

# Hospital Journey to Mother-baby- friendly – **It is not easy**

## 親善生產措施與母乳哺育 HA Convention 2014



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**Honorary Clinical Associate Professor**

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親善生產措施與母乳哺育

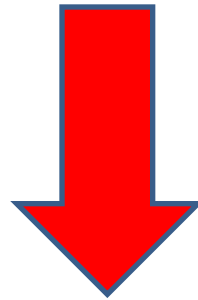
**What is Mother-Friendly  
Childbirth?**

## 親善生產措施與母乳哺育

**Mother-Friendly Care = Baby-  
friendly Care = Safe Care**

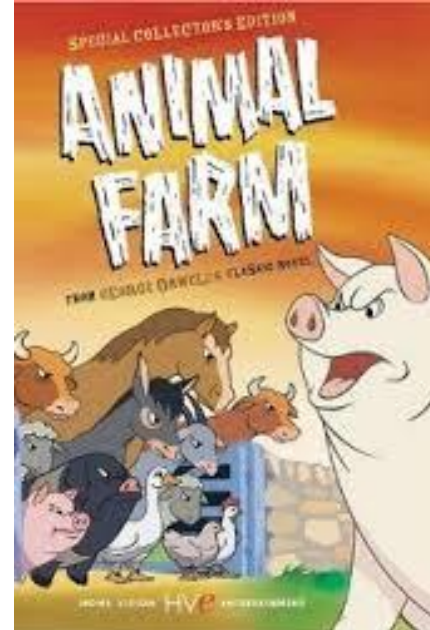
親善生產措施與母乳哺育

# Mother-Friendly Childbirth



**Breastfeeding**

**Some birth places or settings are more mother-friendly than others.**



**.....pregnant women can consider having their babies in another place or with another doctor or midwife.**

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## Mother-Friendly Childbirth Initiative

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*The First Consensus Initiative of the Coalition for Improving Maternity Services*

### Mission

The Coalition for Improving Maternity Services (CIMS) is a coalition of individuals and national organizations with concern for the care and wellbeing of mothers, babies, and families. Our mission is to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs. This evidence-based mother-, baby-, and family-friendly model focuses on prevention and wellness as the alternatives to high-cost screening, diagnosis, and treatment programs.

# What is CIMS?

- In 1994, 31 individuals and 26 national organizations of USA established the **Coalition for improving Maternity Services (CIMS)**
- In 1996, CIMS launched the Mother-Friendly Childbirth Initiative and the Ten Steps of the Mother-Friendly Childbirth Initiative (MFCI) for Mother-Friendly Hospitals, Birth Centers, and Home Birth Services
- Like the BFHI, the MFCI is intended to help birthing institutions provide evidence-based care that is mother-friendly
- They focus on pregnancy, birth and breastfeeding
  - to promote wellness model of maternity care
  - to improve birth outcomes
  - to reduce costs substantially
- CIMS also defines Five Philosophical Cornerstones of mother-friendly care which may affect the pregnancy, birth, and postpartum period



# Philosophical Cornerstones of Mother-Friendly Care

- *To manage each woman as an individual and cared for her with respect, the five cornerstones are applicable to each step of Mother Friendly care*
  - Normalcy of the birthing process 😊
  - Empowerment
  - Autonomy
  - Do no harm
  - Responsibility

# CIMS Ten Steps of the Mother-Friendly Childbirth Initiative for Mother-Friendly Hospitals & Birth Centers

1. Offers all birthing mothers unrestricted access to birth companions, labour support, professional midwifery care.
2. Provides accurate, descriptive, statistical information about birth care practices.
3. Provides culturally competent care.
4. Provides the birthing woman with freedom of movement to walk, move, assume positions of her choice.
5. Has clearly defined policies, procedures for collaboration, consultation, links to community resources.
6. Does not routinely employ practices, procedures unsupported by scientific evidence
7. Educates staff in nondrug methods of pain relief and does not promote use of analgesic, anesthetic drugs.
8. Encourages all mothers, families to touch, hold, breastfeed, care for their babies.
9. Discourages nonreligious circumcision of the newborn.
10. Strives to achieve the WHO/UNICEF *Ten Steps of the Baby-Friendly Hospital Initiative* to promote successful breastfeeding.

## A Global Effort to Improve Maternity Care



The International MotherBaby Childbirth Organization (IMBCO) is a non-profit, non-governmental organization created to develop, regularly update, and promote the International MotherBaby Childbirth Initiative (IMBCI): 10 Steps to Optimal Maternity Services worldwide.

The IMBCI is based on the results of a survey of birth and breastfeeding organizations in 163 countries (see "History and Purpose") and on input from IMBCO's Technical

Advisory Group, international representatives, and birth experts all over the world who participated in its construction.

The purpose of the IMBCI 10 Steps is to improve care throughout the childbearing continuum in order to save lives, prevent illness and harm from the overuse of obstetric technologies, and promote health for mothers and babies around the world.

The full text of the IMBCI is available on this website for you to download and work with in your area. Individuals and organizations can endorse it, adopt it as a focal point for their advocacy work, and use

Download the IMBCI  
available in 18 languages:



Donate



See our **map of supporters**

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# IMBCI Working Globally

A quick glance at the areas where we have started our demonstration sites, and where our supporters, MBnets, regional and country representatives, and IMBCO Advisory Council Representatives are based. **Support us** to be placed on our map!



## **The International MotherBaby Childbirth Initiative (IMBCI):**

### **10 Steps to Optimal MotherBaby\* Maternity Services**

An Initiative of the International MotherBaby Childbirth Organization (IMBCO)

[www.imbci.org](http://www.imbci.org)

A Summary of the 10 Steps of the IMBCI

**Step 1** Treat every woman with respect and dignity.

**Step 2** Possess and routinely apply midwifery knowledge and skills that optimize the normal physiology of birth and breastfeeding.

**Step 3** Inform the mother of the benefits of continuous support during labour and birth, and affirm her right to receive such support from companions of her choice.

**Step 4** Provide drug-free comfort and pain relief methods during labour, explaining their benefits for facilitating normal birth.

**Step 5** Provide evidence-based practices proven to be beneficial.

**Step 6** Avoid potentially harmful procedures and practices.

**Step 7** Implement measures that enhance wellness and prevent illness and emergencies.

**Step 8** Provide access to evidence-based skilled emergency treatment.

**Step 9** Provide a continuum of collaborative care with all relevant health care providers, institutions, and organizations.

**Step 10** Strive to achieve the BFHI 10 Steps to Successful Breastfeeding.

**\*The mother and baby constitute an integral unit during pregnancy, birth, and infancy, herein referred to as the MotherBaby.**

# 国际母婴生育服务倡议（IMBCI: the International MotherBaby Childbirth Initiative）：

## 十步最佳母婴生育服务

由国际母婴生育服务组织发起（IMBCO: the International MotherBaby Childbirth Organization）[www.imbci.org](http://www.imbci.org)

### 国际母婴生育倡议十点概要：\*

第一点、尊重每一个妇女。

第二点、具备和例行运用的助产士专业知识和技能，促进正常生理分娩和母乳喂养。

第三点、让母亲了解产时和分娩时连续性支持的好处，和保证她有陪产支持伙伴和接受这种支持的权利。

第四点、在生产时提供无需药物的舒适和减痛，解释这些方法有利于正常产。

第五点、采用有依据的有利做法。

第六点、避免潜在有害的程序和实践。

第七点、采取促进健康、防止疾病和意外的措施。

第八点、提供使用循证熟练的急症处理的途径。

第九点、提供连续性的健康护理人员、机构和组织的合作护理。

第十点、努力实现国际卫生组织和世界儿童基金会提倡的“医院主动爱婴促成母乳喂养成功10步措施”。

\*在怀孕、生育和婴儿期，母亲和婴儿构成一个不可或缺的单位，此处拼为“母婴”。



# Conflict of Interest

**Vice-Chairperson,  
Executive Committee,  
UNICEF BFHIHKA**

**Chairman, Working  
Group on implementation  
of the Baby-Friendly  
Hospital Initiative in HA**

**HKCOG Representative,  
Committee on Promotion  
of Breastfeeding (HKSAR)**

**VS.**

**Subspecialist in Maternal  
Fetal Medicine**

**Consultant Obstetrician**



**Dr. Wing-cheong Leung**  
MBBS, MD, FRCOG, FHKAM(O&G)  
Consultant Obstetrician & Chief of Service  
Department of Obstetrics & Gynaecology,  
Kwong Wah Hospital

## *Clinical Excellence*

### Back to Basics – Desire for Normal Births

I graduated from the Medical School of University of Hong Kong (HKU) in 1989. Immediately after my internship, I started my specialist training in O&G in Tsan Yuk Hospital & Queen Mary Hospital and became a specialist in O&G (HKAM) in 1997. Thereafter I have subspecialized in Maternal Fetal Medicine & have undergone overseas training in the Perinatal Centre, University of Toronto, Canada in 1999 and the Fetal Medicine Centre, University College London, UK in 2002&3. With this background of managing high risk pregnancies, it is not difficult to understand that I tended to overmedicalize normal pregnancies. But pregnant women in Hong Kong liked this approach – to be treated as high risk with ultrasound assessment at every antenatal visit and finally choosing a date for Caesarean section!



