

立法會 *Legislative Council*

LC Paper No. CB(2)769/18-19(05)

Ref : CB2/PL/HS

Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 18 February 2019

Promotion of breastfeeding

Purpose

This paper provides background information and summarizes the concerns of members of the Panel on Health Services ("the Panel") on issues relating to the protection and promotion of breastfeeding.

Background

2. The World Health Organization ("WHO") and the United Nations Children's Fund have emphasized the importance of maintaining the practice of breastfeeding as a way to improve the health and nutrition of infants and young children. WHO recommends exclusive breastfeeding starting within one hour after birth until a baby is six months old. Nutritious complementary foods should then be added while continuing to breastfeed for up to two years or beyond. Locally, the Committee on Promotion of Breastfeeding was set up in 2014. Its objective is to promote breastfeeding as the norm for baby care widely accepted by the community and translate public support into action, thereby creating a breastfeeding friendly environment conducive to boosting the rate and sustainability of breastfeeding.

3. According to the Administration, it has been promoting breastfeeding through a multi-pronged approach. In 2018-2019, a provision of \$6 million has been earmarked for the Family Health Service of the Department of Health ("DH") to enhance the effort for promotion of breastfeeding which includes strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace Policy" to support working

mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the "Breastfeeding Friendly Premises Policy" and provision of baby care facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; evaluating the effectiveness of the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children¹ ("the Hong Kong Code"); and strengthening the surveillance on local breastfeeding situation.

4. According to the latest biennial survey conducted by DH from May to July 2017 to monitor the local trend of breastfeeding, the exclusive breastfeeding rates of infants born in 2016 at one, two and four months of age were 33.8%, 33.4% and 30.7% respectively. As regards the feeding practice at six months of age, 27.9% of infants born in 2016 were fed with breastmilk without using any formula milk. A summary of breastfeeding rates of infants born in 2012, 2014 and 2016 was in **Appendix I**.

Deliberations of the Panel

5. Issues relating to the protection and promotion of breastfeeding were discussed in the context of the development and implementation of the Hong Kong Code at various Panel meetings held between 2012 and 2017, and at a joint meeting of the Panel on Food Safety and Environmental Hygiene and the Panel in November 2012. Members received views of deputations on the Hong Kong Code at three of these meetings. The deliberations and concerns of members are summarized in the following paragraphs.

Implementation of the Hong Kong Code

6. Members held different views on the implementation of the Hong Kong Code which sought to restrict the promotional practices for formula milk and related products for infants and young children aged 36 months or below to ensure that these products would not be marketed in a way that might cause confusion and undermine breastfeeding. Some members supported imposing restrictions on marketing practices of formula milk for both infants and young children to protect breastfeeding, as promotion of follow-up formula for the latter could be taken as de facto infant formula promotion through marketing practices. The marketing practices had also caused parents to have

¹ The Hong Kong Code, which is developed with reference to the International Code of Marketing of Breastmilk Substitutes adopted by the World Health Assembly in 1981 and the relevant subsequent resolutions passed by the World Health Assembly, can be accessed at DH's designated website (<https://www.hkcode.gov.hk/files/hkcode-full-en.pdf>).

misconceptions about the nutritional value of formula milk for infants and young children. In their views, there were adequate avenues to provide mothers who chose to feed their infants with formula milk with non-commercial information on infant feeding.

7. Some other members considered that the scope of restrictions should be narrowed down. These members opined that the proposed restrictions would interfere free market and undermine parents' right to access to information on formula milk. There were views that the restrictions should only be applied to formula milk for infants less than six months of age, or at the very least not be applied to formula milk for young children beyond 12 months of age, same as the practice adopted by many developed countries or places. Another suggestion was to regulate only unethical marketing practices for formula milk and require the packages of these products to bear the message that breastmilk was the best food for infants. Some members held the view that the Trade Descriptions Ordinance (Cap. 362), which prohibited, among others, false trade descriptions and false, misleading or incomplete information in respect of goods provided in the course of trade, could cover deceptive acts of traders.

