Breastfeeding Surveillance 2025

Background

The Department of Health (DH) conducts regular surveillance on breastfeeding trends in Hong Kong. The core indicators comprise:

- Immediate and uninterrupted **"skin-to-skin contact rates"** at birth across all local birthing hospitals
- **"Breastfeeding rates"** and **"exclusive breastfeeding rates" upon hospital discharge** from all local birthing hospitals
- **"Breastfeeding rates" during the first year of life** and **"exclusive breastfeeding rates" up to 6 months of age** across all Maternal and Child Health Centres (MCHCs)

Objective

This breastfeeding surveillance evaluates breastfeeding practices during the first year of life among an infant cohort born in the second quarter of 2024, and assesses the local breastfeeding landscape.

Methodology

Part 1 Routine Statistics

The DH regularly has collected territory-wide hospital data to monitor skin-to-skin contact and infant feeding practices. To provide a robust baseline encompassing this cohort's birth period, this report presents full calendar year 2024 data, covering all 19 local birthing hospitals (8 public and 11 private).

Part 2 Periodic Surveillance

In parallel, the DH has conducted its regular breastfeeding surveillance biennially across its MCHCs since 2002, focusing on feeding patterns throughout the first 12 months of life. To minimise seasonal variations and ensure longitudinal comparability, the exercise is scheduled during the second quarter of the survey year.

- **Sampling and Data Collection**: The current surveillance cycle encompassed all infants attending routine 12-month-old visits at MCHCs between 12 and 30 May 2025 (i.e., infants born in Q2 2024). Longitudinal data on feeding practices at 1, 2, 4, and 6 months of age were transcribed from child health records, while the current feeding status at 12 months was obtained via direct parental or carer interviews.
- **Classification**: Feeding status was categorised in accordance with the latest World Health Organization (WHO) indicators (Appendix 1),[1,2] and recorded by nursing staff using standardised data collection sheets.
- **Reasons for Breastfeeding Cessation**: To identify barriers to sustained breastfeeding within the first year, nursing staff enquired about reasons for cessation during parental interviews, recording a maximum of two reasons per case. Exclusion criteria comprised instances where infants were actively breastfed at 12 months, or where the mother did not attend the MCHC in person.

Results and Discussion

Breastfeeding Initiation and Early Establishment

(I) Skin-to-skin Contact (STSC) Rates

Defined as placing a newborn prone skin-to-skin on the mother's bare chest for at least one uninterrupted hour or until after the first feed,[3] **immediate and uninterrupted skin-to-skin contact** (STSC) is a critical indicator for "early initiation of breastfeeding" (EIBF). This practice is incorporated into the WHO/UNICEF "Ten Steps to Successful Breastfeeding" guidelines.[4,5]

Beyond providing acute physiological stabilisation and long-term health benefits,[6-9] immediate and uninterrupted STSC is strongly associated with enhanced breastmilk production,[10-13] accelerated mature milk transition,[14] and reduced delayed lactogenesis.[13,15] Furthermore, a 2025 Cochrane Review confirms this practice increases exclusive breastfeeding up to six months.[6]

In 2024, the territory-wide **skin-to-skin contact rate**[i] stood at **31.5%**. The rate has remained largely static at a low level in recent years despite the increasing number of Baby-Friendly Hospitals in Hong Kong since 2017 (Table 1). These findings underscore an urgent need for all local maternity units to optimise clinical practices to enhance breastfeeding outcomes.[16-19]

(II) Breastfeeding Rates upon Hospital Discharge

In 2024, the rates of **breastfeeding upon hospital discharge**[ii] and **exclusive breastfeeding during the hospital stay**[iii] were **80.9%** and **10.7%**, respectively (Table 2).

Long-term trends show substantial progress for the discharge breastfeeding rate, which rose from 55.3% in 2000 to 80.9% in 2024. Conversely, the exclusive breastfeeding rate during hospital stays contracted by nearly half, dropping from 22.7% in 2017 to 10.7% in 2024.

