Implementation of Mother-friendly Workplace Policies in Hong Kong

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Although the Hong Kong Government and health care professionals have made many efforts to implement baby-friendly practices, a recent survey showed that the use of formula milk was still dominant among children in Hong Kong and the exclusively breastfeeding rate remained very low. Only a few Hong Kong women exclusively breastfeed their infants, and most stop breastfeeding within the first few months. Most employed women discontinue breastfeeding after returning to work. Many studies agree that a supportive workplace is crucial for employed women to sustain breastfeeding. It is necessary for the Hospital Authority to act as the pioneer to implement mother-friendly workplace policies. Many studies show that enacting workplace breastfeeding legislation and extension of maternity leave may facilitate employed women to continue breastfeeding after returning to work. It enables women to extend breastfeeding duration to achieve the global aim of exclusive breastfeeding up to 6 months. It is a preventive health policy, which may reduce the long-term cost in health care for child health and maternal health. Furthermore, breastfeeding may help in decreasing the government expenses for environmental protection.
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The Importance of Exclusive Breastfeeding for Six Months

According to the World Health Organization (WHO)[1], exclusive breastfeeding for 6 months could prevent 13% of deaths in children who are under 5 years of age, globally. Moreover, breastfed infants are less likely to suffer from acute infections like diarrhoea, pneumonia, otitis media, necrotising enterocolitis, gastroenteritis, meningitis, and urinary tract infection. Many studies show that longer duration of exclusive breastfeeding reduces the risk of obesity, as well as type 1 and type 2 diabetes in later childhood and adolescence[2]. Furthermore, it also promotes mothers' health by reducing the risk of postpartum haemorrhage, osteoporosis, as well as breast and ovarian cancer. Therefore, every mother has a right to exclusively breastfeed her infant for 6 months, and continue breastfeeding up to 24 months[3].

Impact of Suboptimal Breastfeeding Practices

According to Lau[4], breastfeeding is beneficial not only to the health of infants and mothers but also to the socioeconomic status of the society. According to Vickers[5], breastfeeding promotes environmental protection. Therefore, optimal breastfeeding practices may help in decreasing the government expenses for environmental protection. This is because production of formula milk entails the use of plastic and tin for packing, fuel for transportation, and extra land for waste disposal. Bartick and Reinhold[6] estimated that suboptimal breastfeeding amounted to an annual expense of about $US 13 billion in the United States. However, Bartick[7] argues that these costs are likely underestimated and that a more complete economic analysis of all aspects related to infant feeding is warranted. This should include maternal disease, lactation support, costs of maternity leave, costs of formula production, packing, waste disposal, and related feeding equipment, etc, which may provide a more complete picture on the real costs of suboptimal breastfeeding. According to a statement on breastfeeding by the American Academy of Pediatrics[2], breastfeeding may also save costs arising due to parental absenteeism from work or adult deaths from asthma, type 1 diabetes mellitus, or obesity-related disease due to suboptimal breastfeeding during childhood. The huge economic impact of breastfeeding can serve to inform governments about the importance of supporting breastfeeding policies.

Hong Kong Situation

The average breastfeeding rate in Hong Kong has increased over the last decade. Studies show that implementation of baby-friendly practices enables

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more women in Hong Kong to extend the duration of breastfeeding[8,9]. According to a review by Tarrant et al[9], there was a significant improvement in breastfeeding rates from 19% in 1981 to 37% in 1997. According to the annual survey of Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA), the breastfeeding rate on discharge from Hong Kong hospitals was 85.8% in 2012, which is the highest ever in the past 20 years (Figure[10]). According to Wong[11], the improvement is mainly due to the breastfeeding promotion campaign by the Hong Kong Government, the BFHIHKA, and the effort of health care professionals. However, the range of exclusive breastfeeding rate on discharge varied from 14% to 56% in public hospitals and 0 to 95% in private hospitals for births in 2012, suggesting that there is still much room for improvement in Hong Kong[10].

A recent survey in 2012, including a total of 1272 children (51% boys and 49% girls), shows that the use of formula milk was dominant among children in Hong Kong and the breastfeeding rate at 6 months was very low, with only 6.8% being exclusively breastfed at 6 months of age. About 80.2% of them used formula milk only, and 13% consumed both breast milk and formula milk[12]. Overall, 7.4% of them were given solid food, regularly, before the age of 4 months, and 41.1% between the age of 4 and 6 months[12]. According to Hirani and Premji[13], "inappropriate feeding is a silent killer of children under 5 years of age".

Woo et al[12] found that the average duration of exclusive breastfeeding in Hong Kong was 2 months. One of the most common reasons for stopping breastfeeding was returning to work[14-16]. According to the Census and Statistics Department[17], about 65.1% of Hong Kong women in the childbearing age of 15 to 49 years were employed in 2012.

