QMH Infant Feeding Policy

Version	Effective Date
2.0	11/11/2022

Document Number	HKWC-BFH-PO-BFH-004-v02
Author	QMH Baby-Friendly Promotion Subcommittee
Custodian	HKWC Baby Friendly Hospital Steering Committee
Approved By	BFH
Approver	HKWC Baby Friendly Hospital Steering Committee (Signed)
Distribution List	All

GLOSSARY

Areas that provide care to pregnant women, infants and their mothers

Maternity clinical areas including:
Antenatal clinic, prenatal diagnostic clinic, antenatal ward, labor ward, postnatal ward, midwife-led postnatal clinic and lactation consultant clinic.

Neonatal clinical areas including:
Neonatal out-patient clinics that cover all levels of neonatal care. Paediatric/neonatal wards where infants are admitted, including infants below 12 months old (5).

Artificial/Formula Feeding

The infant is not currently receiving any breastmilk. She/he is fed on infant formula, with or without complementary (Weaning) foods. (3).

BFHI

The Baby-Friendly Hospital Initiative (BFHI) is a global initiative of the World Health Organization (WHO) and UNICEF Launched in 1991. It aims to give every baby the best start in life by creating a health care environment that supports breastfeeding as the norm. A Baby-Friendly Hospital is committed to implement the WHO/UNICEF Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant resolutions of the World Health Assembly (10).

Breast-milk Substitutes

Any food being marketed or otherwise presented as partial or total replacement for breast milk, whether or not suitable for that purpose (11)

Complementary Feeding

Feeding provided in addition to breastfeeding when breastmilk alone is no longer sufficient. This term is used to describe giving foods or liquids in addition to breastfeeding after 6 months, a “complement” to breastfeeding needed for adequate nutrition(1).

Exclusive breastfeeding

The infant has received only breastmilk or expressed breastmilk, and no other liquids or solids, with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (3,4,5).

International Code of Marketing of Breastmilk Substitutes (The Code)

The Code was adopted in 1981 by the World Health Assembly (WHA) to promote safe and adequate nutrition for infants, by the protection and promotion of breastfeeding and by ensuring the proper use of breast-milk substitutes, when these are necessary. One of the main principles of the Code is that health care facilities should not be used for the purpose of promoting breast milk substitutes, feeding bottles or teats (11). When the Code is mentioned, it is taken to include also the subsequent relevant resolutions of the WHA.

Lactation Consultant

International Board of Certified Lactation Consultants function and contribute as members of the maternal-child health team. They provide care in a variety of settings, while making appropriate referrals to other health professionals and community support resources. Working together with mothers, families, policymakers and society, IBCLC certificants provide expert breastfeeding and lactation care, promote changes that support breastfeeding and help reduce the risks of not breastfeeding (7).

Mixed Feeding / Partial breastfeeding

The infant is currently receiving some feeds of breastmilk and some artificial feeds and/or complementary (Weaning) foods (3).

Modified feeding regimes /Partial breastfeeding

The infant is currently receiving some feeds of breastmilk and a temporary modified feeding regime in the early days after birth e.g. preterm or small for gestational age infants (3, 9).

Neonatal Unit/Ward

Neonatal unit / ward cover all levels of neonatal care and pediatric wards where infants are admitted, including infants below 12 months old (5).

Nursing Supplementer

A method for supplementation by using a feeding tube device with a bag/bottle to hold milk, connected to fine tubing taped to the mother's nipple, delivering supplementation to the infant at the same time as he/she suckles the breasts(5).

Supplementary Feeding

Feeding provided in place of breastfeeding. This may include expressed or banked breastmilk and/or breastmilk substitutes. Any foods given prior to 6 months, the recommended duration of exclusive breastfeeding, are thus defined as supplementary (1).

Queen Mary Hospital Infant Feeding Policy (Summary)

Management Procedures

1. a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
   b. Have a written infant feeding policy that is routinely communicated to staff and parents.
   c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Clinical Practice

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.
11. Respect and support mothers who made an informed choice not to breastfeed.
12. Promote and support Mother Friendly Care.

Baby-friendly Hospital Environment

13. Encourage and facilitate staff to continue breastfeeding when they return to work.
14. Support mothers in breastfeeding their infants in public areas of the hospital and provide baby care room when necessary.

A. PURPOSE

The purpose of this policy is to ensure that all staff at Queen Mary Hospital who are in contact with pregnant women, infants and their mothers understand their roles and responsibilities in protecting, promoting and supporting breastfeeding and to enable mothers to feed and care for their infants in ways which lead to optimum health and well-being.

