

**Subcommittee to Study Issues Relating to Mainland- HKSAR Families**

**Use of obstetric services by Mainland pregnant women whose  
husbands are Hong Kong permanent residents**

**Purpose**

This paper briefs Members on the provision of obstetric services to non-local women, in particular Mainland pregnant women whose husbands are Hong Kong permanent residents, by public and private hospitals in Hong Kong.

**Government's policy on obstetric services**

2. The issue of non-local pregnant women giving birth in Hong Kong has always been the concern of the Government of the Hong Kong Special Administrative Region and a lot of efforts have been devoted to tackling this problem. The Government's established policy is to ensure that local pregnant women are given proper and priority obstetric services. We will only consider providing obstetric services to non-local pregnant women when there is spare service capacity. The number of non-local women (mainly Mainland women) seeking to give births in Hong Kong has been increasing rapidly in recent years. It has caused tremendous pressure on the capacity of obstetric service in public hospitals and affected the provision of such service to Hong Kong residents. In response to this rising trend, the Hospital Authority (HA) has since 1 February 2007 implemented revised arrangements for providing obstetric services to non-local women.

3. Under the revised arrangements, all Non-eligible Persons (NEPs<sup>\*</sup>) who wish to seek obstetric services in public hospitals have to make prior booking and pay a package charge of \$39,000. For cases of delivery by emergency admission through the Accident and Emergency Departments (A&EDs) and/or without having undergone any antenatal check-up at a HA specialist outpatient clinic during the concerned pregnancy, the charge would be \$48,000. Private hospitals are also required to issue a booking certificate to non-local women who have made obstetric service booking to facilitate checking by immigration officers when they enter Hong Kong (see paragraph 8 below). The purpose of these revised arrangements is to ensure that Hong Kong resident women are given priority for proper

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\* Our public healthcare services are available to our local residents (as Eligible Persons) at highly subsidised rates. Non-local people (as Non-eligible Persons) have to pay the specified charges applicable to them for access to our public healthcare services.

obstetric services, to limit the number of non-local women coming to Hong Kong to give birth to a level that can be supported by our healthcare system, and to deter non-local pregnant women from the dangerous behaviour of seeking emergency hospital admissions through A&EDs shortly before labour.

#### **Latest situation of demand for obstetric services**

4. Notwithstanding the above new measures, the demand for local obstetric services from both local and non-local women (mainly from the Mainland) has continued to rise since 2007. The total number of live births born in Hong Kong has risen from 70 875 in 2007 to 95 500 in 2011, of which the number of live births born to Mainland women has increased from 27 574 to over 43 900. A breakdown of the numbers of live births born to local and Mainland women in Hong Kong in the past 12 years is at **Annex A**. The total numbers of deliveries in public and private hospitals are about 45 400 and 49 000 respectively in 2011. The figures of deliveries at public and private hospitals in 2011, with breakdown of deliveries by local and non-local women, are at **Annex B**.

5. To further limit the number of non-local women giving birth in Hong Kong, the Food and Health Bureau (FHB) has agreed with HA, the Department of Health (DH), the 10 private hospitals providing obstetric services and the professional groups of obstetricians and paediatricians in June 2011 to implement a series of new measures to control the use of obstetric services by non-local women and alleviate the pressure on the obstetric and neonatal services in Hong Kong:

- (a) the number of non-local pregnant women giving birth in Hong Kong in 2012 will be limited to 35 000. The delivery places at public and private hospitals for non-local women are estimated to be 3 400 and 31 000 respectively. HA will stop accepting bookings once this service capacity is full or when more capacity has to be reserved to cope with an increase in service demand from local women;
- (b) non-local pregnant women who intend to have deliveries in Hong Kong will be required to undergo antenatal check-up by obstetricians in Hong Kong at an appropriate stage. The Hong Kong College of Obstetricians and Gynaecologists published guidelines in September 2011 to assist obstetricians in examining non-local pregnant women, so that high-risk pregnancy cases may be denied giving birth in Hong Kong to avoid subjecting these women to additional risks associated with travelling;
- (c) the confirmation certificates on delivery booking of public and private hospitals have been standardised since the end of September 2011 to facilitate checking of

non-local pregnant women at the boundary control points and tracking of the record of antenatal check-ups; and

- (d) the quota of delivery by non-local pregnant women in 2013 will be determined after discussion among the Government, HA and the private hospitals in the first quarter of 2012.