Baby-Friendly Hospital Initiative (BFHI)

The Baby-Friendly Hospital Initiative (BFHI) is a global WHO/UNICEF accreditation scheme recognising health facilities that fully implement the "Ten Steps to Successful Breastfeeding".[4,5] Evidence indicates that BFHI designation substantially improves clinical outcomes for maternal and child health.[20-22]

Within the territory, all eight public birthing hospitals achieved BFHI designation between 2016 and 2023. Conversely, while private hospitals accounted for approximately 40% of local deliveries in 2024, only two have initiated the designation process, with just one successfully accredited to date.[23] Scaling BFHI accreditation across the remaining private birthing sector is critical to ensuring an optimal start for all newborns.

Reversing the recent decline in exclusive breastfeeding rates requires all birthing hospitals to formulate evidence-based practices, which could be effectively achieved through "continuous quality improvement" projects.[24-25] Priority areas include immediate and uninterrupted STSC,[6,26] 24-hour rooming-in, and professional lactation support.[27] Additionally, the clinical use of donor breastmilk since March 2025 serves as an important adjunctive strategy.[27-28]

(III) Sustained Breastfeeding

Of the 2,066 infants born in 2024 who attended MCHCs during the data collection window, 2,051 completed the full dataset analysis (99.3% completion rate).

The **breastfeeding rates at 1, 2, 4, 6, and 12 months**[iv] were **68.9%, 58.5%, 44.9%, 34.1% and 14.4%,** respectively. Corresponding **exclusive breastfeeding rates at 1, 2, 4,**[v] **and 6 months**[vi] were **20.3%, 20.8%, 17.8% and 13.6%**, respectively (Table 3).

Driven by collective healthcare and community efforts, territory-wide breastfeeding trends improved substantially between 2000 and 2024. Breastfeeding rates from birth to 6 months increased by 20 to 30 percentage points, while the 12-month rate rose by 9 percentage points. Concurrently, the 4-month exclusive breastfeeding rate more than doubled, increasing from 8% to 18%.

(IV) Barriers to Sustained Breastfeeding

Nevertheless, breastfeeding rates across all tracked infant age groups have trended downward recently. In the 2025 surveillance, 1,039 mothers among the surveyed cohort documented their primary reasons for discontinuing breastfeeding within the first year postpartum (Table 4).

Aligned closely with international findings,[29-32] the leading factor was "**perceived insufficient milk supply**" **(PIMS)**, representing **43.6%** of all reported responses. PIMS is defined as a mother's subjective belief that her breastmilk is quantitatively or qualitatively inadequate for her infant's needs.[33-35] This was followed by "**maternal tiredness or inconvenience**"[36-40] at **29.6%**, emerging as a prominent new local barrier. Additionally, **28.5%** of mothers cited "**returning to employment**" as a key obstacle.

Following the expedited Baby-Friendly Initiative accreditation process across MCHCs, clinical audit data validate that over eighty percent of mothers possess adequate knowledge regarding lactation, understanding how to establish milk supply through frequent and effective milk removal, as well as how to monitor infant intake for adequacy. Consequently, only **1.4%** of mothers cited a "**perceived deficit in professional support**" as their main barrier, demonstrating that institutional interventions succeeded and a lack of knowledge is no longer the primary hurdle.

However, despite positive initial intentions and high competency, a "know-do gap" exists in a substantial proportion of mothers who discontinue breastfeeding. This indicates that the core challenge has shifted to ongoing motivation and commitment. When PIMS and physical tiredness interact, they **lower breastfeeding self-efficacy (BSE)**, defined as a mother's confidence in her ability to successfully breastfeed. Ultimately, this diminished BSE becomes the overriding barrier hindering her determination to persevere.[41-45]

Conclusion

Strategic Interventions

Drawing upon the local situation, the **Committee on Promotion of Breastfeeding** has proposed two core strategic directions to cultivate an inclusive and sustainable breastfeeding environment: (1) strengthening and consolidating professional support within healthcare institutions, and (2) enhancing multi-sectoral support across the community and workplaces.

At the organisational level, implementing the evidence-based "**Baby-Friendly Healthcare Facility**" accreditation programme can effectively increase rates of breastfeeding initiation, exclusivity, and duration.