B. EXPECTED OUTCOMES

This Policy aims to ensure that the care provided improves outcomes of infants and mothers, as demonstrated by the following:

a. An increase in breastfeeding and exclusive breastfeeding rate upon discharge from hospital.
b. A reduction in the rate of breastfed infants given supplements without medical indication.
c. Mothers who choose to formula-feed their infants know how to prepare formula safely and in accordance with relevant guidelines.
d. An improvement in mothers' satisfactions to the hospital care.
e. A reduction in the number of newborn re-admission due to feeding problems.
f. Full compliance with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolution.

C. COMMITMENT

Staff at administrative, managerial and frontline levels in Queen Mary Hospital are committed to:

I. Provide high standard of care to support pregnant women, mothers and their partners to feed their infants and build strong and loving parent-infant relationships;

II. Ensure mothers' informed choices are supported and respected;

III. Collaborate with relevant disciplines and Maternal and Child Health Centres (MCHC) to have access to ongoing support and appropriate care.

IV. Create a positive environment in workplace to support breastfeeding employees.

D. RESPONSIBILITIES AND ACCOUNTABILITY

I. Administrative Level:

1. Administrators will support the pursuance of the goal of achieving and maintaining the BFHI designation.
2. Adequate support are given to the resources allocation, coordination, monitoring, assessment and reassessment processes of the BFHI to provide for the maintenance, further development and expansion of its range of services.

II. Managerial Level:

All managers, including nursing and midwifery managers, clinical medicine heads whose staff members are involved in the care of pregnant women, infants and their mothers, have the responsibilities to:

1. Ensure that employees are aware of the policy and their responsibility to adhere to it.
2. Facilitate policy orientation when new staff members commence work.
3. Provide policy-linked training for staff members relevant to their roles.
4. Ensure that staff members comply with the policy.
5. Audit policy implementation and effectiveness.

III. Frontline Level:

All staff, who are in contact with pregnant women, infants and their mothers, are to adhere to and be familiarized with this policy in its entirety

1. It is the responsibility of all staff to obtain and maintain the knowledge and skill base to enable them to implement the policy.
2. Each health care worker is accountable for their practice. This means being answerable for decisions made and providing a rationale for those decisions.
3. Any deviation from the policy must be documented in the mother's and infant's medical and nursing records, as relevant, together with the rationale for the deviation.

E. BUILDING A FIRM FOUNDATION (Appendix B)

Critical Management Procedures

Step 1. a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.

1. The hospital and staff should abide by the Code thereby protecting infants and their families on safe feeding and protect families from commercial pressures. (4,5)
2. The Code is well communicated to all staff, mothers and their families and public. (4, 5, 11)
3. There is no advertisement or promotion of breast-milk substitutes, bottles, teats and pacifiers to mothers in the hospital. (11,12)
4. No display and distribution any equipment or materials bearing the brand of manufacturers of breast-milk substitutes, or discount coupons in the hospital. (11,12)
5. No free samples of infant formula should be given to mother to use in the facility or to take home. (11,12)
6. Breast-milk substitutes, including special formula, feeding bottles or teats are purchased through normal procurement channels and not receive free or subsidized supplies. (11,12)
7. A copy of the invoices of breast milk substitutes, teats or pacifiers are kept for reference. (4,11,12)

Step 1. b. Have a written infant feeding policy that is routinely communicated to staff and parents.

1. The written policy addresses the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk Substitutes. The policy goes together with a written commitment signed by relevant managers who should adhere to the policy and enable their staff members to follow (2).
2. The Infant Feeding Policy, written in English and Chinese, is displayed prominently in all areas of the hospital serving pregnant women, infants / young children and their mothers (3).
3. Pregnant women, mothers and their partners are made aware of the policy by additional means during antenatal period (3).
4. The Infant Feeding Policy is routinely communicated to all staff members by means of educational programs and forums. Staff members are required to implement the standards according to their role. A copy of the full policy is available at all times for staff members (3).

5. The policy is reviewed annually. Additional guidelines or policies related to breastfeeding issues are evidence-based (3).

6. Standards of the policy are audited annually to ensure compliance of the Ten Steps and the International Code of Marketing of Breastmilk substitutes. Infant feeding statistics are collected for monitoring (3).

Step 1. c. Establish ongoing monitoring and data-management systems.