Factors Affecting Exclusive Breastfeeding Practices

Wong[11] compared exclusive breastfeeding rates at 6 months in different Asian countries; it was 46.4% in India, 32.4% in Indonesia, 24.2% in Taiwan, and 21% in Japan. In China, the exclusive breastfeeding rates at 4 months were 39.2% in Beijing, 28.1% in Shanghai, and 50.5% in Guangzhou (Table[11,18-20]). The exclusive breastfeeding rate at 4 months in Singapore was 7% which is the lowest in Asia. This study also compared the duration of maternity leave and exclusive breastfeeding rates across different countries to conclude that a longer duration of maternity leave may promote continuation of breastfeeding. There are only 8 weeks of maternity leave in Singapore, which may be related with the lowest exclusive breastfeeding rate in the country. However, Wong's study[11] was not based on the 6-month period of time to compare these data. It may not be able to reflect the real updated situation.

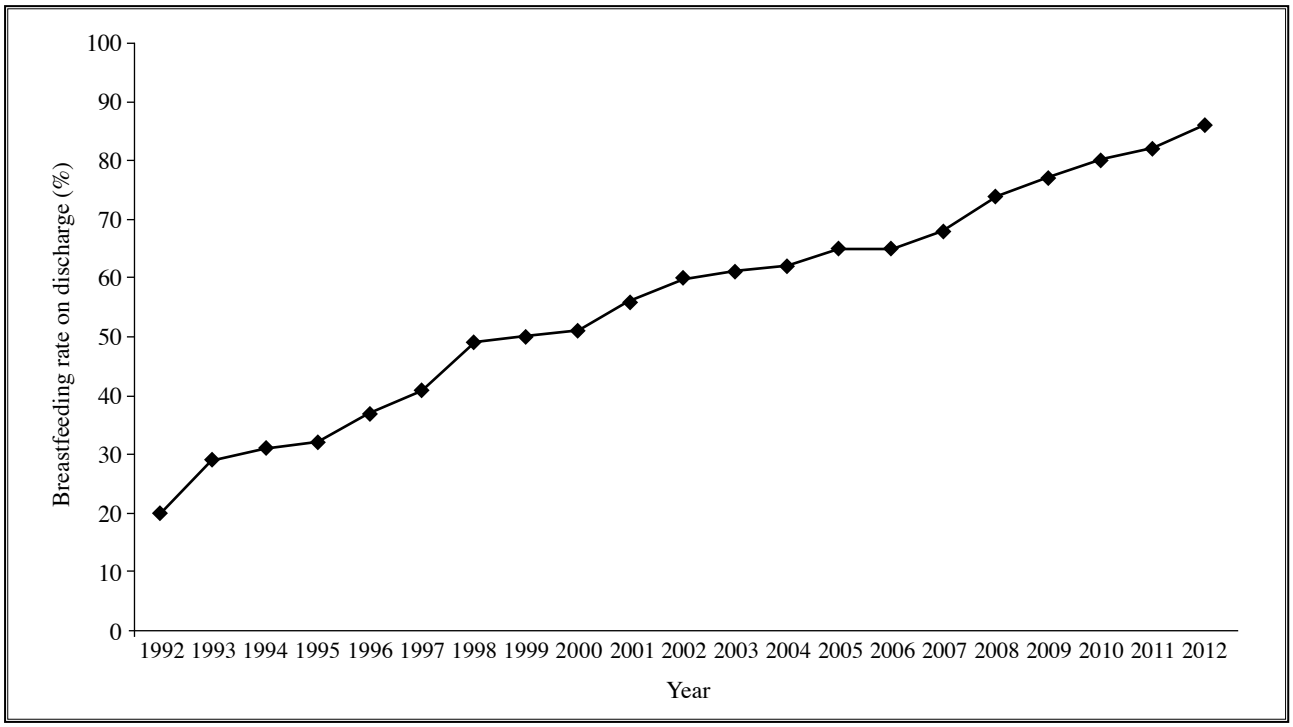

Figure. Data from Baby Friendly Hospital Initiative Hong Kong Association[10]

Table. Rates of ever breastfeeding, and exclusive breastfeeding at 4 and 6 months in different countries[11,18-20]

Countries / regions	Maternity leave	Ever breastfeeding	Breastfeeding at 4 months	Breastfeeding at 6 months
Australia	18 Weeks	87%	57.3%	18.4%
Canada	15 Weeks	72%	51.7%	14.4%
Singapore	8 Weeks	94.0%	7%	
China	98 Days	76-99.9%	22.4-84.2%	
Beijing			39.2%	
Shanghai			28.1%	
Guangzhou			50.5%	
Japan	Paid (14 weeks), unpaid (1 year)	76.7%		21%
India	12 Weeks			46.4%
Indonesia	3 Months	95.2%	40.6%	32.4%
Sweden	13 Months	97.3%	56.2%	12.3%
Taiwan	Full-paid (8 weeks); 60% of salary for 6 more months if she had worked for the employer for more than 1 year	61.8%	39.7%	24.2%
Hong Kong	10 Weeks	85.8%	12.1%	6.8%

According to the Employment Ordinance of Hong Kong[21], pregnant women are entitled to 10 weeks of maternity leave, including 2 weeks before the expected date of confinement, which is one of the shortest maternity leaves in Asia. A study[22] found that most employed mothers considered the 49-day maternity leave to be insufficient for continuation of breastfeeding.

