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Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the meeting on 12 March 2012

Use of obstetric services by non-local women

Purpose

This paper highlights the major views and concerns of members on the issues relating to the use of obstetric services by non-local women since 2007.

Background

2. The demand for obstetric services from non-local women, particularly those from the Mainland, has continued to increase in recent years. According to the Administration, the number of live births born to the Mainland women has increased from 27 574 in 2007 to 43 982 in 2011. About 80% of births who were given by Mainland women were fathered by non-residents in 2011. The number of Mainland women giving birth in Hong Kong in recent years is in **Appendix I**. In 2011, there were 46 964 deliveries and bookings at public hospitals, of which 10 110 were made by non-local women. As in private hospitals, among 48 000 deliveries and bookings in 2011, around 70% (i.e. 33,400) were made by non-local women. The breakdown on the number of deliveries and bookings at public and private hospitals in 2011 is in **Appendix II**.

3. To address the increasing use of obstetric services in Hong Kong by Mainland women which exerted heavy pressure on the obstetric services in the public hospitals and deprived local expectant mothers from accessing such services, the Hospital Authority ("HA") introduced an obstetric package charge for Non-eligible Persons ("NEPs")¹ at a rate of \$20,000 on 1 September 2005.

¹ At present, public healthcare services in Hong Kong are available to Hong Kong residents at highly subsidized rates. NEPs refer to persons who are not holders of Hong Kong Identity Cards and children under 11 years of age who are not Hong Kong residents. NEPs are required to pay the specified NEP charges when

The arrangements for obstetric services for NEPs have been revised since 1 February 2007. Under the revised arrangements, HA reserves sufficient places for Hong Kong residents to ensure that local pregnant women have priority over NEPs in the use of obstetric services and will only accept bookings from NEPs when extra places are available. The obstetric package charge for NEPs with a booking is \$39,000, which covers one antenatal check in a specialist outpatient clinic, the delivery and the first three days and two nights stay for the delivery. The fee has to be paid in full at the time of booking. For cases of delivery without prior booking and/or who have not attended any antenatal check-up at a HA specialist outpatient clinic, the charge will be \$48,000.

4. All private hospitals operating obstetric services have introduced similar booking systems, with a booking confirmation certificate issued to non-local pregnant women who have secured a booking and paid a deposit for the inpatient services.

Deliberations by members

5. The views and concerns expressed by members at various platforms, including the Panel on Health Services ("the Panel"), the Panel on Security and the Subcommittee to Study Issues Relating to Mainland-HKSAR Families ("the Subcommittee"), are summarized in the ensuing paragraphs.

Level of obstetric package charges

6. According to the Administration, the fees of HA's private services, which were based on the costs of providing services to private patients, were adopted as the basis for setting the obstetric package charges for NEPs. In determining the obstetric package charges, references had been made to charges of private hospitals, including those of the private doctors, so that NEPs would not be attracted to public hospitals because of lower fees. As regards the reason for setting a higher charge for non-booked cases, the Administration advised that if NEP mothers had not received any antenatal care before the deliveries, all tests would have to be done on an urgent basis and results would need to be made available immediately for treating the patients. More staff and resources would be involved in such cases. Having regard to the higher costs involved and the charges of private hospitals, a higher level of rate was set for non-booked cases.

Refund of the obstetric package charges for NEPs

7. Under the refund policy implemented by HA since October 2007, a refund

of the obstetric package charges for NEPs would be made under two special circumstances. In cases involving miscarriage, termination of pregnancy or still birth, a partial refund of not more than \$20,000 would be made subject to deduction of those charges for the hospital services which the patient had received for the concerned pregnancy. In cases involving a change in the patient's status from a NEP to Eligible Persons ("EPs")² after payment of the service charge but before the delivery, a full refund might be made subject to deduction of those charges for the hospital services which the patient had received for the concerned pregnancy.

8. As explained by the Administration, the refund amount was set at no more than \$20,000 as a disincentive for NEPs to use public obstetric services, as well as to cover the additional costs incurred by HA in the implementation of the new obstetric service arrangements, which included the cost of operating the booking system and additional manpower cost for providing the obstetric services.

9. Members were subsequently advised that HA had decided to revise the amount of refund for cases involving miscarriage, termination of pregnancy and still birth from the level of \$20,000 to \$39,000 in mid-July 2010 taking into consideration that the loss of baby under these circumstances was a very sad and unfortunate event for the family concerned. The refund would be subject to deduction of those charges for the hospital services which the patient had received for the same pregnancy.

