



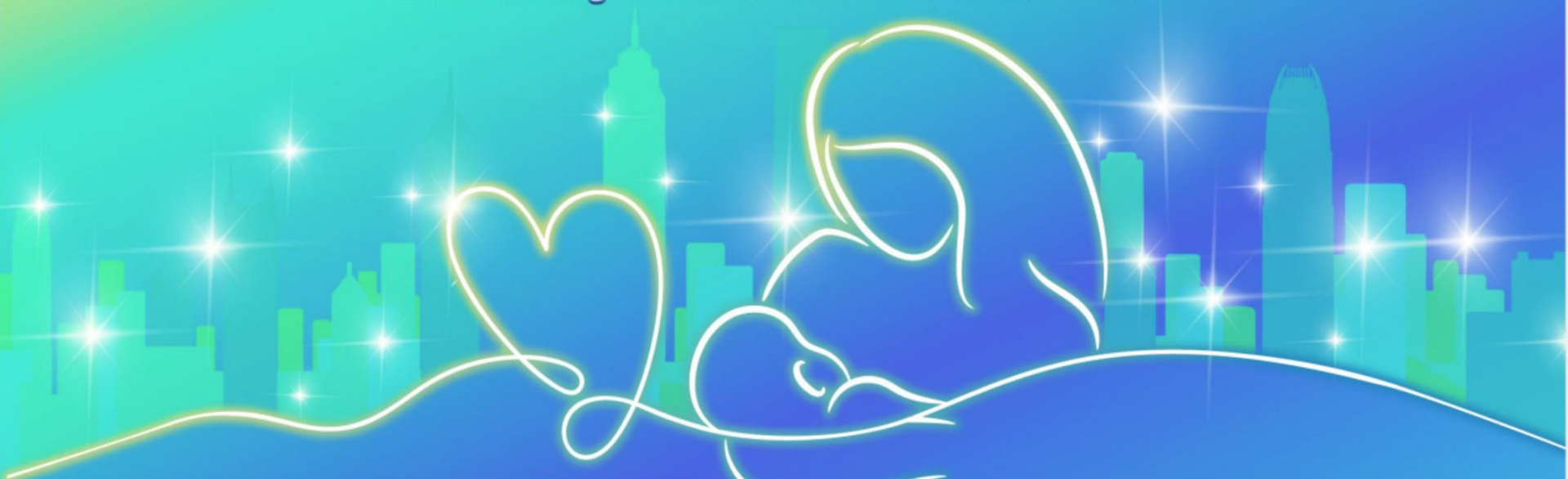
Co-organisers:



Collaborating Organisations:

Breastfeeding Symposium 2024

Breastfeeding from Birth – The Best Start for Babies



BFHI Implementation at MCHCs



我們正籌備成為
We are preparing to be

Baby-Friendly Maternal and Child Health Centre



Dr Annie Fok
23 Nov 2024



MCHCs provide a continuum of care in order to support parents to **initiate exclusive breastfeeding for 6 months** and **sustain breastfeeding up to 2 years of age or beyond**:

- **Pregnancy**: shared antenatal care with regional HA public birthing hospitals
- **Birth to 5 years**: majority of local-born newborns register in MCHCs within a few days after hospital discharge

BFMCHC Designation Timeline



Progress of MCHC accreditation

Pilot scheme

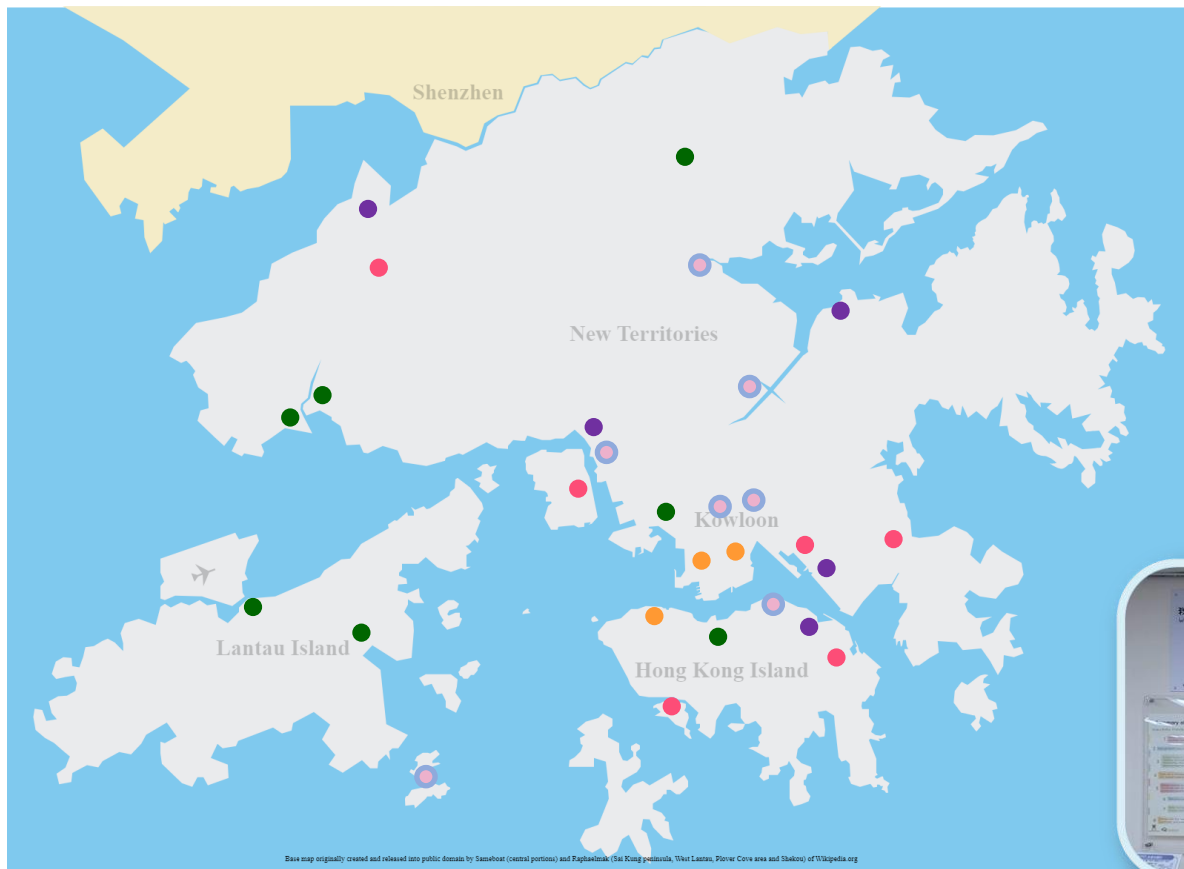
3 BF MCHCs since 2019

Phase 1

5 BF MCHCs in Q2 2024

Phase 2

7 BF MCHCs in Q2 2025



Phase 3a

6 BF MCHCs in Q3 2026

Phase 3b

7 BF MCHCs in Q4 2026



Baby-Friendly MCHCs in Hong Kong

Pilot Phase (3): Kowloon City, Sai Ying Pun, Yau Ma Tei MCHCs	Award of BF MCHC	Jul to Aug 2019
	Revalidation of BF MCHC	Aug 2022
Phase 1 (5): Lam Tin, Ma On Shan, North Kwai Chung, Sai Wan Ho, Tin Shui Wai MCHCs	Award of BF MCHC	Feb to Jun 2024
Phase 2 (7): Fanling, Mui Wo, Tang Chi Ngong, Tuen Mun Wu Hong, Tung Chung, West Kowloon MCHCs	Award of Level 2 Participation	Jun to Sep 2024
Phase 3 (13): Ap Lei Chau, Chai Wan, Madam Yung Fung Shee, Kwun Tong, Tseung Kwan O Po Ning Road, Tsing Yi, Anne Black, Cheung Chau, East Kowloon, Lek Yuen, Robert Black, Tsuen Wan, Wong Siu Ching MCHCs	Certificate of Commitment	Jan 2024

Pilot BFMCHC



Kowloon City MCHC



Sai Ying Pun MCHC



Yaumatei MCHC





Ma On Shan MCHC



Tin Shui Wai MCHC



Sai Wan Ho MCHC



North Kwai Chung MCHC



Lam Tin MCHC

How do we prepare to be a BFMCHC?

1



Baby Friendly Hospital Initiative
Hong Kong Association
愛嬰醫院香港協會

Understand the **background** of Baby-Friendly Initiative & BFMCHC

2



Baby-Friendly Maternal and Child Health Centre

Aware of **5 stages** of BFMCHC designation & the **Standards** of BFMCHC

Service Standards of BFMCHC

Standards for Baby-Friendly Maternal and Child Health Centre

1. Have an Infant Feeding Policy that is routinely communicated to all health care staff

- 1.1. The policy addresses all standards of BFMCHC and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions (the Code).
- 1.2. The policy includes guidance for how each of the standards should be implemented.
- 1.3. The policy is available for reference to all staff members who take care of mothers and babies.
- 1.4. The policy is summarised in languages and wordings most commonly understood by parents and staff and visibly posted in all areas of the Centre that serve pregnant women, mothers, and or/children.
- 1.5. There is a mechanism for evaluating the effectiveness of the policy.
- 1.6. All policies or protocols related to breastfeeding and infant feeding are in line with current evidence-based standards.

2. Train all health care staff in skills necessary to implement this policy.

- 2.1. All staff are orientated on the policy within two weeks of joining the service.
- 2.2. There is a training plan to ensure all staff caring for pregnant women, mothers and infants are trained within 6 months of joining the service.
- 2.3. The training covers the Ten Steps of Successful Breastfeeding, BFMCHC standards and the Code.
- 2.4. The training is appropriate for the role of the staff. For nursing staff caring for pregnant women, mothers and infants the training is at least 20 hours including 3 hours supervised clinical practice; for medical staff caring for pregnant women, mothers and infants, the training is at least 8 hours including 1 hour supervised clinical practice. There is also staff with specialized training on lactation management.
- 2.5. The training includes supporting mothers who elect not to breastfeed as an informed choice in infant feeding.
- 2.6. The appropriate training curricula are available.
- 2.7. Training is recorded with a means to address non-attendees.

3. Inform all pregnant women about the benefits and management of breastfeeding.

- 3.1. The antenatal discussion includes
 - 3.1.1. The importance and management of breastfeeding and the risks of supplementation while breastfeeding in the first 6 months of life.
 - 3.1.2. Connecting with the baby before birth with the development of a positive relationship
 - 3.1.3. Importance of early skin to skin contact between mothers and babies, early initiation of breastfeeding, rooming-in and avoidance of pacifiers before breastfeeding is established
 - 3.1.4. Responsive feeding
- 3.2. That the above antenatal discussion has taken place is documented.

4. Carry out a full breastfeeding assessment at the first post partum visit.

- 4.1. A formal assessment is carried out using an agreed breastfeeding assessment tool including mother's understanding of sufficient milk intake, effective feeding and hand expression
- 4.2. Counselling on breastfeeding management is provided as necessary.
- 4.3. Referral to specialized lactation management is made as required.

5. Advise mothers to breastfeed exclusively for six months and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond.

- 5.1. Mothers' options for continued breastfeeding have been discussed.
- 5.2. Where exclusive breastfeeding is not possible, mothers are advised on how to maximize the amount of breastmilk received by their babies.
- 5.3. Mothers who elect to give formula milk are advised on how to feed their babies as safely as possible.
- 5.4. Mothers are advised on when and how to introduce solid food.
- 5.5. Mothers are advised on management of night feeds and safe sleeping practices.

6. Welcome breastfeeding mothers in the Centre

- 6.1. Staff display a welcoming attitude.
- 6.2. Appropriate signage is displayed.
- 6.3. Private area is provided as necessary.
- 6.4. Strategies to enable mothers to breastfeed in public places are discussed.