8. The Administration advised that study had shown that the marketing practices of promoting follow-up formula as promoting de facto infant formula through the use of packaging, branding and labelling closely resembled those of infant formula had caused confusion to mothers of newborn babies. A guidance issued by WHO in 2016 had clarified that the coverage breastmilk substitutes under the International Code of Marketing of Breastmilk Substitutes ("WHO Code") and the relevant subsequent World Health Assembly resolutions included follow-up formula and growing-up milks intended for feeding infants and young children up to the age of 36 months. In addition, over-consumption of formula milk among young children aged one to two years was common under the aggressive marketing of follow-up formula. There was therefore a need to prohibit any promotional practices for formula milk for infants and young children aged 36 months or below.

9. Some members were concerned about the effectiveness of the Hong Kong Code as it was voluntary in nature. This might result in inconsistent practice among traders, with only the large traders observing the guidelines. There was a view that the Administration should impose penalty against non-compliance or make public the names of those parties which failed to comply with the Hong Kong Code. Some members further called for the mandatory implementation of the Hong Kong Code, as more than 100 countries had already enacted legislation or other legislative means to enforce all or certain provision of the WHO Code.

10. According to the Administration, implementing the Hong Kong Code on a voluntary basis was the first and important step in raising the awareness of and educating the trade and the public about the need for protecting breastfeeding and feeding infant and young child from undue commercial influence. Manufacturers and distributors of the relevant food products had social responsibility to bring their own marketing practices in line with the principles and aim of the Hong Kong Code. The Administration would, in collaboration with non-governmental organizations ("NGOs") and academic institutions, evaluate the effectiveness of the Hong Kong Code through conducting regular surveys on the marketing practices of the designated products. Findings would be reported to the Committee on Promotion of Breastfeeding which would further advise the Government on future strategies and actions to promote and protect breastfeeding.

Measures to promote breastfeeding

11. Members noted the benefits of breastfeeding in ensuring physical and psychosocial health and well-being of mother and child, and the positive impacts of breastfeeding on the long-term health of the breastfed subjects. They considered that regulating the marketing practices of breastmilk substitutes alone could not achieve optimal infant and young children feeding. The Administration should, in parallel, step up its efforts in promoting breastfeeding; creating a breastfeeding friendly environment in the workplace and community; and providing support for mothers, in particular working mothers, in sustaining exclusive breastfeeding. In addition, it should extend the duration of statutory maternity leave of pregnant employees so as to enable these employees to have more time for breastfeeding after confinement. Concerns were raised about the work targets of the Committee on Promotion of Breastfeeding to oversee and coordinate breastfeeding promoting and supporting activities.

12. According to the Administration, efforts had been made to enhance publicity and education on breastfeeding, further encourage the adoption of a Breastfeeding Friendly Workplace Policy and promote Breastfeeding Friendly Premises. The Queen Elizabeth Hospital was accredited by the Baby Friendly Hospital Initiative Hong Kong Association as the baby friendly hospital in Hong Kong in May 2016. Separately, a Practice Note on the Provision of Babycare Rooms in Commercial Buildings was issued in February 2009 to encourage and facilitate the provision of babycare rooms on private commercial premises. In August 2013, an advice on public health had been issued by the Secretary for Food and Health to all Government bureaux and departments to encourage the implementation of a breastfeeding friendly workplace policy. Letters were also issued to over 470 private organizations and enterprises in June 2016 to

encourage them to implement Breastfeeding Friendly Premises Policy in public places under their ownership or management.

13. There was a concern about the provision of resources for the guidance and support for breastfeeding mothers. Members were advised that DH had been promoting breastfeeding through providing health information on breastfeeding for parents; providing guidance and skill support for breastfeeding mothers through its Maternal and Child Health Centres and the breastfeeding hotline; organizing publicity activities to enhance public awareness of the benefits of breastfeeding; as well as producing different guidelines for employers and employees to create breastfeeding friendly workplace. DH also worked in collaboration with healthcare professional bodies, the academia and private hospitals with obstetrics department to promote and support breastfeeding. A total funding of over \$1 million was provided to NGOs to carry out projects to enhance the peer support among breastfeeding mothers and the community support for breastfeeding.