6. To ensure sufficient places in public hospitals are reserved to meet the demand of local pregnant women, HA would regularly review the demand for its obstetric service and neonatal intensive care units and would only accept booking from NEPs when spare service capacity is available. Once the service capacity is reached, HA would stop accepting bookings from non-local pregnant women. In anticipation of rising service demand from local women in 2011, HA suspended the booking of obstetric services by non-local women on 8 April 2011 until the end of 2011.

7. Following the decision by HA to cease accepting booking from non-local women, the number of deliveries by non-local women at public hospitals via A&EDs has been on the increase from 86 in April 2011 to 204 in December 2011. Of these cases, about 26% had made prior bookings with public hospitals but were unable to arrive at the booked hospital in time for delivery. Separately, about 26% of these cases involved non-local women whose spouses are Hong Kong residents. The numbers of emergency deliveries via A&EDs in 2010 and 2011 are at Annex C.

### **Enhanced measures to control the use of obstetric service by non-local women**

8. To prevent non-local women without prior booking of obstetric service from “gate-crashing” the A&EDs, non-local pregnant women are required to produce the booking confirmation certificate for checking by immigration officers at the boundary control points when they enter Hong Kong. Those who cannot produce the confirmation certificate may be refused entry. In response to the rise of the number of emergency delivery by non-local women without prior booking, relevant government departments have stepped up boundary control measures and enforcement action against agents and collaborators who assist non-local women to give birth in Hong Kong. DH has deployed additional health surveillance assistants to various passenger control points to support the operation of immigration officers. They will assist with the assessment of the stage of pregnancy and screening of passengers and, in particular, cross-boundary vehicles which pose the highest risk of assisting non-local pregnant women to enter Hong Kong and evade screening. To tackle the problem at source, the Hong Kong law enforcement agencies have enhanced cooperation with their Mainland counterparts in intelligence exchange to seek to stamp out the operation of agents and syndicates on both sides of the boundaries.

9. In concert with the enhanced boundary control measures and to prevent non-local pregnant women from entering Hong Kong early and going into hiding in order to evade the screening process, the Office of the Licensing Authority of the Home Affairs Department has stepped up inspection and enforcement efforts against unlicensed guesthouses, including conducting more frequent inter-departmental joint operations with the Police, and collecting evidence proactively by posing as clients through undercover operation. They have also worked closely with the Estate Agents Authority and the Office of the Commissioner for Insurance to take enforcement actions against the illegal practices of estate agency practitioners and insurance agency practitioners.

10. To encourage public rental housing (PRH) tenants to report suspected abusive use of PRH flats (including letting flats to non-local pregnant women), the Housing Department has stepped up publicity and education, and will detect and follow up any suspected tenancy abuse cases under the established mechanism such as through routine or surprise flat inspections.

11. Through the above measures, the number of non-local pregnant women giving birth at A&EDs has steadily declined to an average of 144 each month in the first three months of this year with 39% of them involving non-local pregnant women whose husbands are local residents.

12. Separately, HA has completed the review on the fees for deliveries by NEPs at A&EDs. Taking into account the costs of services, the price for comparable services by private hospitals as well as the affordability of users, FHB has accepted HA's proposal to raise the fees of emergency delivery to \$90,000 to deter non-local pregnant women from seeking emergency admission via A&EDs for delivery to bypass the booking system. The new fees were gazetted on 11 May and took effect on 12 May this year.