7. Refer mothers for additional professional care and/or peer support as appropriate

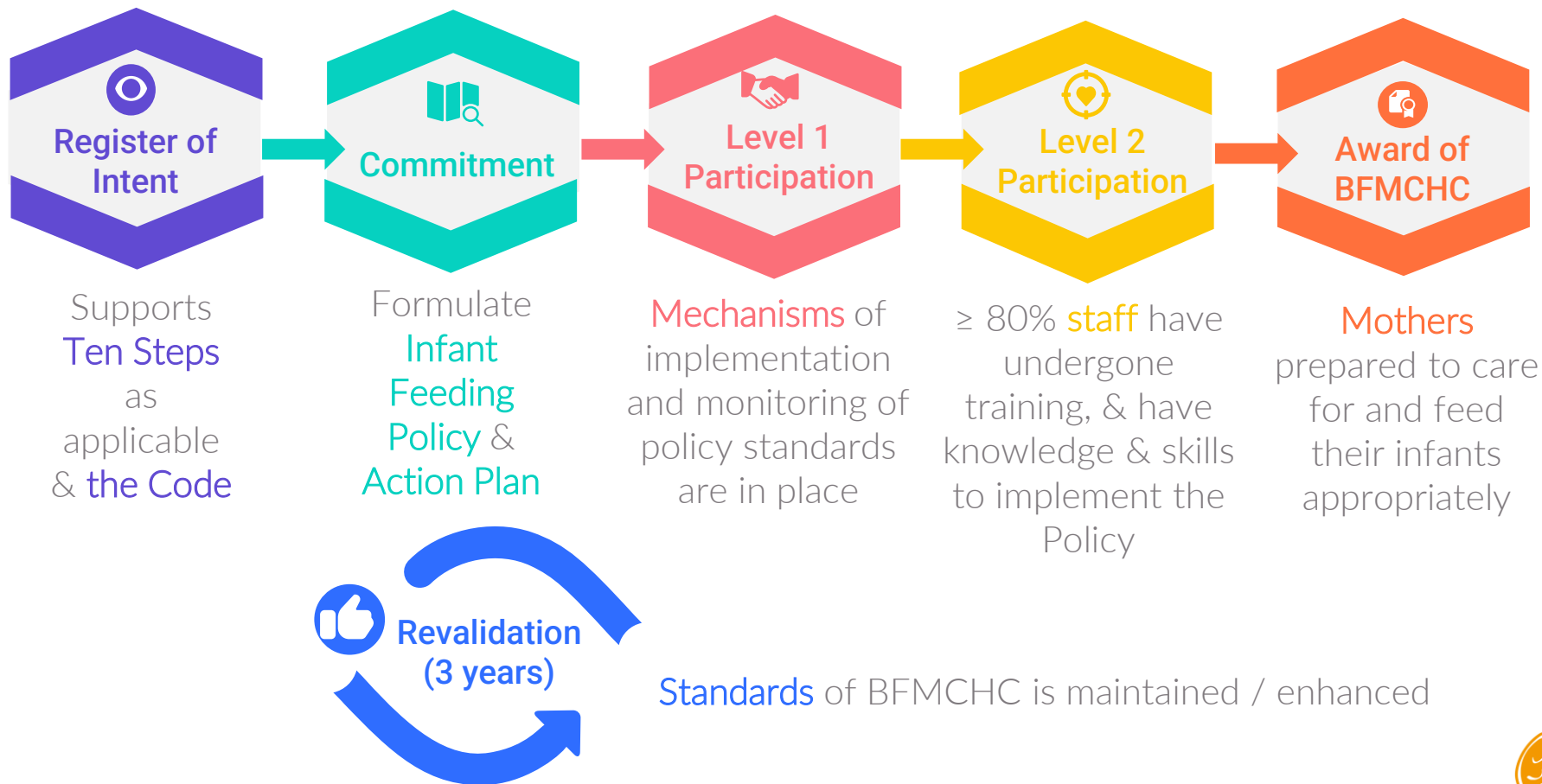
- 7.1. Referral system is in place for additional professional care if required.
- 7.2. Mothers are aware of how to access professional support.
- 7.3. Mothers are informed on local support.

www.babyfriendly.org.hk



**Baby Friendly
Initiative in Hong
Kong**

Stages of Baby-Friendly MCHC Designation



How do we prepare to be a BFMCHC?



Understand the **background** of Baby-Friendly Initiative & BFMCHC



Aware of **stages** of BFMCHC designation & the **Standards** of BFMCHC

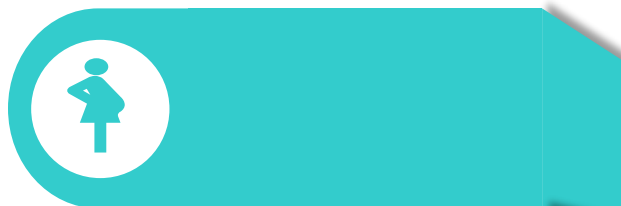


Implement the Standards of BFMCHC – incorporate into **our daily work duties**

Video “Towards Baby-Friendly Maternal and Child Health Centre” WBW 2024



01



Antenatal

02



Child Health

03



Others

Summary of Infant Feeding Policy

To be a **Baby-Friendly** Maternal and Child Health Centre, we would

- 1 a** Comply fully with the International Code of Marketing of Breastmilk 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 implement the Infant Feeding Policy.
- 3** Support parents to make an informed decision of infant feeding, and build a close, loving and positive parent-child relationship. Discuss the importance and management of breastfeeding with pregnant women and their families.
- 4** Support mothers to initiate and maintain breastfeeding and manage common difficulties. Support parents to practise optimal responsive feeding.
- 5** Advocate and support infants to be exclusively breastfed for the first six months of life, and thereafter, to receive safe and adequate complementary foods, while continue to be breastfed for up to two years or beyond.
- 6** Welcome and support mothers to breastfeed in the Centre.
- 7** Refer mothers for additional professional care and/or community support as appropriate.

Baby-Friendly MCHC Standards (9)

Based on the Ten Steps to Successful Breastfeeding (WHO)

Critical Management Procedures

Key Clinical Practices

1 a

遵守「國際母乳代用品銷售守則」及世界衛生大會相關的決議。

Comply fully with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions.

Summary of the International Code of Marketing of Breastmilk Substitutes[^]

The Code includes these 10 important provisions:

1. No advertising of all breastmilk substitutes^{^^} to the public.
2. No free samples to mothers.
3. No promotion of products in health care facilities, including no free or low-cost formula.
4. No company representatives to contact mothers.
5. No gifts or personal samples to health workers. Health workers should never pass products on to mothers.
6. No words or pictures idealising artificial feeding, including pictures of infants, on the labels.
7. Information to health workers must be scientific and factual.
8. All information on artificial infant feeding must explain the benefits and superiority of breastfeeding, and the costs and hazards associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk should not be promoted for babies.
10. Manufacturers and distributors should comply with the Code's provisions even if countries have not acted to implement the Code.

[^] The International Code of Marketing of Breastmilk Substitutes was adopted by the World Health Assembly in 1981 as a tool to protect breastfeeding.

^{^^} Breastmilk Substitutes include: infant formula, follow-up formula, feeding bottles, teats, baby food and beverages etc.

Guide to Bottle Feeding

How to prepare infant formula and feed your baby safely



Online Version

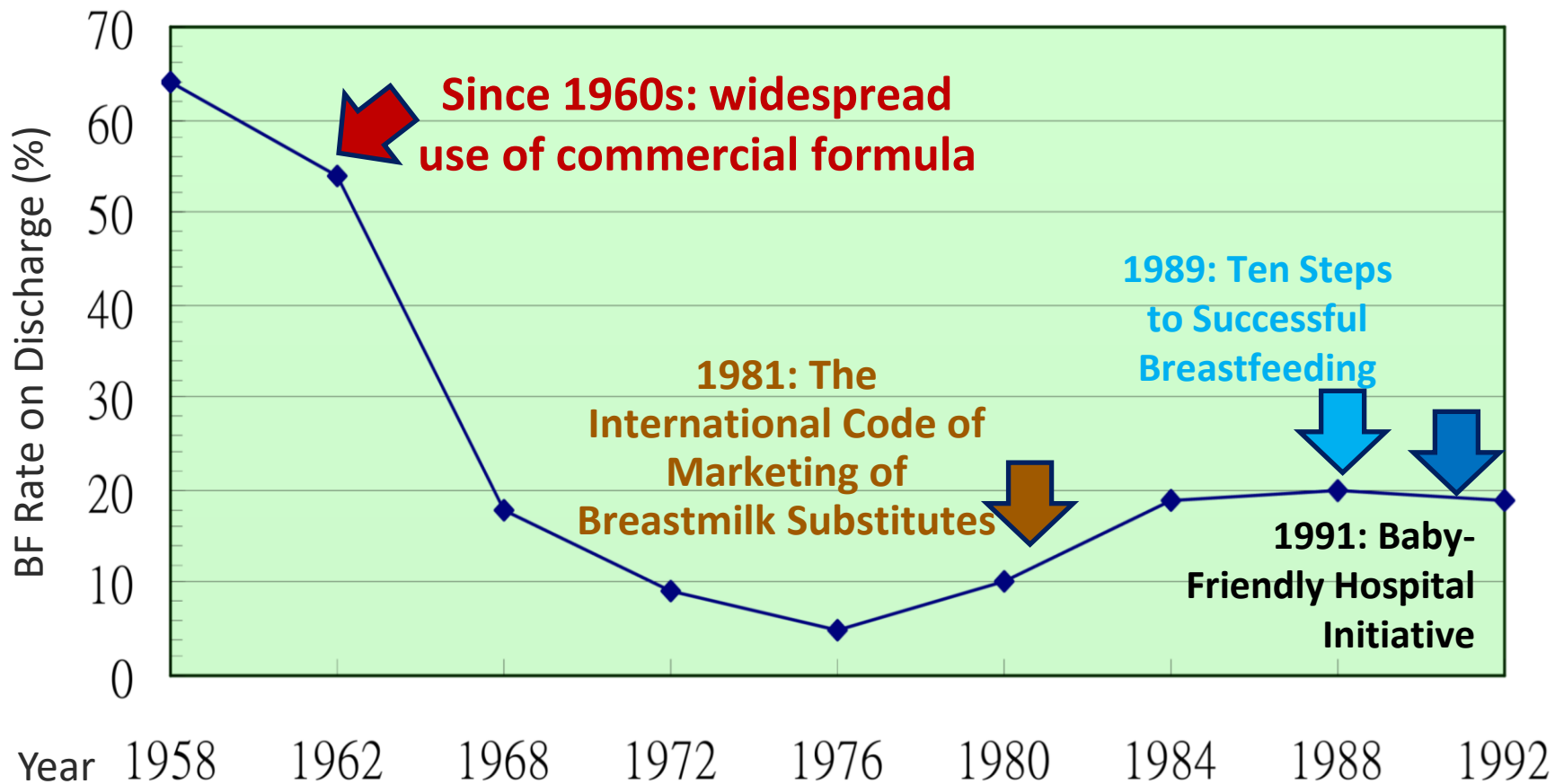


Watch Video



Department of Health

Breastfeeding Rates on Discharge in HK (1958-1992)



“International Code of Marketing of Breastmilk Substitutes” (1981) and relevant World Health Assembly resolutions

- A set of **global (voluntary) recommendations** adopted by **WHO** in 1981:
- Directed at **governments, health workers, commercial milk formula / baby food companies** and **everyone** with a responsibility to protect, promote & support BF
- **Aims** of the Code:
 - provision of safe and adequate nutrition for infants, by **BF protection & promotion**
 - ensuring the **proper use of breastmilk substitutes**, when these are necessary, on the basis of adequate information and through **appropriate marketing & distribution**
- **Subsequent relevant WHA resolutions**: adopted to **clarify / extend the WHO Code** (1981) in light of the latest scientific development and evolving marketing strategies

Products covered by “the Code”

- 1) **“Breastmilk substitute”** means any **food being marketed** or otherwise presented as a **partial** or **total replacement for breastmilk**, whether or not suitable for that purpose.

Any **formulas or milks** (or products) that are specifically marketed for feeding infants and young children **up to the age of 3 years**, inc:

- **infant** formula
- **follow-up** and **growing-up** formulas
- **special-needs** formulas

- 2) **Other foods and beverages** promoted to be suitable for feeding a baby during the **first six months of life** (when EBF is recommended), including **baby teas, juices and water**

- 3) **Feeding bottles** and **teats**



Compliance to the Code at BFMCHC

Part of DH Breastfeeding Policy

Summary of the International Code of Marketing of Breastmilk Substitutes[^]

The Code includes these 10 important provisions:

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^{^^} Breastmilk Substitutes include: infant formula, follow-up formula, feeding bottles, teats, baby food and beverages etc.

Audit on the Code

Checklist of Monitoring the Code Compliance in Baby-Friendly Maternal and Child Health Centres

Date: _____

Centre: _____

Name of staff and rank: _____

Checklist:

Item	Yes (✓)	No (x)	Remarks:
1. The poster of Breastfeeding Policy of the Department of Health including "Summary of the International Code of Marketing of Breastmilk Substitutes" is displayed in areas of the Centre that serve pregnant women, mothers, and/or children.			
2. The MCHC (and all staff) do not accept any quantity of designated products*, including samples of formula milk.			
3. The MCHC (and all staff) do not accept any equipment, service or article (such as pen, calendar, poster, note pad, growth chart, toys) which refers to or may promote the use of a designated product, and non-scientific literature from M&Ds**.			
4. No promotional items, gifts, materials or equipment (e.g. stationery, calendars) from M&Ds** are displayed within the clinic premises.			
5. No product samples, promotional materials, gifts from M&Ds** are distributed to clients at the MCHC premises. (Note: Clinical staff may give relevant product information to individual clients on a need basis)			
6. No company representatives seek contact with pregnant women or mothers or their families within the clinic premises.			
7. No promotional activities held or sponsored by M&Ds** is carried out at the MCHC.			

*Designated products: infant formula, follow-up formula, bottles, teats, and prepackaged food for infants and young children.

**M&Ds: manufacturers and distributors of designated products such as formula milk companies.

1b

有書面的嬰兒餵哺政策，常規地向所有員工和家長傳達。

Have a written Infant Feeding Policy that is routinely communicated to staff and parents.

Elements of Infant Feeding Policy:

- “**Ten Steps to Successful Breastfeeding**” as applicable to MCHC setting
- “**International Code of Marketing of Breastmilk Substitutes**” and relevant WHA resolutions
- **Support all mothers**, including those who decide not to BF
- How the facility **monitor progress** towards **Policy standards**

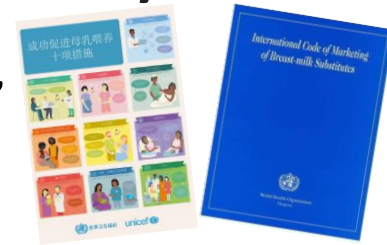


Infant Feeding Policy Influences Role of MCHC Staff



Policy drives practices & helps to sustain practices over time, and serves as an essential tool for staff accountability

- incorporates **clinical practices** articulated in the “**Ten Steps**”
- implements **mandatory compliance** to “**the Code**”
- communicates a **standard set of expectations** to **all care providers**, not dependent on individual preferences
- ensures **all mothers and babies** equitably receive **consistent, evidence-based support** to make **informed decisions** on **infant feeding**
- enables practices to be **monitored** in the facility
- **informs everyone**: **staff, parents, general public**
- knows **where** someone can **get a copy** of the Policy



Infant Feeding Policy - Communication

Summary of Infant Feeding Policy

To be a **Baby-Friendly** Maternal and Child Health Centre, we would

- 1 a** Comply fully with the International Code of Marketing of Breastmilk 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 implement the Infant Feeding Policy.
- 3** Support parents to make an informed decision of infant feeding, and build a close, loving and positive parent-child relationship. Discuss the importance and management of breastfeeding with pregnant women and their families.
- 4** Support mothers to initiate and maintain breastfeeding and manage common difficulties. Support parents to practise optimal responsive feeding.
- 5** Advocate and support infants to be exclusively breastfed for the first six months of life, and thereafter, to receive safe and adequate complementary foods, while continue to be breastfed for up to two years and beyond.
- 6** Welcome and support mothers to breastfeed in the Centre.
- 7** Refer mothers for additional professional care and/or community support as appropriate.