▲ *Figure 2. A Happy Team is most important to promote Normal Births in a safe Labour Ward*







**Dr. Wing-cheong Leung**  
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**Mother-Friendly  
Childbirth**



**? !**



▲ *Figure 2. A Happy Team is most important to promote Normal Births in a safe Labour Ward*



## 醫生：助產士非「妹仔」

文章日期：2012年2月16日

【明報專訊】在醫院生育並非必然，醫生接生亦未必是最好。廣華醫院婦產科部門主管梁永昌認為，醫生利用科技「自我神化」，有時反而不及助產士「工多藝熟」，直言助產士是專業人士，不是醫生的「妹仔」。



### 醫生挾科技「自我神化」

據美國出版的Birth: the surprising history of how we are born，母親或鄰居等一直是重要接生者，直至19世紀末，西方醫學以減輕痛楚、感染控制及安全生產等「矮化」助產者，醫生最終取而代之成為接生者。

曾在英國及加拿大執業的梁永昌表示，歷史上不少人都由「執媽」接生，這本非稀奇，只是現代醫生「自我神化」。「醫生是驕傲的，自覺是大國手，傾向把自然生產醫療化，照好多超聲波、開刀，令人覺得醫生矜貴一點！」

# Mother-Friendly Childbirth

- Spontaneous onset of labour
- Birth ball
- Massage (LK)
- No episiotomy
- Vaginal delivery
- Cord blood donation
- Early skin-to-skin contact
- Start breastfeeding within ½ hr of birth
- Rooming-in
- Exclusive breastfeeding

13.6.2013 pm KWH



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Doubt Over Role of Vitamin D, Even to Limit Fractures



JAMA Review: Stop One-Size-Fits-All Mammography



Ultrasound Fast Alternative to MRI for Breast In Status

Medscape Medical News

## Neonatal Mortality Risk Increased for Home Midwife Births

Troy Brown, RN

April 03, 2014

3 comments



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### EDITORS' RECOMMENDATIONS



Out-of-Hospital Births at Highest Level Since 1975



Midwives Improve Outcomes, Says Cochrane Review

Total neonatal mortality risk was almost 4 times greater in babies birthed at home by midwives compared with babies delivered by hospital midwives, according to an analysis of data from almost 14 million deliveries in the United States. In addition, early neonatal mortality risk was almost 7 times higher in the home birth group than in the hospital birth group.

Amos Grünebaum, MD, a specialist in maternal-fetal medicine (high-risk pregnancy), from the Department of Obstetrics and Gynecology, Weill Medical College of Cornell University, New York City, and colleagues report their

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**Doubt Over Role of Vitamin D, Even to Limit Fractures**



**JAMA Review: Stop One-Size-Fits-All Mammography**




**Ultrasound Fast A to MRI for Breast Status**

Medscape Ob/Gyn

## ACOG Rep Says Underwater Delivery Is a Bad Idea

Laura A. Stokowski, RN, MS, George A. Macones, MD, MSCE | [Disclosures](#)

March 27, 2014

 20 comments



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### EDITORS' RECOMMENDATIONS



**Expert Committee Throws Cold Water on Immersion Childbirth**

### Editor's Note:

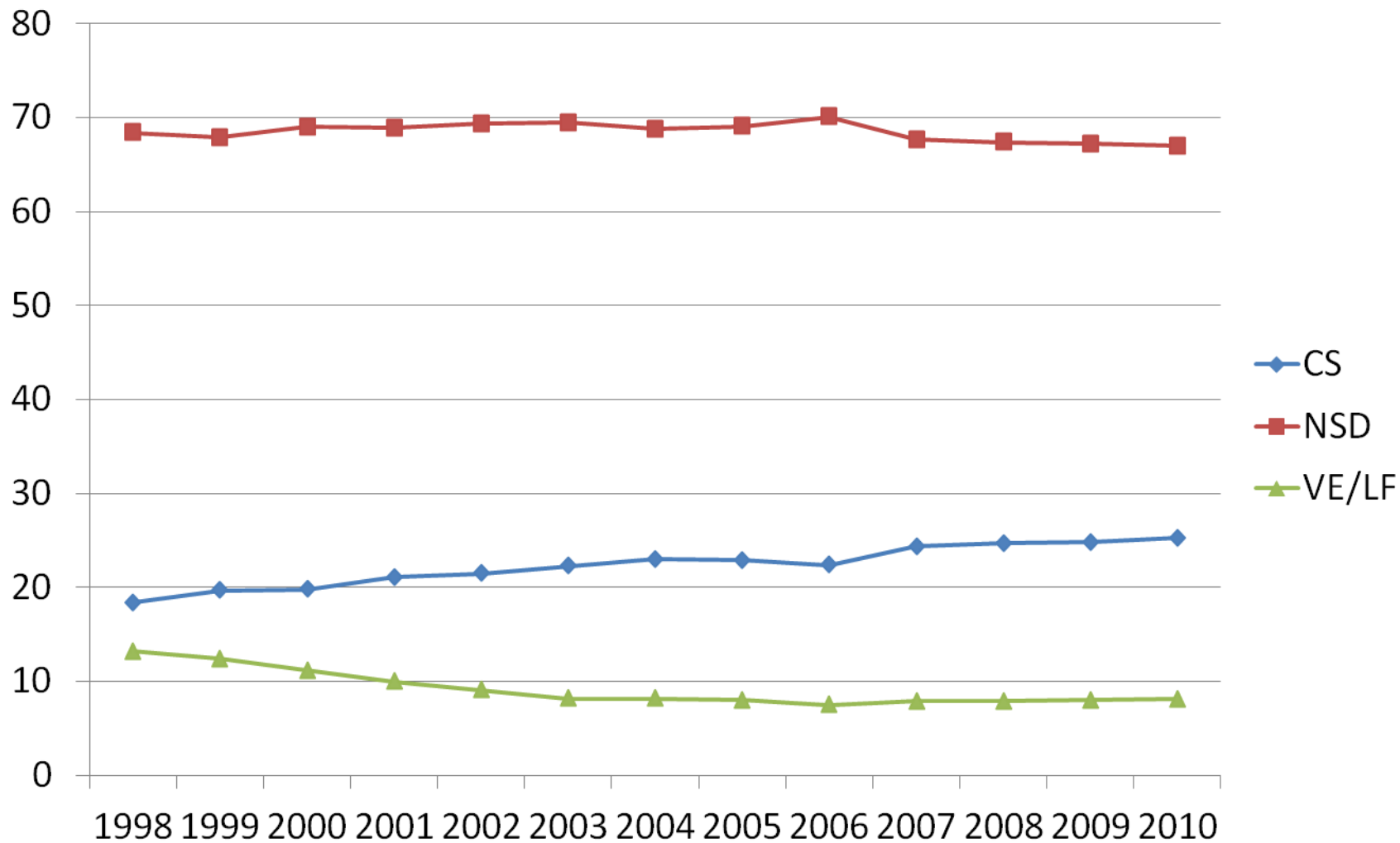
*Immersion in water during labor or delivery has been gaining in popularity in many parts of the world. Although no one knows exactly how prevalent "water birth" is in the United States, it is known that many hospitals and birth centers are equipped with tubs or are adding them to accommodate birth plan requests.*

*The purported benefits of immersion during the first stage of labor are reduced*