1. The hospital should routinely track and periodically review the sentinel indicators including rate of early initiation of breastfeeding and exclusive breastfeeding to ensure targets are met and to facilitate quality assurance. (4)

2. Clinical audits are performed periodically for monitoring adherence to the key clinical practices. (4)

3. Collection of data for indicators and audits could be done through electronic medical records or from paper reports. (4)

4. Collected data could be reviewed and discussed in meetings with clinical staff and managers during periodic meetings to review the implementation of the practices.

F. AN EDUCATED WORKFORCE (Appendix B)

Step 2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

1. There is a written curriculum for breastfeeding management training for all levels of staff members who are directly involved in the care of pregnant women and/or mothers and infants (3).

2. Mandatory training covering the Infant Feeding Policy of Queen Mary Hospital is arranged for staff members according to their roles and responsibilities (3).

3. All staff members caring for pregnant women and/or mothers and infants will receive orientation program for the infant feeding policy and should complete (or be scheduled to complete) the relevant training program within six months of commencement of employment. Staff members' training records are kept to follow up their attendance (3).

4. Provide routine refresher training and updated information to staff members periodically.

G. CARE STANDARD OF INFANT FEEDING POLICY (Appendix B)

I. During Pregnancy

Step 3. Discuss the importance and management of breastfeeding with pregnant women and their families

8. All pregnant women and their families should be counselled about the importance and managements of breastfeeding within the first 34 weeks of pregnancy (2).

9. All pregnant women will have the opportunity to discuss feeding and care for their infants with a health professional. This discussion includes the following topics (2, 3):

- The value of developing a positive relationship with their growing infant in utero.
- The importance of breastfeeding and risks of giving formula or other breast-milk substitutes
- The importance of immediate and sustained of skin to skin contact for all mothers and infants.
- The importance of rooming in, recognition of infant feeding cues, responding to their infants' needs and initiating a close and loving relationship with infants soon after birth.
- Health benefits of breastfeeding and exclusive breastfeeding including the risks of giving supplements to the baby during the first 6 months of life.
- Practical skills of effective positioning and attachment for breastfeeding.
- Risks of using artificial teats and pacifiers during the establishment of breastfeeding.
- Mother friendly care practices and birth plan.
- Participation in breastfeeding peer support group in antenatal period.

10. Teaching materials about the benefit of exclusive breastfeeding and management of breastfeeding should be provided in multiple ways, such as printed or online information, to all pregnant women and their families. Information provided should be free of conflicts of interest and free from promotion of breast milk substitutes, bottles, teats and dummies (3).

11. Pregnant women who previously encountered breastfeeding problems are provided with additional support or counselling in antenatal and postnatal period.

12. Pregnant women and their partners, whose baby is anticipated to have a risk of prematurity or birth of a sick infant and is admitted to neonatal intensive care unit, should be given opportunities for discussion with neonatal care team member on the following:

- Their thoughts and feelings about feeding their babies
- The importance and benefits of breastfeeding to both infant and mother
- Skin to skin contact/kangaroo care
- The early initiation and maintenance of breast milk production
- The preparation of expressed breast milk and storage

II. During the Time in Labour Suite and Neonatal Unit

Step 4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth

1. All mothers (including vaginal and caesarean birth) should be offered early and uninterrupted skin-to-skin contact with their infants as soon as possible for at least one hour or at least until after the first feed right after birth regardless of their choices in feeding mode.(2, 3, 4, 9).

2. Mothers and infants who are unable to have skin-to-skin contact immediately after birth are encouraged to commence skin-to-skin contact as soon as they are able to do so, whenever or wherever that may be (2, 4, 9).

3. Mothers are taught to recognize infants' feeding cues and are supported and encouraged to offer the first feed during skin to skin contact as soon as possible after birth, within the first hour after delivery (2, 4).

4. Health care professionals will observe, assess and manage any signs of distress during skin to skin contact according to guideline (13).

5. Infants requiring transfer to the neonatal unit are given opportunity to have skin-to-skin contact with their mothers and initiate breastfeeding whenever infant's condition allows (2).

6. In the neonatal unit, parents are encouraged to have a close and loving bond with their infants (2, 4):

    6-1. An early discussion led by an appropriate member of the neonatal unit about the importance of touch, comfort and communication for their infant's health and development.

    6-2. Parents are actively encouraged to provide touch, comfort and emotional support to their infants throughout their infants' stay in the neonatal unit.

