

Theme of International Day of Midwife— Relationship to Our 10-Year Statistical Review of the Childbearing in Hong Kong

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Introduction

The International Day of Midwife is held on 5th May each year since 1992. Every year, International Confederation of Midwives (ICM) [website: <http://www.internationalmidwives.org>] will devise a motto for the International Day of the Midwife, hence setting the direction and highlighting the strategic development for midwives worldwide. Hong Kong Midwives Association, as one of the 92 national midwifery associations coming from 72 countries forming the ICM, will be reviewing the theme for the betterment of midwifery practice of Hong Kong.

Theme 2006: The World Needs Midwives—Now More Than Ever

The motto fitted perfectly well with our surge in demand of maternity services in local context. The pendulum of birth trend swings from downward in 1980's back to upward in recent years. Hong Kong has been recovering from the economic downturn since 1997 and the severe acute respiratory syndrome (SARS) epidemic in 2003. The per capita gross domestic product has steadily risen from HK\$197 067 in 2001 to HK\$252 917 in 2005¹. Expansion of transportation networks and business transaction with Guangdong province have contributed to the rise in transient population and cross-the-border influx of pregnant women from below 10 000 in 2003 to nearly 20 000 in 2005. The resultant forces have boosted up the birth rates from 7.0 to 9.6 per 1000 population² for the past 3 years after the turn of the century.

Hong Kong has become one of the cities with the lowest birth rate in the 1990s. The service provision was shrunk and resources were diverted to other medical specialties. The situation was further aggravated by

SARS endemic when many of the maternity beds were converted into medical beds in the Hospital Authority. The availability of maternity beds was at the trough when the number of deliveries was escalating in 2004 and rocketing in 2005 (Table 1). The workload in the private sector has a similar rising trend (Table 2).

The system was also crippled by the suspension of midwifery schools in the territory. The number of midwife graduates decreased to approximately 40 per annum in mid-1990s and further to less than 20 in the past 5 years. The Midwives Council of Hong Kong has introduced practicing certification in 2000, requiring all registered midwives to renew their practicing license 3-yearly. The aim of the new policy is to safeguard the competence of practicing midwives. The number of registered midwives is drastically decreased from 12 000 to less than 5 000 (Table 3). In a recent questionnaire survey done in two large obstetric units in April 2006 (unpublished), 23-32% of respondents voiced out their pressure of workload and frequent night shifts due to lack of manpower; 27-35% of respondents would like to employ more clerical staff so that midwives could have more clinical time for the clients.

The infrastructure of the public services has no capacity reserve and could not cater for the rapid surge. Judging from the number of marriages in 2006 (Table 4), the workload surge will continue in 2007 (the correlation between number of deliveries and number of marriages in the prior year=0.83 for the period 1996

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Table 1. Turnover of maternity beds in Hospital Authority

(Source: By-census 2006, Demographic Statistics Section, Census and Statistics Department, Hong Kong)

	1995	2000	2001	2002	2003	2004	2005
No. of deliveries	46 128	38 988	35 866	36 944	35 288	37 357	40 947
No. of maternity beds	1135	937	934	910	848	762	772
No. of deliveries per maternity bed	40.64	41.64	38.40	40.60	41.61	49.02	53.04

Table 2. Workload of maternity services in private sector

(Source: Known birth data, Demographic Statistics Section, Census and Statistics Department, Hong Kong)

	1995	2000	2001	2002	2003	2004	2005
No. of deliveries	22 606	14 923	12 149	11 044	11 532	12 142	15 840

Table 3. Availability of midwives

(Source: Registration of Midwives, Midwives Council of Hong Kong)

	1995	2000	2001	2002*	2003	2004	2005	2006
No. of registered midwives	11 460	12 172	12 175	5 136	4 791	4 866	4 917	4 648

* Names of more than 7000 midwives were removed from the register in accordance with the Midwives Registration Ordinance

Table 4. Vital and event statistics of Hong Kong

(Source: By-census 2006, Demographic Statistics Section, Census and Statistics Department, Hong Kong)

