

**立法會**  
***Legislative Council***

LC Paper No. CB(2)1863/11-12(02)

Ref : CB2/PL/HS

**Panel on Health Services**

**Updated background brief prepared by the Legislative Council Secretariat  
for the special meeting on 7 May 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. To address the increasing use of obstetric services in Hong Kong by Mainland women which has 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")<sup>1</sup> at a rate of \$20,000 on 1 September 2005. 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 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.

---

<sup>1</sup> 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 seeking access to the public healthcare services.

3. 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.

4. Notwithstanding the above measures, the demand for local obstetric services from Mainland women has continued to rise. Statistics on the respective number of live births born to local and Mainland women in recent years as set out in **Appendix I** show that the number of live births born to the Mainland women has increased from 27 574 in 2007 to 40 648 in 2010 and about 80% of them were fathered by non-residents. To ensure sufficient places in public hospitals were reserved to meet the demand from local pregnant women, HA suspended the booking of obstetric services from non-local pregnant women from 8 April to 31 December 2011. The Administration also announced in June 2011 the setting of a quota for non-local women giving birth in Hong Kong. The numbers set for deliveries by non-local pregnant women in public and private hospitals in 2012 are 3 400 and 31 000 respectively. 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-risks pregnancy cases might be denied giving birth in Hong Kong. The delivery booking certificates of public and private hospitals have also been standardized since end of September 2011.

### **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 on the use of obstetric services by non-local women, are summarized in the ensuing paragraphs.

#### Level of obstetric package charges

6. Question was raised about the basis for setting the obstetric package charges for booked cases and those cases that sought hospital admission without booking at \$39,000 and \$48,000 respectively.

7. The Administration advised that 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.

8. There was concern that 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 the Accident and Emergency Departments ("AEDs") had been increasing from 86 in April 2011 to 204 in December 2011. Noting that the obstetric package charges for NEPs in public hospitals might still be lower than those in private hospitals, members surmised that in order to lower the cost of giving birth in Hong Kong, NEPs might obtain the confirmation certificate with a private hospital booking while seeking admission via public hospital AEDs for delivery.

9. HA advised that it was currently reviewing the fees for deliveries by NEPs at AEDs, with a view to raising the fees of emergency delivery to a sufficient level to deter non-local pregnant women from seeking emergency admission to AEDs for delivery. The review would take into account the costs of services as well as the price being charged for comparable services by private hospitals.

#### Obstetric capacity of public hospitals

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 among midwives and neonatal intensive care nurses. They sought information on the measures put in place by HA to meet the increasing service demand.

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

### Neonatal intensive care capacity of public hospitals

12. Members noted that one out of 100 newborns would require intensive care. Given that neonatal intensive care was generally not available in the private sector, those newborns in private hospitals requiring intensive care would be transferred to public hospitals for treatment. The bed occupancy rate of neonatal intensive care unit of public hospitals had increased from an average of 94% in 2010 to about 108% in February 2011. 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.

13. Members were advised that private hospitals had ceased accepting booking for delivery by non-local high-risk pregnant women since June 2011. According to the Hong Kong Private Hospitals Association, the percentage of newborns in private hospitals being transferred to neonatal intensive care units of public hospitals for treatment was around 0.6% in 2011.

### NEPs whose spouses are Hong Kong residents

14. 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 Mainland pregnant women whose spouses were Hong Kong residents were forced to return to the Mainland to give birth due to the lack of means.

15. 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.

16. 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.

17. At its meeting on 28 July 2009, the Subcommittee to Study Issues Relating to Mainland-HKSAR Families 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 that if NEPs whose spouses were Hong Kong residents were to be charged the Eligible Person ("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.

18. 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.

19. At the special meeting of the Panel on 28 February 2012, members expressed disappointment at the Administration's stance that the classification of NEPs was based on the status of the patients directly receiving the services and no consideration would be given to family relationship. They called on HA 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. Members also urged the Administration to review and change the existing policy on the eligibility for seeking access to the highly subsidized public healthcare services. There were views that public hospitals should stop accepting booking for obstetric services from non-local women whose spouses were not Hong Kong residents. The Administration should assign all quotas for non-local women giving birth at public hospitals to non-local women whose spouses were Hong Kong residents.

20. The Administration stressed that in 2003, it had clarified the eligibility for subsidized public services to the effect that, among others, non-Hong Kong residents who were the spouses or children of Hong Kong residents would be treated as NEPs and charged the NEP rates when using public healthcare services, including obstetric services. A change to the definition of EPs for public obstetric services would have read-across implications on other heavily subsidized healthcare services.