    6-3. Parents are facilitated to have frequent and long period of skin-to-skin contact with their infants as soon as possible after birth and throughout the infants' stay in the neonatal unit, as long as the infant is stable.

III. Supporting Breastfeeding in Postnatal and Neonatal Unit

Step 5. Support mothers to initiate and maintain breastfeeding and manage common difficulties

1. All breastfeeding mothers should receive practical support and assistance with breastfeed within six hours of delivery to enable (2, 3) :

    1-1. Mothers to initiate and maintain effective breastfeeding according to their needs (includes appropriate support with positioning and attachment, hand expression, understanding signs of effective feeding) and manage common breastfeeding challenges.

    1-2. Mothers to understand responsive feeding, including feeding cues and breastfeeding as a means to comforting and calming their infants.

2. Mothers with special needs are provided with extra attention and support e.g. first-time mothers, mothers who have not breastfed before, mothers with previous breastfeeding problems; separation from infant; difficulties in breastfeeding and infant at risk of hypoglycaemia (3, 4).

3. Breastfeeding assessment are carried out on all mothers and infants including:

    3-1. Formal breastfeeding assessment by using WHO "Breastfeeding Observation Job Aid" / UK BFHI BF observation checklist and 'Infant Feeding Care Plan' on every shift of duty to ensure effective feeding and the well-being of mothers and infants.

    3-2. Assessment upon discharge to help the mother to develop an appropriate plan of care and to address any issues identified as well as planning for follow up.

4. Mothers are given information both orally and in written form about recognizing effective feeding prior to discharge from the hospital (2).

5. Mothers who are separated from their infants are taught to express breastmilk as soon as possible after giving birth (ideally within six hours), at least 8 times in 24 hours including once during the night time and are supported to express as effectively as possible (3).

6. Enable infants to receive breastmilk or to be breastfed whenever possible in neonatal unit, including(2):

    6-1. Mothers will have a discussion regarding the importance of their breastmilk for their preterm or ill infants as soon as appropriate.

    6-2. A suitable environment conducive to effective expression will be established.

    6-3. Mothers will have access to breast pump and equipment if appropriate and will be supported for collection, storage and handling of expressed breastmilk.

    6-4. Mothers are supported to express breastmilk for their infants, including support to:

    - Express as early as possible after birth (ideally within six hours).
    - Learn how to express effectively, both by hand and by pump.
    - Learn how to use electric breast pump and store milk safely.

- Express frequently (at least eight times in 24 hours, including once at night) especially in the first two to three weeks following delivery, in order to optimize long-term milk supply.
- Overcome expressing difficulties, particularly when milk supply is inadequate, or if less than 750ml in 24 hours by day 10.
- Use expressed breast milk for mouth care when their baby is not tolerating oral feeds, and to tempt their babies to feed at a later stage

6-5. A formal review of expressing is undertaken at a minimum of four times in the first two weeks to support optimum expressing and milk supply.

Step 6. Do not provide breastfed newborns any food or fluids other than breastmilk, unless medically indicated

1. Mothers are reinforced about the management of breastfeeding and provided with information to explain why exclusive breastfeeding leads to the best outcomes for their infants in postnatal period and later (2).
2. Mothers are given explanations in details if infants need to receive food or drink other than breast milk for medical reasons. Consent from mother is sought before giving supplementation to infant (3)
3. Mothers who request supplementation of formula milk should be counselled on the following aspects:

   3.1 The importance of exclusive breastfeeding in the first few weeks of life,
   3.2 Ways to establish a milk supply
   3.3 Ensure that infant is able to suckle and transfer milk from the breast

4. Reasons for supplements are documented.
5. The first and optimal choice of supplementary feed are the mother's own expressed breast milk. Artificial formula will only be given when medically indicated or when breast milk is not available (3). Staff members should refer to the supplementation guideline when an infant needs supplementation (14).
6. Mothers whose infants are on Mixed feeding/ Modified feeding regimes (partial breastfeeding) are supported:

   6.1 Mothers will be encouraged to prioritized use of their own milk, to maximize the amount of breast milk to provide for their infants and the value of continuing partial breastfeeding are emphasized (2).

   6.2 Mothers who give formula milk in conjunction with breastfeeding will receive support about safe preparation and handling of formula milk and how to respond adequately to their infant's feeding cues. (2).

   6.3 Mothers and infants are reviewed and followed up for adjustment of the supplementation plan with the aim to achieve exclusive breastfeeding.

