



**Service Priorities and Programmes**  
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**The pregnancy outcome of non-booked non-entitled women delivered in a public hospital in Hong Kong**

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**Introduction**

In recent years there has been a marked rise in the number of pregnant women from mainland china (non-entitled person) giving birth in Hong Kong. In 2005, the Hospital Authority launched an obstetric package to limit the number of non-local women delivering in public hospitals. However, the accumulating number of non-local pregnant women have added much burden to obstetrics and neonatal units. Since 1 April 2011, Kwong Wah Hospital has stopped elective antenatal booking for non-entitled pregnant women. Nevertheless, many of them are admitted through the A&E for both obstetric or non-obstetric reason. These unexpected admissions might have increased the risk to their pregnancy and the workload of the obstetric unit. In a local study published in 2010, non-entitled pregnant women tended to have late presentation for common antenatal problems. Resources have been relocated to meet the need. The study also revealed that around 30% of them delivered by instrumental delivery or Caesarean section.

**Objectives**

This is a retrospective case-control study to evaluate the demographics, peripartum event and pregnancy outcome of the cohort of non-entitled pregnant women (from mainland china) delivered in Kwong Wah Hospital from 1 April 2011 to 31 March 2012.

**Methodology**

Eligible women were identified from the central birth registry of Kwong Wah Hospital. Clinical information of the mothers and newborns were retrieved from reviewing clinical records and electronic records. Data were entered and analysed with SPSS v 16.0

**Result**

Results: There were 219 women delivered 221 live fetuses (3 pairs of twins) and one stillbirth. 81 (37%) were nulliparous. 94 (43%) had no antenatal booking in Hong Kong; 61 (27.9%) had booking in other HA maternity unit; 20 (9.1%) had booking in private

hospital. Concerning the husband's status, 139 (63.5%) were mainland residents, 53 (24.2%) were Hong Kong residents. Most of the women presented with early symptoms of labour or rupture of membrane (44.7% and 23.7% respectively). 18.3% presented at active phase of labour. Others presented with antenatal complications, postdate requesting for antenatal care or other reasons (9.6%, 2.3% and 3.2% respectively). 23 (10.5%) pregnancies were delivered preterm (before 37 weeks). One pregnancy was delivered over 42 weeks. 182 (83.1%) women delivered by normal vaginal delivery. 3 (1.4%) required instrumental delivery. 13 (5.9%) delivered by Caesarean section after labour. 21 (9.6%) delivered by Caesarean section without labour. 13 (5.9%) women suffered from primary postpartum hemorrhage. 7 (3.1%) of them required blood transfusion. There were 221 live fetuses born. 19 (8.6%) were born low birth weight <2.5 kg. 13 (5.9%) were macrosomic > 4.0 kg. There were 2 newborns required neonatal resuscitation. 8 (3.6%) needed admission to neonatal intensive care unit. 96 (43.%) babies were admitted to special baby care unit. 88 (39.8%) suffered from one of the neonatal morbidity including neonatal jaundice, respiratory complication, infection or sepsis, neurological complication, birth trauma or others. There were several high risk pregnancies in the cohort, including 3 pairs of twin pregnancies, 5 women with severe PET, 3 with placenta previa, one with placenta abruptio, one with severe maternal thrombocytopenia, one undiagnosed breech presentation at advanced stage of labour and one with severe fetal intrauterine growth retardation requiring expedited delivery. In addition, there were 2 women suspicious of using fake maternity certificate. Discussion: The influx of non-booked pregnancies delivered in public hospital has increased the workload of both obstetric and neonatal unit. Appropriate measures should be taken in service allocation.