Professional breastfeeding support should go beyond routine empowerment of knowledge and skills, and pivot towards personalised care that is autonomy-supportive and fosters maternal motivation. Sustaining this care requires antenatal clinics, birthing hospitals, and community MCHCs to provide a seamless **continuum of motivational support, enhancing a mother's breastfeeding self-efficacy (BSE)** across all consecutive maternity stages. Within this framework, trained peer counsellors can provide structured **"mother-to-mother" support**, reinforcing maternal confidence through shared experiences and flexible communication channels.[46-52]

Furthermore, **broad community support** is crucial for sustaining breastfeeding post-discharge. To overcome primary barriers like "physical tiredness" and "employment re-entry", various sectors must collaborate with families to establish a breastfeeding-friendly culture and supportive ecosystem across **workplaces and public spaces**.[53-57]

ENDS

Table 1: Immediate and uninterrupted skin-to-skin contact rates at all birthing hospitals

Year	Number of live births	Skin-to-skin contact rates[(i)]		
		Overall	Public	Private
2017	56 541	31.6%	41.4%	11.8%
2018	53 711	30.6%	40.6%	10.9%
2019	52 850	31.2%	43.2%	9.1%
2020	43 024	29.9%	40.7%	11.8%
2021	36 945	33.1%	44.0%	14.1%
2022	32 496	31.6%	43.0%	14.0%
2023	33 229	32.6%	44.4%	12.9%
2024	36 721	31.5%	42.6%	14.0%

Table 2: Breastfeeding rates upon hospital discharge in 2020, 2022 and 2024

		Year of birth		
		2020	2022	2024
Number of live births		43 024	32 496	36 721
Rates of breastfeeding upon hospital discharge [(ii)]	Overall (H:19)	86.8%	84.7%	80.9%
	Public (H:8)	82.4%	78.9%	77.8%
	Private (H:11)	94.0%	93.8%	85.8%
Rates of exclusive breastfeeding during hospital stay [(iii)]	Overall (H:19)	18.9%	15.4%	10.7%
	Public (H:8)	26.8%	21.9%	15.2%
	Private (H:11)	5.9%	5.2%	3.6%

Table 3: Breastfeeding rates of infants born in 2020, 2022 and 2024

Breastfeeding surveillance		Year of birth			*p-value* for trend
		2020	2022	2024	
		N = 1 755 [95% CI]	N = 1 392 [95% CI]	N = 2 051 [95% CI]	
Rates of breastfeeding (iv)	At 1 month	77.4% [75.3-79.3%]	77.2% [74.9-79.9%]	68.9% [66.9-70.9%]	< 0.001
	At 2 months	66.6% [64.3-68.8%]	66.6% [64.0-69.1%]	58.5% [56.3-60.6%]	< 0.001
	At 4 months	53.9% [51.5-56.3%]	52.7% [50.0-55.3%]	44.9% [42.7-47.0%]	< 0.001
	At 6 months	43.1% [40.7-45.4%]	42.3% [39.7-45.0%]	34.1% [32.1-36.2%]	< 0.001
	At 12 months	23.9% [21.9-25.9%]	22.1% [19.9-24.3%]	14.4% [12.9-16.0%]	< 0.001
Rates of exclusive breastfeeding (v)	At 1 month	28.8% [26.7-31.0%]	23.9% [21.6-26.2%]	20.3% [18.6-22.1%]	< 0.001
	At 2 months	28.1% [26.0-30.3%]	23.9% [21.7-26.3%]	20.8% [19.1-22.6%]	< 0.001
	At 4 months	25.6% [23.6-27.8%]	21.8% [19.7-24.1%]	17.8% [16.2-19.5%]	< 0.001
	At 6 months (vi)	22.2% [20.2-24.2%]	18.2% [16.2-20.3%]	13.6% [12.1-15.1%]	< 0.001

Remarks: A Cochran-Armitage test yielded a *p-value* of less than 0.05, confirming a statistically significant linear decline when comparing data across the 2020, 2022, and 2024 birth cohorts.

Table 4: Reasons for not continuing breastfeeding during the first year of infant life

Primary breastfeeding barriers	N = 1 039 **Percentage**	
Perceived insufficient milk supply (PIMS)	43.6%	*Reflecting low breastfeeding self-efficacy*
Tiredness or inconvenience	29.6%	
Returning to employment	28.5%	
Difficulties or medical problems during lactation	7.4%	
Perceived deficit in social support	1.7%	
Perceived deficit in professional support	1.4%	

Notes:

1. Open-ended interview questions were utilised; respondents could provide a maximum of two answers.
2. Percentages sum to more than 100% because respondents were permitted to select multiple entries.