Step 7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.

1. Importance of closeness and responsiveness to infants are introduced to mothers in postnatal period and reinforced, regardless of their choice of feeding mode (2, 3).
2. Mother and infant stay together 24 hours a day, throughout day and night, in the same room until discharge, unless separation is fully justified for medical or safety reasons and with written documentation. This applies to all infants who are on formula feeding as well as those who are breastfeeding (2, 3, 4).
3. Mothers who have had caesarean sections or other procedures with general anesthesia will stay together with their infants and/or start rooming in as soon as they are able to respond to their infants' needs (4).
4. For safety consideration, mothers are given information about the risk of bed sharing and co-sleeping with their infants (3).
5. In the neonatal unit, the mothers are facilitated to have unrestricted visits to their infants for breastfeeding (2).

Step 8. Support mothers to recognize and respond to their infants' cues for feeding

1. Regardless of infant feeding choices, mothers are taught about / reinforced to recognize their infants' early signs of feeding needs, behavioural cues for comfort and when they are satisfied to promote infants' growth and development and to nurture mother-infant relationship in postnatal ward (2, 3, 4) or neonatal unit.
2. Breastfeeding mothers and non-breastfeeding mothers are supported to feed their infants whenever they are hungry or ready to feed. Mothers are advised to breastfeed as often and as long as their infants want to. No restriction is placed on the frequency or duration of breastfeeding for healthy infants. (1, 2, 3, 4).
3. In the neonatal unit, mothers receive care that supports the transition to responsive breastfeeding, including (2):
    - Visit and stay close to their infants as often as possible so that they can recognize their babies' feeding cues.
    - Being supported to have direct skin-to-skin contact (Kangaroo Care) to encourage infants' instinctive feeding behaviour.
    - Being supported with information and education about positioning for breastfeeding and how to recognize effective feeding.
    - Being counselled with additional support to help with breastfeeding / breastmilk expression challenges when needed.

Step 9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers

1. All pregnant women, breastfeeding mothers and their partners are counselled to make informed decision about the caution use or avoidance of pacifier, feeding bottle and teats including hygiene, oral formation, breastmilk production, and recognition of feeding cues until successful breastfeeding establishment (3, 4).
2. Bottle feeding, use of teats or pacifiers are not promoted in our hospital.

3. When expressed breastmilk or supplementation is indicated for the term infants, cup feeding, spoon feeding, syringe feeding or other feeding alternatives e.g. nursing supplementer or bottle feeding may be are the methods of choice (3).

4. Staff are educated not to rely on bottle feeding to respond to infants' suckling difficulties but to support mothers to attach babies effectively.

5. In preterm infants, cup feeding, or spoon feeding are preferred to bottle feeding, while non-nutritive sucking using pacifier, gloved finger or breast can be considered as beneficial until breastfeeding is established.

6. Proper hygiene and cleaning of utensils are maintained by hospital staff.

7. Mothers are informed of the possible hygiene risks in feeding methods other than breastfeeding related to inadequate cleansing of feeding utensils.

Step 10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care

1. Breastfeeding follow up plan is discussed with the mothers after assessment of breastfeeding effectiveness when near to their discharge (2).

2. Advise mother to attend MCHC soon after discharge from hospital / LC clinic, preferably within 1-3 days to ensure mothers have access to ongoing support and receive appropriate care.

3. Mothers are given oral and written information about breastfeeding resources and local community support for breastfeeding upon discharge e.g. breastfeeding hotlines, breastfeeding websites, address & contact telephone number of MCHC for on–going support (1, 3, 4).

4. A referral mechanism is used for arranging additional support to those mothers with more complicated breastfeeding challenges (4).

5. Mothers are encouraged to practice exclusive breastfeeding from birth to 6 months of age and continued with safe and adequate complementary foods, up to 2 years or beyond (5, 6).

   5.1 Mothers are reminded to seek advice from MCHC for guiding principles of complementary feeding.

Step 11. Respect and support mothers who made an informed choice not to breastfeed

1. Mothers who decided not to breastfeed are informed about risks and management of other feeding options and helped to decide what is suitable for their individual needs (3, 4).

2. Mothers who formula feed have a discussion about the importance of responsive feeding and are encouraged to respond to behavioural cues for feeding, comfort or closeness (3).

3. Mothers who formula feed are encouraged to hold their infants close during feeds and offer the majority of the feeds to their infants themselves in order to enhance bonding between mother and infant and maintain the close and loving relationship (2).