21. Members pointed out that Mainland spouses of Hong Kong residents seeking obstetric services were different from those seeking other types of public healthcare services, as the babies born to the former were Hong Kong

permanent residents by birth. In the light of this, a separate policy should be formulated to enable the former to enjoy public obstetric services as local pregnant women. Given that the number of live births born to Mainland women and fathered by Hong Kong residents maintained at the level of 6 000 in the past three years while the quota for non-local pregnant women giving births in Hong Kong was 35 000 in 2011, the service demand from Mainland spouses of Hong Kong residents could be absorbed by the healthcare system. The Panel passed two motions at its meeting on 12 March 2012, requesting the Government to amend its policy immediately to allow non-local women whose spouses were Hong Kong residents to wait for delivery places in Hong Kong and cancel the quota for non-local women whose spouses were not Hong Kong residents; and to ensure that the public healthcare system provided sufficient obstetric services to local pregnant women and non-local pregnant women whose spouses were Hong Kong residents.

#### Complementary immigration control measures

22. 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. Since the implementation of the complementary immigration control measures in 2007 and up to 26 February 2012, ImmD had conducted interviews on 204 143 Mainland pregnant women, of which 10 794 were refused permission to land and repatriated to the Mainland.

23. Noting that the total number of deliveries by non-local women via AEDs at public hospitals increased from 708 in 2010 to 1 453 in 2011, members doubted the effectiveness of the immigration control measures to deter the gate-crashing behavior by Mainland pregnant women and combat the profit-making activities of intermediaries to illegally arrange for entry of non-local pregnant Mainland women to Hong Kong.

24. The Administration advised that since December 2011, relevant government departments had stepped up boundary control measures and enforcement actions against intermediaries who assisted non-local women to give birth in Hong Kong. The Department of Health ("DH") had deployed an addition of 18 health surveillance assistants since end of February 2012 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. Intermediaries who aided, abetted, counselled or procured the commission by non-local pregnant women of any offence would be guilty of the like offence and subject to criminal liability. 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. The number of emergency deliveries by non-local women via AEDs had dropped from 224 cases in October 2011 to 111 cases in February 2012.

25. Concern was raised as to whether the deployment of one doctor, 13 part-time doctors, 21 midwives and 18 health surveillance assistants by DH was sufficient to assist ImmD in the surveillance of non-local pregnant women who were at an advanced stage of pregnancy at the 11 control points. The Administration advised that more healthcare personnel would be deployed to the busier control points. A recruitment exercise for additional healthcare personnel to assist the immigration officers in the screening of non-local pregnant women at control points was underway.

### **Latest developments**

26. On 24 April 2012, the Association of Private Hospitals announced that the 10 local private hospitals providing obstetric services would stop accepting delivery bookings from non-local women whose spouses were not Hong Kong residents in 2013. All these women seeking emergency deliveries at private hospitals would be transferred to public hospitals.

27. On obstetric services in public hospitals, HA announced on 26 April 2012 that taking into consideration the estimation of around 41 000 deliveries by local mothers and around 2 000 non-booked cases of emergency deliveries in 2013, HA would not accept booking from NEPs in 2013 so as to reserve all obstetric and neonatal intensive care capacity for meeting the demand of EPs. In addition, public hospitals would cease to accept booking for delivery by non-local women with expected confinement dates in 2012 from 26 April 2012 onwards as the obstetric service capacity for NEPs had been filled for the rest of 2012. HA has also proposed to the Government for consideration for gazettal of an increase of the NEP obstetric package charge for non-booked cases from \$48,000 to \$90,000 so as to deter the undesirable and high-risk behaviour of seeking last-minute hospital admission before delivery through AEDs.

28. As regards the Mainland expectant mothers married to Hong Kong residents, who planned to have their delivery in Hong Kong in 2012 but had failed to secure a hospital bed so far, the Administration announced on 25 April 2012 that four private hospitals, namely, Hong Kong Baptist Hospital, Precious Blood Hospital (Caritas), Union Hospital and St Teresa's Hospital, had agreed to

provide obstetric services to these mothers. The Administration estimated that there would be around 100 such cases. To prevent NEPs from taking advantage of such an arrangement through false marriages, the Mainland women concerned and their husbands had to prove their identity and marital relationship by submitting to private hospitals (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 that the marriage had actually taken place in the Mainland and the authenticity of the marriage certificate provided; and (d) a consent form signed by the couple concerned authorizing the authority to conduct checks with the relevant Mainland departments on their certificate of marriage issued in the Mainland.

### **Relevant papers**

29. A list of the relevant papers on the Legislative Council website is in **Appendix II**.

Council Business Division 2  
Legislative Council Secretariat  
4 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 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

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

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	13 July 2010 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	11 April 2011 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	28 April 2011 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	13 June 2011 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	12 December 2011 (Item VI)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	13 December 2011 (Item I)	<a href="#">Agenda</a>
Panel on Health Services	28 February 2012 (Item I)	<a href="#">Agenda</a>
Panel on Security	9 March 2012 (Item I)	<a href="#">Agenda</a>
Panel on Health Services	12 March 2012 (Item IV)	<a href="#">Agenda</a>