

# Impact of Non-eligible Person Deliveries in Obstetric Service in Hong Kong

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## Introduction

The impact of non-eligible person (NEP) deliveries in Hong Kong surfaced as several pregnant mothers protested at the Hong Kong SAR government in September 2006. In fact the problem emerged since around the turn of the century. In this article, we would like to focus on the impact of NEP deliveries on the public hospitals.

The birth rate in Hong Kong is among the lowest in the world now. The population growth rate is 0.8 in 2005. The annual live births declined since the 1990s and reached the trough in 2003 (Figure 1). This is probably the combination of the effect of the couple's choice and the economic status of Hong Kong.

## Provision of Obstetric Service in Hospital Authority

With the decreasing birth rate and the small number of deliveries in the three obstetric units in Pok Oi hospital, Our Lady of Maryknoll Hospital, and Caritas Medical Centre, all were closed down in the late 1990s. The obstetric units of Tsan Yuk Hospital and Queen Mary Hospital were combined. There was also no obstetric unit in new hospitals like North District Hospital and Tseung Kwan O Hospital. Not only were the number of obstetric units decreasing, the number of beds in each unit suffered the same decrease. One of the obstetric wards in author's hospital was closed permanently giving way to the isolation ward facilities soon after the 2003 severe acute respiratory syndrome epidemics. All these set the platform for the overcrowding in the obstetric units in 2006.

## Manpower Shortage

Apart from the limitation in the obstetric beds in the public hospitals, there is also shortage in manpower providing the care in these hospitals. The number of midwives working in obstetric units in Hospital

Authority (HA) decreased by 118 (15.7%) from 750 to 632 between 2002 and 2005 (Table 1). The loss rate in 2006 alone was around 5%.

On the other hand, the three midwifery schools of HA gradually suspended intake of students since 1999. There is only one midwifery school in active function now. The total number of graduates was less than 100 since 2001. This will never replace the ongoing loss.

The number of specialist obstetricians practising in the territory has been increasing throughout the years. However, the number of trainees in public hospitals has been decreasing since 2000 till 2005 (Table 2). While all the trainees are working in public hospitals, the number of specialists has been decreasing in the recent few years. It takes 2 months for a specialist to leave the HA and join the private sector but more than 6 years is needed to become a specialist. With the lowest number of new trainees in year 2004, we will expect the least number of trained specialists at the end of the decade.

## Non-eligible Person Delivery in Hong Kong

Non-eligible person deliveries in Hong Kong are not new but the number increased significantly in recent few years. According to the HA pay code in 2005, there are seven categories of NEP (NE1-6 and NE9). NE1 is overseas passport holder. NE2 is PRC passport or two-way permit holder, and NE3 is non-eligible person whose spouse is an HKID holder. NE2 and NE3 constitute the majority of the NEP deliveries in public hospitals. In fact, those NE3 were classified as eligible person before 2003. Since 2003, they had to pay \$3300 per day. After

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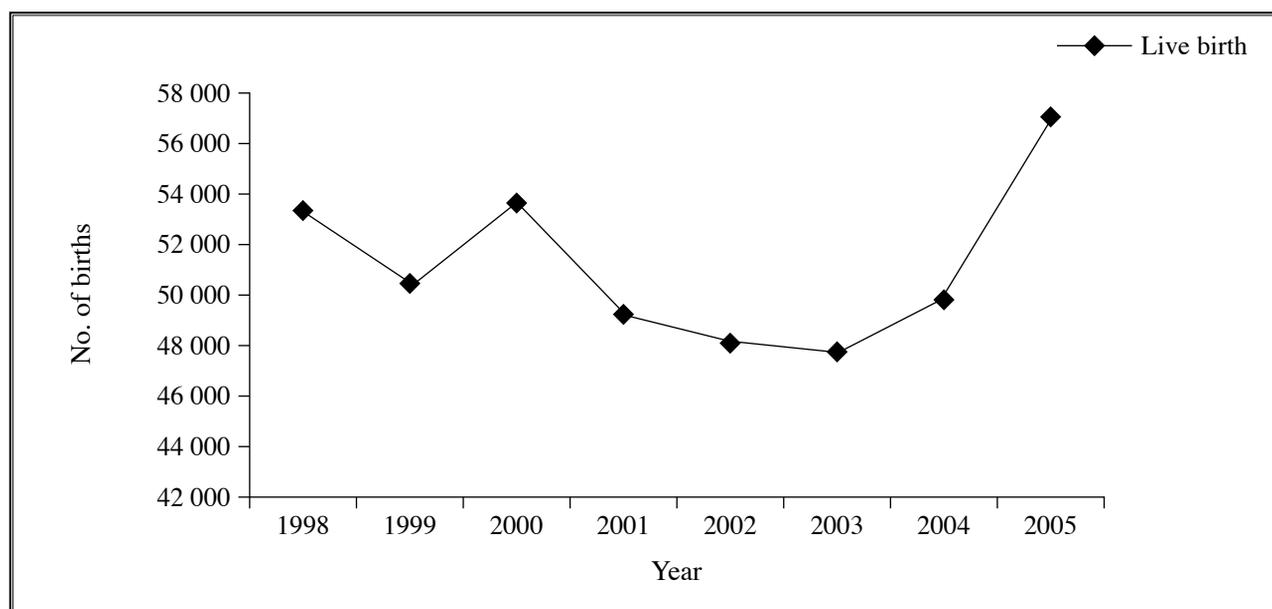