4. All mothers who are not breastfeeding or not exclusive breastfeeding are shown how to safely prepare, feed, storage and handling of formula milk. Written information is given as references prior to discharge (3).

5. Mothers who do not plan to breastfeed are given information on relevant breast care.

H. PROMOTE AND SUPPORT MOTHER – FRIENDLY CARE

Step 12. Promote and support Mother Friendly Care.

1. Women in labour are encouraged to have their birth companions with them during labour and birth (4).

2. Women are permitted to drink and eat light foods during labor, if desired and not contraindicated (4).

3. Women are encouraged to walk and move about during labour, if desired and condition allowed, and to assume positions of their choice while giving birth (4).

4. Women are encouraged to consider the use of non-pharmacological pain relief methods (4).

5. Invasive procedures such as rupture of membranes, episiotomy, induction or augmentation of labour, caesarean sections or instrumental deliveries are avoided unless medically indicated (4).

I. PROMOTE AND SUPPORT BABY-FRIENDLY WORKPLACE

Step 13. Encourage and facilitate staff members to continue breastfeeding when they return to work

1. The hospital supports employees to continue breastfeeding after returning to work.

2. Appropriate facilities e.g. lactation rooms are provided where staff members can pump and store breast milk for later use.

J. ESTABLISH BREASTFEEDING FRIENDLY ENVIRONEMENT WITHIN HOSPIAL

Step 14. Support mothers to breastfeed their infants in public areas of the hospital and provide baby care room when necessary

1. QMH facilitates and supports mothers to breastfeed their infants in public areas of the facility.
2. Baby-care rooms are available for breastfeeding mothers who request privacy for breastfeeding their infants.
3. Breastfeeding mothers, who are hospitalized in units other than the maternity, are supported to continue breastfeeding and supported by inter-departmental Lactation Consultant consultation
4. Choice of treatment and medications are taken into consideration and multidisciplinary discussion is made to facilitate and maintain breastfeeding.
5. If breastfeeding is medically contraindicated, e.g. maternal HIV infection, possible risks should be discussed with the mothers and being documented.
6. If cessation of breastfeeding is deemed necessary e.g. infant with galactosemia, mothers and infants are assisted to stop breastfeeding in a manner conducive to good health (6, 8).
7. If breastfeeding cessation is only temporary, mothers are assisted to maintain or re-establish lactation and breastfeeding their infants as soon as it is appropriate and safe to do so (6, 8).

K. MONITORING IMPLEMENTATION OF THE STANDARDS

1. The policy is audited at least annually using the UNICEF / WHO BFHI audit tools.
2. Audit results are reported to Hong Kong West Cluster Baby-Friendly Hospital Steering Committee.
3. Action plan of the Infant Feeding Policy is supported by the Hong Kong West Cluster Baby-Friendly Hospital Steering Committee and followed up by the QMH Baby-Friendly Promotion Subcommittee to address any areas of non-compliance which are identified.

L. MONITORING OUTCOMES

Outcomes and effectiveness of implementation of the Infant Feeding Policy are monitored and evaluated by audit team through ongoing statistic collection, audit and mothers' experiences survey. Results are sent to HKWC Baby-Friendly Hospital Steering Committee for reporting.

1. Breastfeeding initiation rates, exclusive breastfeeding rate upon discharge from hospital and numbers of breastfed infants given supplements without medical indication are reported semi-annually.
2. Amongst mothers who choose to formula feed, their experiences in receiving support in safely preparing of formula feed and how to feed their infants during hospital stay are evaluated by the audit semi-annually. .
3. Mothers' experiences of care in breastfeeding support during the time of birth and in postnatal ward are evaluated by audit semi-annually and the mothers' experience survey annually.
4. Number of re-admission due to feeding problems is reported annually

M. STAKEHOLDER INVOLVEMENT (Appendix D)

The policy has been endorsed by the Hong Kong West Cluster Baby-Friendly Promotion Steering Committee. In addition, the draft policy is circulated to different sectors and feedback has been sought from them.