Heymann et al[14] conducted the first analysis that examined the relationships between national labour policies and breastfeeding rates in the 182 member states of the United Nations. In 130 (71%) countries, there are legal breastfeeding breaks with pay and in seven countries, the breastfeeding breaks are without pay. In 45 (25%) countries, there is no policy on breastfeeding breaks. The authors found that a guarantee of paid breastfeeding breaks for at least 6 months was a significant factor associated with increased exclusive breastfeeding rate.

Many studies warn that lack of breastfeeding support in the workplace was a significant barrier for continued breastfeeding among employed women[13,23]. The authors suggest that working mothers should be supported and empowered by offering part-time employment, paid maternity leave, and lactation support at the workplace. The breastfeeding policies and laws in a country may support the working mothers to continue breastfeeding at their workplaces.

Ortiz et al[24] conducted a study on the time spent by working mothers on milk expression. The mothers attended a class on the benefits of breastfeeding, and had access to consultation on lactation. In addition, they had a private room with equipment for pumping breast milk in their workplaces. The authors[24] found that about 77% of women who returned to work would successfully express their milk in their workplaces for a mean of 6.3 months during the study period.

Many studies[22,25,26] agree that support from employers, acceptance towards pumping breast milk by co-workers, and mother-friendly policies are the crucial facilitators for continued breastfeeding among working women.

Hong Kong is one of the countries with no policy for employed women regarding breastfeeding breaks. Guendelman et al[27] found that employed women who have maternity leave of 6 to 12 weeks had a two-fold higher chance of not establishing breastfeeding and increased risk of early cessation of breastfeeding than unemployed women.

Recommendations

Hospitals are the pioneers of breastfeeding promotion. Therefore, hospitals should be the pioneers in protecting, promoting, and supporting employees to sustain

breastfeeding at work. Dodgson et al[28] suggested that employers may provide a supportive working environment to meet the needs of breastfeeding employees including: (1) providing a clean and safe environment such as a designated space or a private room with a door that can be locked for using a breast pump; (2) providing flexibility to allow employees to take breastfeeding breaks as needed to express their milk; (3) providing facilities for expressing and storing breast milk such as a refrigerator for breast milk storage only; (4) allowing the option for part-time employment; and (5) implementing an institutional policy addressing employees' rights to continue breastfeeding after returning to work.

The WHO[3] recommends governments to enact legislation to protect the breastfeeding rights of employed women by providing breastfeeding breaks and extending the period of maternity leave. Lam[8] agrees that government support is crucial in promoting breastfeeding. Hirani and Karmaliani[26] also suggest that policy-makers should extend maternity leave for up to 6 months to achieve optimal exclusive breastfeeding rates to improve child health outcomes.

According to Stewart-Glenn[16], research on breastfeeding should be encouraged as it may reveal benefits such as fewer sick leaves by employees, increased job satisfaction, and decreased loss of skilful staffs. These results may help in obtaining support from employers towards promoting breastfeeding among their female employees. According to the Australian Breastfeeding Association[29], there are many benefits to the employers. It is a simple way to increase the morale and loyalty of their employees. Moreover, it may increase the rate of return to work. Furthermore, it reduces skill loss by retaining valued employees and reducing recruitment and training costs. It may also reduce absenteeism among parents to look after sick children.

According to a statement on breastfeeding published by the American Academy of Pediatrics in 2012[2], employers would benefit from the mother-friendly workplace policies with double to triple return on investment. This is because these policies would reduce employee turnover and increase employee productivity.

Conclusions

There is no legal protection for working mothers to sustain breastfeeding practices after returning to work in Hong Kong. There are many valued employees in the Hospital Authority who are breastfeeding their infants. It would be worthy for the Hospital Authority to act as a pioneer in implementing mother-friendly workplace policies. The return on investment on mother-friendly workplace policies is evidenced by many studies. It is the duty of health care professionals to provide more evidence on it. The WHO[3] advises health sectors to inform decision-makers about the economic burden of suboptimal breastfeeding. It is the duty of health care professionals to conduct research to investigate the impact of suboptimal breastfeeding practices on child health, maternal health, and public health. Government support is a crucial facilitator to protect and promote breastfeeding practices in Hong Kong. It is a cost-saving practice for both the government and the health sector and may serve to decrease the government costs for environmental protection and health care expenses. It is the duty of the health care sector to inform the Hong Kong Government on the importance of addressing these issues and recommend enactment of legislation to protect the breastfeeding rights of employed women by introducing mother-friendly workplace policies, breastfeeding breaks, and extending the period of maternity leave.

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