Figure 1. Birth rate in Hong Kong (source: Census and Statistics Department, Hong Kong)

**Table 1. Delivery and midwives in Hospital Authority Hospitals**

(Extract from COC [O&G] Meeting on 27 Jan 2006, Hospital Authority, Hong Kong)

	Deliveries	No. (%) change	Midwives (Obstetrics Department)
2002	36 944		750
2003	35 288	-1656 (-4.5%)	NA*
2004	37 357	+2068 (+5.9%)	NA
2005	40 947	+3590 (+9.6%)	632 (-15.7%)

\* NA Not available

the introduction of the “Obstetric Package” in September 2005, all NEP have to pay \$20 000 for delivery service in public hospitals. This is recently revised to \$39 000 or \$48 000 in February.

The number of NEP deliveries was 7708 in 2001 and less than 10 000 in 2002 and 2003. It rose significantly since 2004. More than 26 000 babies were born in Hong Kong to NEP in 2006, a 3.3-fold increase of the 2001 figure. Majority of the increase was attributed to the increase in NE2. More than 16 000 babies were born to non-resident parents (NE2), a 25-fold increase of 2001 (Figure 2). This is probably the effect of the verdict of 2001 Court of Final Appeal on who would qualify for Hong Kong citizenship. Unfortunately, there is no way to predict the number of NE2 in the coming years.

In proportion to the NEP deliveries in Hong

**Table 2. Obstetric specialists and trainees of HKCOG**

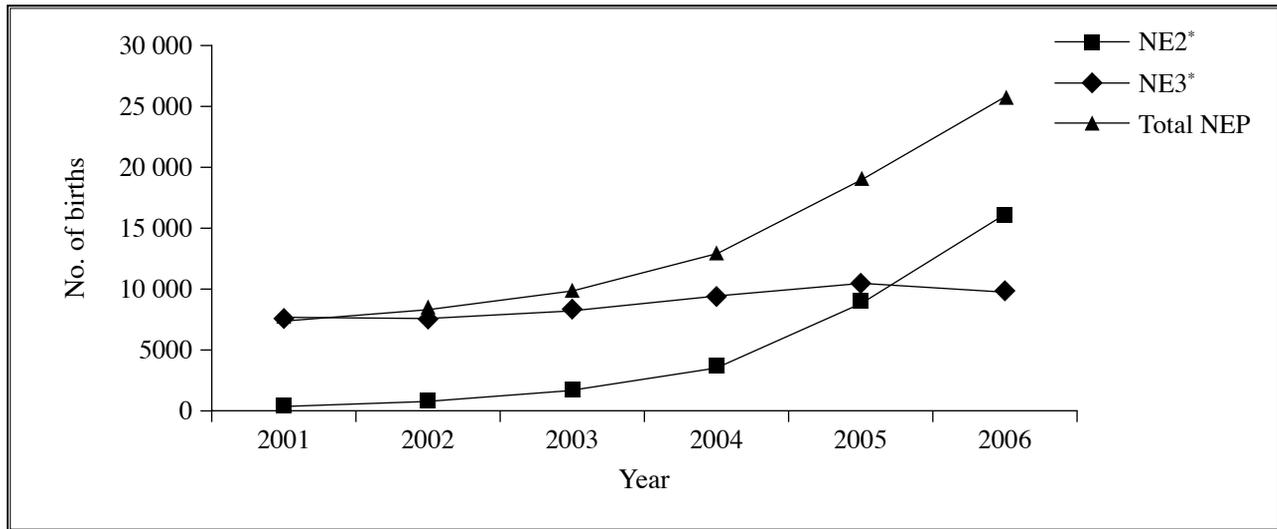
(Source: Hong Kong College of Obstetrics & Gynaecologists)

