

食物安全及環境衛生事務委員會及衛生事務委員會
嬰幼兒配方奶粉產品及食品條例

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美國衛生總署的“用行動支持母乳哺育”¹指出，母親以配方奶哺育孩子會令以下風險上升：

- 中耳炎上升 100%
- 濕疹上升 47%
- 腸胃炎（腹瀉和嘔吐）上升 178%
- 出生後首年因下呼吸道感染住院上升 257%
- 哮喘上升 35-67%
- 兒童肥胖上升 32%
- 2 型糖尿病上升 64%
- 白血病上升 18-23%
- 嬰兒猝死綜合徵上升 56%
- 早產兒壞死性小腸結腸炎上升 138%

以配方奶哺育孩子的母親也會令自己的風險上升：

- 乳腺癌上升 4%
- 卵巢癌上升 27%

純母乳哺育並延長持續母乳哺育時間能提高兒童的認知發展，²並可提升智商約 2-5 點。³

母乳哺育促進健康的證據是全面和壓倒性的。我們有責任確保母親和家庭能充分認識母乳哺育的好處。我們不可讓太激進的營銷手法或帶有誤導性的廣告，削弱母乳哺育有多種好處這個重要信息。

香港立法禁止奶粉廣告以是姍姍來遲。我們目前應該關心新建議的“香港守則”，是否足夠全面。委員會應該考慮是否需要進一步加強“香港守則”，以禁止不論年齡大小的所有的配方奶粉及相關產品的廣告。目前，“遞升” / “二段” 配方奶粉的存在是沒有科學理據。這只是一種有機會誤導家長的品牌推廣活動。我們的衛生署已公佈，在香港一歲或以上的兒童普遍過度飲用配方奶粉。其實我們應該教育家長一歲以上兒童可飲用純牛奶取代配方奶。

在我們兒科病房裡住了很多有呼吸道感染（住院的~30%），腸胃炎（住院的~10%）和哮喘（住院的~6%）的兒童。⁴在社區，我們孩子的肥胖率正在增加。⁵我們更應該積極地採用任何有效的策略，以減少一些可至癌的風險。我們是否真的希望我們的孩子有最佳的大腦發育呢？母乳哺育是其中一種有效減少因病住院，預防疾病，以及提高孩子的智力的方法。

此“香港守則”是改善孩子們的短期，中期和長期健康和引領香港沿著其他高度發達國家步伐前進重要的一小步。未來需進一步推行的措施包括幫助哺乳期的母親延長可持續哺育的時間（香港目前的產假只有 10 個星期，在發達地區中是最短的）以及全面規管以便減少持續的不良食品和飲料的營銷手法。

Panel on Food Safety and Environmental Hygiene and Panel on Health Services

Regulation of formula products and foods for infants and young children

Written Statement from NELSON, Edmund Anthony Severn, Professor in Paediatrics, The Chinese University of Hong Kong

The US Surgeon General's "call for action to support breastfeeding"¹ noted that a mother who *formula feeds* increases the risk of her baby getting:

- otitis media by 100%
- eczema by 47%
- gastroenteritis (diarrhoea and vomiting) by 178%
- hospitalization for lower respiratory infection in the first year of life by 257%
- asthma by between 35-67%
- childhood obesity by 32%
- type 2 diabetes by 64%
- leukaemia by between 18-23%
- sudden infant death syndrome by 56%
- necrotizing enterocolitis in pre-term infants by 138%

Mothers who formula feed also increase their own risk of

- breast cancer by 4%
- ovarian cancer by 27%

Prolonged and exclusive breastfeeding improves children's cognitive development.² The magnitude of this *beneficial effect is in the range of 2-5 IQ points.*³

The evidence of how breastfeeding advances health is overwhelming. We have a responsibility to ensure that mothers and families fully understand these advantages. We should not allow aggressive marketing and misleading advertising to undermine the strong message of the benefits of breastfeeding.

Legislation to prohibit the advertising of formula milk in Hong Kong is long overdue. Our only concern should be whether the proposed Hong Kong Code, in itself most laudable, is comprehensive enough. The Committee needs to consider whether the Hong Kong Code should be further strengthened to prohibit the advertising of all formulas and related products – irrespective of age. For example consider so-called "step-up"/ "follow-on" formulas. There is little scientific rationale for their existence. This is purely a branding exercise, and their marketing misleads parents. Our Department of Health has shown that children in Hong Kong are drinking excessive amounts of formula way beyond the requirements of infancy. Parents need to be informed that simple cow's milk can be used instead of formulas above one year of age.

Our paediatric wards are filled with children suffering from respiratory infections (~30% of admissions), gastroenteritis (~10% of admissions) and asthma (~6% of admissions).⁴ Obesity rates amongst our children are increasing.⁵ We should enthusiastically embrace any strategy to reduce the risk of serious life-threatening cancers. And surely we would wish all our children to have optimal brain development? Breastfeeding has the potential to reduce these admissions, prevent these diseases and improve our children's intelligence.

This proposed Code is an important first step to improve short-, medium- and long-term health of our children and to bring Hong Kong practice alongside that of other highly developed nations. Important future steps include regulations to help nursing mothers continue breastfeeding for longer periods – Hong Kong's current 10 weeks of maternity leave is among the shortest of the developed world - with comprehensive regulation to curtail the relentless marketing of unhealthy foods and beverages.

Table 1. Excess Health Risks Associated with Not Breastfeeding

Outcome	Excess Risk* (%)
<i>Among full-term infants</i>	
Acute ear infection (otitis media) ²	100
Eczema (atopic dermatitis) ¹¹	47
Diarrhea and vomiting (gastrointestinal infection) ³	178
Hospitalization for lower respiratory tract diseases in the first year ⁴	257
Asthma, with family history ²	67
Asthma, no family history ²	35
Childhood obesity ⁷	32
Type 2 diabetes mellitus ⁶	64
Acute lymphocytic leukemia ²	23
Acute myelogenous leukemia ⁵	18
Sudden infant death syndrome ²	56
<i>Among preterm infants</i>	
Necrotizing enterocolitis ²	138
<i>Among mothers</i>	
Breast cancer ⁸	4
Ovarian cancer ²	27

* The excess risk is approximated by using the odds ratios reported in the referenced studies. Further details are provided in Appendix 2.

Reference List

- (1) The Surgeon General's call to action to support breastfeeding. 2011. U.S.Department of Health and Human Services.
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- (4) Nelson EAS. Disease burden of diarrhoeal and respiratory disorders in children: Hong Kong perspectives. In: Preedy VR, Watson RR, editors. *Handbook of Disease Burdens and Quality of Life Measures*. New York: Springer; 2010.
- (5) So HK, Nelson EA, Li AM, Wong EM, Lau JT, Guldan GS et al. Secular changes in height, weight and body mass index in Hong Kong Children. *BMC Public Health* 2008; 8:320.