嬰兒餵哺政策要點

作為**愛嬰**母乳健康院，我們會

- 1 a** 遵守「國際母乳代用品銷售守則」及世界衛生大會相關的決議。
- b** 有書面的嬰兒餵哺政策，常規地向所有員工和家長傳達。
- c** 建立持續的監察和數據管理。
- 2** 確保員工有足夠的知識、能力和技巧來實行此項嬰兒餵哺政策。
- 3** 支持家長在餵養孩子方面作知情的決定，並建立親密、互愛和正面的親子關係，與孕婦及其家人討論母乳餵哺的重要性及處理方法。
- 4** 支援母親開始和維持母乳餵哺及解決常見困難，支持所有家長實踐回應式的餵養。
- 5** 倡議並支持初生嬰兒首六個月以全母乳餵哺，此後開始吃安全且適當的輔食，同時繼續母乳餵哺到兩歲或以上。
- 6** 歡迎並支持母親在健康院餵哺母乳。
- 7** 按需要轉介母親專業支援及/或參加社區母乳餵哺的支持服務。

Client's Guide

在**愛嬰母乳健康院**內，**我們**會提供以下的支援。

全體員工：

- 實行嬰兒餵哺政策並定期評估其成效
- 遵守「國際母乳代用品銷售守則」及世界衛生大會相關的決議
- 接受培訓，以確保有足夠的知識、能力和技巧來實行此項嬰兒餵哺政策
- 歡迎並支持母親在健康院內
 - 按照需要轉介母乳餵哺相關的專業服務，或
 - 介紹予社區、朋輩輔導支援服務

Let our Baby-Friendly MCHC, you can expect the following support from us:

ALL staff:

- Implement the Infant Feeding Policy and regularly evaluate its effectiveness
- Comply fully with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions
- Receive training to ensure sufficient knowledge, competence and skills to implement this Policy
- Welcome and support mothers to breastfeed in the Centre
- Make referral for additional professional care as appropriate
- Introduce community and peer support services on infant feeding

During your pregnancy:

- Invite you to join discussions on "Caring for and Feeding Your Baby"
- Support parent-child relationship
- Share with you the importance and management of breastfeeding
- Provide scientific information to empower you make an informed infant feeding decision

After your delivery:

- Encourage you to practise responsive parenting according to your baby's needs
- Assist you in reaching your chosen feeding plan
- Provide **comprehensive feeding assessment** and **advice** from newborn through infancy to childhood
- If you so wish, support you to exclusively breastfeed your newborn for 6 months, and continue breastfeeding for up to two years and beyond

Notebook Case for Clients

愛 嬰 母 嬰 健 康 院

Baby-Friendly Maternal and Child Health Centre

親近・回應：
讓我們給孩子最好的
Stay Close + Respond:
Let's give our children the best

Posters

The Policy Communication - BFMCHC Page on FHS Website

What do we expect from Baby-Friendly MCHCs?

Baby-Friendly MCHC staff support parents to:



Stay close and respond to their baby, and build a close, loving and positive relationship



Recognise the importance and management of breastfeeding since pregnancy



Make an informed decision of infant feeding, and reach their feeding goal



Manage common breastfeeding difficulties



Exclusively breastfeed their newborn for 6 months and continue breastfeeding for up to 2 years and beyond if they so wish




Breastfeed in the MCHC



Refer for additional professional care or community peer support as appropriate

How to become a "Baby-Friendly MCHC" ?

- Implements the Infant Feeding Policy  (PDF, 401.69 KB)
- Comply fully with the International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions
- Attains the service standards of Baby-Friendly MCHC
- Goes through a process of assessment and designation by the Baby-Friendly Hospital Initiative Hong Kong Association

Breastfeeding

[Home](#) > [Breastfeeding](#) > [Baby-Friendly Maternal and Child Health Centre](#)

Baby-Friendly Maternal and Child Health Centre



<http://s.fhs.gov.hk/bay2q>

1c

建立持續的監察和數據管理。

Establish ongoing monitoring and data-management systems.

Monitoring of Centre practices is important **to ensure quality of care:**

- Identify **where the standards are not being met** to facilitate correct implementation of practices
- **Everyone** in the facility is impacted
- To assess **progress** in implementation of evidence-based practices
- Use as an **incentive** towards **achievement of goals**

Monitoring of Centre practices – How?

- **Regular audits:**
 - **Staff Audit: competency verification (Knowledge & Skills), Training (short interval between joining service and training, training curriculum is appropriate to the role in Centre, fulfills training duration requirement)**
 - **Client Audit: experience of care received in antenatal &/or child health service**
 - **Centre Audit: Code compliance, service delivery of AN-GD, AN-InD, BFC**
- **Data management: infant feeding, service attendance, number of different rank of staff**
- Clinically staff at facility meet to **review progress at least every 6 months:**
 - to continually **track the values** of these indicators,
 - to determine **whether established targets are met**, and, if not, plan and **implement corrective actions**.

2

確保員工有足夠的知識、能力和技巧來實行此項嬰兒餵哺政策。

Ensure that staff have sufficient knowledge, competence and skills to implement the Infant Feeding Policy.



Competency of Care Providers to Implement BFHI (1)



Core purpose of BFHI is to guarantee the **competency** of care providers in the **implementation** of the Ten Steps, so that **all mothers and infants** receive the **evidence-based, individualised** and **compassionate care**

Clinical staff must **support** women's **informed decisions** related to their infant's **nutrition** and **well-being**, which encompasses **more than clinical breastfeeding support**.

2018 version of Ten Steps: bring a **paradigm shift** from requiring a **certain number of hours of training** ("the 20-hour course") to confirming that all direct care providers have the **competencies** needed to ensure **care is delivered consistently and ethically**



Competency Verification Toolkit: Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative. (WHO) 2020.

Competency of Care Providers to Implement BFHI

Competency: Use a set of related knowledge, skills and behaviours to successfully perform identified jobs, roles and responsibilities

(K) Know- ledge	What to do	Theoretical or practical understanding of a subject gained through formal education or practical experiences
(S) Skills	How to apply their knowledge	Abilities to properly perform a job. These include cognitive, communication, interpersonal and problem-solving techniques
(A) Attitudes	When to apply their skills within an appropriate ethical framework using that knowledge	Behaviour , the way or manner in which we act towards ourselves or others

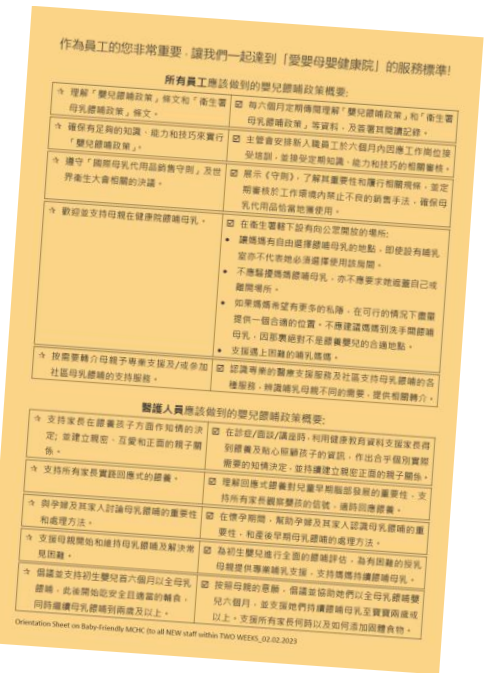
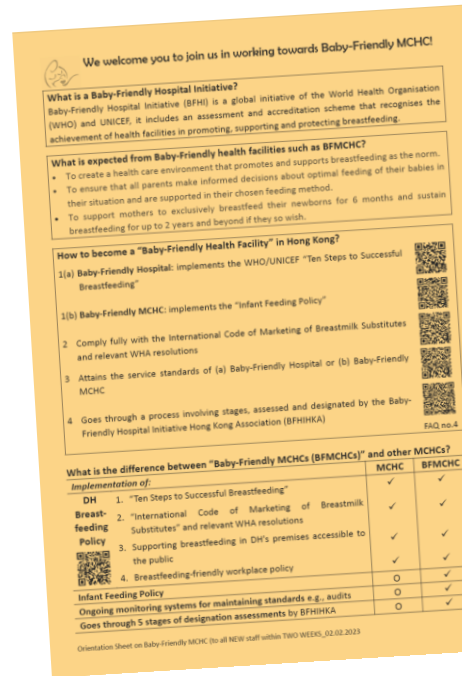


Competency Verification Toolkit: Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative. (WHO) 2020.

Orientation of All Staff within 2 weeks of joining MCHC

1. Distribute the following to all new staff within 2 weeks of reporting duty to the Centre:

- Orientation Sheet on Baby-friendly MCHC including the Infant Feeding Policy Summary
- DH Breastfeeding Policy
- DH SC on “Supporting breastfeeding in areas accessible to the public”
- DH SC on “Supporting DH Employees to Combine Breastfeeding and Work”



2. Ask the newly-joined staff to sign **Orientation Record**

3. Check the **Orientation Record** by NO i/c or delegate every 6 months.

Training for All BFMCHC Staff



Other Staff

- Caring for and Feeding your Baby

Clinical Staff:

- The Code
- Antenatal Discussion
- Support Feeding & Caring for Babies
 - Bottle Feeding, FM Use
 - BF Observation & Skill Support
 - Hand Expression
- Supporting Sustained BF at 1m RNI, 2m RNI and onwards



3

支持家長在餵養孩子方面作知情的決定; 並建立親密、互愛和正面的親子關係。與孕婦及其家人討論母乳餵哺的重要性和處理方法。

Support parents to make an informed decision of infant feeding, and build a close, loving and positive parent-child relationship. Discuss the importance and management of breastfeeding with pregnant women and their families.



Caring for and Feeding Your Baby (Discussion 1)

Objectives

- Build a close, loving and positive parent-child relationship
- Observe and respond to the baby's needs
- Make an infant feeding decision

Learning Guide

Chapter 1

- Let's start breastfeeding (p16-17)
- Timely response to your crying baby (p26-27)
- Breastfeeding (p28-31)
- Formula with feeding (p8-10)

Response feeding (p16-17)

Feeding your Baby in the Early Days: What You Need to Know—Part 1

Baby's Brain development

We can...

- Take time to connect with the baby and enjoy skin-to-skin contact
- place the baby's ear next to our breast and observe the baby!
- Learn about the World Health Organization's recommendations. Solid food should be introduced gradually at around 6 months old to cater to their nutritional needs. Breastfeeding can continue until 2 years old or beyond!

Caring for and Feeding Your Baby (Discussion 2)

Objectives

- Practice responsive feeding: Observe & Respond
- Ensure that your baby is getting enough milk
- Learn about breastfeeding position & Cribation
- Adjust breastfeeding practice & other usual positions

Learning Guide

- Responsive feeding (p16-17)
- Baby getting enough milk (p26-28)
- Feeding your Baby in the Early Days: What You Need to Know—Part 2
- Breastfeeding practice (p16-17)
- Breastfeeding position and Cribation (p26-28)

What can...

- start early feed frequently and practice affectionate attachment & suckling every day, to make sure he has taken enough
- observe the baby's behaviour and soiled & wet nappies get familiar with the breastfeeding practice & correct positions
- Respond to the baby according to the various needs of the baby and mother!

貼心照顧及餵養寶寶
(線上講座邀請)

誠懇獻給準父母

貼心照顧及餵養寶寶

- 假如你意向B型餐、親奶嗎?
- 咁啲咩嘢到BB唔睡即醒嘢?
- 餵哺BB如爭啲

掃一掃
隨時隨地·網上觀看

貼心照顧及餵養寶寶

- 當先如唔知生BB處唔夠奶?
- 點可以教邊邊寶媽回乳呢?
- 入門必學餵哺姿勢

Caring for and Feeding your Baby: AN Questionnaires AN-Q1 & AN-Q2

< 28 weeks GA:

Feeding your baby in the early days: what you need to know (Part 1)

Studies have shown that optimal feeding in the baby's early months of life not only promotes his growth and brain development, but also boosts his immune system and enhances his long-term health.

