

The Impact of Mainland Mothers on the Obstetric Services of Hong Kong[†]

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Hong Kong has a long history as a place to which refugees flock. In the modern era, the influx resulting from the 1949 communist victory in the Chinese Civil war led to many problems, amongst which was a severe shortage of facilities for birthing mothers. From this rather difficult point, Hong Kong went on to build an enviable record in maternity care. Amongst the achievements have been a maternal mortality rate which is amongst the lowest in the world and a commensurate perinatal mortality.

In 1997, Hong Kong reverted to Chinese sovereignty. The “one country two systems” modus operandi under which Hong Kong returned to Chinese sovereignty was laid out by the Basic Law of Hong Kong, effectively a mini constitution for Hong Kong. In this Basic Law, a person born in Hong Kong who is the child of Chinese nationals automatically gains the right of abode in Hong Kong. A number of factors combined to make giving birth in Hong Kong increasingly attractive to mainland women. The right of abode is valuable because it entitles the person to access the territory’s comparatively generous social, health and educational services. Chinese citizens with the right of abode in Hong Kong are also entitled to the territory’s travel documents which are widely accepted internationally. Hong Kong healthcare system enjoys an excellent reputation on the mainland. Furthermore, under the one child policy, there are severe penalties for couples in the mainland having more than one child. This can be circumvented by giving birth in Hong Kong because the child is not counted. In addition, the rapid economic growth in the mainland enabled increasing number of mainland families to afford the considerable cost of accessing Hong Kong obstetric care. There are also a large number of cross border marriages involving mainland women and Hong Kong men. Many of these result in children. The previous strict travel restrictions for mainland Chinese coming to Hong Kong from the mainland were relaxed substantially for many residents of southern China in 2004, thus further enabling easier access to the healthcare system of Hong Kong.

When the right of abode was settled and the rights of persons born in Hong Kong became clear, there was a steady increase in births to mainland mothers. In 2002, the proportion of Hong Kong births to mainland mothers was 17%. In 2004, it was 26%. This trend accelerated when it became much easier for mainlanders to travel to Hong Kong on short-term visits. In 2005, over 33% of Hong Kong births were to mainland mothers and it became clear the territory’s obstetrics services were severely stretched, especially during the busy months of September to November. In 2006, the capacity of the obstetrics services was exceeded by an estimated 17% and the system came under great strain. This received a great deal of media attention. It was the single biggest health story in the Hong Kong press in 2006.

Hong Kong mothers organised a street protest, drawing the public’s attention to the fact that local Hong Kong women were being crowded out of the territory’s obstetric services. Obstetric wards were filled to overflowing and neonatal services were inundated. Morale in the public sector became a problem. However, demand for private obstetric care boomed and many doctors and midwives left the public hospital system for the private sector.

The government acted by restricting access to Hong Kong by pregnant women from 1 February 2007 and doubling charges in the public hospitals to USD5000 for a booked confinement and USD6000 for a non-booked one. Border controls were instituted, including denying entry to any woman over 28 weeks of gestation unless they can prove they have a proper hospital booking for birth. The number of mainland mothers giving birth in public hospitals was reduced almost immediately, especially non-booked cases. This has allowed the public obstetric units some respite as it tries to cope with the efflux of staff to the private sector. The situation is being closely monitored at the time of the lecture.

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