	FHKAM (O&G)	Higher trainees	Basic trainees	New trainees
2000	281	30	51	11
2001	304	35	47	10
2002	319	28	47	8
2003	338	20	48	9
2004	355	19	41	5
2005	358	25	46	16
2006	372	26	54	22

Kong, the NEP deliveries in HA hospitals also increased from 2001. They constituted 23% of all deliveries in HA in 2002-2003 but rose to 34% in 2005-2006 (Figure 3). The increase in workload in HA hospitals are mainly due to the increase in the NEP deliveries. Table 3 shows the number of live births in HA and private hospitals in 2004 and 2005.

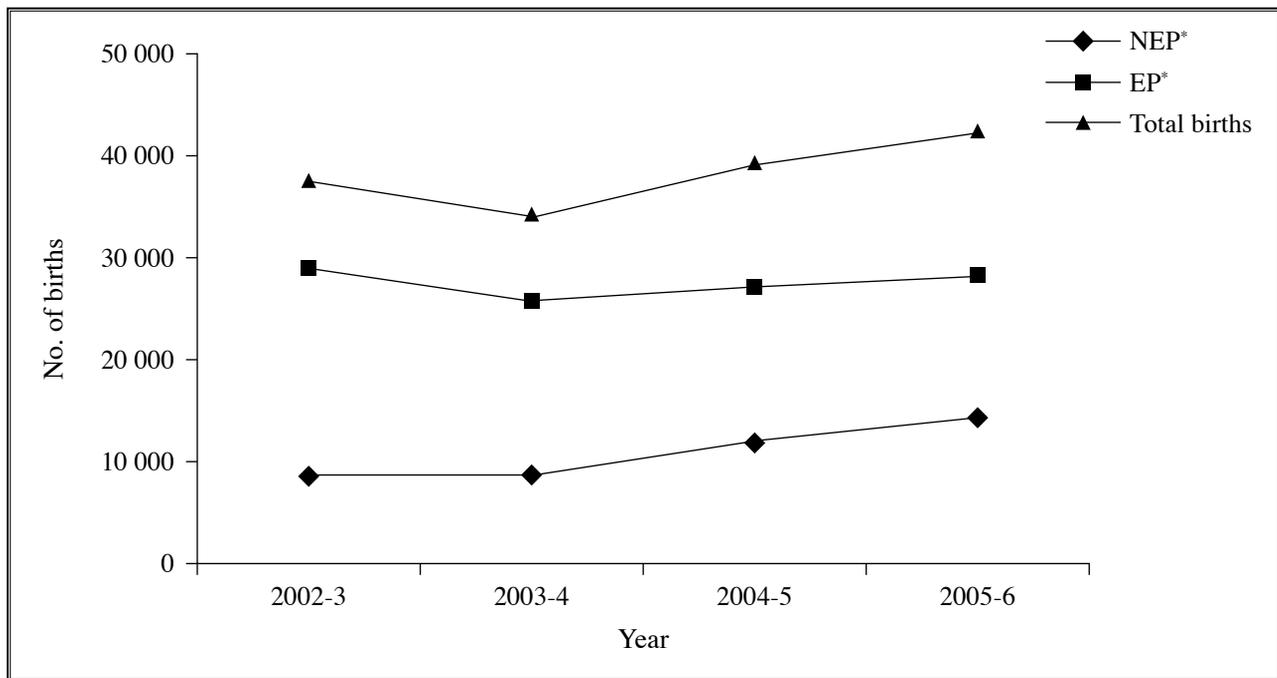
## Impact on Obstetric Service

Dr Alan Kwok-Lam Lau, chairman of the Private Hospital Association, told South China Morning Post on 11 December 2006, that private hospitals, which delivered between 16 000 and 18 000 babies a year, had reached their maximum capacity. It is easier for private hospital to control the number as there is no Accident