We recommend you and your family to read "How to feed your baby, it's your (informed) decision" booklet for more information on infant feeding. We sincerely invite expectant mothers to complete the survey below. (please ✓)

1. Your pregnancy and breastfeeding experience

1. Currently _____ weeks pregnant
2. Number of previous childbirth: 0 1 2 or more
3. Do you have any breastfeeding experience? Yes No
4. Have your family / friends succeeded in breastfeeding? Yes No

2. Your opinions on infant feeding

- | | Agree | Disagree |
|---|--------------------------|--------------------------|
| 1. The added ingredients in formula milk (such as probiotics) are as good as breastmilk for enhancing immunity and promoting your baby's health. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Breastfeeding may increase the physical burden on mothers. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. You and your partner should have frequent intimate skin-to-skin contact with your baby regardless of whether she is breastfed or formula-fed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Breastfeeding is not suitable for mothers who have the following conditions: flat or inverted nipples, hepatitis B carriers, or suffering from flu. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Putting your baby to sleep in his cot next to your bed, helps you to respond to his needs in time. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. You should have a feeding schedule and give fixed amounts each feed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The amount of "first milk" (colostrum) produced in the first few days after delivery is small. I should feed my baby with formula milk first and only start breastfeeding after the breastmilk "comes-in." | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Giving my baby formula milk and water, using bottles and dummies will not affect breastfeeding. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The nutritional value of breastmilk reduces 6 months after my baby is born, so I can stop breastfeeding. | <input type="checkbox"/> | <input type="checkbox"/> |

*You can check your answers in "Feeding your baby in the early days: what you need to know (Part 1)" leaflet

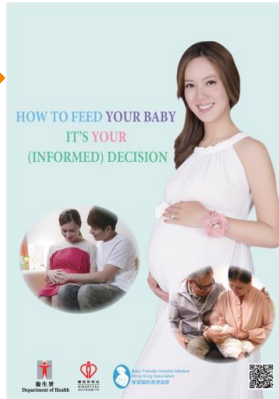


3. Your Questions / Concerns

Please write down your questions / concerns about infant feeding for our staff to follow-up. (Our staff will collect the questionnaire later.)



(1) Self-check Q&A



≥ 28 weeks GA:

Feeding your baby in the early days: what you need to know (Part 2)

Congratulations in reaching the third trimester! Are you getting ready to welcome your baby?

We recommend you and your family to read "How to feed your baby, it's your (informed) decision" booklet, and invite you to complete the survey below. (please ✓)

1. Your pregnancy and breastfeeding experience

1. Currently _____ weeks pregnant
2. Number of previous childbirth: 0 1 2 or more
3. Do you have any breastfeeding experience? Yes No
4. Have your family / friends succeeded in breastfeeding? Yes No

2. Your opinions on infant feeding

- | | Agree | Disagree |
|---|--------------------------|--------------------------|
| 1. How do I know if my baby is getting enough milk? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The more your baby feeds, the more she pees and poos. | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Your baby passes dark green, sticky stools (meconium) after birth. Then the stool will gradually become soft yellowish or greenish in the first few days. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. What are the early hunger cues of my baby? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Mouth opening | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Crying | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The more my baby suckles on the breast, the more milk I produce. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the first few weeks, my baby needs to be fed frequently. I have to breastfeed at least 8 to 12 times a day. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Proper positioning and attachment are the keys to successful breastfeeding. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can express milk when temporarily separated from my baby, or when my breasts are engorged. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. It is better to give my baby expressed breastmilk in a bottle than direct breastfeeding, as I then know how much he takes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Seek help immediately if you have any problems while feeding your baby. | <input type="checkbox"/> | <input type="checkbox"/> |

*You can check your answers in "Feeding your baby in the early days: what you need to know (Part 2)" leaflet



3. Your Questions / Concerns

Please write down your questions / concerns about infant feeding for our staff to follow-up. (Our staff will collect the questionnaire later.)

(2) Write down concerns PRN: to be addressed at AN Individual Discussion AN-InD

Feeding Your Baby in the Early Days - Knowledge Self-check

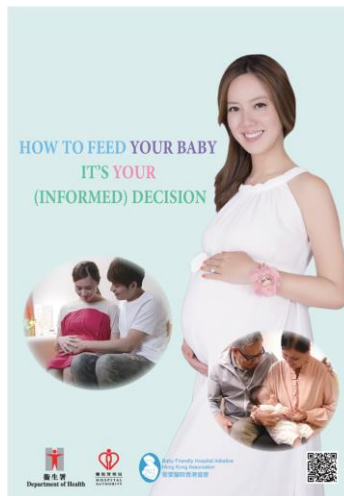
What do you know about breastfeeding - Game Corner

True or False (You can check your answers by selecting your choice and it will link to "Feeding your baby in the early days: what you need to know" webpage)		
The added ingredients in formula milk (such as probiotics) are as good as breastmilk for enhancing immunity and promoting your baby's health.	True	False
Breastfeeding may increase the physical burden on mothers.	True	False
You and your partner should have frequent intimate skin-to-skin contact with your baby regardless of whether she is breastfed or formula-fed.	True	False
Breastfeeding is not suitable for mothers who have the following conditions: flat or inverted nipples, hepatitis B carriers, or suffering from flu.	True	False
Putting your baby to sleep in his cot next to your bed, helps you to respond to his needs in time.	True	False
You should have a feeding schedule and give fixed amounts each feed.	True	False
The amount of "first milk" (colostrum) produced in the first few days after delivery is small. I should feed my baby with formula milk first and only start breastfeeding after the breastmilk "comes-in."	True	False
Giving my baby formula milk and water, using bottles and dummies will not affect breastfeeding.	True	False
The nutritional value of breastmilk reduces 6 months after my baby is born, so I can stop breastfeeding.	True	False
The more my baby suckles on the breast, the more milk I produce.	True	False
In the first few weeks, my baby needs to be fed frequently. I have to breastfeed at least 8 to 12 times a day.	True	False
Proper positioning and attachment are the keys to successful breastfeeding.	True	False
I can express milk when temporarily separated from my baby, or when my breasts are engorged.	True	False
It is better to give my baby expressed breastmilk in a bottle than direct breastfeeding, as I then know how much he takes.	True	False
Seek help immediately if you have any problems while feeding your baby.	True	False
Pop Quiz (Check your answers by selecting the topics below)		
How do I know if my baby is getting enough milk?		
What are the early hunger cues of my baby?		

Breastfeeding

Home > Breastfeeding > Baby-Friendly Maternal and Child Health Centre

Baby-Friendly Maternal and Child Health Centre



<http://s.fhs.gov.hk/bay2q>



Caring for and Feeding your Baby: AN Group Discussion

	AN-GD1	AN-GD2
Format	Group Discussion of 5-8 women +/- relatives & Flexible (can be one-on-one) [Not exceed 10 head-counts]	
Topics	Relationship Building Closeness & Responsiveness Infant Feeding Decision	Responsive Feeding BF Management Use of Bottles & Teats
BF-MCHC	+ Questionnaire AN-Q1 (Yellow)	+ Questionnaire AN-Q2 (Pink)
Time	15 minutes	15-20 minutes
Target AN clients	Cantonese-speaking (since Q3 2017) English-speaking (since Q4 2018)	
Gestation	before 28 wks	≥28wks (Preferably after GD1)

Caring for and Feeding your Baby: AN-GD1



Caring for and Feeding Your Baby < Discussion 1 >

Objectives

- 1 Build a close, loving and positive parent-child relationship
- 1 Observe and respond to the baby's needs
- 1 Make an infant feeding decision

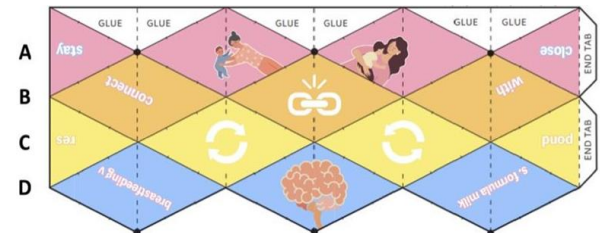
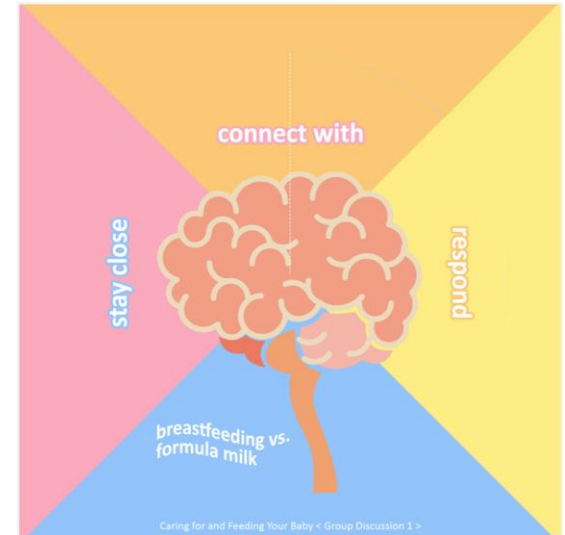
Learning Guide

	Let's start breastfeeding Chapter 1		Responsive feeding (p16-17)
	Intimate skin-to-skin contact (p14-15)		Timely response to your crying baby (p26-27)
	Breastfeeding (p3-6)		Feeding your Baby in the Early Days: What You Need to Know---Part 1
	Formula milk feeding (p8-10)		

Baby's brain development

We can...

- take time to interact with the baby and enjoy skin-to-skin contact
- place the baby's cot next to our bed, and observe the baby. Feed the baby upon early hunger cues
- learn about the World Health Organisation's recommendations, "babies should be breastfed exclusively in the first 6 months. Solid food should be introduced gradually at around 6 months old to cater to their nutritional needs. Breastfeeding can continue until 2 years old or beyond"



Caring for and Feeding your Baby: AN-GD2

How do I maintain a healthy diet during pregnancy and lactation?

Is my baby getting enough milk?

Should I express from or directly feed on the breast?

How can I produce more milk?

Come and have a chat!

Caring for and Feeding Your Baby
« Group Discussion 2 »

Caring for and Feeding Your Baby « Discussion 2 »

Objectives

- 1 Practise responsive feeding: Observe & Respond
- 1 Ensure that your baby is getting enough milk
- 1 Learn about breastmilk production & calibration
- 1 Adopt breastfeeding prelude & often used positions

Learning Guide

Responsive feeding (p16-17)	Breastfeeding: practical skills (Chapter 3)
Baby getting enough milk (p18-25)	Breastmilk production and calibration (p10-11)

Feeding your Baby in the Early Days: What You Need to Know--Part 2

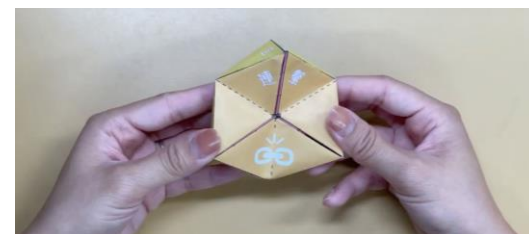
Successful breastfeeding

We can:

- start early, feed frequently and practise effective attachment & suckling
- observe the baby's behaviour and soiled & wet nappies every day, to make sure he has taken enough
- get familiar with the breastfeeding prelude & correct positions
- breastfeed the baby according to the various needs of the baby and mother

FHS-BF 25A
(Rev in Aug 2020)

Family Health Service
Website www.fhs.gov.hk
Breastfeeding hotline : 3618 7450



Caring for and Feeding your Baby: AN Discussion

	AN-GD1	AN-GD2	AN-InD
Format	Group Discussion of 5-8 women +/- relatives & Flexible (can be one-on-one) [Not exceed 10 head-counts]		Face-to-face Individual interview
Topics	Relationship Building Closeness & Responsiveness Infant Feeding Decision	Responsive Feeding BF Management Use of Bottles & Teats	Address concerns on Caring for & Feeding the baby
BF-MCHC	+ Questionnaire AN-Q1 (Yellow)	+ Questionnaire AN-Q2 (Pink)	+/- PRN if concerns arise
Time	15 minutes	15-20 minutes	As appropriate
Target AN clients	Cantonese-speaking (since Q3 2017) English-speaking (since Q4 2018)		Chinese / English-speaking
Gestation	before 28 wks	≥28wks (Preferably after GD1)	+ Compulsory ≥ 30 wks

Caring for and Feeding your Baby: AN-InD

社區支援到您： 母乳餵哺，如遇困難...

專業支援：

- ★ 衛生署家庭健康服務
 - 母乳餵哺熱線：☎ 2618 7450
 - 網站：<http://s.fhs.gov.hk/11fir>
- ★ 參加「母乳愛語」有關支援計劃：
 - ☎ 6194 3359
- ★ 致電愛德醫院香港協會熱線：☎ 2838 7727

★ 到訪生產醫院 母乳餵哺內診

★ 親臨愛德醫院

誠意推薦

愛 · 從母乳開始

https://s.fhs.gov.hk/11fir2

◆ 清潔、消毒及儲存餵奶用具

◆ 安全沖調嬰兒配方奶粉

◆ 如何用奶瓶回應寶寶需要

◆ 選擇合適適中的喇叭

◆ 泵奶的次數及時間

◆ 使用泵奶器的常見錯誤

奶機餵哺指引

https://s.fhs.gov.hk/11firw

全方位認識「紫奶機」

https://s.fhs.gov.hk/11fir2sk

FHS BFAMCHD 2022年4月編製

愛 嬰 母 嬰 健 康 院

親近·回應：啟發寶寶腦部發展

不可能 產後憂鬱

- ✔ 寶寶會減少哭鬧不安
- ✔ 讓寶寶感到被愛、安全
- ✔ 增進家長與寶寶之間的感情

打給熱線 快樂小兒科 [P.8-9]

懷孕期間，與寶寶連繫：

- ♥ 輕撫隆起的腹部
- ♥ 感應胎兒的動作
- ♥ 跟他說話、給他唱歌

多親近

寶寶出生後，與他親密互愛：

- ♥ 與寶寶肌膚相親、擁抱
- ♥ 看著寶寶眼睛傾聽、講故事
- ♥ (藉母乳來) 安撫寶寶

適時回應他的需要

安城中醫同屋，適時觀察寶寶的不同信號

早回應

家長啟餵養孩子的知情決定之前，先了解：

- 世界衛生組織嬰兒餵養的建議
- (埋身) 母乳餵哺遠超過食物的價值
- 如何讓母乳餵養有個好的開始

母乳餵哺好處多

誠意推薦

[照顧及餵養寶寶]

講座 (1) 講座 (2)

Caring for and Feeding your Baby: Antenatal Webinar AN-W

(w.e.f. 1 Feb 2021)

母嬰 家庭 支援 計劃
Antenatal and Postnatal Support Scheme

貼心照顧及餵養寶寶 <<1>>

形式：網路研討會
主講：衛生署註冊護士及母愛蜜語義工大使
對象：懷孕婦女及其家人

2021年2月1日
下午3點

https://zoom.us/join/register/WN_CV0aU6fQuT85xR4L3Rg

名額有限 額滿即止
快D嚟參加!