1. Administrative Services Department – Supporting Services Section (Central Portering Team, General Registry, Security Team and Quarters Services Section), Corporate Communication and Public Relations Section, Procurement & Materials Management Section and Facility Management Section.
2. Communication Ambassadors and Breastfeeding Ambassadors
3. Department of Anaesthesiology
4. Department of Dietetics
5. Department of Obstetrics and Gynaecology
6. Department of Paediatrics and Adolescent Medicine
7. Department of Physiotherapy
8. Hong Kong West Cluster Baby-Friendly Hospital Steering Committee
9. Hong Kong West Cluster Breastfeeding Support Subcommittee
10. Human Resources Department
11. Infection Control Team.
12. Lactation Consultant Team
13. QMH Baby-Friendly Promotion Subcommittee.
14. Quality and Safety Team.

Appendix A

REFERENCES

1	The Academy of Breastfeeding Medicine Protocol Committee. Clinical Protocol Number 3: Hospital guidelines for the use of supplementary feeding in the healthy term breastfed neonate. Vol. 4, Number 3, 2009.
2	The Baby Friendly Initiative: For all babies. UNICEF UK. Guide to the Baby Friendly Initiative Standards. https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/Guide-to-the-Unicef-UK-Baby-Friendly-Initiative-Standards.pdf [Accessed 01 June 2022].
3	The World Health Organization, UNICEF. Global strategy on infant and young child feeding. 2021. https://apps.who.int/iris/rest/bitstreams/50491/retrieve [Accessed 13 June 2021].
4	The World Health Organization, UNICEF. Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: implementing the revised Baby-friendly Hospital Initiative 2018. https://apps.who.int/iris/bitstream/handle/10665/272943/9789241513807-eng.pdf?ua=1 [Accessed 13 June 2021].
5	The Baby Friendly Hospital Initiative for Neonatal wards NEO-BFHI. Three guiding principles and Ten Steps to protect, promote and support breastfeeding: An expert group from Demark, Finland, Norway, Sweden, Quebec and Canada. Version 2015. http://epilegothilasmo.gr/wp-content/uploads/2017/04/Neo_BFHI_Core_document_2015_Edition.pdf [Accessed 01 June 2022].
6	The World Health Organization. Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. 2018. https://apps.who.int/iris/rest/bitstreams/1237750/retrieve [Accessed 13 June 2021].
7	International Board of Lactation Consultant Examiners. About IBLCE. https://iblce.org/about-iblce/ [Accessed 13 June 2021].
8	Health Service Executive (2015). National infant feeding policy for maternity and neonatal unit. https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/hse-infant-feeding-policy-revised-2015-.pdf [Accessed 01 June 2022].
9	UNICEF UK Baby Friendly Initiative (2021) Sample Infant Feeding Policies (Maternity). https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2021/03/Sample-infant-feeding-policy-maternity-2021.doc [Accessed 01 June 2022].
10	UNICEF Baby Friendly Hospital Initiative Hong Kong Association (2020). The Baby Friendly

	Hospital Designation in Hong Kong. https://www.babyfriendly.org.hk/wp-content/uploads/2020/08/2020.4_BFH-designation.pdf [Accessed 01 June 2022].
11	International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization; 1981 https://apps.who.int/iris/rest/bitstreams/48415/retrieve [Accessed 7 March 2018].
12	The International Code of Marketing of Breast-Milk Substitutes – 2017 update: frequently asked questions. Geneva: World Health Organization; 2017 http://apps.who.int/iris/bitstream/10665/254911/1/WHO-NMHNHD-17.1-eng.pdf?ua=1 [Accessed 7 March 2018].
13	Department of Obstetrics and Gynaecology (2020). Midwives Guideline - Initiation of skin-to-skin contact or Breastfeeding immediate after birth. (QMH-O&G-PC-BFT-005-v02). Department of Obstetrics and Gynaecology, Queen Mary Hospital.
14.	Department of Paediatrics and Adolescent Medicine (2021). Guideline on the feeding regimens and use of supplementary feeding for healthy term neonates. Department of Paediatrics and Adolescent Medicine.

Appendix B

TEN STEPS TO SUCCESSFUL BREASTFEEDING (revised 2018)

Queen Mary Hospital Infant Feeding Policy (Summary)

Management Procedures

1. a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
   b. Have a written infant feeding policy that is routinely communicated to staff and parents.
   c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Clinical Practice

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.
11. Respect and support mothers who made an informed choice not to breastfeed.
12. Promote and support Mother Friendly Care.

Baby-friendly Hospital Environment

13. Encourage and facilitate staff to continue breastfeeding when they return to work.
14. Support mothers in breastfeeding their infants in public areas of the hospital and provide baby care room when necessary.

Adopted from: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Initiative, 2018, WHO/UNICEF.