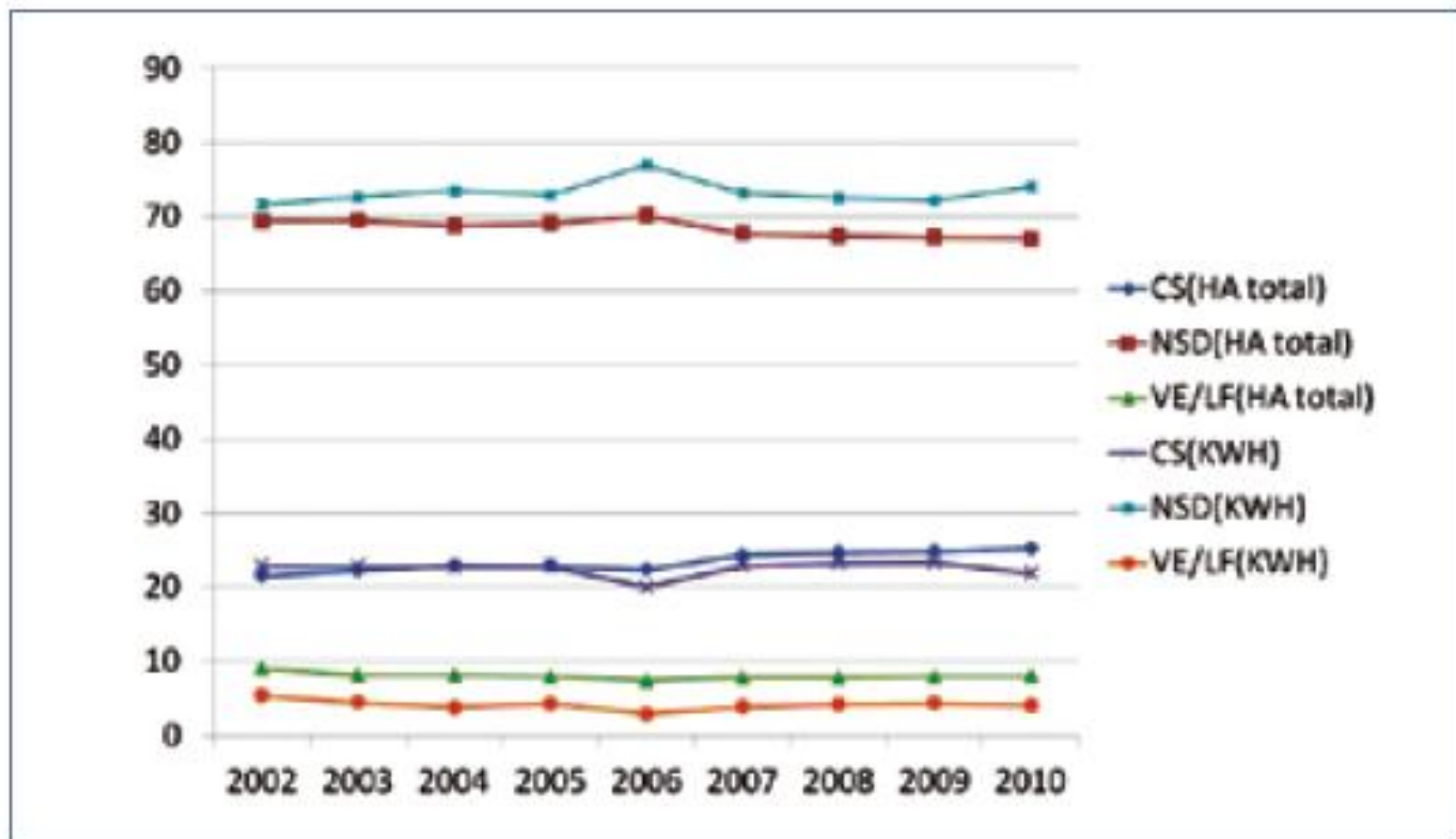
**Promote Normal Births**

**Caesarean Sections for real  
Obstetric Indications**

# Mode of deliveries in 8 Public Obstetric Units in Hong Kong 1998 - 2010



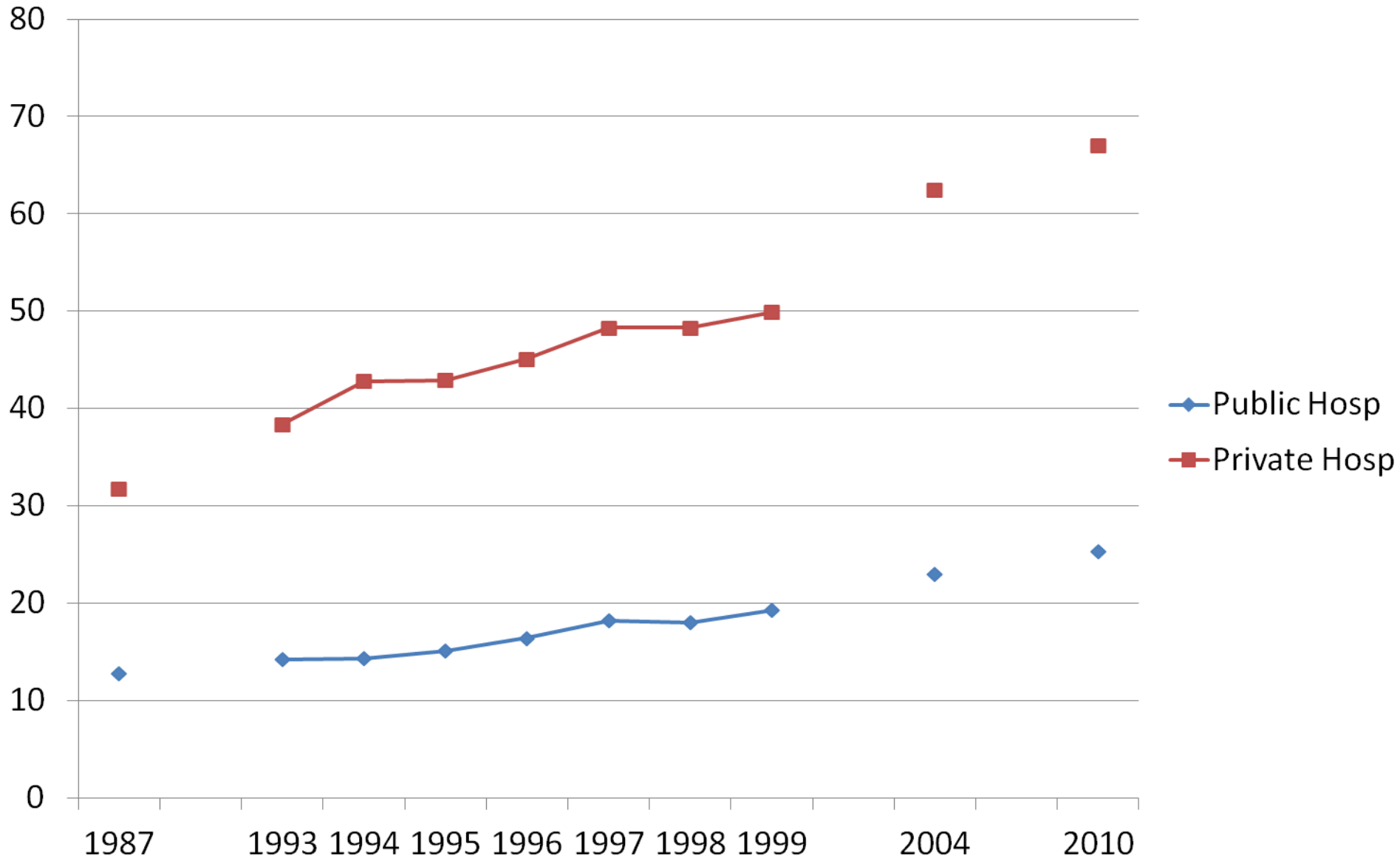




▲ Figure 1. Mode of deliveries (%) in KWH vs. HA total (8 Public Obstetric Units) in Hong Kong (2002-2010)  
 (CS=Caesarean section; NSD=normal spontaneous delivery; VE=vacuum extraction; LF=low forceps)



# Caesarean section rate in Public vs Private Hospital in Hong Kong (1987 – 2010)

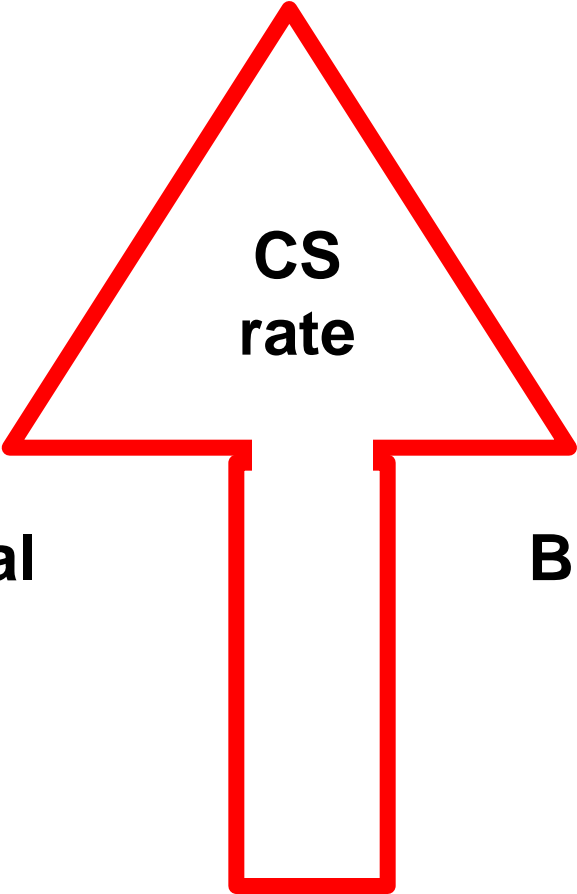


**Psychological**

**CS  
rate**

**Social**

**Biological**



# Psychological

Maternal request

CS  
rate

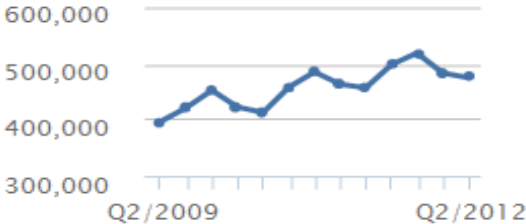
# Social

NEP

# Biological

Advanced mat age  
IVF  
Twins  
Previous CS  
Breech

GDP at current market prices (HK\$ Million)



# Psychological

Maternal request

CS  
rate

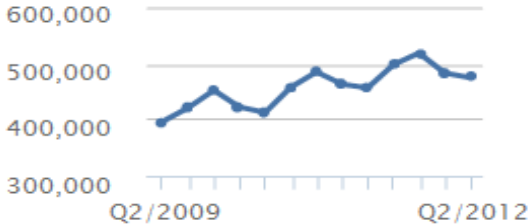
Social



Biological

Advanced mat age  
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Previous CS  
Breech

GDP at current market prices (HK\$ Million)



# Feng Shui – Date & Time of Birth

WIND & WATER

风 + 水

FENG SHUI

known as  
GEOMANCY







首頁 > 港聞 > 太陽報  > 最新港聞

## 威廉與凱瑟琳攜小王子出院

 **太陽報** 太陽報 - 18小時前

## 反皇室傳統 親手湊B餵母乳



太陽報 - 18小時前



電郵



推薦

2



推文



+1



列印

【太陽報專訊】【本報綜合報道】小王子貴為英國未來國君，威廉夫婦卻希望愛兒日後有正常生活，初為人母的凱瑟琳更將一反皇室傳統，不聘用全職保母，由自己親手湊B，外界亦相信她會餵哺母乳。而母子倆出院後，首兩周會返回肯辛頓宮暫住。到威廉放完侍產假重返軍中崗位後，凱瑟琳將帶小王子返娘家短住。



# Management of Pregnancies With Previous Caesarean Section

JPOG JAN/FEB 2012

Yung WK, MBBS, MRCOG, FHKAM (O&G); Lau WL, MBBS, FRCOG, FHKAM (O&G); Leung WC, MBBS, MD, FRCOG, FHKAM (O&G), Cert RCOG (Maternal and Fetal Med)

**Table. Experience of Kwong Wah Hospital, Hong Kong, in the management of women with one prior caesarean delivery**

	Year			
	2007	2008	2009	2010
Total no. of maternities	5,395	5,446	5,682	5,945
Women with prior caesarean deliveries (%)	9.1	9.9	9.7	9.4
Successful planned VBAC rate (%)	94.3	88.5	86.3	87.2
Total VBAC rate (%)	21.1	21.9	22.9	26.9
Uterine rupture (%)	0	0.8	0	0

VBAC = vaginal birth after previous caesarean section.