點同BB連繫、親近?
做咗咩幫到BB嘅腦部發展?
餵哺BB知多啲

衛生署

母嬰 家庭 支援 計劃
Antenatal and Postnatal Support Scheme

貼心照顧及餵養寶寶 <<2>>

形式：網路研討會
主講：衛生署註冊護士及母愛蜜語義工大使
對象：懷孕婦女及其家人

2021年2月18日
上午11點

https://zoom.us/join/register/WN_8EKXN0ATp6ehYxlvuGQ

名額有限 額滿即止
快D嚟參加!

點先知道初生BB食得夠呀?
點可以製造足夠嘅母乳呢?
入門心學餵哺姿勢

衛生署



歡迎你將此電郵轉發給你的家人，[按此](#)訂閱《懷孕悅訊》。

香港特別行政區政府
衛生署 家庭健康服務

關於我們 主要服務範疇 健康院/中心資料 母乳餵哺 健康資訊 視像資訊 親子平台 專業平台 其他

主要服務範疇

主頁 > 主要服務範疇 > 公眾健康講座時間表

公眾健康講座時間表

- 線上公眾健康講座
- 康復公眾健康講座
- 母乳餵哺及母乳哺育支援計劃工作坊

Caring for and Feeding your Baby: Antenatal Webinar Revision AN-WR



貼心照顧及餵養寶寶

(線上講座重溫)

誠意獻給準父母

貼心照顧及餵養寶寶

- 想知悉點同BB連繫、親近嗎?
- 咁啲咩嘢到BB感觸部發展?
- 餵哺BB知多啲



<http://s.fhs.gov.hk/wy8oj>

掃一掃
隨時隨地·網上觀看

貼心照顧及餵養寶寶

- 點先知悉初生BB食得夠呀?
- 點可以製造足夠嘅母乳呢?
- 入門必學餵哺姿勢







<http://s.fhs.gov.hk/peh1z>



母乳餵哺 - 視像資訊

產前線上講座

主題	影片內容
 <p>貼心照顧及餵養寶寶《1》</p>	<ul style="list-style-type: none"> • 點同BB連繫、親近? • 做啲咩嘢到BB感觸部發展? • 餵哺BB知多啲 
 <p>貼心照顧及餵養寶寶《2》</p>	<ul style="list-style-type: none"> • 點先知悉初生BB食得夠呀? • 點可以製造足夠嘅母乳呢? • 入門必學餵哺姿勢 



誠意推薦



「照顧及餵養寶寶」




講座《1》

講座《2》

貼心照顧及餵養寶寶《1》
<http://s.fhs.gov.hk/wy8oj>

貼心照顧及餵養寶寶《2》
<http://s.fhs.gov.hk/peh1z>



4

支援母親開始和維持母乳餵哺及解決常見困難。支持所有家長實踐回應式的餵養。

Support mothers to initiate and maintain breastfeeding and manage common difficulties. Support parents to practise optimal responsive feeding.



Support Responsive Feeding &/or Breastfeeding

New Case Intake (birth to 3 months)

Date _____ Age _____ (For preterm baby: AA _____)

BW (today) _____ kg (loss, if any _____ % with birth weight _____ kg)

HC _____ cm

BL (if ≥ 2m) _____ cm JM103/105 TCB _____ μmol/L (maximum)

Main caregiver: _____ Main Concern: _____

Baby's general condition: _____

Umbilicus:

Cord: On / Off; Base: Wet / Dry;

Granuloma: Yes / No Others _____ Cord care advised (technique demonstrated)

BCG scar (if >1m): NAD / No concern / _____

I&O History:

BF baby: See Breastfeeding Consultation (serial no. 1) for history and management;
Baby taking Vitamin D supplement: Yes / No / Others _____

AF baby: _____ oz/ml per feed, _____ times/day Dilution: checked correct / _____
Urine: _____ times/day (pale yellow / concentrated / _____)
Stool: _____ times/day (normal / _____)

Advices:

Introduction of MCHC services including general infant care, Postnatal, Family Planning & CSP services

Highlights on Happy Parenting booklets and client held CHR with parent cue card (_____)

Responsive feeding (both BF & AF babies) and monitoring of feeding adequacy

Home safety including sleep practice, use of feeding bottle & milk powder, etc with fact sheet

Infant Home Safety Checklist done (for baby at 1-2m). FU item(s) at next routine visit: _____

For BF dyad: Advise mother on iodine intake including iodine supplement & dietary advice / leaflet given
Advise parents about vitamin D supplements / leaflet given

Breastfeeding Consultation Serial no. ①

Date: _____ Age: _____ Past BF experience: _____

Weight trend: Birth weight: _____ kg Birth wt regained: Y / N: wt loss _____ %
Today's BW: _____ kg Wt gain: _____ kg/D in past _____ days / since lowest wt (≥1m) Wt gain: _____ kg / month (since birth / lowest weight _____ kg)

Concerns: _____

I/O history:	Times / 24hr	Details per feed or output	Milk removal at night: Y / N
Direct BF		One / Both breasts, finish 1 br first: Y / N	min
Supplementation:		soon after direct BF _____ oz/ml	Bottle/ Cup/
EBM / FM*		without direct BF _____ oz/ml	Spoon/ Syringe/
Water /			Supplementer
Wet / soiled diapers (modern)		Urine: clear or pale yellow / concentrated	
(Substantial stool ~ _____ times)		Stool: yellow-green / transitional / meconium / clay loose / pasty / seedy / frothy / hard	

*If FM supplement, dilution: checked correct / _____
Mother taking iodine-containing supplement: Y / N

Present Milk came in: Y (on _____) / N **Intended** EBF / PBF / EBM for _____

history: Full breast(s) before milk removal: Y / N **plan:** Desire to ↑BF/▲AF: Y / N / Not decided
Breast(s) soften after feed/expression: Y / N Desire to direct BF: Y / N / Not decided
Nipple pain: Y / N Cont' BF after work: Y / N / Not decided

Problem / Diagnosis: No active BF problem

Milk removal: Infrequent feed / expression Position/ Attachment/ Suckling problem Ineffective expression

Milk supply: Low breastmilk supply (likely transient) Oversupply Delayed lactogenesis II

Milk flow: Engorgement: R / L Blocked duct: R / L Mastitis: R / L Abscess: R / L

Others: _____ Nipple bleb: R / L Nipple injury: R / L

Infant Feeding Assessment

Infant Feeding Advice

Advice: Items 1-4 are discussed

- Responsive feeding: hunger cues & night feeding (p.16-23)
- Physiology of ↑ BM supply (p.28-29)
- Home monitoring of feeding adequacy (p.30-37, 44-45)
- Agreeable schedule:

Direct BF	/24hr	<input type="checkbox"/> finish 1 st breast ± 2 nd breast <input type="checkbox"/> block feeding <input type="checkbox"/> both breasts / switch nursing
Supplementation	/24hr	oz/ml cup / spoon /
EBM ± FM*	/24hr	Hand / manual pump / e-pump (single/ double): _____ min / session

Further action:

See MO / nurse today for _____

FU NNJ / BW / BF on _____ with plan of _____

TCA PRN Phone FU on _____

Declined BF coaching today Hand expression on breast model taught

Declined further BF FU

Invite BF peer support group, appt. _____

Nurse's Name & signature _____ Doctor's Name & signature _____

(page # chapter no. quoted from "Love Start from Breastfeeding 2020 edition")

- EBM as a bridge; milk expression (p.66-71)
- Reduce FM gradually if ↑ BF / EBM (p.24-25)
- Ways to ↑ let down reflex (p.46-49)
- Nipple care / Caring sore nipples (p.80-81)
- Pain relief e.g. cold compress after feed
- Express milk to soften areola before feed
- Benefit of direct BF over EBM (p.6-7)
- Leaflet on Breast Pump was highlighted
- Informed decision of EBF 6m, BF ≥ 2yrs (ch.1)
- Prep. for back to work (p.62-65)

Documentation into CIMS2

BF Assessment

Concerns Feeding I/O Expression Lactation 1 Lactation 2 Plan Problem(s) Management Actions





Responsive Bottle Feeding 回應式奶瓶餵哺

Q1. 你哋想唔想知道點樣用奶樽餵食可以**按照 BB 嘅需要**，**同理親近 BB** 呀？



你可以參考吓呢度 [護士指奶瓶餵哺指引 單張 p.16]

1. **回應 BB 需要**: 觀察到 BB 嘅早期肚餓信號，就開始餵佢啦。餵奶嘅時候配合 BB 嘅節奏，直到佢展示飽嘅信號就停止。
2. 好似呢幅圖咁樣，爸爸媽媽仲可以啱餵奶嘅陣**親近 BB**: **親切咁望住 BB**、**摸吓 BB**、**同佢傾偈**，**觀察 BB 嘅需要**呀。
3. **爸爸媽媽盡量親自餵 BB**，用一致嘅餵哺方式，可以增加 BB 嘅安全感，令你哋嘅連繫更加親密。

Paced Bottle Feeding 控速瓶餵

Q2. 爸爸媽媽俾 **BB 自己控制食奶嘅節奏**，又確保到佢**食到啱啱好份量嘅奶**，可以點樣做呢？



我哋可以睇吓呢一幅圖: [護士指奶瓶餵哺指引 單張 p.17]

1. 將 BB **抱緊**咁你嘅懷中，將佢個頭靠向你嘅手腕，BB 上身稍為傾斜或**半坐臥**，令到佢舒適咁呼吸同吞嚥。每次餵食時，嘗試**交替轉換**抱 BB 嘅方向，刺激佢身體兩邊同視覺。
2. 首先俾 BB 望吓個奶樽，**當佢望開口**嘅時候，就**輕輕放入奶咀**，然後俾佢含住整個奶嘴。唔好將個奶嘴塞入佢個口呀！
3. 啱餵食嘅時候，爸爸媽媽將個**奶樽保持水平位置**或者**稍為傾斜**，**防止奶流得太快**。咁樣 **BB 可以按照自己嘅節奏**，透過吮吸嚟**自己控制奶嘅流速**，**避免食得過量**同理咁親。
4. 食奶中途，BB 可能會表示**想停低休息吓**，例如張開手指同腳趾、奶從嘴裡流出、停止吮吸、掙轉頭、推開奶嘴等。留意到 BB 呢啲表現，你可以將奶樽向下拉低或稍為拉出奶嘴，俾佢休息吓，唔好敲擊或搖晃奶樽催促 BB 呀！
5. BB 吐出奶嘴，你可以幫佢掃風。如果之後佢仲想食，你就繼續餵佢
6. 如果掃完風之後佢唔想再食或者你留意到 BB **食飽嘅信號**，**就要停止餵食**啦。**唔好強行要求 BB 食清晒**奶樽入面嘅奶呀！



Cleaning & Sterilising Feeding Equipment 清潔、消毒及儲存餵奶用具

Q3. 爸爸媽媽妳平時係點樣**清潔**同**埋消毒**餵奶用具架？



(唔，你哋嘅方法都做得好正確啫。/ 請注意返...) 我哋可以睇吓呢度: 不如等我都講一次點樣**正確咁餵奶用具**嘅方法妳聽吓，首先將**清洗過**嘅餵奶用具放入去個煲度

1. 加水直至到所有餵奶用具都**俾水浸過**。然後**上好個煲蓋**
2. 將水**加熱去**到**滾**，繼續煮滾 **10 分鐘**，然後熄火
3. 跟住等佢自然冷卻就得架喇

[護士指奶瓶餵哺指引 單張 p.8-10]

5

倡議並支持初生嬰兒首六個月以全母乳餵哺，此後開始吃安全且適當的輔食，同時繼續母乳餵哺到兩歲及以上。

Advocate and support infants to be exclusively breastfed for the first six months of life, and thereafter, to receive safe and adequate complementary foods, while continue to be breastfed for up to two years and beyond.