Capacity for public obstetric services

10. Members were concerned that HA's capacity to respond to the increasing demand for the public obstetric services was constrained by the tight manpower situation amongst midwives and neonatal intensive care nurses. They noted with concern that almost all cases of premature or high risk babies were referred to public hospitals, as neonatal intensive care was generally not available in the private sector.

11. The Administration advised that additional full-time/part-time nurses and supporting staff were employed/deployed to cope with the increasing demand for the obstetric services in public hospitals. Measures such as organizing midwife training courses to supply 80 more midwives by September 2008, granting of extra salary increment to practising midwives, promotion of deserved officers to the position of Advanced Practice Nurse, granting of an overtime allowance and payment in lieu of leave, etc. had been implemented by HA with a view to boosting morale and improving retention of staff engaged in the obstetric services. Additional obstetric beds had also been opened to

² EPs are holders of Hong Kong Identity Cards and children under 11 years of age who are Hong Kong residents. EPs are eligible for the highly subsidized public healthcare services.

increase the overall capacity for the obstetric services to cope with the surge of demand in peak seasons.

Neonatal intensive care services in public hospitals

12. Members noted with grave concern about the increasing bed occupancy rate of neonatal intensive care unit of public hospitals from an average of 94% in 2010 to about 108% in February 2011. Many nurses were not willing to work in the neonatal intensive care units due to the heavy workload and the lack of promotion prospects. Some members suggested that children who were born in Hong Kong but whose parents were non-local residents should be charged at the cost recovery level for the use of public neonatal intensive care services, or consideration should be given to imposing administrative measures to limit the private hospitals' admission of non-local women for obstetric services.

13. The Administration advised that at present, one out of 100 newborns would require intensive care and the neonatal intensive care capacity in public hospitals had reached a bottleneck. In the light of this, the private hospitals should take into account the general maternity services, neonatal intensive care and paediatric services capacity in Hong Kong and exercise self-discipline when offering obstetric services to non-local pregnant women. The Administration reassured members that it would forge consensus with the private sector to determine the level of deliveries that could be supported by the overall healthcare system.

14. At the special meeting of the Panel on 28 February 2012, members were advised that private hospitals had ceased accepting booking for delivery by non-local high-risk pregnant women since June 2011, and the number of cases referrals to public hospitals, in particular to the neonatal intensive care units, for follow-up treatments had continued to drop. The percentage of newborn babies in private hospitals who were transferred to neonatal intensive care units of public hospitals for treatment was around 0.6%.

Priority to use obstetric services

15. In response to members' concern as to whether public hospitals would have the capacity to support the number of births by both local and non-local women, the Administration advised that HA would reserve sufficient places in public hospitals for delivery by local pregnant women and would only accept booking from non-local women when spare service capacity was available. The existing booking systems in place in the private and public hospitals would ensure that local pregnant women would be given priority to use obstetric services. In view of the increasing demand for public obstetric services, HA would suspend the delivery booking for non-local women in public hospitals from April 2011 until December 2011. According to the press release issued

by HA on 16 February 2012, a review of booking situation in 2012 showed that there was a higher demand from local expectant mothers than the original forecast. Princess Margaret Hospital had ceased to accept bookings from non-local pregnant women for the rest of 2012 while Queen Mary Hospital would adjust and reduce the obstetric quota for non-local women.

16. Members also expressed concern that the expansion of obstetric service by the private sector in the midst of the rising service demand from non-local women would further create considerable strain on local obstetrics and neonatal services. Members sought information on the measures to be put in place by the Department of Health ("DH") to ensure the provision of reasonably priced, adequate and priority private obstetric services for local pregnant women.

17. As advised by the Administration, the 10 private hospitals offering obstetric services had agreed to provide sufficient services for local pregnant women. The measure to cap the number of non-local pregnant women giving birth in local public and private hospitals in 2012 could ease the tremendous pressure on the overall obstetric and neonatal care services. DH would collect information on a regular basis to monitor the number of bookings for deliveries by non-local women made with private hospitals against the agreed numbers.

18. Having regard to the fact that the surge of demand for obstetric services in Hong Kong by non-local women in recent years had caused tremendous pressure on the overall obstetric and neonatal care services, the Administration would further reduce or cancel the quota for deliveries by non-local women in 2013, taking into account the demand for obstetric services in Hong Kong from local pregnant women and the capacity of obstetric services in the public and private hospitals.

