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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 15 April 2019**

Obstetric services in public hospitals

Purpose

This paper provides background information and summarizes the concerns of members of the Panel on Health Services ("the Panel") on issues relating to obstetric services in public hospitals.

Background

Obstetric inpatient and specialist outpatient services in public hospitals

2. For the provision of obstetric inpatient service in public hospitals, the Expert Committee on Obstetrics and Gynaecology Services of the Hospital Authority ("HA") has drawn up a planning reference to ensure that healthcare personnel can accumulate sufficient clinical experience to handle the possible complications of pregnant women. In general, a public hospital will only provide obstetric inpatient service when the number of births reaches 3 000 per year in its catchment area. As at 31 December 2018, there were 759 obstetric hospital beds in public hospitals, with an inpatient bed occupancy rate of 69% in 2018-2019 (up to 31 December 2018). Obstetric specialist outpatient service is currently provided in 10 public hospitals (i.e. Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Prince of Wales Hospital, Princess Margaret Hospital, Queen Elizabeth Hospital, Queen Mary Hospital, Tsan Yuk Hospital, Tseung Kwan O Hospital ("TKO Hospital"), Tuen Mun Hospital and United Christian Hospital). A breakdown of the number of obstetric hospital

beds and inpatient bed occupancy rate as well as the waiting time for obstetric specialist outpatient service by hospital clusters in 2018-2019 is in **Appendix I**.

Medical manpower

3. According to the Administration, the Obstetrics and Gynaecology ("O&G") specialty was among the top five specialties in public hospitals with the highest attrition rates of full-time doctors in 2017-2018 and 2018-2019 (rolling 12 months from 1 January 2018 to 31 December 2018). The relevant attrition rate in 2017-2018 and 2018-2019 was 9.2% and 8.5% respectively. The respective percentages of Consultants, Senior Medical Officers/Associate Consultants, and Medical Officers/Residents among the departed full-time doctors were 14.2%, 7.0% and 8.4% in 2017-2018 and 11.8%, 12.0% and 5.4% in 2018-2019.

Deliberations of the Panel

4. The Panel discussed issues relating to the obstetric services in public hospitals at several meetings held between 2011 and 2018. The deliberations and concerns of members are summarized in the following paragraphs.

Provision of delivery services in Tseung Kwan O Hospital

5. Members noted that the expansion project plan in 2008 of TKO Hospital had reserved space for establishment of obstetric wards and neonatal intensive care units. During the discussion on the provision of obstetric services in TKO Hospital in 2011 and 2013, members expressed dissatisfaction that the Administration and HA had failed to fulfil its commitment to commission the delivery services in TKO Hospital in 2013-2014 as originally scheduled. Some members considered that the Administration might have underestimated the projected number of births in public hospitals by Hong Kong residents for Sai Kung District, which according to the Administration was close to the service provision benchmark of 3 000 per year, as many expectant mothers in Tseung Kwan O ("TKO") had chosen to deliver in other hospital clusters by using different residential address or moving to other districts. With the growing population in TKO and the large proportion of persons of child-bearing age (i.e. between the age of 25 and 44) in the population in Sai Kung District, they considered it justifiable to provide delivery services in TKO Hospital and urged the Administration to set out a concrete timetable in this regard.

6. According to the Administration, the timing for the provision of the obstetric and neonatal intensive care services in TKO Hospital hinged on factors

such as the overall service demand, the medical manpower supply and the overall allocation of resources. It was estimated that additional 30 doctors and 120 nurses were required for commissioning the obstetric and neonatal intensive care services in TKO Hospital. Under the medical manpower constraint, HA had accorded priority to the enhancement of inpatient, ambulatory and other supporting specialized services in TKO Hospital. It would continue to make plan for the provision of manpower to prepare for the opening of delivery services in TKO Hospital at a suitable time when sufficient manpower was available and safety standard could be assured. In the meantime, the United Christian Hospital would continue to provide obstetric and neonatal intensive care services for the catchment area of the Kowloon East Cluster.