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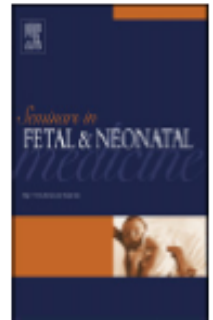
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### Myth: Babies would choose prelabour caesarean section

Anjita Sinha<sup>a,\*</sup>, Susan Bewley<sup>b</sup>, Thea McIntosh<sup>c</sup>

<sup>a</sup> *Guy's and St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH, UK*

<sup>b</sup> *Kings Health Partners, Women's Services, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH, UK*

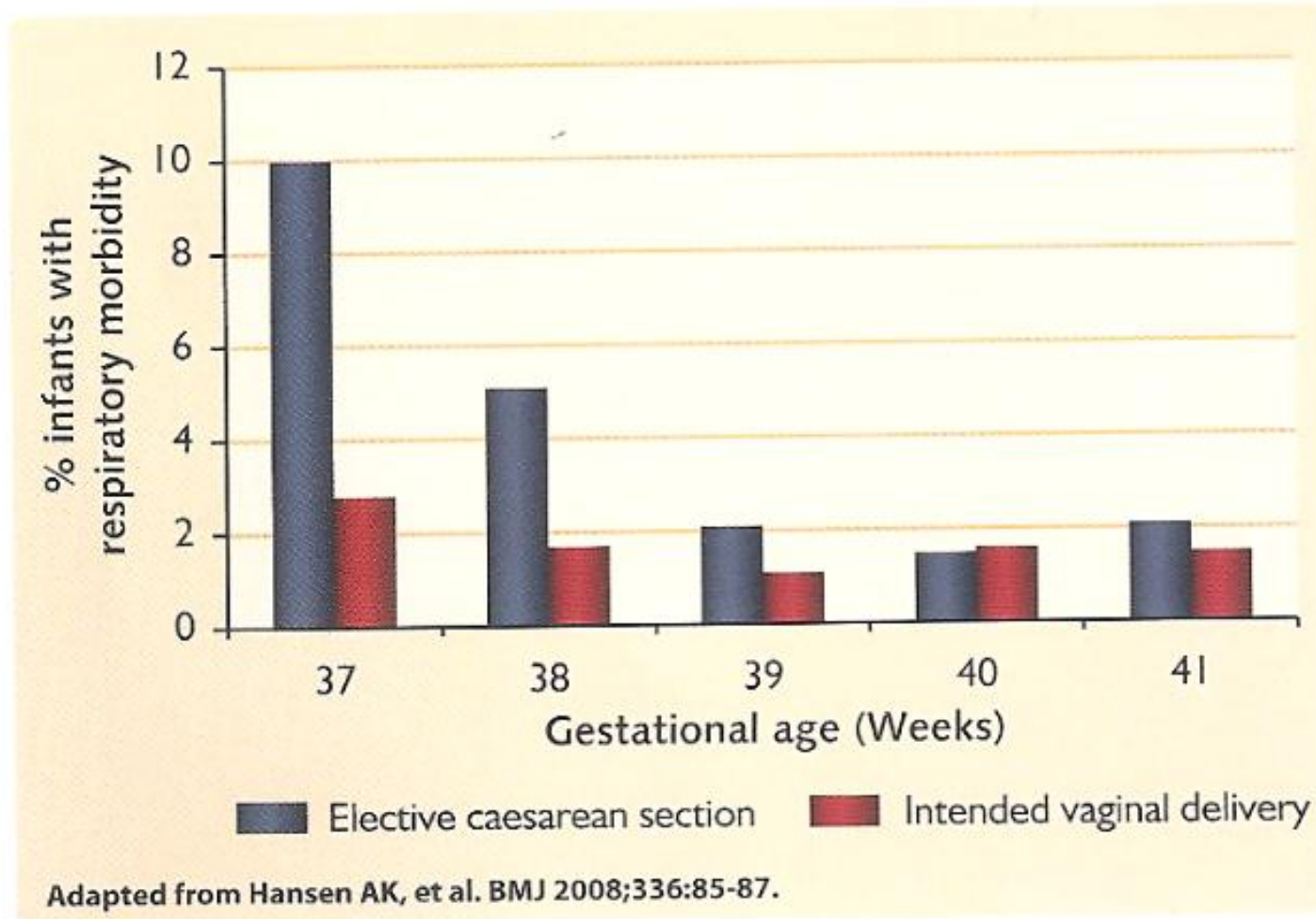
<sup>c</sup> *12 Stanley House, 238 Hainault Rd, Leytonstone, London E11 1HA, UK*

## Practice points

- The rate of prelabour caesarean section is rising, especially for 'non-medical' reasons.
- Labour induces the production of fetal enzymes, which have a role in promoting extrauterine transition, especially fetal lung maturation.
- Babies who do not experience labour have significantly increased respiratory and other morbidities that may have profound effects on immediate and potentially life-long disease.
- There are strong reasons for women who have planned CS to consider labour (even if deliberately shortened), in order to allow optimal neonatal transition.
- Mothers must be fully informed of all the evidence before they can give valid consent.

# So What !

Figure 5. Increased risk of respiratory morbidity in infants delivered via elective caesarean section





# So What !

Placenta 33 (2012) 244–251



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journal homepage: [www.elsevier.com/locate/placenta](http://www.elsevier.com/locate/placenta)



Current opinion

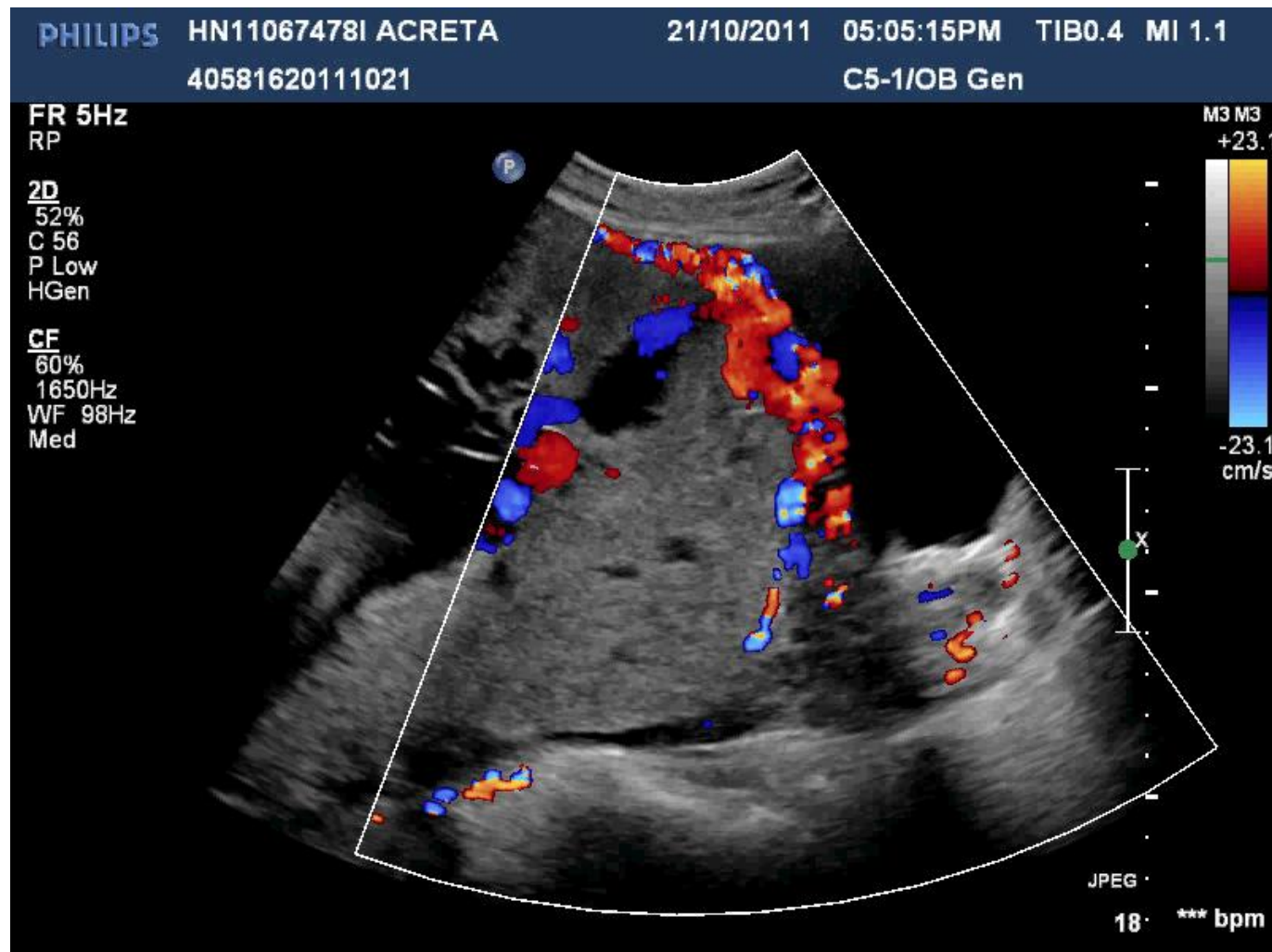
Placenta accreta: Pathogenesis of a 20th century iatrogenic uterine disease