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Definitions of indicators[2]

Skin-to-skin contact (Early initiation of breastfeeding)

The practice of placing a newborn prone skin-to-skin on the mother's uncovered chest immediately or within 5 minutes after birth; continuing uninterrupted for at least one hour or until after the first breastfeeding. It reflects early initiation of breastfeeding.

Remarks: Early initiation of breastfeeding does not require that the infant suckled at the breast or that milk was transferred from breast to infant. It represents the practice of putting the baby to breast within the first hour.

Breastfeeding

The practice of feeding breastmilk; and it includes "exclusive breastfeeding" and "mixed milk feeding"

Remarks: Breastfeeding by a wet nurse, feeding of expressed breastmilk, and feeding of donor human milk all count as being fed breastmilk.

Exclusive breastfeeding

The practice of feeding breastmilk with no other food or drink, not even water

Remarks: Prescribed medicines, oral rehydration solution, vitamins and minerals are not counted as fluids or foods. However, herbal fluids and similar traditional medicines are counted as fluids, and infants who consume these are not exclusively breastfed.

Mixed milk feeding (Partial breastfeeding)

The practice of feeding milk other than human breastmilk in addition to breastmilk

Remarks: Milk other than human breastmilk includes formula (e.g. infant formula, follow-on formula, "toddler milk") or any liquid animal milk (e.g. cow's milk, goat's milk, evaporated milk or reconstituted powdered milk).

Interpretation of data

(i) Skin-to-skin contact (STSC) rates

The proportion of newborns in birthing hospitals who experience uninterrupted skin-to-skin contact with their mothers immediately or within 5 minutes after birth; lasting at least one hour or after the completion of the first breastfeeding, out of the total number of live births

(ii) Breastfeeding rates upon hospital discharge

The proportion of newborns who receive breastmilk exclusively or for the majority of the time during their hospital stay prior to discharge, out of the total number of live births

(iii) Exclusive breastfeeding rates during hospital stay

The proportion of newborns who receive only breastmilk from birth till hospital discharge, out of the total number of live births

(iv) Breastfeeding rates at 1, 2, 4, 6 and 12 months

The proportion of infants at 1, 2, 4, 6 and 12 months of age who received breastmilk during the previous 24 hours, regardless of whether they also consumed other milk types

(v) Exclusive breastfeeding rates at 1, 2 and 4 months

The proportion of infants at 1, 2 and 4 months of age who were fed exclusively with breastmilk during the previous 24 hours

(vi) Exclusive breastfeeding rate at 6 months

The proportion of infants at 6 months of age who received breastmilk during the previous 24 hours without any consumption of formula milk. These infants may or may not have commenced complementary food.

Confidence Intervals (CIs)

Confidence intervals measure the precision of estimates derived from sample data. They provide a range of values within which the true population parameter is expected to fall a specific percentage of the time if sampling were repeated in the exact same manner. The confidence intervals presented in this report are set at the 95% level.

Executive Highlights for the 2025 Surveillance

- **Static Early Initiation**: Only **31.5%** of newborns receive immediate, uninterrupted skin-to-skin contact and early breastfeeding initiation at birth, a metric that has remained flat at a low level since 2017.
- **Positive Long-term Trajectory**: Over the past 25 years, the local breastfeeding rate upon hospital discharge rose significantly from 55% to **81%**, while the four-month exclusive breastfeeding rate more than doubled from 8% in 2000 to **18%** in 2024.
- **Recent Longitudinal Decline**: Over the past four years, breastfeeding rates across all tracked infant age groups experienced a gradual downward drift, contracting by 8-9 percentage points for breastfeeding and 7-8 percentage points for exclusive breastfeeding.
- **Primary Cessation Determinants**: **Perceived insufficient milk supply** (**43.6%**), **maternal tiredness or inconvenience** (**29.6%**), and **employment re-entry** (**28.5%**) are the leading barriers to continued breastfeeding during the first year of infant life.