NEPs whose spouses are Hong Kong residents

19. Some members were of the view that the implementation of the obstetric service arrangements ran contrary to the population policy of encouraging births. The arrangements were also detrimental to family unity and social integration, as many Mainlanders whose spouses were Hong Kong residents were forced to return to the Mainland to give birth due to the lack of means.

20. The Administration advised that the prevalence of marriages between residents of Hong Kong and the Mainland did not constitute any reason to go against the well-established policy that heavily subsidized healthcare services should only be made available to local residents but not their non-local spouses. Couples who had engaged in cross-boundary marriages should make appropriate plans to meet their medical needs.

21. The Panel passed a motion at its meeting on 16 April 2007 urging the

Government to exempt those Hong Kong families of which the father was a Hong Kong resident and the mother was a Two-way Permit holder from the revised obstetric package charges. In response to the motion, the Administration advised that the suggestion to exempt the Mainland women whose spouses were Hong Kong residents from the NEP obstetric charges would re-open the avenue for NEPs to come to Hong Kong to seek access to the obstetric services in public hospitals, thereby competing with Hong Kong resident women for the obstetric services. The Administration considered the existing obstetric service charge arrangements for NEPs appropriate.

22. At its meeting on 28 July 2009, the Subcommittee passed a motion requesting the Government to assess the impact on the capacity of public medical services and the population policy if Mainland spouses of Hong Kong residents were given equal treatment with local women in using public obstetric services. In response to the motion, the Administration advised if NEPs whose spouses were Hong Kong residents were to be charged the EP rate for the obstetric services, the Administration expected that there would be a substantial increase in the number of these NEPs seeking to deliver in public hospitals, causing enormous pressure on the service capacity of HA.

23. While agreeing that sufficient places in public hospitals should be reserved for delivery by local women, members maintained their view that consideration should be given to assigning a higher priority to non-local women whose spouses were Hong Kong residents in the allocation of spare service capacity. At its meeting on 11 April 2011, the Panel passed a motion urging the Government to, apart from reserving adequate obstetric services quota for local pregnant women, give priority to women whose spouses were permanent Hong Kong residents in allocating the remaining quota.

24. At the special meeting of the Panel on 28 February 2012, members in general held a strong view that non-local women whose spouses were Hong Kong residents should not be treated on equal footing with those non-local women without marital ties in Hong Kong. Most members considered that there was a need to differentiate the resident status of spouses of non-local women, so as to assign priority to Mainland women whose spouses were Hong Kong residents in the allocation of delivery places in public hospitals. They urged the Administration to review and change the existing policy on the eligibility for seeking access to the highly subsidized public healthcare services. Some members considered that public hospitals should stop accepting booking for obstetric services from non-local women whose spouses were not Hong Kong residents. They urged the Administration to assign all quotas for non-local women giving birth at public hospitals to non-local women whose spouses were Hong Kong residents.

25. The Administration explained that the eligibility to use the local obstetric

services under the existing arrangements followed the recommendation of the Report of the Task Force on Population Policy released in 2003.

Complementary immigration measures

26. Members noted that to tie in with the obstetric service arrangements for NEPs, the Immigration Department ("ImmD") had stepped up arrival checking of all visitors who were at an advanced stage of pregnancy (i.e. having been pregnant for 28 weeks or above). Those visitors whose purpose of visit was believed to be to give birth in Hong Kong would be required to produce proof of booking arrangements with a local hospital. Any visitors who could not meet the immigration requirements concerned might be denied entry.

27. In response to members' question as to whether the Administration would adopt measures to combat activities involving Mainland pregnant women entering Hong Kong for child delivery through the arrangement of intermediaries, the Administration advised that ImmD would be closely monitoring the illegal activities seeking to arrange illegal immigrants or overstayers to give birth in Hong Kong and would take proactive combating measures where necessary.

Measures to control the use of obstetric service by non-local women

28. Members noted that the Administration introduced measures to control the use of obstetric services by non-local women in June 2011. Non-local pregnant women who intended to have deliveries in private hospitals in Hong Kong were required to undergo antenatal checkups by obstetricians in Hong Kong to determine if they were suitable to give birth in Hong Kong. The Hong Kong College of Obstetricians and Gynaecologists issued professional guidelines on the projection of high-risk pregnancy in September 2011. DH also standardized the delivery booking certificates of public and private hospitals to facilitate the checking of non-local women at the border control points.