### **Latest Arrangements**

13. On the issue of NEP deliveries in 2013, FHB has been holding discussions with private hospitals in recent months. Since this issue is a task which needs to be followed up and handled by the next-term Government, we have also maintained liaison with the Chief Executive-elect in this regard.

14. The Chief Executive-elect has recently indicated that before we can have a full picture of the impact on Hong Kong's social services such as healthcare, maternal and child health services and education caused by non-local pregnant women who give birth in Hong Kong and whose husbands are non-Hong Kong residents, private hospitals should stop accepting bookings for obstetric services in 2013 from these non-local pregnant women.

Private hospitals have also indicated that an unanimous consensus has been reached among them to stop accepting such bookings.

15. It is our intention that in 2013, all beds for obstetric services in public hospitals would be reserved for local pregnant women and urgent cases referred by private hospitals and hence no bookings from non-local pregnant women will be accepted. Both public and private hospitals will also stop issuing the Confirmation Certificate on Delivery Booking for deliveries in 2013 to non-local pregnant women whose husbands are non-Hong Kong residents for giving birth in Hong Kong.

16. Meanwhile, we understand that some Mainland pregnant women whose husbands are Hong Kong permanent residents hope to give birth in Hong Kong but are unable to make their bookings in hospitals this year. There is a consensus in the community that the Government should provide assistance to this group of expectant mothers as far as possible. We began to study the mechanism and detailed arrangements for effective verification of the identity of Mainland pregnant women whose husbands are Hong Kong permanent residents at the beginning of this year. We have just reached a consensus with private hospitals for at least four private hospitals (namely Hong Kong Baptist Hospital, Precious Blood Hospital (Caritas), Union Hospital and St Teresa's Hospital) to provide obstetric services for Mainland pregnant women whose husbands are Hong Kong permanent residents and who hope to give birth in Hong Kong but are unable to make their bookings in hospitals this year. If necessary, DH will allocate additional delivery quota accordingly to private hospitals willing to provide obstetric services to this group of women.

17. For those Mainland pregnant women whose husbands are Hong Kong permanent residents and who choose to have their delivery in Hong Kong, they and their husbands have the responsibility to prove their identity and marital relationship. To prevent others from taking advantage of such an arrangement, all Mainland pregnant women whose husbands are Hong Kong permanent residents and who intend to give birth in Hong Kong will be required to submit the following documents to private hospitals to verify their identity when making the bookings:

- (a) a Hong Kong certificate of marriage; or a certificate of marriage notarised by notary public offices in the Mainland;
- (b) the husband's Hong Kong permanent resident identity card;
- (c) an oath taken by the Hong Kong permanent resident husband to confirm the authenticity of the marriage certificate provided and/or their marital relationship; and

- (d) a consent form signed by the couple concerned authorising the authority to conduct checks with the relevant Mainland departments on their certificate of marriage issued in the Mainland and their identity.

18. Based on the documents submitted by Mainland pregnant women whose husbands are Hong Kong permanent residents, private hospitals will issue them with the Confirmation Certificate on Delivery Booking. DH will closely monitor the process and conduct checks with authorisation from the couples concerned. Suspicious cases, if any, will be referred to law enforcement agencies for follow-up action.

19. Regarding those Mainland pregnant women whose husbands are Hong Kong permanent residents and who expect to give birth very soon, it is understood that they might not be able to submit to the private hospitals in time their certificates of marriage notarised by notary public offices in the coming weeks. Hence, for expectant mothers whose babies are due before end of May, we will exercise discretion to allow them to obtain the Confirmation Certificate on Delivery Booking if they, together with their husbands, can first take the oath, present their husbands' Hong Kong identity cards and sign the consent forms, and then submit copies of their certificates of marriage in the Mainland and relevant marriage documents notarised by notary public offices later as soon as possible. For those Mainland pregnant women whose husbands are Hong Kong permanent residents and who will give birth later this year and early next year, the Confirmation Certificate on Delivery Booking will be issued to them only after submission of all the necessary documents.