Year	No. of births (% change)	Crude birth rate/1000 population	Total fertility rate*	No. of marriages	Crude marriage rate/1000 population	Median age at first marriage (years)		No. of divorce	
						Male	Female	Petition	Decree
1995	68 600 (-4.2)	11.2	1295	38 786	6.1	30.0	26.9	10 292	9404
1996	63 300 (-7.8)	9.9	1191	-	5.5	30.0	26.9	-	-
1997	59 300 (-6.4)	9.1	1127	-	5.7	29.6	26.8	-	-
1998	53 000 (-10.6)	8.1	1016	-	4.8	29.8	26.9	-	-
1999	51 300 (-3.2)	7.8	981	-	4.7	29.9	27.0	-	-
2000	54 100 (5.6)	8.1	1032	30 879	4.6	30.0	27.3	12 748	13 247
2001	48 200 (-10.9)	7.2	931	32 825	4.8	30.2	27.5	13 737	13 247
2002	48 200 (0.0)	7.1	941	32 070	4.7	30.5	27.6	15 233	12 943
2003	47 000 (-2.6)	7.0	901	35 439	5.2	30.8	27.8	15 915	13 829
2004	49 800 (6.0)	7.3	922	41 376	6.1	31.1	28.1	14 233	15 604
2005	57 100 (14.7)	8.4	959	43 018	6.3	31.2	28.0	14 956	14 873
2006 [†]	65 800 (15.2)	9.6	989	50 300	7.3	31.1	28.1	-	-

* Excluding female foreign domestic helpers and including Mainland women transients whose spouses are Hong Kong residents

[†] Provisional figures

to 2005). The Hospital Authority and private hospitals alike are devising means to make the supply and demand ends meet. Maternity units are expanding their hardware capacity by adding more hospital beds and annex

facilities. Hospital Authority, as the sole education and training institute for midwives, targets to increase its intake of pupil midwives to 70-80 in 2007. Return-to-practice programme is also launched for de-registered

Table 5. No. (%) of mothers giving birth in different age-groups

(Source: By-census 2006, Demographic Statistics Section, Census and Statistics Department, Hong Kong)

Age-group (years)	1995	2000	2001	2002	2003	2004	2005
20-24	8663 (12.9)	6572 (12.4)	5988 (12.7)	6104 (12.9)	6197 (13.4)	7012 (14.3)	8130 (14.5)
25-29	22 206 (33.0)	16 103 (30.4)	13 637 (28.9)	13 661 (28.9)	13 390 (29.0)	13 933 (28.5)	16 146 (28.7)
30-34	25 865 (38.4)	18 941 (35.7)	16 772 (35.5)	17 262 (36.5)	16 575 (35.9)	17 714 (36.2)	20 274 (36.1)
35-39	9451 (14.0)	10 018 (18.9)	9420 (19.9)	8918 (18.8)	8461 (18.3)	8638 (17.7)	9897 (17.6)
40-44	1135 (1.7)	1388 (2.6)	1419 (3.0)	1383 (2.9)	1516 (3.3)	1577 (3.2)	1732 (3.1)
Total	67 320 (100)	53 022 (100)	47 236 (100)	47 328 (100)	46 139 (100)	48 874 (100)	56 179 (100)

Table 6. Changes in family structures

(Source: By-census 2006, Demographic Statistics Section, Census and Statistics Department, Hong Kong)

Household size	No. of households (x 1000) [%]						
	1995	2000	2001	2002	2003	2004	2005
1	230.2 (12.9)	272.2 (13.4)	273.0 (13.1)	298.6 (14.0)	307.6 (14.2)	315.3 (14.1)	337.3 (14.8)
2	325.6 (18.3)	417.6 (20.5)	438.0 (21.1)	465.9 (21.8)	483.4 (22.3)	518.6 (23.2)	528.7 (23.2)
3	354.3 (19.9)	436.4 (21.4)	449.5 (21.6)	465.9 (21.8)	483.8 (22.3)	507.4 (22.7)	521.9 (22.9)
4	455.6 (25.6)	515.1 (25.3)	528.1 (25.4)	531.5 (24.9)	532.6 (24.5)	537.9 (24.1)	545.2 (23.9)
5	265.8 (14.9)	266.3 (13.1)	262.8 (12.6)	258.0 (12.1)	250.8 (11.6)	248.6 (11.1)	241.8 (10.6)
≥6	151.6 (8.5)	129.4 (6.4)	127.1 (6.1)	113.7 (5.3)	112.0 (5.2)	103.6 (4.6)	103.7 (4.6)
Total	1783.1 (100)	2037.0 (100)	2078.5 (100)	2133.6 (100)	2170.2 (100)	2231.4 (100)	2278.6 (100)
Average size*	3.4	3.3	3.2	3.2	3.1	3.1	3.1

