



Service Priorities and Programmes
Electronic Presentations

Convention ID: 150

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Social obstetrics – Non-local expectant mothers admitted through A&E department in a public hospital & review of local literatures

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Keywords:

non-eligible person (NEP)

non-local mothers

social obstetrics

obstetric package

birth tourism

Introduction

The influx of mainland expectant mothers overwhelming the local obstetric and neonatal service has been described as ‘social obstetric’ phenomenon. Starting from 2005, the Hospital Authority (HA) has launched several obstetric packages to limit the number of non-local women NE-2[雙非] and and NE-3 [單非] delivering in public hospitals. The 2007 package also encouraged them to receive antenatal care in Hong Kong to reduce the pregnancy risk. However, the growing number of NEP deliveries in HA hospitals outweighed the capacity of public service. The Hong Kong Obstetric Service Concern Group was formed in March 2011—to urge the Hong Kong Government to take action in preventing collapse of public services. On 26 April 2012, HA announced there was no booking quota for non-local expecting mother. Non-booked delivery would be charged HK\$90,000 for the 3-days-2-nights package. Lastly, the Government prohibited antenatal booking of non-local mothers in either public (NE-2 & NE-3) or private(NE-2) sectors from 1 January 2013 onwards. However, if a pregnant woman, regardless of her identity status, attended the Accident & Emergency Department (AED) of a public hospital, the doctor-on-duty would assess her condition and offer admission to the obstetric unit if medically indicated.

Objectives

To review the pregnancy outcome of a cohort of non-booked non-local women admitted via AED of Kwong Wah Hospital (KWH) over one-year period; and to perform literature review on local studies about NEP deliveries over last decade.

Methodology

The birth registry record of KWH from 1 April 2011 to 31 March 2012 was reviewed to recruit NE-2 and NE-3 women. Clinical notes and electronic patient record of the

subjects were studied. The annual statistics of KWH 2011 was used as reference.

Result

There were 219 NEP women delivering 221 livebirths during the studied period. Compared to the annual statistics in 2011, non-local mothers were of higher parity, more likely had hypertensive disease (incl. PET), delivered pre-term (<37 weeks), had babies admitted to special care baby unit (SCBU) and being macrosomic (>4.0 kg). The rate of induction of labour and Caesarean section was lower. There was no significant difference in maternal and neonatal outcome whether the women had antenatal booking elsewhere before admission. Together with the two previous local studies, we found that the government policy has effectively reduced the number of NEP deliveries in public hospitals. However, the non-booked admission through AED remained potentially at risk of obstetric complications. There were many examples of common obstetric complications being near-missed or suboptimally managed because of lacking well-structured continuous antenatal care. Health care professional should still be prepared for the near-missed condition in this group.