

Promotion of Breast Feeding and Other Matters

In Hong Kong, breastfeeding rates (exclusive or partial) at 6 months (26.9%) and 12 months (12.5%) were low¹. This was despite World Health Organization (WHO)'s recommendation that infants should be exclusively breastfed for the first 6 months of life to achieve optimal growth, development, and health and thereafter, to meet their evolving nutritional requirements². Infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to 2 years of age or beyond².

The draft Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants & Young Children (0-36 months)³ has been put to public consultation. The aim of this code is to (a) protect breastfeeding, and (b) ensure the proper use of the above on the basis of adequate and unbiased information and through appropriate marketing³. There is nevertheless considerable debate regarding this draft code.

Our Society (The Obstetrical and Gynaecological Society of Hong Kong) promotes breastfeeding for the benefit of children and mothers, and their bonding. To protect breastfeeding, our Society also supports prohibition of advertising about infant formulas (for infants up to 6 months old) to the general public. This is in line with the *International Code of Marketing of Breast-milk Substitutes* recommended by the WHO, which also urges necessary regulation of inappropriate sales promotion of infant foods to replace breast milk⁴.

In a local study on a birth cohort of 8327 children, breastfeeding for 3 or more months was associated with a lower risk of hospital admission for respiratory, gastrointestinal, and any infections in the first 6 months of life⁵. In the same cohort, breastfeeding reduced the overall number of doctor visits, but increased both outpatient visits and hospitalisations for jaundice⁶. To reduce risks of the latter, fasting and dehydration should be monitored and if feasible, avoided. Exclusive breastfeeding is possible except in the presence of a few medical conditions, and can result in ample milk production².

Promoting breastfeeding should not be limited to childbearing couples, but also at the societal level to change negative attitudes and to increase acceptance of

breastfeeding as a normal and natural feeding method⁷. The implementation of paternity leave may have beneficial effects as women are more likely to practise exclusive breastfeeding if being accompanied by their husbands in the postpartum period⁸. Women whose husbands preferred breastfeeding were more likely to continue breastfeeding beyond 1 month¹.

Although no hospitals in Hong Kong have yet been accredited as baby friendly, some have started to support baby-friendly initiatives. These include: (a) implementation of all 10 steps for protecting, promoting, and supporting breastfeeding, (b) compliance with the *International Code of Marketing of Breast-milk Substitutes*, and (c) provision of mother-friendly care. Greater exposure to these practices substantially increased new mothers' chances of breastfeeding beyond 8 weeks' postpartum⁹. Exclusive breastfeeding during hospital stay was associated with continuation of breastfeeding⁹. On the other hand, the introduction of infant formula before 1 month was predictive of weaning before 3 months¹.

It is important to help mothers to initiate breastfeeding, exclusively breastfeed, and sustain breastfeeding for a longer period. Younger mothers, those with a longer duration of residence in Hong Kong, and those returning to work postpartum were more likely to stop breastfeeding before 1 month¹.

Promoting breastfeeding remains a challenging issue that demands efforts by different parties to overcome clinical, personal, and societal barriers. Exclusive breastfeeding is beneficial to infants but not easy for mothers. We are looking forward to reading more local evidence on improved practices in this respect.

Inside This Issue

Congratulations on the establishment of the Hong Kong College of Midwives! This is really a milestone of the development of midwifery. Ms Alice Sham, the founding President, shared her visions inside this issue.¹⁰

After the year of the Dragon and the implementation of the 'zero quota' policy for births to mainland mothers in Hong Kong hospitals, a drop in the number of deliveries by 16 to 17% in the public hospitals is evident (unpublished

data from Department of Health). Obstetric care is now re-focused on local pregnant women. More prenatal screening tests and detailed examinations can be provided than previously. Universal prenatal screening for Down syndrome and group B streptococcus has been introduced in public hospitals since July 2010 and January 2012, respectively. Screening for asymptomatic bacteriuria is recommended in the United Kingdom but not in Hong Kong. During routine anomaly scans, mild fetal anomalies like cleft lip can be detected, and these often pose ethical dilemmas in management. Before delivery, it is nice to accurately estimate fetal weight to prevent birth injuries. Over the years, there has been an increase in the number of caesarean hysterectomies and conservative measures to minimise consequential postpartum haemorrhages and abnormal placentation in subsequent pregnancies. Related articles have been published in this issue¹¹⁻¹⁵.

With an ageing population, more gynaecological malignancies and urogynaecological problems will be encountered. In this issue, half of the six gynaecological articles were written on urogynaecology¹⁶⁻¹⁸.

Thank you for all the support to our journal, particularly the increasing number of submissions received

in the last 2 to 3 years, especially from our trainees. The quality of the manuscripts has also been improving. There were more original articles, and fewer case reports. Based on priority, we have nevertheless rejected a few submissions. I would like to take this opportunity to thank our reviewers for their hard and efficient work, taking time out of their busy schedules. Moreover, we have been able to reply to potential authors within a short time frame, usually within 4 weeks.

Because of the increase in the number of manuscripts, and the need to reduce the time lag from acceptance to publication, we have started our e-journal, in collaboration with HKAM Press. Since 2012, articles are published online ahead of hard copies. To include more articles per issue than before, we used thinner paper, smaller font size, and made other minor modifications to the format.

Happy reading!

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