* Average size is calculated by dividing the total population into the total no. of households in a particular year

midwives. The remuneration of midwives in both public and private sectors is improved to attract newcomers and midwives who have left the services. Midwives are key players in normal births. The scope of practice extends beyond ante-, intra- and post-partum care into “certain areas of gynaecology, family planning and child care”³. Therefore, more midwives are needed in our community.

Theme 2007: Midwives Reach Out To Women—Wherever They Live

With all the uncertainties of change in sovereignty and glooming outlooks of Asia’s economic downturn in 1997, getting married or childrearing becomes extravagant and needs a second thought. Both marriage and birth rates were declining to record low levels in 2002 and 2003. Moreover, the median age at the first marriage is becoming older for both sexes (Table 4), the

profile of pregnant women also skews to the higher age brackets (Table 5).

Most mothers are working full-time. The female to male ratio has changed from equal share 50:50 to 52:48. Women in Hong Kong are more financially independent. It is noted that the number of divorce has been on an upward trend. Percentage of women who are divorced or separated increases from 2.2% in 1996 to 4.7% in 2006. Nuclear families (with household size <4) nowadays constitute majority (60.9%) of the households in our society. Extended families (household size ≥6) decline to 4.6% of all households (Table 6). Women in childbearing and childrearing lack social support from female sibling or elders. Many of them feel lonely and helpless. Incidents of puerperal blue and depression remain to be a predominant adverse outcome of childbirths.

Table 7. Provision of antenatal and postnatal care

(Source: Hong Kong Annual Digest of Statistics 2006)

	1995	2000	2001	2002	2003	2004	2005
No. of deliveries in public sector	42 485	39 084	35 949	37 025	35 266	37 456	40 988
Antenatal services							
Department of Health	184 910	151 974	137 493	137 022	116 817	113 909	110 992
Hospital Authority	257 919	257 417	242 087	252 348	206 620	226 222	218 737
Total	442 829	409 391	379 580	389 370	323 437	340 131	329 729
Postnatal services							
Department of Health	22 061	19 911	19 462	18 727	17 650	15 805	18 122
Hospital Authority	20 970	21 653	21 191	17 521	13 134	13 737	12 423
Total	43 031	41 564	40 653	36 248	30 784	29 542	30 545

Women need more counselling and parentcraft education.

The provision of antenatal and postnatal services in the public sector are diminishing (Table 7) and cannot cope with the intense demands of volume and rising public expectation. Midwives are at a unique role to bridge the gaps by reaching out to the community—wherever the women live. International Confederation of Midwives stipulates that “reaching-out is an important part of a midwife’s job”. It is congruent with the Definition of Midwife³ that states “a midwife may practise in any setting including the home, community, hospitals, clinics or health units”. Continuity and normalcy of midwifery care are the core values of practice that make childbearing and

childbirth a pleasurable and memorable life experience for the women and their families.

Conclusion

Midwifery is a profession with long history. All pregnant women and every family should have access to a midwife as partner to help them during transition through all the important life events of adolescent, childbearing, childbirth, childrearing, and menopause. Midwifery is family-oriented and works collaboratively with other healthcare professions to nurture and strengthen the building blocks of our society, i.e. the family units. Hence, “The world needs midwives—now more than ever” and “Midwives reach out to women—wherever they live” are our pillars of belief that every midwife has to act upon.

References

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