E. Jauniaux<sup>a,b,\*</sup>, D. Jurkovic<sup>b</sup>

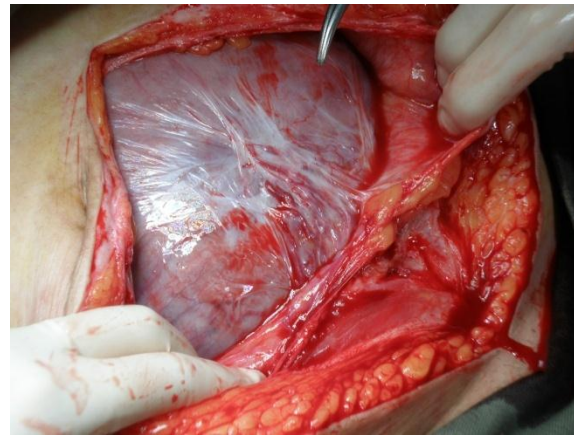
<sup>a</sup> UCL Institute for Women's Health, University College London (UCL), London, UK

<sup>b</sup> Gynaecology Diagnostic and Outpatient Treatment Unit, Department of Obstetrics and Gynaecology, University College London Hospitals (UCLH), London, UK

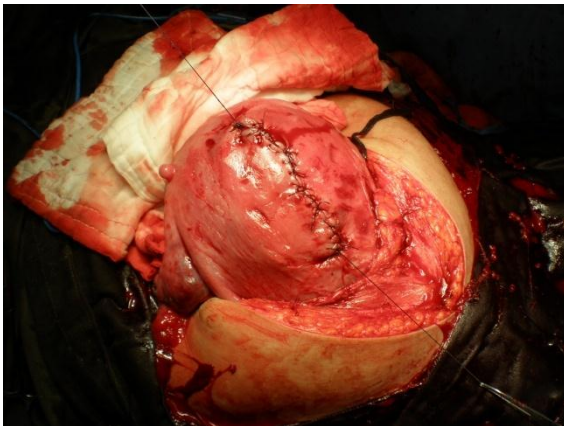
# PREDICTION OF MAJOR PLACENTA PRAEVIA AND ACCRETA



# PREDICTION OF MAJOR PLACENTA PRAEVIA AND ACCRETA



2011 KWH



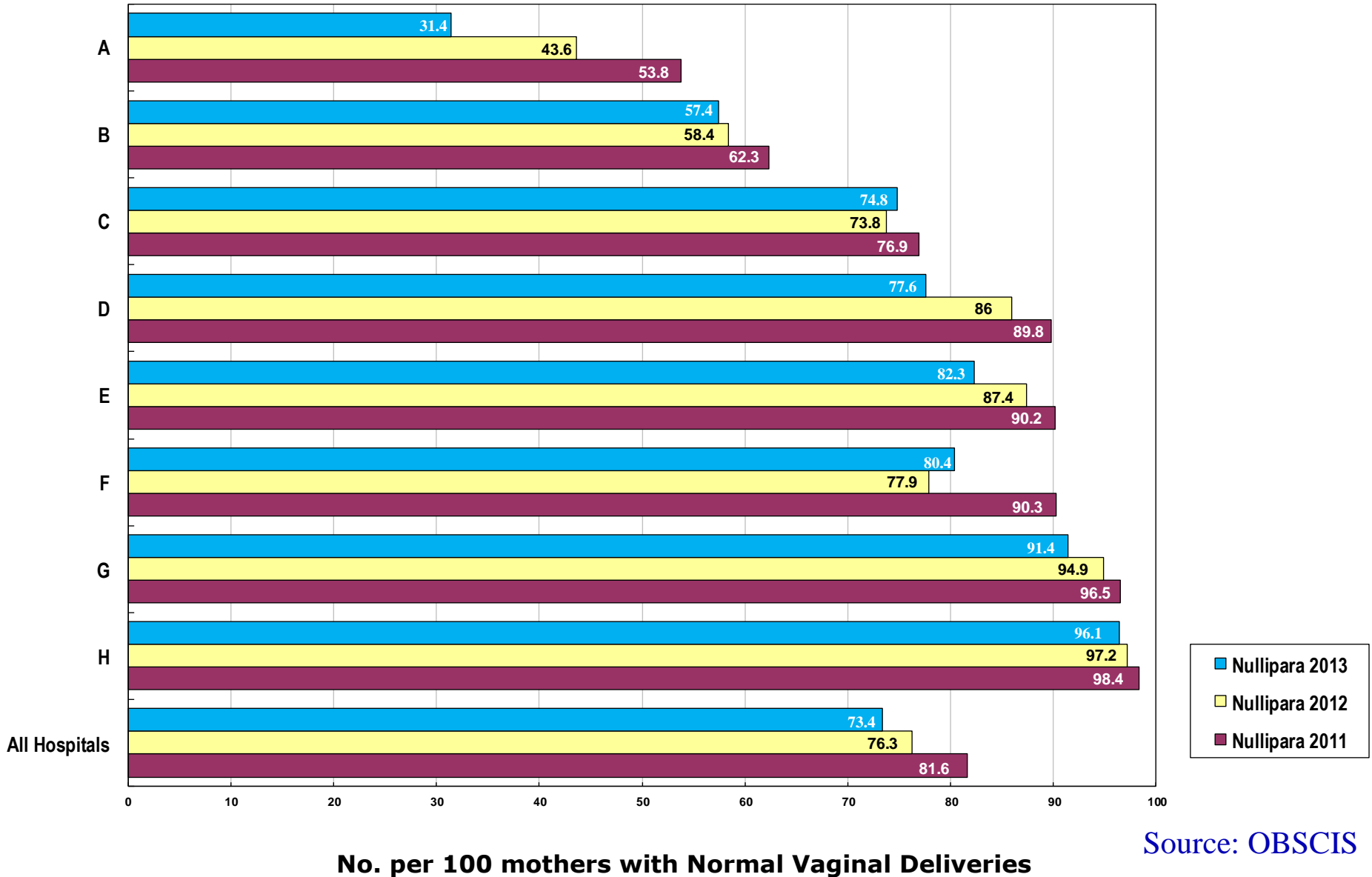
## PREDICTION OF MAJOR PLACENTA PRAEVIA AND ACCRETA

### *Risk of Placenta Accreta*

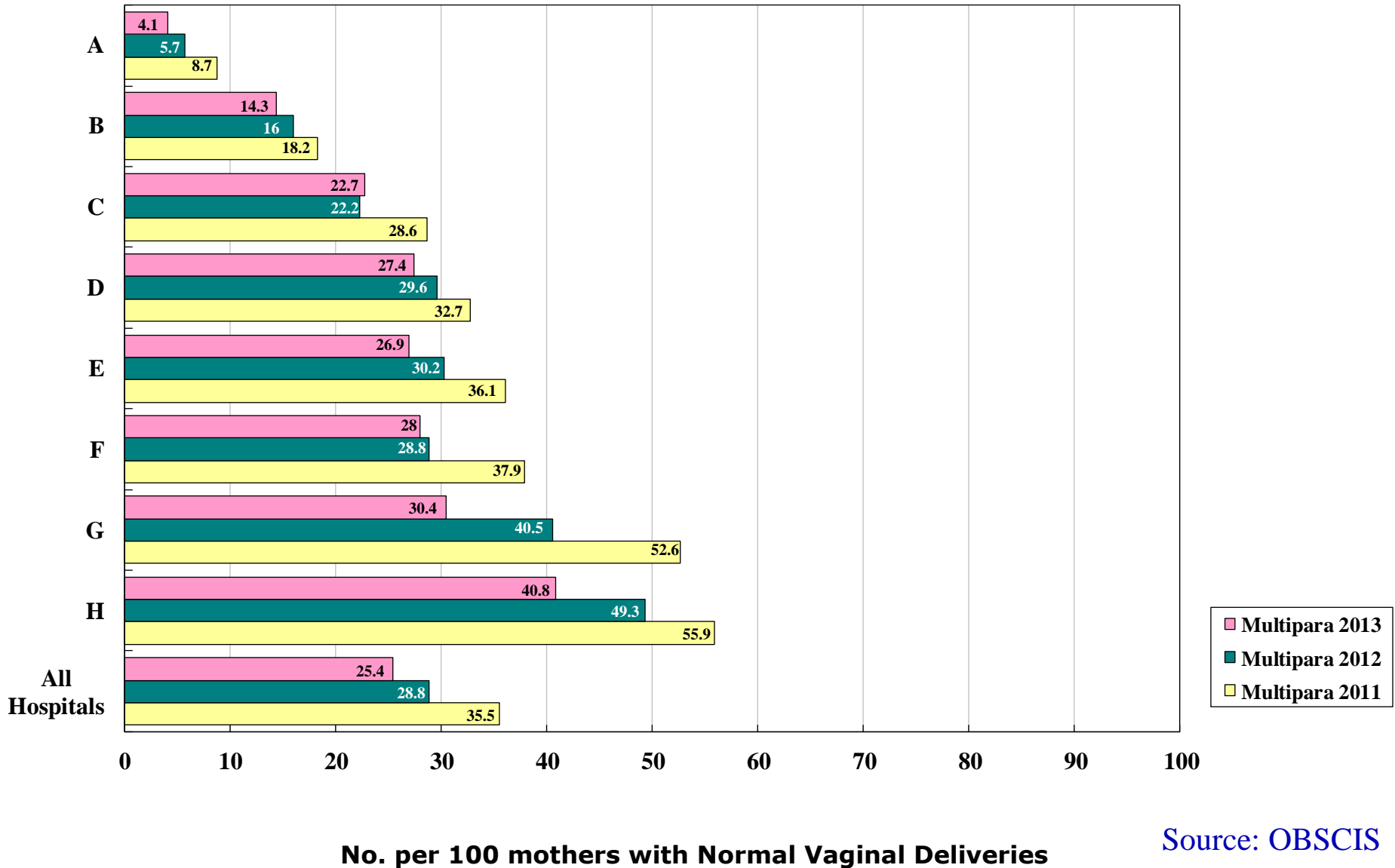
Incidence of placenta accreta in patients with placenta praevia increased with the number of previous Caesarean sections: 1.9%, 15.6%, 23.5%, 29.4%, 33.3%, and 50.0% after 0, 1, 2, 3, 4, and 5 previous Caesarean sections, respectively<sup>68</sup>.