Appendix C

The International Code of Marketing of Breast-milk Substitutes

Summary of the main points (WHO/UNICEF 2009)

1 No advertising of breastmilk substitutes, bottles or teats to the public

2 No donations of breast-milk substitutes and supplies to maternity hospitals

3 No free samples to mothers

4 No promotion in health services

5 No company personnel to advice mothers.

6 No gifts or personal samples to health workers

7 No use of space, equipment or educational materials sponsored or produced by companies when teaching mothers about infant feeding

8 No pictures of infants or other pictures idealizing artificial feeding on labels of the products

9 Information to health workers should be scientific and factual

10 Information on artificial feeding, including labels, should explain benefits of exclusive breastfeeding and the costs and dangers associated with artificial feeding

11 Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

Adopted from: Baby-Friendly Hospital Initiative, WHO/UNICEF 2009. Revised, Updated and Expanded for Integrated Care. Section 4 Hospital Self-Appraisal and Monitoring

Appendix D

HONG KONG WEST CLUSTER BABY-FRIENDLY HOSPITAL GOVERNANCE STRUCTURE

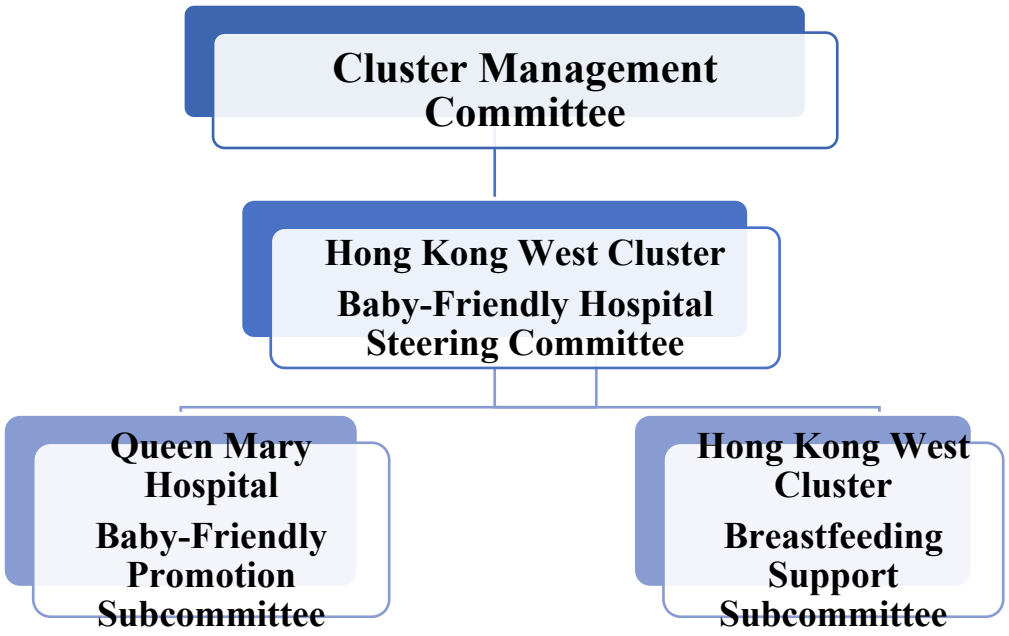

Figure 1. Governance Structure

<u>Hong Kong West Cluster Baby-Friendly Hospital Steering Committee</u>

Members:

CCE (Advisor)

CGM(N) (Chairperson)

CGM(HR)

CGM(AS)

COS, O&G or representative

COS, PAM or representative

DOM, O&G (Baby-Friendly Hospital Coordinator)

DOM, PAM

MC, O&G / NC, Neonatal Care (Secretary)

Queen Mary Hospital Baby-Friendly Promotion Subcommittee

Members:

DOM, O&G (Baby Friendly Hospital Coordinator)

DOM, PAM

MC, O&G

NC, Neonatal Care

WMs, O&G

WMs, PAM

Infant Feeding Coordinator, O&G

Infant Feeding Coordinator, PAM

Doctors, O&G

Doctors, PAM

Hong Kong West Cluster Breastfeeding Support Subcommittee

Members:

CGMN (Chairperson)

CGM, AS or representatives

CGM, HR or representatives

GMN, DKCH-FYKH-MMRC

GMN, GH

GMN, TWH

DOM, O&G (Baby Friendly Hospital Coordinator)

MC, O&G/ NC, Neonatal Care (Secretary)