7. Some members expressed concern about the long travelling time from TKO and Sai Kung to the United Christian Hospital which might adversely affect the conditions of the expectant mothers who were in urgent need or about to give birth. They suggested that consideration could be given to arranging ambulances to stand by in TKO and Sai Kung for travelling to the United Christian Hospital to address the critical needs of the expectant mothers in the districts.

Prenatal tests provided by the Hospital Authority

8. Members noted that public hospitals had been providing a series of free prenatal services for all local pregnant women with a residential hospital booking, including screening for Down syndrome carried out before 20 weeks of pregnancy. For suspected cases, amniocentesis or chorionic villus sampling would be offered to identify Down syndrome in foetuses. Taking into account the clinical advantages and accuracy of non-invasive prenatal testing over conventional screening, members had long been calling for the provision of non-invasive prenatal test for Down syndrome screening in public hospitals.

9. According to the Administration, HA had discussed the development and effectiveness of "T21 test", a kind of non-invasive prenatal test in the form of a blood test to analyse foetal chromosome 21 by examining the foetal DNA present in a pregnant woman's plasma, at the relevant co-ordinating committees. HA was exploring the facilities required for the introduction of "T21 test" in the Hong Kong Children's Hospital as a second-tier prenatal screening test for Down syndrome and making preparations for professional training and service arrangements. Its plan was to launch the service of "T21 test" at the Hong Kong Children's Hospital in the first quarter of 2019.

Maternal death or serious morbidity associated with labour or delivery

10. Members noted that HA had put in place a Sentinel and Serious Untoward Event Policy to standardize the practice and procedures for managing sentinel events in all public hospital clusters, thereby strengthening the reporting, management and monitoring of such events in public hospitals. Maternal death or serious morbidity associated with labour or delivery was a sentinel event for reporting under the Policy. Expressing concern over the increase in the number of maternal morbidity cases during the reporting period of the fourth quarter of 2016 to the third quarter of 2017, members urged HA to enhance the medical teams' preparedness in managing post-partum haemorrhage and other medical emergencies.

Relevant papers

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

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Appendix I

A breakdown of the number of obstetric hospital beds and inpatient bed occupancy rate as well as the waiting time for obstetric specialist outpatient service by hospital clusters in 2018-2019 (up to 31 December 2018)

| Hospital cluster | Obstetric inpatient service | | Obstetric specialist outpatient service | | | | |
|------------------------------|-----------------------------|------------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | Number of hospital beds | Inpatient bed occupancy rate | Number of new cases | Waiting time (weeks) | | | |
| | | | | 25 th percentile | 50 th percentile | 75 th percentile | 90 th percentile |
| Hong Kong East Cluster | 62 | 76% | 2 466 | <1 | 1 | 2 | 3 |
| Hong Kong West Cluster | 89 | 63% | 3 465 | 1 | 2 | 3 | 4 |
| Kowloon Central Cluster | 224 | 65% | 10 436 | 4 | 7 | 12 | 18 |
| Kowloon East Cluster | 81 | 58% | 2 404 | <1 | 1 | 3 | 4 |
| Kowloon West Cluster | 103 | 67% | 3 929 | 2 | 3 | 5 | 9 |
| New Territories East Cluster | 124 | 69% | 8 481 | 3 | 5 | 14 | 25 |
| New Territories West Cluster | 76 | 96% | 2 135 | 1 | 3 | 4 | 5 |

Source: Information extracted from the Administration's replies to Members' initial written questions during examination of estimates of expenditure 2019-2020

Appendix II

Relevant papers on the obstetric services in public hospitals

| Committee | Date of meeting | Paper |
|--------------------------|-------------------------|---|
| Panel on Health Services | 11.4.2011 (Item V) | Agenda Minutes |
| | 21.1.2013 (Item V) | Agenda Minutes CB(2)900/12-13(01) |
| | 30.12.2016 * | CB(2)506/16-17(01) (Chinese version only) |
| | 16.10.2017 (Item IV) | Agenda Minutes |
| | 19.11.2018 (Item VI) | Agenda Minutes |

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