1-month Routine Nursing Interview



Diet History:

Refer to BF consultation form serial no. ()

	Times/ 24hr	Details per feed or output	
Direct BF	/24h	One / Both breast(s)	min
EBM / FM	/24h	soon after direct BF	oz/ml Pump: ____ses/d, ____oz/ml /ses
	/24h	without direct BF	oz/ml To BB / Stored / Discarded
Wet/soiled diapers	/24h	Urine: clear or pale yellow / concentrated	
Substantial stool ~	times	Stool: yellow / green / clay, loose / pasty / seedy / frothy / hard	



For BF dyad: Mother taking iodine containing supplement: Yes No
 Baby taking vitamin D supplement: Yes No



Infant Home Safety Checklist:

Done with home safety issues stressed. Item(s) requiring FU: _____

Remarks: Evaluation done: * SE / PA / PPA / SA / others: _____ Refer to Family Record



- Encourage continue breastfeeding and offer information on BF in public, community resources
- Back to work needed ⇨ Workplace preparation (e.g. expression slot, refrigerator), pumping, EBM storage and thawing, feeding by other carer are discussed with relevant leaflets introduced
- For BF dyad, advise: mother on iodine intake incl. supplement & dietary advice; baby on Vit D supplement
- 1-month Parent Cue Card with relevant resources introduced (e.g. public talk)

2-month Routine Nursing Interview



Diet History:

On EBF / PBF / AF

BF baby : taking vitamin D supplement : Yes No

Direct BF : _____ times /day

EBM / FM : _____ oz/ml for _____ times /day

(pumping: N / Y: _____ times/day, _____ ml per session or total _____ ml/day)

Others: N / Y : _____



Infant Home Safety Checklist: done [If not done before 3m] Items requiring FU: _____

Review done: Home safety issues stressed with remedial measures taken in items: _____

Remarks: Evaluation done: * SE / EPDS / PA / PPA / SA / others: _____ Refer to Family Record



Encourage continue breastfeeding and offer information on BF in public, community resources



Back to work needed ⇒ Workplace preparation (e.g. expression slot, refrigerator), pumping, EBM storage and thawing, feeding by other carer are discussed with relevant leaflets introduced



2-month Parent Cue Card with relevant resources introduced (e.g. public talk)



Breastfeeding-Friendly Community

Chapter 4 Out and about with your baby

Many mothers keep on breastfeeding their babies while continuing their usual social activities



Breastfeeding at restaurants



Breastfeeding when taking public transport

Chapter 4

Benefits of breastfeeding anytime, anywhere :

- ❖ Promptly respond to the baby's needs
- ❖ Helps the baby feel secure in unfamiliar environment
- ❖ Prevents breast engorgement or blocked milk ducts



Chapter 4 Convenient clothes for breastfeeding

Tops with concealed nursing access



Soft, wireless bra



Straps that can be undone with one hand



Nursing shawl or muslin

Chapter 4

Chapter 4 Research before venturing :

Locate the breastfeeding babycare facilities and "breastfeeding friendly premises" near the destination

❖ If you prefer private lactating rooms, search for "List of Babycare Facilities in Government Premises" from the Department of Health website <http://s.fhs.gov.hk/vggcd>



❖ You are welcome to breastfeed your baby anywhere in these *Breastfeeding Friendly Premises*, recognisable by the special logo www.SayYesToBreastfeeding.hk



♥
p.60-61



Support Clients to combine BF with work (1)



Aim: Help mother **make a plan** which allows her to **maximise the breastmilk** she gives while **being realistic about her situation**.



- If the workplace is not (yet) breastfeeding-friendly, support mothers to first **gain the employer's support**
- Introduce “**Breastfeeding Friendly Workplace**” where an organisation provides an appropriate and friendly environment for their breastfeeding employees to express breastmilk in the workplace in order to continue breastfeeding their children.
- It includes 3 measures:
 - (1) allowing **lactation breaks**
 - (2) providing **a space with privacy**, an appropriate chair, a table, an electrical socket
 - (3) providing **a refrigerator** for storing breastmilk



Support Clients to combine BF with work (2)

- Discuss **her own opportunities** to express and store breastmilk at workplace e.g. lactation breaks, make use of non-working hours (lunch time, breaks, before or after work etc), space with privacy, pantry refrigerator or cooler bag, etc.
- Discuss **preparation before resuming work** e.g. practise expression and discuss with carer on feeding EBM, etc.
- Discuss **how to express breastmilk** by (a) using a breast pump and (b) hand expression and how to **store and process expressed breastmilk** (EBM)
- Discuss **ways to maximise breastmilk** e.g. direct BF whenever mother is at home, at weekends and holidays, do not force feed the baby with bottle, etc



♥
p.62-65,
66-71



4-month Routine Nursing Interview

Diet History:

On EBF / PBF / AF

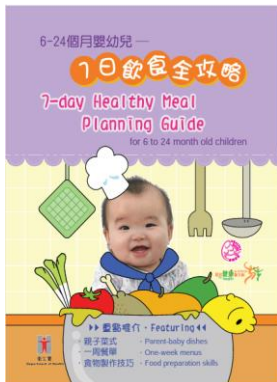
Direct BF : _____ times /day

EBM / FM : _____ oz/ml for _____ times /day

(pumping: N / Y: _____ times/day, _____ ml per session or total _____ ml/day)

Others: N / Y : _____

- 4-month Parent Cue Card with relevant resources introduced (e.g. public talk)
- Infant Home Safety Checklist reviewed with advice given / Factsheet introduced (if checklist not done before)
- 7-day Healthy Meal Planning Guide, Healthy Eating Booklet 1 & 2 introduced



6-month Routine Nursing Interview

Diet History:

Direct BF: _____ times /day

EBM / milk: _____ oz/ml for _____ times /day (Bottle / Cup with straw / Trainer cup / Cup)

Main solid food:

Cereal (by spoon: Y/N) / Congee (thin / thick) / Rice (soft / adult) / Noodle / _____ : _____ bowl for _____ times /day

Meat: N / Y: _____ (Iron rich: Y / N) **Texture:** puree(smooth /thick) /minced /chopped /pieces /adult

Vegetables: N / Y: variety: Y / N: _____ (Green leafy: Y / N) **Texture:** puree(smooth /thick) /mashed /chopped /pieces /adult

Snack: Fruit (puree / mashed / pieces), others: _____ Drinks: _____

Remarks: _____ Oral care: N / Y: (Soft cloth / Toothbrush)




6


歡迎並支持母親在健康院餵哺母乳。

Welcome and support mothers to breastfeed in the Centre.

YOU ARE WELCOME TO
歡迎你
在本母嬰健康院
餵哺母乳
BREASTFEED
in our MCHC

* 哺乳室在  號房
the BREASTFEEDING room
is in ROOM

* 亦供集乳之用
also for BREASTMILK
expression

 衛生署
Department of Health

如需協助，歡迎聯絡我們
PLEASE FIND US FOR ASSISTANCE



 本大廈 樓 設有 哺乳室
BREASTFEEDING ROOM
is located on /F of this building

OPENING HOURS / 開診時間

Welcome and support mothers to breastfeed in the Centre

All frontline staff working in DH should support breastfeeding by adopting the following:

- * Allow breastfeeding mothers the **freedom to choose where to breastfeed**; and **the presence of a breastfeeding room does not mean that she must choose to use the room**;
- * **Do not disturb** a breastfeeding mother, ask her to cover up or move to another area;
- * If a mother wishes to have more **privacy** to breastfeed, **offer** an appropriate location as far as practicable.
- * **Toilets or restrooms are not appropriate places** for feeding babies and should not be offered;
- * **Supporting** breastfeeding mothers if they encounter difficulties



7

按需要轉介母親予專業支援及/或參加社區母乳餵哺的支持服務。

Refer mothers for additional professional care and/or community support as appropriate.




母愛蜜語

母乳餵哺朋輩支援計劃
Breastfeeding Peer Support Scheme

母愛蜜語支援熱線
Peer Support Hotline
6194 3359

<http://m.facebook.com/bfpchk>

衛生局
Department of Health

自然育兒顧問
Natural Feeding Advisor

母愛蜜語
Breastfeeding Peer Support Scheme

母乳餵哺朋輩支援計劃
Breastfeeding Peer Support Scheme

由衛生署主辦自然育兒顧問，由專業護士及母乳顧問提供(40)週工安，以透過同儕互助的形式，為有困難的母乳餵哺母親提供支援、鼓勵、及分享正確的哺乳資訊，藉此增加她們的信心和從優哺乳。

服務內容包括：

- 產前講座**
提供為期兩小時的講座，由專業護士及母乳顧問主持。
- 母愛蜜語熱線**
提供24小時的WhatsApp熱線服務，由專業護士及母乳顧問主持。
- 母乳餵哺工作坊**
由專業護士及母乳顧問主持，為新媽媽提供母乳餵哺技巧及解答疑問。
- WhatsApp群組**
提供由專業護士及母乳顧問主持的WhatsApp群組，為新媽媽提供母乳餵哺技巧及解答疑問。

費用全免

由衛生署資助的工安支援，由專業護士及母乳顧問主持，為新媽媽提供母乳餵哺技巧及解答疑問。

請生留意

查詢及詳情：
<http://m.facebook.com/bfpchk>

母乳熱線及查詢
6194 3359

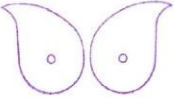
母愛蜜語

Refer mothers for additional Professional Care

Professional care available at MCHC:

- * BF Observation & Skill Support (Coaching)
- * Mx of BF problems e.g. cracked nipples, milk stasis
- * Referral to HA hospital e.g. Lactation Clinic / AED / Physiotherapy for indicated cases



Breastfeeding Observation & Skill Support		<input type="checkbox"/> BF Observation is not done because baby is full / in deep sleep. <input type="checkbox"/> Dimes with highlights on infant's signs of good position, attachment and milk transfer. <input type="checkbox"/> Introduce BF video via "Love Booklet (2020)" p.56	
Date : _____	Age : _____	Serial no. ① _____	
Breastfeeding observation Signs indicating effective breastfeeding: <ul style="list-style-type: none"> ○ Breasts appear healthy ○ Nipples appear healthy ○ Relaxed & sits comfortably ○ Fingers support breast away from nipple 		Signs of possible difficulties Before skill support: <ul style="list-style-type: none"> ○ Breasts look red / swollen / engorged ○ Nipples abraded / cracked / flat / inverted ○ Tense & leans forward ○ Fingers put on areola 	
Positioning/How mum holds the baby: <ul style="list-style-type: none"> ○ Baby's whole body is supported with head & body in line ○ Baby is held close to mother's body ○ Baby's head is free & able to tilt back ○ Baby's nose is pointing to mother's nipple 		<ul style="list-style-type: none"> ○ Baby's head & neck are supported only &/or twisted ○ Baby is not held close to mother's body ○ Baby's head is flexed & not able to tilt ○ Baby's nose is not pointing to mother's nipple 	
Positioning/How mum brings baby to breast: <ul style="list-style-type: none"> ○ Mother brings baby to breast ○ Nipple is towards baby's posterior palate ○ Chin / lower lip in contact with breast first ○ Lower lip touches breast well away from nipple 		<ul style="list-style-type: none"> ○ Mother brings breast to baby ○ Nipple not towards baby's posterior palate ○ Chin / lower lip not contacting breast first ○ Lower lip touches breast close to nipple 	
Baby's attachment: <ul style="list-style-type: none"> ○ Baby's mouth opens wide ○ Lower lip turns outwards ○ Baby's chin is indenting mother's breast ○ More areola seen above baby's upper lip 		<ul style="list-style-type: none"> ○ Baby's mouth does not open wide ○ Lips point forward or turn in ○ Baby's chin is not touching mother's breast ○ More areola seen below baby's lower lip 	
Demonstration: <input type="checkbox"/> Positioning with 4 key points" <ul style="list-style-type: none"> Trans hold RD: good / fair / unsatisfactory Football hold RD: good / fair / unsatisfactory 		<input type="checkbox"/> Attachment with 4 key points <ul style="list-style-type: none"> RD: good / fair / unsatisfactory 	
Signs of milk transfer (baby): <ul style="list-style-type: none"> ○ Slow deep sucks with pauses ○ Checks are round when suckling ○ Can see or hear swallowing ○ Baby generally calm & relaxed ○ Baby releases mother's breast ○ Baby is contented after feed 		Without / After skill support: <ul style="list-style-type: none"> ○ Rapid shallow sucks ○ Checks are pulled in when suckling ○ Can hear smacking or clicking ○ Baby comes on & off/breast/ refuses to suckle ○ Mother takes baby off breast prematurely ○ Baby is unsettled after feed 	
Signs of milk flow transfer (mother): <ul style="list-style-type: none"> ○ Mother feels no pain ○ Breast softens while feeding ○ Milk dripping from the opposite breast ○ Nipple elongated / of same shape after BF 		<ul style="list-style-type: none"> ○ Mother feels pain ○ Breast remains full after feeding ○ No sign of let-down reflex ○ Nipple pinched / abraded / blanched after BF 	
Skill demo / Return demo (RD) <input type="checkbox"/> Skin to skin contact RD: good / fair / unsatisfactory <input type="checkbox"/> Back massage RD: good / fair / unsatisfactory <input type="checkbox"/> Breast massage (General / Local) RD: good / fair / unsatisfactory <input type="checkbox"/> Hand expression RD: good / fair / unsatisfactory Milk flow: Squirt / droplets / dots / none <input type="checkbox"/> Pumping Milk flow: Squirt / droplets / dots / none <input type="checkbox"/> Breast compression RD: good / fair / unsatisfactory <input type="checkbox"/> Wake up baby from light sleep RD: good / fair / unsatisfactory <input type="checkbox"/> Cup / supplementer / finger feed RD: good / fair / unsatisfactory <input type="checkbox"/> Others:		Findings of Breast Examination: Rt: _____ Lt: _____ 	
Notes : _____ _____ _____		<input type="checkbox"/> to be continued on progress sheet Name & Signature : _____	

(Rev. Jan 2023)

Refer mothers for Peer Support as appropriate

Train BF Mothers to become Peer Counselors:

- Offer BF mothers ongoing support according to their individual needs
- Refer mothers to appropriate health professionals when concerns are identified

DH Commissioned BF Peer Support Scheme

(since 2015) by Natural Parenting Network:

- AN Seminars / Webinars
- Support Groups / Workshops
- Non-face-to-face platform
- Hotline
- Videos



