

**For Information
on 11 April 2011**

Legislative Council Panel on Health Services

Obstetric Services in Hong Kong

PURPOSE

This paper briefs Members on the latest situation of obstetric services provided by the public and private hospitals in Hong Kong.

GOVERNMENT'S POLICY ON OBSTETRIC SERVICES

2. It is the Government's policy to ensure that Hong Kong residents are given proper and adequate obstetric services. In recent years, there has been rapid increase in the demand for obstetric services in Hong Kong by non-Hong Kong resident women (including Mainland women). Before 2007, such increase in demand had caused tremendous pressure on the capacity of obstetric service in public hospitals. It was also noted that there had been a large number of non-Hong Kong resident women seeking emergency admission to public hospitals through the Accident and Emergency Departments (A&EDs) for delivery.

MEASURES TO CONTROL THE USE OF OBSTETRIC SERVICE BY NON-LOCAL WOMEN

3. To tackle the problem of rapid increase in the demand for obstetric services in Hong Kong by non-local women in recent years, the Hospital Authority (HA) has implemented since 1 February 2007 revised arrangements for obstetric service for non-local women (including Mainland women), all being Non-eligible persons (NEPs)¹. Under the revised arrangements, all NEPs who wish to seek obstetric service in public hospitals have to make prior booking and pay for a package charge of \$39,000². An NEP who has secured a booking and made payment would be issued a booking certificate by the

¹ Our public healthcare services are available to our local residents (as Eligible Persons) at highly subsidized rates. Non-local people (as Non-eligible Persons) should pay the specified charges applicable to them for access to our public healthcare services.

² The package covers one antenatal check in specialist out-patient clinic, the delivery and the first three days and two nights stay for the delivery.

hospital. For cases of delivery by emergency admission through the A&EDs without prior booking, and/or without attending any antenatal attendance at a HA hospital, the charge would be \$48,000.

4. HA would reserve sufficient places in public hospitals for delivery by local pregnant women and would only accept booking from NEP when spare service capacity is available. Once the service capacity is reached, HA would stop making bookings for non-local pregnant women. Through the booking system, sufficient places would be reserved for local pregnant women to ensure that they have priority over NEP in using obstetric services. A booking system is also in place in the private hospitals which would issue booking certificates to non-local women using their delivery services.

5. As complementary measures to the above arrangements at public and private hospitals, the Immigration Department has also stepped up arrival clearance checks for all non-local pregnant women who are at an advanced stage of pregnancy³. Pregnant Mainland women who are suspected of entering Hong Kong to give birth will be asked by immigration officers upon entry to produce the booking confirmation certificates issued by Hong Kong hospitals to prove that a local hospital has confirmed the arrangements for their admission to the hospital. Those who fail to do so may be denied entry.

6. The objectives of the revised arrangements set out in paragraph 3 to 5 above are to:

- (a) ensure that local pregnant women are given proper obstetric services and priority to use such services;
- (b) limit the number of non-local pregnant women coming to Hong Kong to give births to a level that can be supported by our healthcare system; and
- (c) deter dangerous behaviour of non-local pregnant women in seeking emergency hospital admissions through A&EDs shortly before labour.

³ Women who have been pregnant for seven months (i.e. 28 weeks) or above will be deemed to be at an advanced stage of pregnancy.

7. With the above measures, our healthcare system has been able to fully meet the demand of local women for obstetric service. As for non-local women, the booking system and the arrangements for packaged charge have effectively managed their use of our obstetric service. Most notably, the number of non-local pregnant women seeking emergency hospital admissions through A&EDs shortly before labour has substantially reduced. Comparing the respective figures in 2006 and 2010, the number of deliveries by non-Hong Kong resident women in public hospitals through the A&EDs has decreased significantly by 91.6%. As the majority of non-local pregnant women with booking have undergone antenatal examination before delivery, the risk of difficult labour, unrecognized congenital anomalies for the babies and infection for healthcare workers could be reduced, which not only provides better safeguards to the women and their babies but also eases the workload and pressure of frontline staff.