29. Members noted with concern that the total number of deliveries by non-local women via the accident and emergency departments ("AEDs") at public hospitals increased from 708 in 2010 to 1 453 in 2011. They questioned about the effectiveness of the measures to control the use of obstetric services by non-local women, especially those seeking emergency deliveries via AEDs.

30. The Administration advised that new measures to deter Mainland pregnant women from seeking emergency deliveries through AEDs shortly before labour were introduced in mid January 2012. Relevant government departments had stepped up boundary control measures and enforcement actions against intermediaries who assisted non-local women to give births in Hong Kong. DH had deployed additional health surveillance assistants to support the

immigration officers in screening passengers and cross-boundary vehicles which posed the highest risk of assisting non-local pregnant women to enter Hong Kong. The Hong Kong law enforcement agencies had also enhanced cooperation with the Mainland authority in intelligence exchange to combat the operation of agents and syndicates. In addition to the enhanced boundary control measures, the Office of the Licensing Authority of the Home Affairs Department had stepped up inspection and enforcement efforts against unlicensed guesthouses.

31. According to the Administration, there was a slight decrease in the number of emergency deliveries by non-local women via AEDs in 2012, dropping from 224 cases in October 2011 to 179 cases in January 2012 and around 111 cases in February 2012.

Latest development

32. The Panel would further discuss the subject with the Administration at its meeting on 12 March 2012.

Relevant papers

33. A list of the relevant papers on the Legislative Council website is in **Appendix III**.

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 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. Philippine), 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-HK residents.
 - (4) Mainland mothers chose not to provide the father's residential status during birth registration.
 - Not available.
 - # Provisional figures.

Source: C&SD

Number of deliveries and bookings at public hospitals in 2011

		Number of deliveries (as at end October 2011)	Number of bookings (Expected date of confinement from November to December 2011)
Eligible Persons		28 256	8 598 ^{Note 1}
Non-eligible persons	Booked cases	8 485 (2 507) ^{Note 2}	376 ^{Note 3}
	Non-booked cases	1 249 (315)	-
Total		37 990 (2 822)	8 974

Number of deliveries and bookings at private hospitals in 2011

		Approximate number of deliveries (as at end October 2011)	Approximate number of bookings (Expected date of confinement from November to December 2011)
Local pregnant women		12 000	2 600
Non-local pregnant women ^{Note 4}		28 000	5 400
Total		40 000	8 000

Notes

- (1) There is no data on the number of local women who had made bookings for obstetric services in both public and private hospitals.
- (2) The number in bracket refers to the number of deliveries by Non-eligible persons (NEPs) whose spouses are Hong Kong residents. NEPs are not obliged to disclose the resident status of their spouses when using HA's service and hence the figures are provided based on the information available to HA.
- (3) NEPs are not obliged to disclose the resident status of their spouses when they make booking for the service.
- (4) There is no breakdown on the number of non-local women using private obstetric services whose spouses are Hong Kong residents.

Source: Extracts from the Administration's paper entitled "Obstetric services for non-local women" (LC Paper No. CB(2)550/11-12(01))

Relevant papers on use of obstetric services by non-local women

Committee	Date of meeting	Paper
Panel on Health Services	8 January 2007 (Item V)	Agenda Minutes CB(2)833/06-07(01) CB(2)1601/06-07(01)
Panel on Health Services	16 April 2007 (Item I)	Agenda Minutes
Panel on Health Services	30 April 2007 (Item I)	Agenda Minutes CB(2)533/07-08(01) CB(2)205/09-10(01)
Panel on Security	8 May 2007 (Item IV)	Agenda Minutes
Panel on Health Services	18 February 2008 (Item IV)	Agenda Minutes CB(2)2315/07-08(01)
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	29 June 2009 (Item I)	Agenda Minutes CB(2)2258/08-09(02) CB(2)2258/08-09(03)
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	28 July 2009 (Item I)	Agenda Minutes CB(2)2521/08-09(01)
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	19 January 2010 (Item I)	Agenda Minutes CB(2)2070/09-10(01)

Committee	Date of meeting	Paper
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	13 July 2010 (Item I)	Agenda Minutes
Panel on Health Services	11 April 2011 (Item V)	Agenda Minutes
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	28 April 2011 (Item I)	Agenda Minutes
Panel on Health Services	13 June 2011 (Item V)	Agenda Minutes
Panel on Health Services	12 December 2011 (Item VI)	Agenda Minutes
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	13 December 2011 (Item I)	Agenda
Panel on Health Services	28 February 2012 (Item I)	Agenda

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