20. In the past three years, we have each year handled an average of 6 000 cases of delivery by Mainland pregnant women whose husbands are Hong Kong permanent residents. With private hospitals stopping the admission of Mainland pregnant women whose husbands are non-Hong Kong residents for delivery in the coming year, there should be adequate manpower capacity and facilities for private hospitals, after giving service priority to local pregnant women, to take care of the Mainland wives of Hong Kong permanent residents.

21. We will closely monitor whether this arrangement can be in smooth operation. If this arrangement is proved feasible, the next-term of Government can draw reference from it when formulating policies relating to Mainland pregnant women with Hong Kong spouses giving birth in Hong Kong.

**Food and Health Bureau**  
**May 2012**

**Number of live births born in Hong Kong**

Year	Number of live births (1) (2)	Live births to local women (2)	Number of live births born in Hong Kong (HK) to Mainland women:			
			Whose spouses are HK Permanent Residents	Whose spouses are not HK Permanent Residents(3)	Others (4)	Sub-total
2000	54 134	45 961	7 464	709	–	8 173
2001	48 219	40 409	7 190	620	–	7 810
2002	48 209	39 703	7 256	1 250	–	8 506
2003	46 965	36 837	7 962	2 070	96	10 128
2004	49 796	36 587	8 896	4 102	211	13 209
2005	57 098	37 560	9 879	9 273	386	19 538
2006	65 626	39 494	9 438	16 044	650	26 132
2007	70 875	43 301	7 989	18 816	769	27 574
2008	78 822	45 257	7 228	25 269	1 068	33 565
2009	82 095	44 842	6 213	29 766	1 274	37 253
2010	88 584	47 936	6 169	32 653	1 826	40 648
2011	95 418#	51 436	6 110	35 736	2 136	43 982

- Notes :
- (1) The figures refer to the total number of live births born in HK in the reference period counted by the occurrence time of the events (i.e. births actually taking place in that reference period).
  - (2) The figures include a very small number of live births born in HK to foreign women (e.g. Filipinos), which are minor compared to live births born in HK to Mainland women.
  - (3) Include HK Non-permanent Residents (Persons from the Mainland having resided in HK for less than 7 years being grouped in this category) and non-Hong Kong residents.
  - (4) Mainland mothers chose not to provide the father's residential status during birth registration.
    - Not available.
    - # Provisional figures.

Source: Census & Statistics Department

**Number of deliveries and bookings at public hospitals in 2011**

		<b>Number of deliveries</b>
<b>Eligible Persons</b>		<b>34 891</b>
<b>Non-eligible persons</b>	<b>Admitted directly to hospital</b>	<b>8 824</b>
	<b>Admitted via A&amp;ED</b>	<b>1 657(438)<sup>Note 1</sup></b>
<b>Total</b>		<b>45 372</b>

Note 1: The number in bracket refers to the cases with booking but unable to admit to the booked hospitals in time.

**Number of deliveries and bookings at private hospitals in 2011**

	<b>Number of deliveries</b>
<b>Local pregnant women</b>	<b>15 459</b>
<b>Non-local pregnant women<sup>Note 2</sup></b>	<b>33 465</b>
<b>Total</b>	<b>48 924</b>

Note 2: There is no breakdown on the number of non-local pregnant women using private obstetric services whose spouses are Hong Kong residents



**Number of deliveries by NEPs via public hospital A&EDs**

	<b>2010</b>	<b>2011</b>	<b>2012</b>	
Jan	55	86	180 (22)	
Feb	50	70	118 (21)	
Mar	50	71	134 (19)	
Apr	51	86	N/A	
May	42	103		
Jun	52	122		
Jul	54	155		
Aug	74	156		
Sep	84	175		
Oct	93	224		
Nov	103	205		
Dec	88	204		
<b>Yearly total</b>	<b>796 (435)</b>	<b>1657 (438)</b>		

Note:

# The number in bracket refers to the cases with booking but unable to admit to the booked hospitals in time.