**No routine Episiotomy**

# Episiotomy Rate in Normal Vaginal Delivery in 8 HA Hospitals (2011 – 2013)



# Episiotomy Rate in Normal Vaginal Delivery in 8 HA Hospitals (2011 -2013)



## Restrictive Episiotomy in Normal Vaginal Delivery

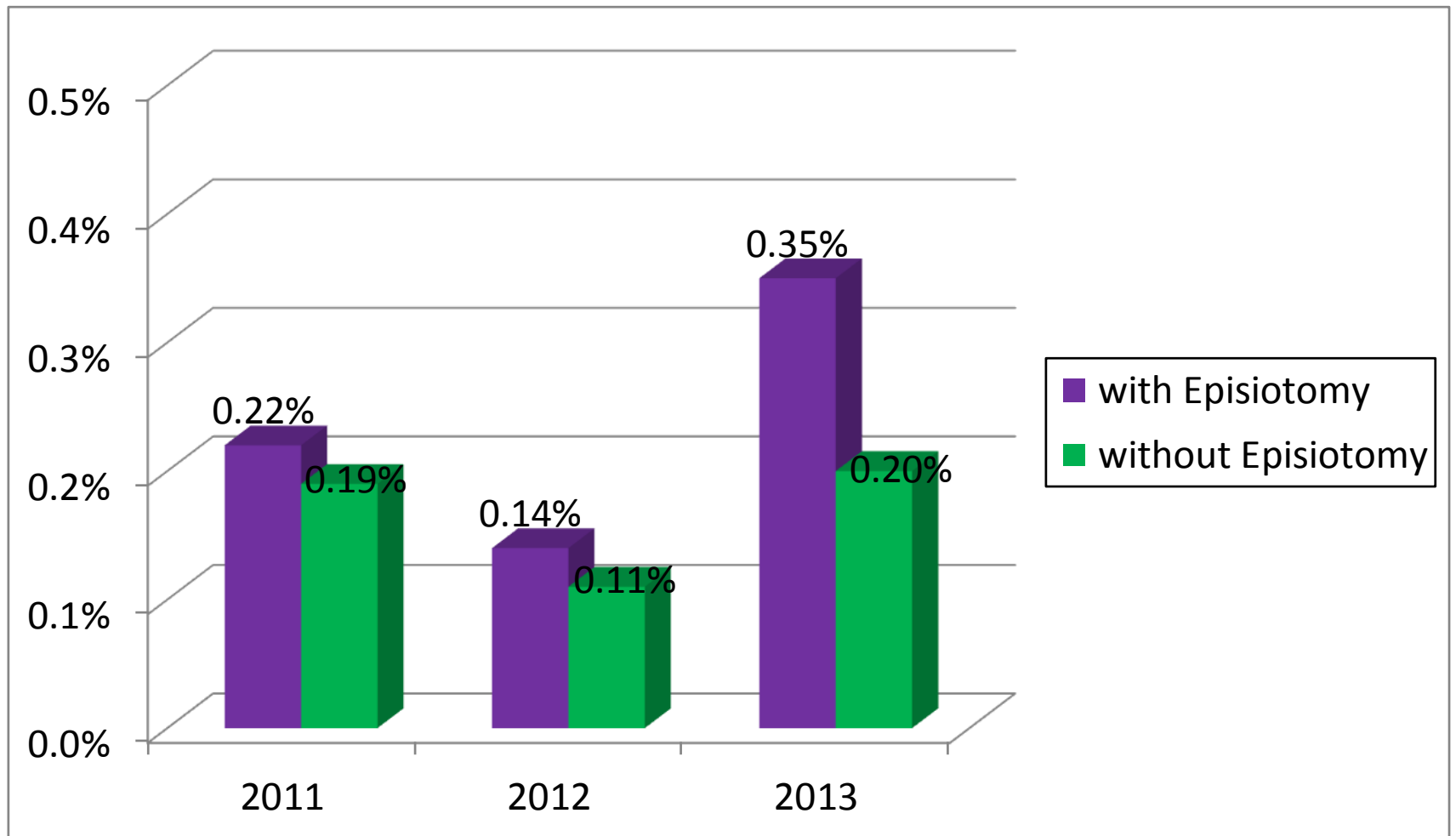
**Episiotomy rate (NVD) in 2011 : 57.7%**

**Episiotomy rate (NVD) in 2012 : 52%**

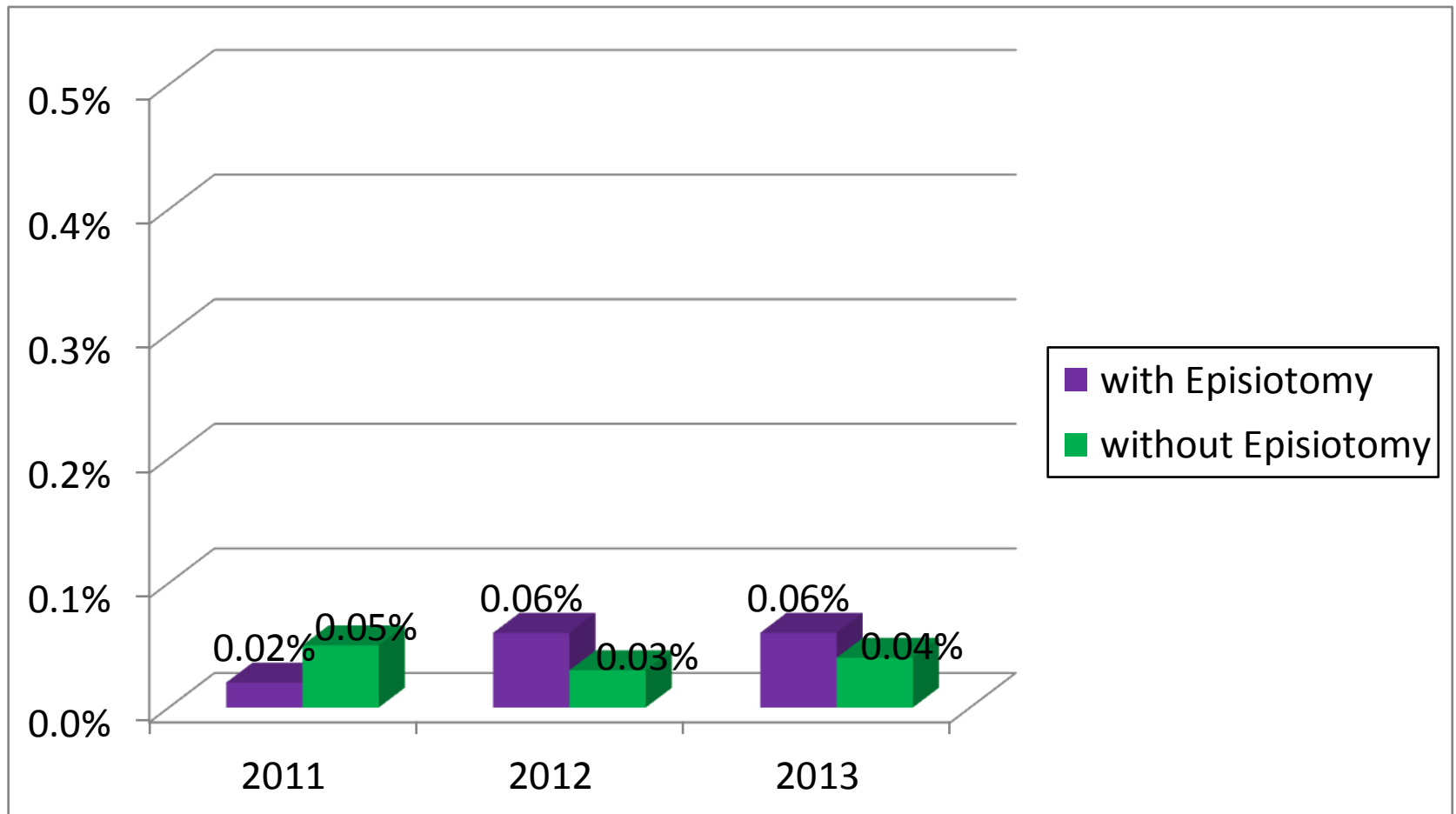
**Episiotomy rate (NVD) in 2013 : 49.2%**