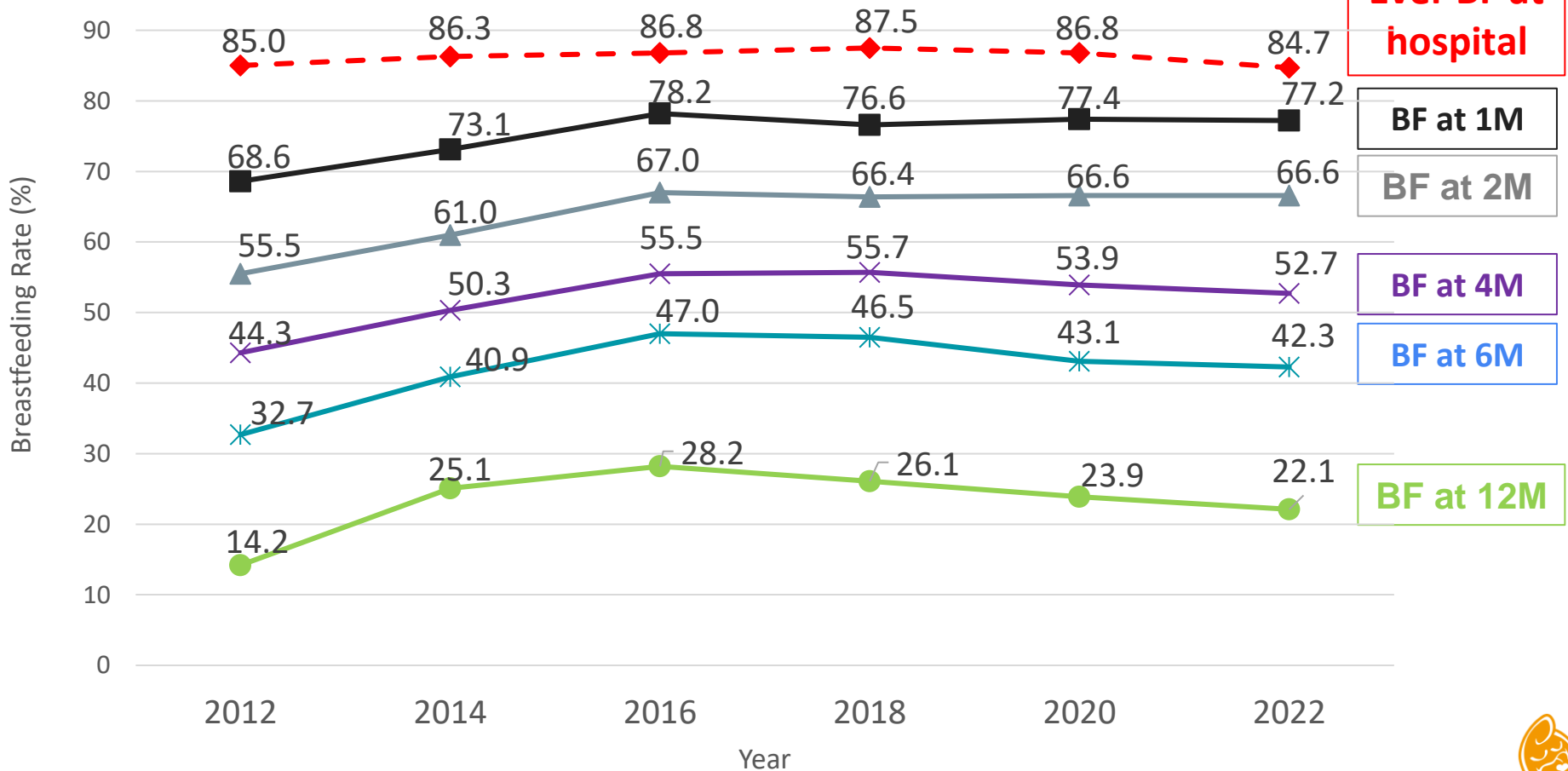
Does Baby-Friendly Hospital Initiative work?

Multiple studies including systematic reviews on maternity and newborn care demonstrated clearly that **adherence to the Ten Steps** impacts **early initiation of breastfeeding** immediately after birth, **exclusive breastfeeding** and **total duration** of breastfeeding.

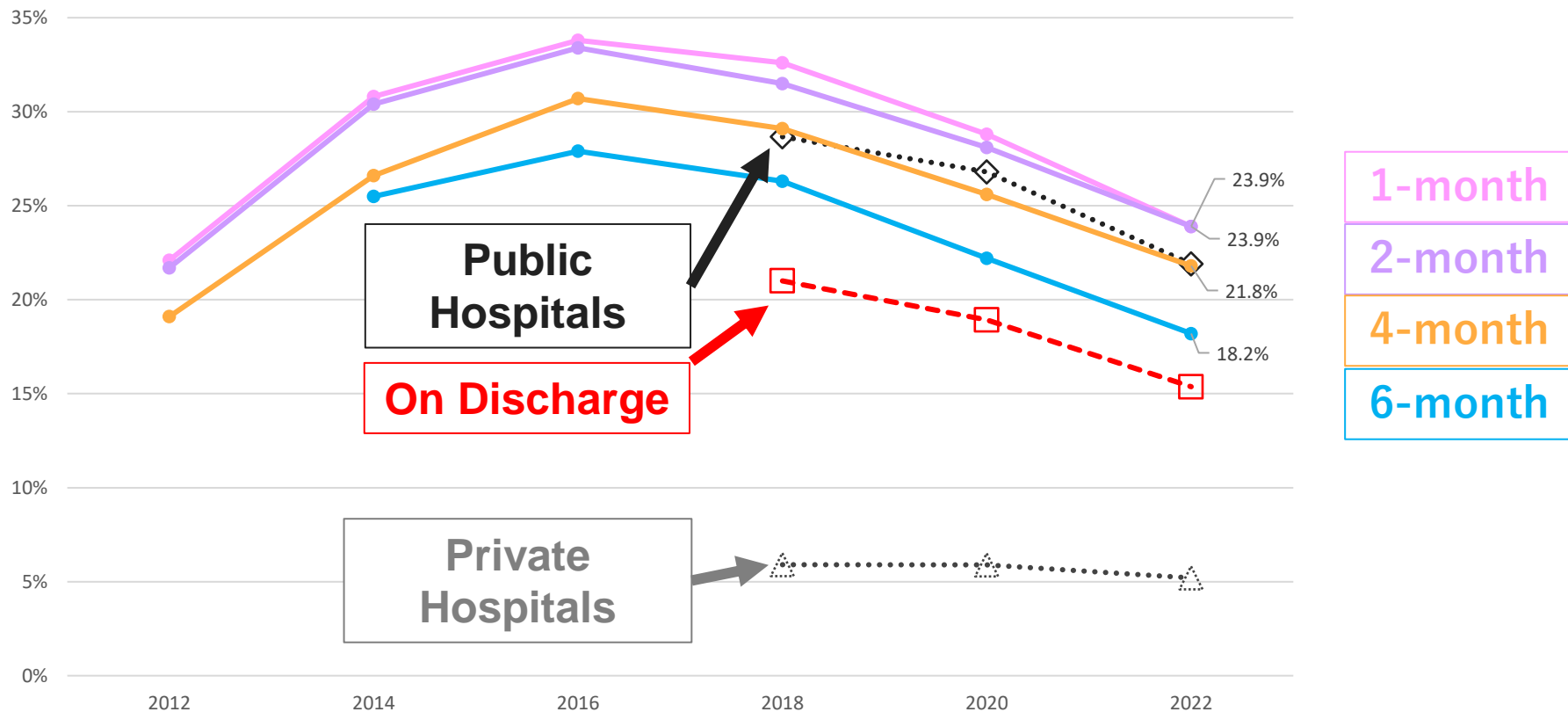
“The single most fundamental intervention to achieve increases in initiation, exclusivity and duration of breastfeeding for all women in a developed country setting.”

Dyson L, *et al.* Policy and public health recommendations to promote the initiation and duration of breast-feeding in developed country settings. *Public Health Nutr.* 2010;13(1):137-44.

Overall Breastfeeding Rate in HK (2012-2022)



Exclusive Breastfeeding Rate in HK (2012-2022)



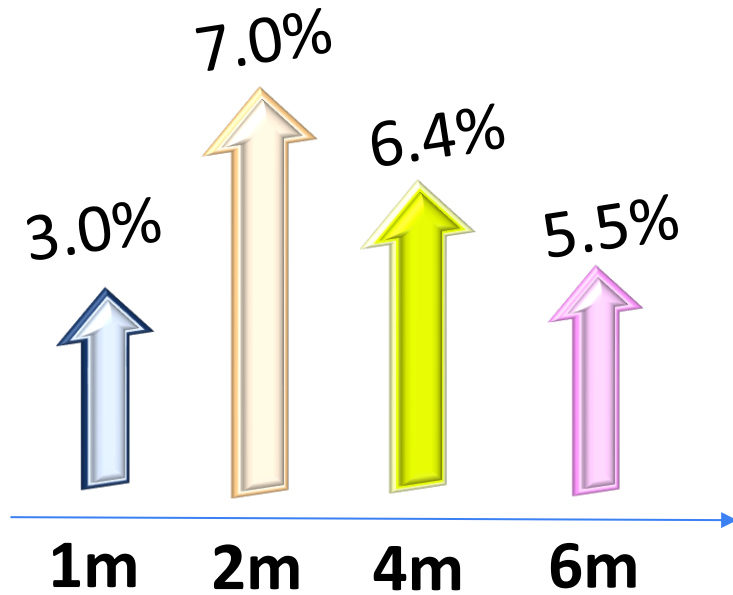
Source:

Exclusive BF Rate from Hospital Discharge – BFHIHK survey from all maternity units in public and private hospitals in Hong Kong

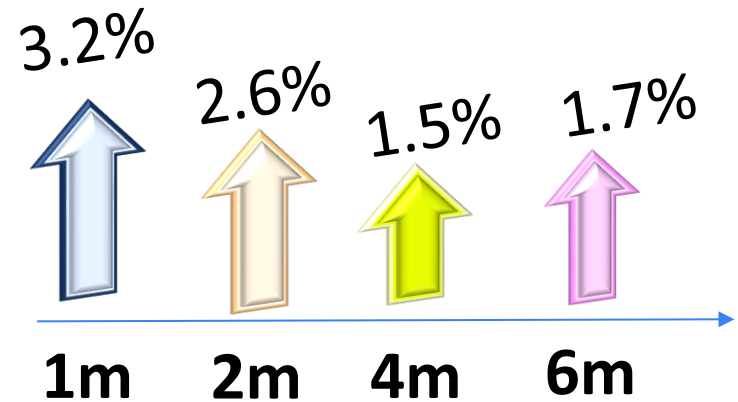
BF Rates at 1M, 2M, 4M, 6M and 12M - BF Survey by Family Health Service, Department of Health



