

# Influx of Mainland Expectant Mothers: a Blessing or a Curse?

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For many weeks, the hottest issue in Hong Kong is the enormous influx of mainland expectant mothers who have overwhelmed the public obstetric and neonatal services, causing them to come under unmanageable strain. This has resulted in the spontaneous organisation of frontline concern groups of obstetricians and neonatologists urging our Government to take remedial actions to prevent an otherwise inevitable collapse of the public hospital service in these specialities. Among the 88,000 deliveries in 2010, 50% were attributed to mainland mothers. Moreover, the total capacity of neonatal intensive care units (about 100 beds) in Hong Kong can only support an annual delivery rate of 75,000.

On the positive side, the increased workload created by this influx has necessitated an increase in manpower, which translated into the creation of posts for promotion and training opportunities for obstetricians and midwives, as well as the generation of a substantial amount of unexpected income for the Hospital Authority. On the other hand, the tremendously increased demand has taxed obstetric and neonatal services beyond their maximum capacity to cope. This has resulted in a reduction of other (non-essential) services, frustration and poor morale among the frontline staff, and increasing resignations of public sector staff aggravated by increased recruitment in the private sector. Indeed, the demand for private obstetric services has boomed; annual deliveries increased from 31,000 in 2007 to 45,000 in 2010, of which 70 to 80% were from mainland. Not surprisingly, many experienced doctors and midwives have left the public hospitals for the private sector. The efflux of experienced staff has resulted in many deterioration of training qualities, as reflected by the fact that the trainer-to-trainee ratio in many Obstetric Units recognised by the Hong Kong

College of Obstetricians and Gynaecologists has dropped to about 40%. The cumulative effect poses a real threat to the quality and safety of patient care, and if clinical expertise, experience, and skills cannot be retained and sustained within the public sector, Hong Kong citizens will ultimately suffer the consequences. This loss from the public sector results in yet another group of victims, namely, health care professionals and their successors who must cope with staff shortages and lack of training. Currently the increase in work-related stress on health care professionals affects their morale and health, but in the long term, the increasing shortage of experienced trainers will erode into the quality of future generations of obstetricians and midwives, and discourage recruitment of new trainees. Eventually the vicious cycle of 'heavy unrewarding work – manpower shortage – poor training – deterioration in standards of care will discourage further recruits' degrade the excellent standards of obstetric and neonatal care now prevailing in Hong Kong. For the past two decades, our maternal and perinatal mortality rates were consistently among the lowest in the world, but can this last?

The only effective means to forestall the crisis is to implement immediate measures to cut the number of non-local pregnant women intending to come to Hong Kong for delivery. This would allow the public sector some respite to cope with the shortage of manpower and the limited capacity for service expansion, whilst also maintaining the current standard of training. As for the increased demand from women already in the system, the government should seize the opportunity to introduce measures to enhance and standardise the antenatal booking system for them and, monitor the clinical standards of private hospitals and doctors. It should also clamp down on any illegal practices by

agencies that serve as intermediaries between the non-local women and the private hospitals. A realistic quota on the number of mainland mothers that can be handled by the combined capacity of the obstetric services in Hong Kong should be set up. This should be coupled with complementary measures to prevent non-booked mainland pregnant women from rushing across the border and turning up at accident and emergency departments of public hospitals in advanced labour, without any antenatal records of prenatal assessment in Hong Kong.

Meanwhile, the government and the Hospital Authority should effectively cherish and utilise the currently limited manpower and resources. Instead of expanding or multiplying the units on paper thus weakening existing services, resources should be concentrated so as to provide greater strength in coping with the unpredictable fluctuations in day-to-day workload. This is because to ensure a certain level of safety and quality of patient care, high-risk and high-cost services like obstetrics and intensive neonatal care require multi-specialty teams of experienced staff, including obstetricians, paediatricians, physicians, pathologists, anaesthetists, and midwives. Based on past experiences in Hong Kong, each of the obstetric units, with its organic labour and delivery suite, would function optimally with at least 3000 births per year, a number that has also been shown to be essential for the steady development of training and service. If an obstetric unit is to be opened in Tseung Kwan O Hospital in 2013 as proposed, the number of births per year in each of the obstetric units of United Christian Hospital and Tseung Kwan O Hospital would be only around 2000. This would reduce efficiency and cost-effectiveness, and hinder the healthy growth and development of these two

units. Besides it would also result in extra demands for manpower (about 40%), which could hardly be furnished by the currently diminishing pool in the public sector. It does not need a genius to figure out the impact of this move on the morale of already-frustrated frontline staff in the Hospital Authority.

In the long run, Government departments should anticipate changing population demographics, and formulate clear and practical policies on immigration, housing, education, social services, and health care. No studies have yet been conducted to assess the capacity of our society and health care system to absorb the growth in demand from the mainland mothers and their babies, not to mention the demand on other services. There is a limit on the numbers of medical and nursing graduates produced each year, and these numbers actually reflect the policies and decisions made a decade or more ago, so that the effect of any current changes will not be forthcoming until another decade has passed. Unless the government has the wisdom and foresight to anticipate the magnitude of this problem on the entire local society, and the courage and willingness to solicit and listen to the honest opinions of professionals and frontline public sector health care workers on these issues, things will get out of control. When this happens the Government's legacy will be seen as the collapse of the Hong Kong public health care system that has been the envy of our neighbours for so long.

**Tak-Yeung LEUNG MD, FRCOG**

**Terence LAO MD, FRCOG**

Department of Obstetrics and Gynaecology

The Chinese University of Hong Kong

Prince of Wales Hospital

Hong Kong