
哺乳媽媽化身愛嬰天使 (Apr-May 2013)

社區與健康



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。

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

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



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



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



Recommendations on the Use of Formula Milk (Poster and Factsheet to parents)

適當飲用配方奶的建議

基於嬰幼兒營養及健康考慮，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 一市面上符合食典法向標準的「1」號配方奶，成份均大同小異。家長如有困難可轉用其他品牌的配方奶，可選擇轉用其他品牌。
- 六至十二個月大的嬰兒 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合飲用牛奶。

一歲或以上的幼兒：可繼續飲用牛奶

- 奶只為孩子均衡飲食的其中一部份，另一種母乳和母乳的不足。孩子每天飲用 360 - 480 毫升的奶，已大致足夠提供他們每日所需。他們亦吃蔬菜、雞蛋、肉類、乳酪和芝士等高鈣食物。
- 適當飲用兩款配方奶類型的牛奶(包括全脂牛奶、全脂(UHT)牛奶或全脂奶粉)，或長母奶為選擇用「3」、「4」號配方奶。兩歲以下可喝全脂牛奶，二至五歲則可喝低脂奶，而五歲或以上可用脫脂奶。

準備：母乳是嬰兒的最佳天然食物。
繼續母乳以全母乳哺喂初生嬰兒至六個月，之後漸漸添加
固體食物，並繼續母乳至兩歲或以上。

欲知詳細資料可瀏覽衛生署食物安全中心網頁：www.fsa.gov.hk

有關寶貴飲用配方奶的建議

親愛的家長，面對近期香港嬰幼兒奶粉供應緊張的情況，我們明白你對寶貴奶百繼續有足夠的配方奶飲用感到擔憂。基於嬰幼兒營養及健康考慮，衛生署有以下的建議，希望可幫助你們解決疑慮：

1. 一歲以下嬰兒：可轉用其他品牌的配方奶

- 初生至六個月的寶貴 奶仍是寶貴的主要食物。家長可選用符合食典法向標準的嬰兒配方奶(即「1」號)。為符合食典法向標準，市面上不同品牌的嬰兒配方奶，成份均大同小異。家長如有困難可轉用其他品牌的配方奶。可轉用其他品牌。
- 六至十二個月大的寶貴 他們已開始接受固體食物，亦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，只要按寶貴接受新口味的程度來調整即可。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，一殺菌合乎溫度，以將奶粉中有害的細菌。
- 一歲以下的寶貴並不適宜飲用牛奶。

2. 一歲或以上的幼兒：可繼續飲用牛奶

- 一歲以上的寶貴 奶已能提供更多種類的飲食攝取所帶來的營養，奶仍是孩子均衡飲食的其中一部份。另一種母乳和母乳的不足。孩子每天飲用 360 - 480 毫升的奶，已大致足夠提供他們每日所需。
- 寶貴可飲用牛奶(包括全脂牛奶、全脂(UHT)牛奶或全脂奶粉)，家長應繼續寶貴轉用或長母奶(即「3」、「4」號)等兩款配方奶類型的牛奶。而且，普通牛奶比較配方奶便宜。
- 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鈣高鈣食物(如豆腐、綠葉蔬菜、乳酪和芝士等)來攝取足夠的鈣質。

準備：母乳是嬰兒的最佳天然食物。
繼續母乳以全母乳哺喂初生嬰兒至六個月，之後漸漸添加
固體食物，並繼續母乳至兩歲或以上。

欲知詳細資料可瀏覽衛生署食物安全中心網頁：www.fsa.gov.hk

Information Leaflets on Milk Feeding

The collage includes several informational leaflets:

- 嬰兒的餵哺(初生至六個月) 奶瓶餵哺指引**: A guide for bottle-feeding newborns to 6 months.
- 媽記奶品工場**: A leaflet from 'Mama's Dairy Farm' with a cartoon baby character, likely providing tips on milk feeding.
- 如何正確沖調配方奶粉及安全睡醒嬰兒**: A leaflet about the correct preparation of formula milk and safe waking of the baby.
- 嬰兒的兒童膳食 - 飲奶知多少?**: A leaflet discussing the baby's diet and how much milk to drink.

Education Materials on Transitional Feeding



33

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，同時也要開始吃多種類的食物，亦開始表現「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)、粟米粉等，加適量的植物油。
- 寶寶可能需要嘗試多過10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。
- 增加讓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——當寶寶適應了糊狀的食物後，便可把柔軟的瓜蓉、魚和肉等切碎，讓他嘗試。
- 細嚼碎吃或嚼碎後吞下，每一口讓食的分量宜減少些，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。
- 給他嘗試用小手抓握食物來吃。
- 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。

想知道一些有關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個月嬰幼兒膳食飲食進展圖(上) [小冊子及圖像故事](#)

衛生署家庭健康服務
www.fhs.gov.hk
24小時健康線熱線 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！

重要提示 印刷版

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容狀的食物，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

34

The Hong Kong Code of Marketing of Breastmilk Substitutes

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)
- 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



Committee on Promotion of Breastfeeding

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