\* NE2 denotes non-resident parents, and NE3 non-eligible person whose spouse is an HKID holder

Figure 2. Non-eligible person (NEP) births in Hong Kong (Source: Census and Statistics Department, Hong Kong)



\* NEP denotes non-eligible person, and EP eligible person

Figure 3. Hospital Authority births by mother's pay status (Extract from COC [O&G] Meeting on 27 Jan 2006, Hospital Authority, Hong Kong)

**Table 3. Live births in Hospital Authority (HA) and private hospitals**

(Extract from COC [O&G] Meeting on 27 Jan 2006, Hospital Authority, Hong Kong)

Year	HA hospitals			Private hospitals		
	NEP*	EP*	Total	NEP	EP	Total
2004	11 116	26 552	37 668	2377	9765	12 142
2005	13 917	27 342	41 259	5639	10 201	15 840
Increase	25.2%	3%	9.5%	137.2%	4.5%	30.5%

\* NEP denotes non-eligible person, and EP eligible person

**Table 4. Obstetric delivery capacity**

(Extract from COC [O&G] Meeting on 11 Dec 2006, Hospital Authority, Hong Kong)

Hospital	Delivery capacity/ month
Queen Mary Hospital	420
Pamela Youde Nethersole Eastern Hospital	350
Queen Elizabeth Hospital	500
United Christian Hospital	420
Kwong Wah Hospital	450
Princess Margaret Hospital	330
Prince of Wales Hospital	550
Tuen Mun Hospital	500

and Emergency (A&E) department in private hospitals.

We all understand that such capacity also exist in the HA hospitals and may have already been exceeded in 2006 (Table 4). The 9.5% increase in workload in 2004-5 and more than 40 000 deliveries in 2006 were managed by the decreasing number of midwives and specialist obstetricians in the HA. Unfortunately, there is no way to prevent the number from increasing with the wide-open border and A&E department.

In summary, there is a mismatch in the demand and provision of obstetric service in Hong Kong especially in the public hospitals. This mismatch cannot be overcome easily since the training of service providers would take a long period of time. In the meantime, it is crucial to retain the valuable experienced staff to provide the increasing demand of service and training in the coming years.

### Other Problems

There are also other problems associated with the NEP delivery, which may affect the quality of obstetric care in Hong Kong.

Pregnant women from China usually have little or no antenatal care. They prefer to come to hospital at night time when the manpower is thinnest. This would increase the workload of frontline personnel. Complications may only be detected at the first time in the middle of the night. They may also come in with advanced labour. All these would increase the risk to the mothers and foetuses. They may come to Hong Kong for delivery believing that the care should be better here. We have

pregnant mothers with major placenta previa who came to Hong Kong after the diagnosis was made in China. Other examples are those with foetal anomalies detected who understand that the abnormal babies would receive better and cheaper medical care if their babies are born in Hong Kong. It would increase the workload of the paediatric colleagues. The expenses in both obstetric and paediatric departments would increase more dramatically due to the increase in more complicated cases.

Non-eligible person may also go to the wrong places. North District Hospital is an example since there is no obstetric or paediatric unit there but it is closest to the border. Pregnant mothers attended their A&E department in advanced labour soon after crossing the border. Doctors there are forced to conduct the deliveries if delivery is imminent. They even performed an emergency caesarean section for breech presentation with cord prolapse in November last year.

### Benefit to Society

The increase in NEP delivery may be seen as a starting point for medical tourism in Hong Kong. It also provides a steady workload for obstetricians or midwives in training or in private practice, which is essential for the healthy development in obstetrics.

The increase in birth rate may just complement the decreasing rate of local Hong Kong population. It is also important to alleviate the ageing population in Hong Kong in the future.

### Conclusion

There is a mismatch in the demand and provision of obstetric service in Hong Kong especially in the public hospitals. We understand that there are new measures to control the number of NEP deliveries in Hong Kong. It may take time to see the effect of such measures. We expect measures should also be implemented to retain the valuable experienced staff in the meantime. Otherwise, the quality of care may be affected if the capacity of care is exceeded and the balance between demand and provision of care is tilted.

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