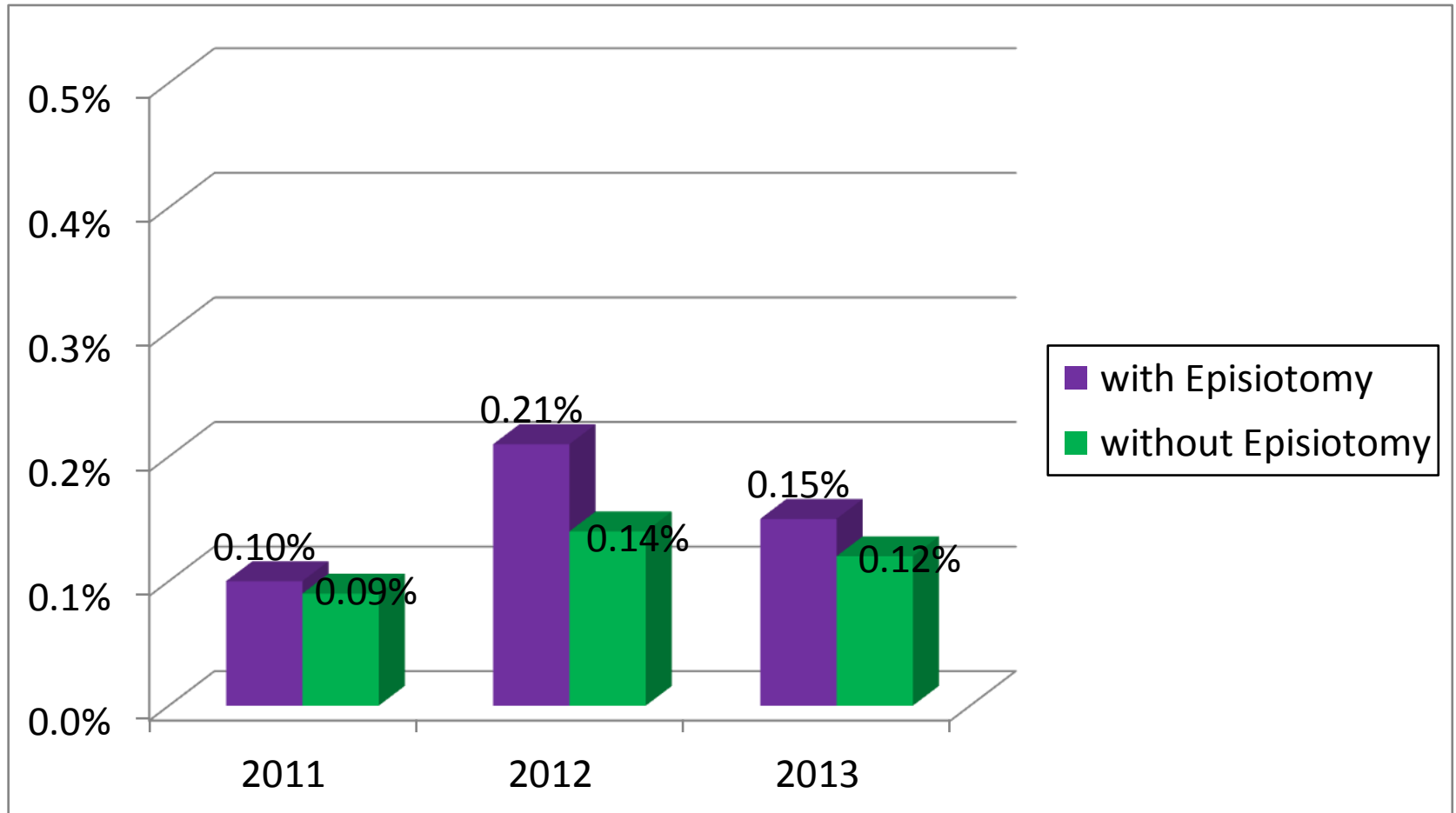
## 3<sup>rd</sup> Degree Tear in normal vaginal deliveries



## 4<sup>th</sup> Degree Tear in normal vaginal deliveries



## Vaginal Haematoma in normal vaginal deliveries



# **Labour Pain Relief (Non-drug)**

## 即時掌握第一手突發新聞消息

廣華又停用笑氣 產婦逼忍十級痛



### 廣華又停用笑氣 產婦逼忍十級痛

fb 推介 131



【朱先儒、醫療組報道】公院產房「笑氣」（氧化亞氮）超標事件餘波未了，繼威爾斯親王醫院及瑪嘉烈醫院停用笑氣後，勞工處上周五巡查廣華醫院時，發現接駁笑氣面罩與氣體淨化系統的喉管有問題，成為第三間需停用笑氣的醫院。醫管局已委託科大專家為全部公院產房進行第二階段評估，未有最後結果前，保守估計每月近二千名產婦無笑氣可用，承受十級痛楚生仔。廣華醫院婦產科主任梁永昌強調，笑氣非唯一止痛方法，希望產婦不要過分擔憂。

15.10.2012

東方電視

更多新聞短片



# 塞翁失马 焉知非福



f 推介 { 0



【本報訊】將做第二任媽媽的鄧太笑言，首胎分娩時「由頭痛到落尾」，今胎首次用生產球運動止痛很見效。廣華醫院物理治療師嚴選「四招」生產球運動增加盆骨的靈活性，助BB的「頭仔」快快出來。

廣華醫院物理治療師梁慧貞指，透過伸展關節及強化肌肉的「四招」訓練，可減輕腰痛及放鬆。第一招盆骨前後蹺，孕婦坐在球上將盆骨向前後蹺，使盆骨更靈活。第二招是像扭呼拉圈般旋轉盆骨，放鬆腰背。坐在球上輕輕動彈期間，物理治療師在孕婦腰後承托能減輕雙膝跪下，胸口靠向健身球，上身向前後、左右推動，每組動作做三至四分鐘。

梁慧貞稱醫護會選有相當陣痛並可下床的孕婦接受該治療。壓的孕婦做此運動。





## 「彈吓扭吓」分散注意力

懷孕卅八周的鄧太已穿羊水等候分娩第二胎。她首胎在內地分娩，當時並沒有任何鎮痛方法。今次懷孕她一直有做生產球治療，認為「彈吓、扭吓」可分散注意力，痛楚的確減少。

廣華醫院物理治療師梁慧貞指，透過伸展關節及強化肌肉的「四招」訓練，可減輕腰痛及放鬆，包括第一招盆骨前後蹺，孕婦坐在球上將盆骨向前及向後蹺，使盆骨

更靈活：「幫手推個BB落去。」第二招是類似扭呼拉圈般旋轉盆骨，可放鬆腰背肌肉。第三招讓產婦坐在球上輕輕動彈期間，物理治療師在孕婦腰後承托能減輕痛楚。第四招讓產婦雙膝跪下，胸口靠向健身球，上身向前後、左右推動，可將腰骨放平減負荷。每組動作做三至四分鐘便可。



雙膝跪下的盆骨旋轉動作可讓產婦伸直腰背，減輕BB重量帶來的壓力。



# Efficacy of birth ball exercises on labour pain management

Regina WC Leung 梁慧貞  
Jess FP Li 李鳳萍  
Mary KM Leung 梁家美  
Brigitte KY Fung 馮潔玉  
Lawrence CW Fung 馮振威  
SM Tai 戴倩明  
C Sing 忻 珠  
WC Leung 梁永昌



Video of birth ball  
exercise is available  
at [www.hkmj.org](http://www.hkmj.org).



Watch Video

**Objectives** To evaluate the efficacy of a birth ball exercise programme conducted by physiotherapists on pain relief, psychological care, and facilitation of the labour process at a labour ward in a regional hospital.