Recent developments

14. The Hong Kong Code was promulgated in June 2017. According to a local advertising database, the amount of the advertising expenditures on formula milk products for infants, young children aged below three years old and children aged three years old or above was \$3.1 billion, \$2.5 billion and \$2.6 billion in 2015, 2016 and 2017 respectively. Of these advertising expenditures, the amount targeting at infants and young children aged below three years old was \$2.9 billion, \$2.3 billion and \$1.2 billion in 2015, 2016 and 2017 respectively. According to the Administration, DH has commissioned in late 2018 a survey to examine marketing practice of formula milk with reference to the Hong Kong Code. The survey is expected to be completed within 2019. The Administration will take into account the survey findings in mapping out the way forward of the Hong Kong Code.

15. At the Panel meeting on 15 October 2018 to receive a briefing from the Secretary for Food and Health on the Chief Executive's 2018 Policy Address in relation to health matters, members were advised, among others, that the Administration would step up measures to enhance the provision of baby care facilities and lactation rooms in the community. Such measures included imposing a mandatory requirement for the provision of baby care facilities and lactation rooms in the sale conditions of government land sale sites for new commercial developments comprising office premises and/or retail outlets, eating places etc.; and mandating the provision of baby care facilities and lactation rooms in certain new government premises.

Relevant papers

16. A list of the relevant papers on the Legislative Council website is in **Appendix II.**

Council Business Division 2
Legislative Council Secretariat
14 February 2019

Breastfeeding rates of infants born in 2012, 2014 and 2016

		Year of birth		
		2012	2014	2016
Ever breastfeeding rate at hospital discharge		85.0% (N=91 546)	86.4% (N=62 295)	86.8% (N=60 853)
Breastfeeding Surveys		N=2 016 (95% confidence interval)	N=1 615 (95% confidence interval)	N=2 614 (95% confidence interval)
Breastfeeding rate^a	At one month of age	68.6% (66.6-70.6%)	73.1% (70.9-75.3%)	78.2% (76.6-79.8%)
	At two month of age	55.5% (53.5-57.7%)	61.0% (58.6-63.4%)	67.0% (65.2-68.8%)
	At four month of age	44.3% (42.1-46.5%)	50.3% (47.8-52.7%)	55.5% (53.6-57.4%)
	At six month of age	32.7% (30.7-34.8%)	40.9% (38.5-43.4%)	47.0% (45.1-48.9%)
	At 12 month of age	14.2% (12.7-15.7%)	25.1% (23-27.3%)	28.2% (26.5-29.9%)
Exclusive breastfeeding rate^b	At one month of age	22.1% (20.3-23.9%)	30.8% (28.5-33.1%)	33.8% (32-35.6%)
	At two month of age	21.7% (19.9-23.5%)	30.4% (28.2-32.7%)	33.4% (31.6-35.2%)
	At four month of age	19.1% (17.4-20.8%)	26.6% (24.5-28.9%)	30.7% (28.9-32.4%)
	At six month of age [#]	2.3% - babies exclusively fed with breast milk [#] (1.7-3.0%)	25.5% (23.4-27.7%) [24.3% - babies fed with breast milk and solid food] [1.2% - babies exclusively fed with breast milk]	27.9% (26.2-29.7%) [27.0% - babies fed with breast milk and solid food] [0.9% - babies exclusively fed with breast milk]

Note:

^a Breastfeeding rate refers to any form of breastfeeding, including children exclusively breastfed as well as those breastfed supplemented by formula milk or solid food.

^b Exclusive breastfeeding rate means the child is feeding on breastmilk only (either directly from breast or indirectly from expressed breastmilk).

[#] In the Breastfeeding Survey 2015 & 2017, information on complementary food at six months was collected to facilitate better understanding of the infant feeding practice. The exclusive breastfeeding rates at six months might not be directly comparable to previous surveys.

Source: Breastfeeding Survey 2017 conducted by the Department of Health

Appendix II

Relevant papers on the promotion of breastfeeding

Committee	Date of meeting	Paper
Panel on Health Services	16.4.2012 (Item V)	Agenda Minutes CB(2)2250/11-12(01)
Panel on Food Safety and Environmental Hygiene and Panel on Health Services	20.11.2012 (Item II)	Agenda Minutes
Panel on Health Services	21.7.2014 (Item IV)	Agenda Minutes CB(2)2256/13-14(01)
Panel on Health Services	20.3.2017 (Item V)	Agenda Minutes
Panel on Health Services	10.4.2017 (Item I)	Agenda Minutes CB(2)1594/16-17(01)

Council Business Division 2
Legislative Council Secretariat
14 February 2019