LATEST SITUATION

8. Despite the above measures, the demand for local obstetric service from non-local women (mainly from the Mainland) has continued to increase in recent years. The total number of live births born in Hong Kong has increased from 70 900 in 2007 to 88 500 in 2010. Specifically, the number of live births born to Mainland women has increased from 27 600 to over 40 000 in the same period (**Annex**). The public sector would stop accepting booking of obstetric service from non-local women when the capacity in public hospitals is fully used. On the other hand, the private sector has expanded their obstetric service in the midst of the rising service demand from non-local women. The Government is very concerned about the ongoing surge of the number of Mainland women giving birth in Hong Kong in recent years because of the strain on our overall healthcare system and local obstetrics and neonatal services. In particular, as most of the private hospitals are not providing neonatal intensive care service, newborns requiring intensive care in private hospitals will also be transferred to public hospitals for treatment. The bed occupancy rate of neonatal intensive care unit of public hospitals has increased from an average 94% in 2010 to about 108% in February 2011. The turnover rate of obstetricians and gynaecologists in public hospitals has increased from 6% in 2008-09 to 10.2% in 2010-11.

9. The Government is committed to providing quality and priority

obstetric services to local women. The healthcare of local expectant mothers should not be compromised under any circumstances. We must ensure our professional standard of obstetric care are maintained and the continuation of our ethical medical practice. HA will continue to reserve sufficient places for local pregnant women to ensure that they have priority over non-local pregnant women in the use of obstetric services. In view of the shortage of manpower for both obstetric and neonatal services, we consider that while the private hospitals have currently in place booking system for deliveries, they should also take into account the general maternity services and neonatal intensive care capacity in Hong Kong when offering services to non-local pregnant women.

10. The Secretary for Food and Health (SFH) met with a group of obstetricians, gynaecologists and paediatricians in public hospitals on 1 April to exchange views on the problem of surging demand of obstetrics and neonatal services from non-local women. SFH also met with representatives of 10 private hospitals offering obstetric services on 4 April to review their practices regarding the admission of non-local women for obstetric service

11. As the next step, the private hospitals will provide further information about the operation of their obstetric service to the Food and Health Bureau. The Bureau will line up further discussion with the public and the private sectors with a view to jointly exploring every possible means to tackle the problem. Meanwhile, the private hospitals have agreed not to expand their maternity services in the short term. HA and the private hospitals will also review their respective training programmes for nurses at obstetric and neonatal services to ensure they can cope with the demand of our community in the medium and long term.

ADVICE SOUGHT

12. Members are invited to note the content of the paper.

Food and Health Bureau
Department of Health
Hospital Authority
April 2011

內地女性在香港所生的活產嬰兒數目
Number of live births born in Hong Kong to Mainland women

年 Year	活產嬰兒數目 ⁽¹⁾ Number of live births ⁽¹⁾	其中內地女性在香港所生的活產嬰兒數目： Of which number of live births born in Hong Kong to Mainland women:			小計 Sub-total
		其配偶為 香港永久性居民 Whose spouses are Hong Kong Permanent Residents	其配偶為 非香港永久性居民 ⁽²⁾ Whose spouses are not Hong Kong Permanent Residents ⁽²⁾	其他 ⁽³⁾ Others ⁽³⁾	
2000	54 134	7 464	709	—	8 173
2001	48 219	7 190	620	—	7 810
2002	48 209	7 256	1 250	—	8 506
2003	46 965	7 962	2 070	96	10 128
2004	49 796	8 896	4 102	211	13 209
2005	57 098	9 879	9 273	386	19 538
2006	65 626	9 438	16 044	650	26 132
2007	70 875	7 989	18 816	769	27 574
2008	78 822	7 228	25 269	1 068	33 565
2009	82 095	6 213	29 766	1 274	37 253
2010	88 495 [#]	6 169	32 653	1 826	40 648

註釋： (1) 數字是按事件的發生時間計算某統計期間內在香港出生的活產嬰兒總數（即該統計期間內的活產嬰兒）。

(2) 包括香港非永久性居民（來港少於七年的內地人士包括在這類別）及非香港居民。

(3) 在出生登記時，內地母親並沒有提供嬰兒父親居民身分的資料。

— 沒有數字。

臨時數字。

Notes : (1) The figures refer to the total number of live births born in Hong Kong in the reference period counted by the occurrence time of the events (i.e. births actually taking place in that reference period).

(2) Include Hong Kong Non-permanent Residents (Persons from the Mainland having resided in Hong Kong for less than 7 years being grouped in this category) and non-Hong Kong residents.

(3) Mainland mothers chose not to provide the father's residential status during birth registration.

— Not available.

Provisional figures.

資料來源：政府統計處

Source: Census and Statistics Department