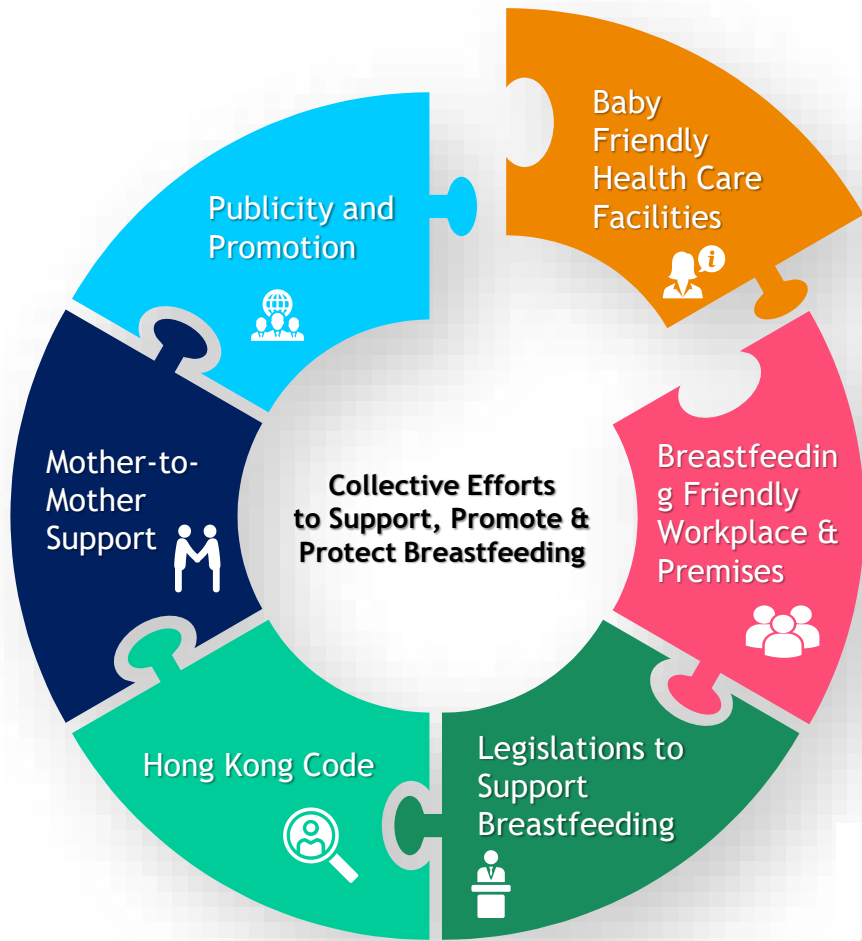
Comparing BF-MCHCs with Non BF-MCHCs



BF rate in 2023



EBF rate in 2023

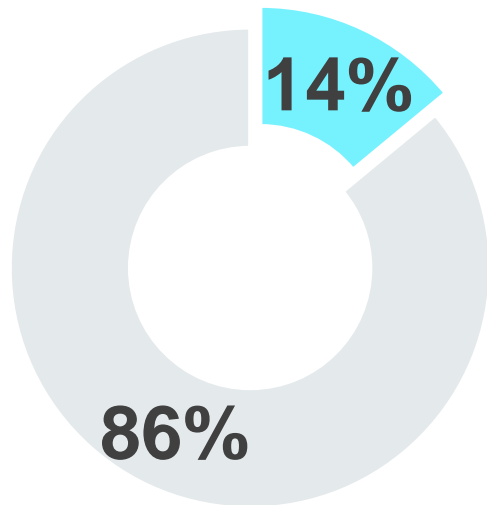


Concerted Efforts Baby Friendly Health Care Facilities

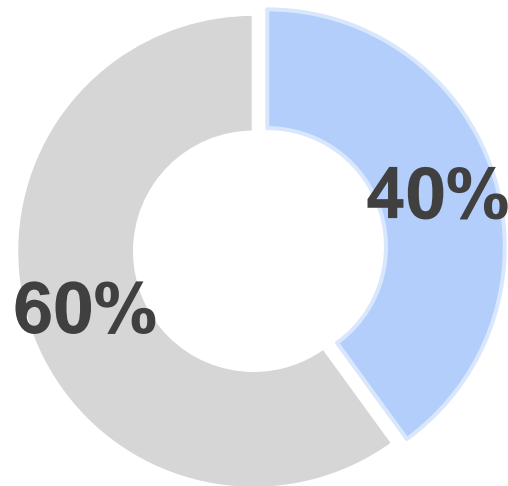


Births in Baby-Friendly Facilities Worldwide

% of countries in 2022



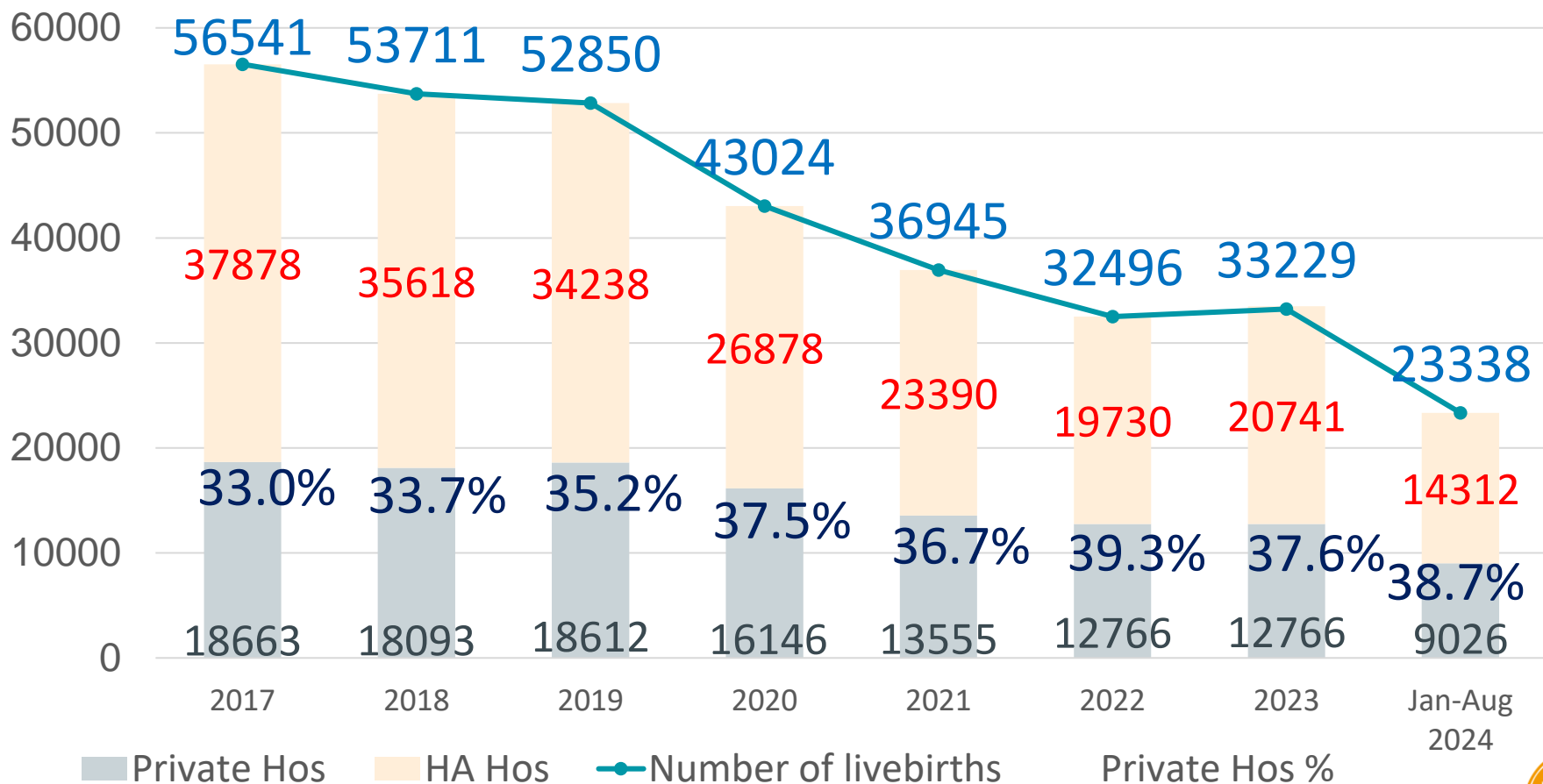
Global Breastfeeding Collective
2030 Target



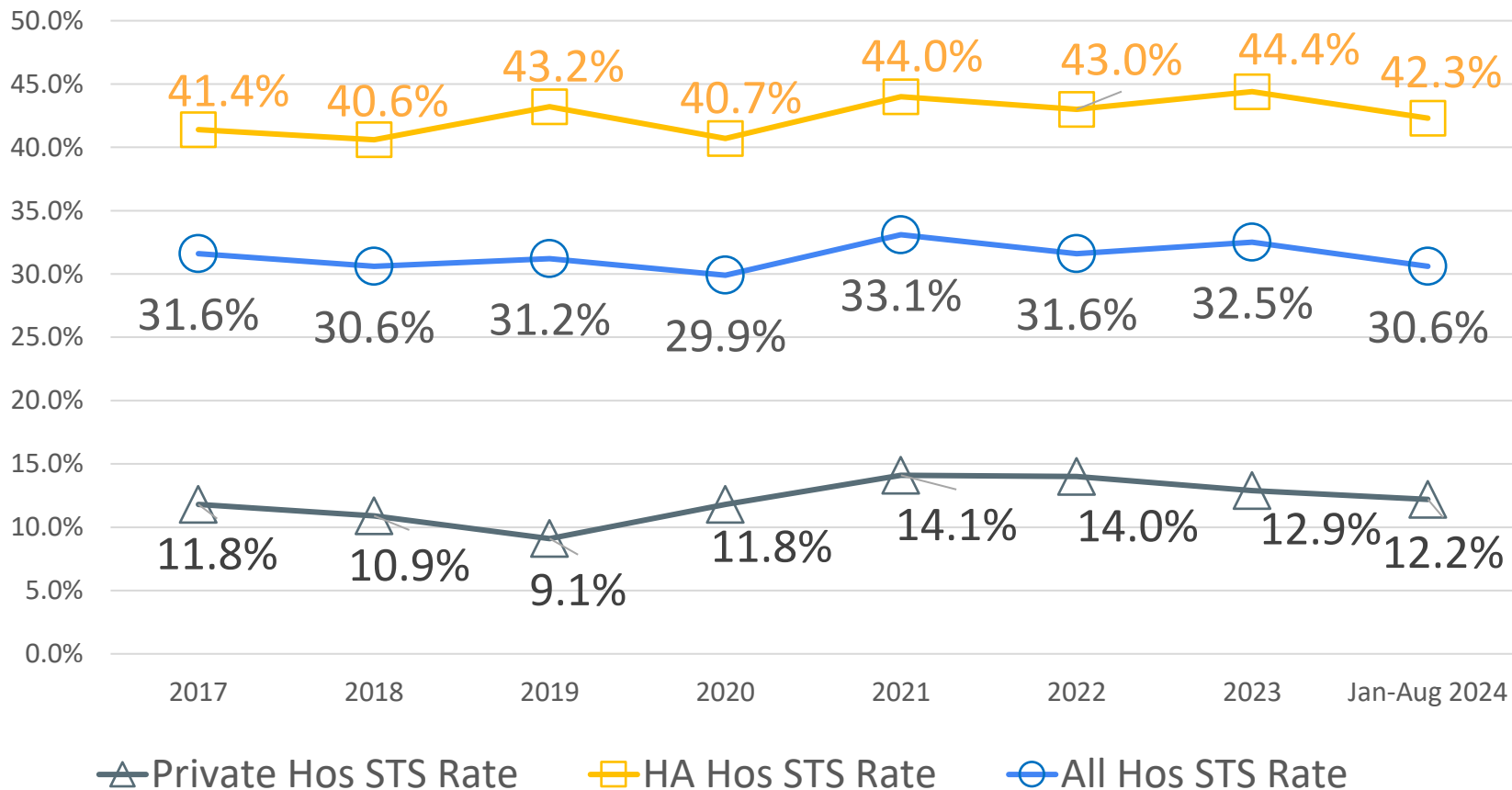
- More than half of births in Baby-Friendly Facilities
- Half or less births in Baby-Friendly facilities

- More than half of births in Baby-Friendly Facilities
- Half or less of births in Baby-Friendly Facilities

Livebirth number & proportion at HK Birthing Hospitals (2017-2024)

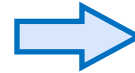
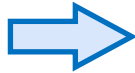


Skin-to-Skin Rates at HK Birthing Hospitals

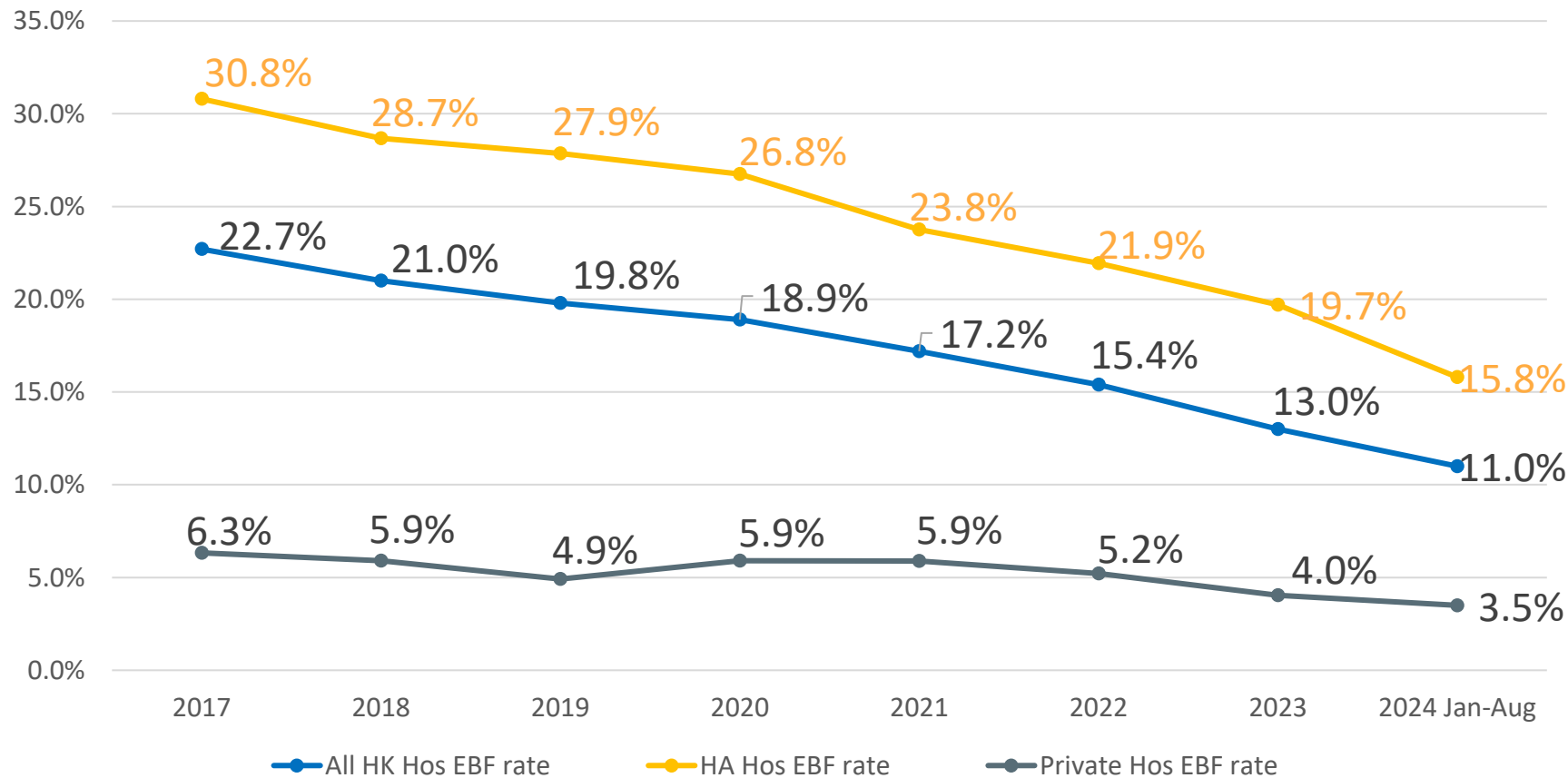


Correlation between hospital STSC rates & MCHC overall BF & EBF rates

- Using data of hospital STSC rates and MCHC BF & EBF rates collected from 2017 to Aug 2024, there is a **strong statistical correlation** between **hospital STSC rate** and
 - BF** rate: up to **1 month** of age
 - EBF** rate: stronger & lasting up to around **4 months** of age

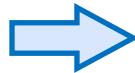


EBF Rate on discharge from HK Birthing Hospitals



Correlation between hospital EBF rates & MCHC overall EBF rate

- Using data of hospital EBF rates and MCHC rates collected from 2017 to Aug 2024, there is a **strong statistical correlation** between **hospital EBF rate** and
 - **EBF** rate: up to **1 month** of age





親近·回應：

讓我們給孩子最好的

Stay Close ♥ Respond:

Let's give our children the best