**Design** Case series with before-after comparisons.

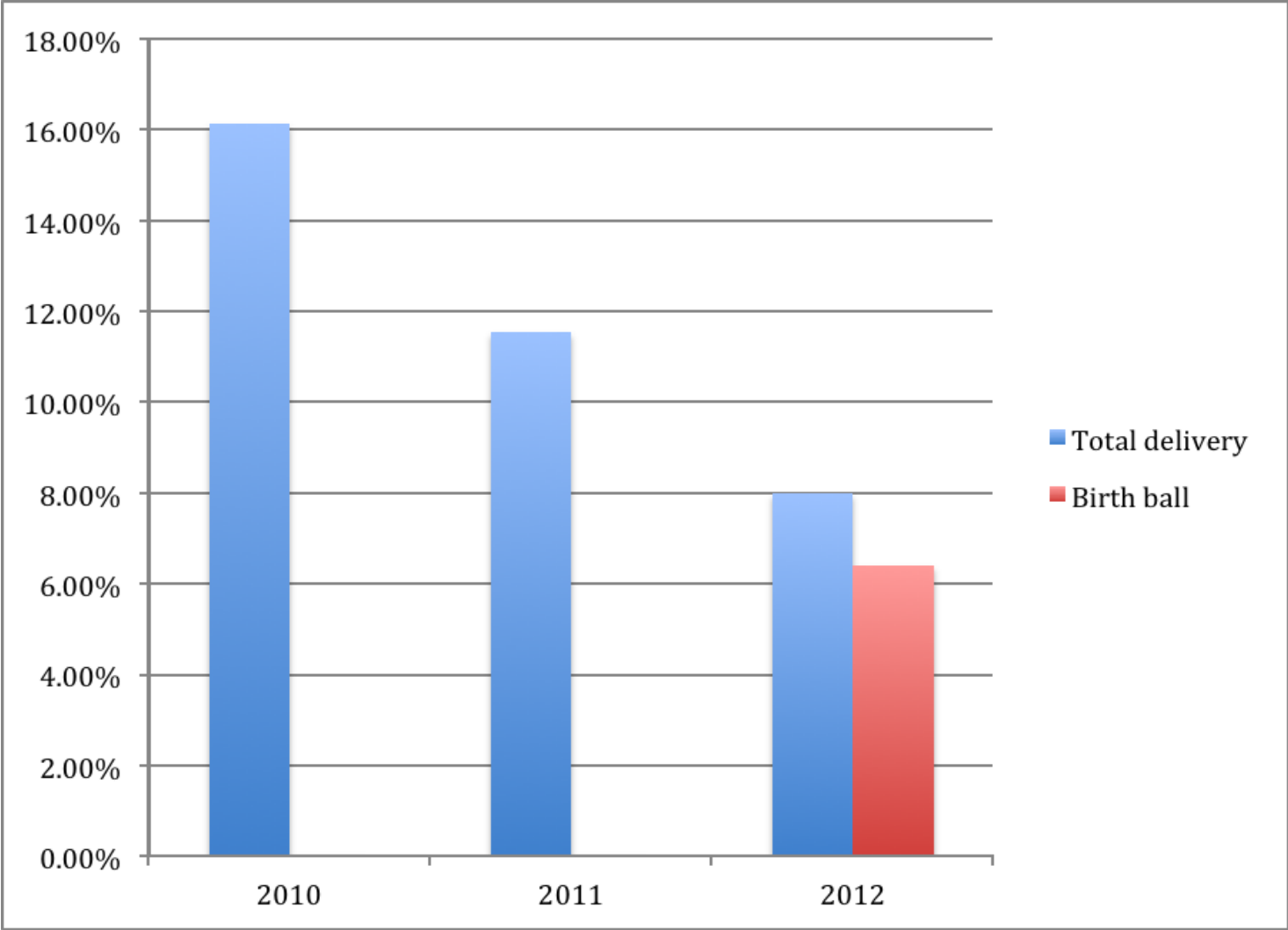
**Setting** Kwong Wah Hospital, Hong Kong.

**Participants** Chinese women admitted to the labour ward for spontaneous vaginal delivery between April and August 2012 were recruited. Physiotherapists taught birth ball exercises in groups or individually for 30 minutes. Labour pain intensity, back pain intensity, frequency of labour pain, stress and anxiety levels, and subjective pressure level over the lower abdomen were captured before and after birth ball exercises. Most of the parameters were measured using self-reported visual analogue scales. After the exercise session, physiotherapists measured the women's satisfaction level. Midwives recorded pethidine usage.

**Results** A total of 203 pregnant women participated in this programme; 181 were in the latent phase group, whereas 22 were categorised into the no-labour-pain group. In both groups, there were statistically and clinically significant differences in back pain level, stress and anxiety levels, as well as pressure level over the lower abdomen before and after the exercise ( $P < 0.05$ ). In the latent phase group, significant decreases in labour pain and frequency of labour pain were demonstrated. Mean satisfaction scores were high, with visual analogue scale scores higher than 8.2 in both groups. Pethidine usage showed a further decreasing trend (6.4%) compared with the past 2 years.

**Conclusion** Birth ball exercise could be an alternative means of relieving back pain and labour pain in the labour ward, and could decrease pethidine consumption in labouring women.

# Percentage of pethidine used in labour ward of Kwong Wah Hospital



Linder Kimber



Hsu Lan Lan (PYNEH)



Linder Kimber



Hsu Lan Lan (PYNEH)





KOWLOON WEST CLUSTER  
九龍西醫院聯網



廣華醫院

KWONG WAH HOSPITAL



# **INCORPORATING MULTI-MODALITY NON-PHARMACOLOGICAL LABOR PAIN RELIEF IN ROUTINE CLINICAL SETTING – ANECDOTAL EXPERIENCE OF A LOCAL REGIONAL HOSPITAL**

Tam CYC , Chu SY, Lau S H , Tai SM , Sing C , Lau WL, Leung WC  
Department of Obstetrics and Gynecology, Kwong Wah Hospital





# **Early skin-to-skin contact after delivery**







KOWLOON WEST CLUSTER  
九龍西醫院聯網

KOWLOON WEST CLUSTER  
九龍西醫院聯網



廣華醫院

KWONG WAH HOSPITAL



# THE EFFECT OF EARLY SKIN TO SKIN CONTACT ON EXCLUSIVE BREASTFEEDING RATE AND SELF-EFFICACY OF BREASTFEEDING AMONG HONG KONG CHINESE WOMEN

LEUNG YN<sup>(1)</sup>, CHAN LYS<sup>(2)</sup>, LEUNG WC<sup>(1)</sup>, SING C<sup>(1)</sup>

<sup>(1)</sup> Department of Obstetrics and Gynaecology, Kwong Wah Hospital, <sup>(2)</sup> School of Public Health, Chinese University of Hong Kong



## 醫局專責小組 倡不重收單非

醫管局婦產科服務專責小組昨日開會討論明年服務需求，會上估計來年本地孕婦約有**6至7%**增長，為確保優先服務本地孕婦，成員同意明年不會重收單非孕婦，小組會在今年**6月**向醫管局提交建議。有與會醫生提出，已飽和的初生嬰兒深切治療部（**NICU**）難應付額外需求，而婦產科正發展母乳餵哺宣傳，工作量已很龐大。

倡婦產科騰空間擴其他服務醫管局婦產科中央統籌委員會主席張德康昨說，公立醫院的婦產科及兒科醫生人手不足，雖然產房工作量減少，但專責小組同意應優先考慮改善本地孕婦的產科服務，而單非孕婦現在可到私家醫院產子，沒有使用公院服務的迫切性。

參與會議的廣華醫院婦產科部門主管梁永昌認為，停收雙非可騰出公立醫院婦產科空間以擴展服務，尤其是餵母乳宣傳，需大量人手，如助產士及護士近乎一對一與產婦「私人補習」，工作量不容忽視。

# Sudden Unexpected Postnatal Collapse of Newborn Infants: A Review of Cases, Definitions, Risks, and Preventive Measures

Eric Herlenius • Pierre Kuhn

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**Abstract** This study aimed to review available published reports concerning sudden unexpected postnatal collapse (SUPC) of apparently healthy infants within the first days of postnatal life, establish a structured presentation and delineate recommendations for preventive measures. All

death described, no etiology was found in 153 cases. When a defined time for the SUPC event is described, approximately one third of reported events occur during the first 2 h, between 2 and 24 h and between 1 and 7 days after birth, respectively. Adequate education of caregivers and appropriate surveillance

# Guidelines for the Investigation of Newborn Infants who suffer a Sudden and Unexpected Postnatal Collapse In the First Week of Life

Recommendations from a Professional Group on Sudden  
Unexpected Postnatal Collapse

March 2011

Funded by WellChild



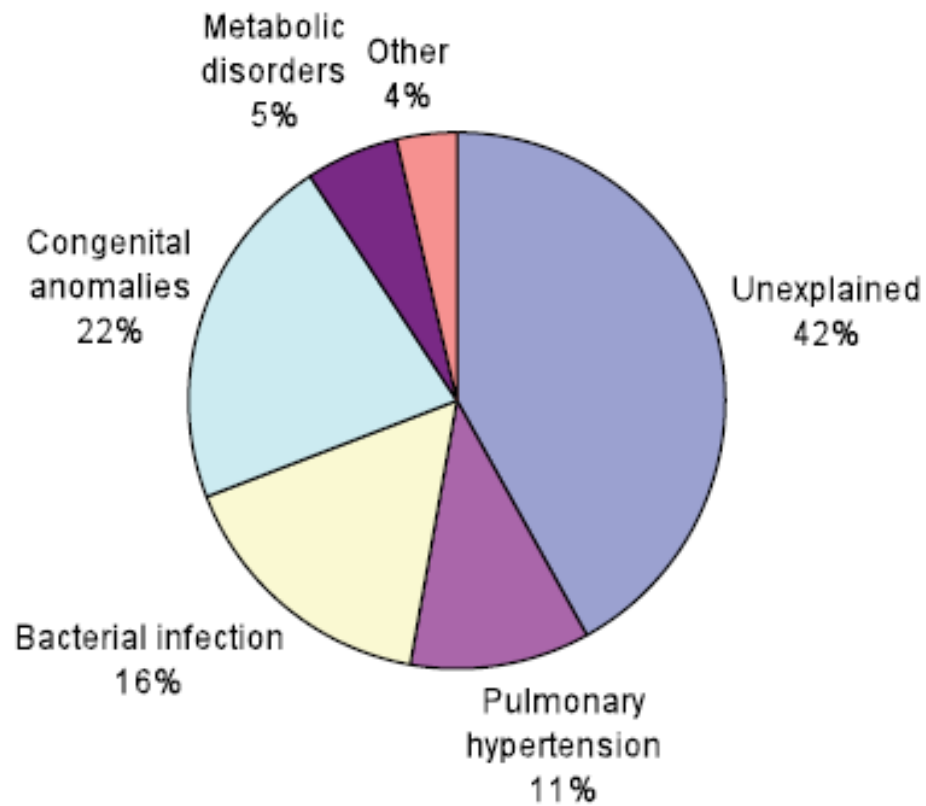
Endorsed by the British Association of Perinatal Medicine





## Sudden Unexpected Postnatal Collapse

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# BFHIHKA - WBW Annual Survey 2013

本港母乳餵哺率(出院計) (1992 - 2012)  
Breastfeeding rate on Discharge (1992 - 2012)

