

LCQ19: Support for women who have suffered a miscarriage and their families

Following is a question by the Dr Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (June 13):

Question:

Some studies have pointed out that women who have experienced miscarriage often have various negative emotions, such as self-blame, fear, depression and anxiety. However, members of the public in general do not understand much about the needs of women who have suffered a miscarriage and their families, and the Government has failed to provide appropriate support to those people. In this connection, will the Government inform this Council:

(1) of the number of miscarriage cases in each of the past 10 years; whether the Government will proactively provide the following information to women who have suffered a miscarriage and their families: follow-up medical procedures after having miscarriage, approaches and procedure for handling abortuses, the rights of the parents of abortuses, and matters requiring attention after having miscarriage and related support services; if so, of the details; if not, the reasons for that;

(2) whether it will establish a website to provide comprehensive knowledge and information about miscarriage to enable members of the public to learn how to console relatives and friends who have suffered a miscarriage and their families; if so, of the details; if not, the reasons for that;

(3) whether it will allocate additional resources to provide support for women who have suffered a miscarriage (including a counselling hotline and home visit service); if so, of the details and the timetable; if not, the reasons for that;

(4) whether it has issued work guidelines to medical staff and social workers as well as provided them with training on counselling skills, to enable them to express appropriate care for women who have suffered a miscarriage and their families; if not, of the reasons for that;

(5) as some studies have revealed that alternative medicine, such as massage, psychological counselling and herbal medicine, may relieve symptoms of depression and anxiety experienced by women who have suffered a miscarriage, whether the Government will allocate funds for studying the development of services on alternative medicine, and whether it will, by making reference to the practice of hospitals in the United Kingdom, provide medical

certification to parents of abortuses of less than 24 weeks' gestation to facilitate them to arrange burial for the abortuses and, upon request, provide parents of abortuses of late miscarriages (of 14 to 24 weeks' gestation) with photos as well as hand and foot prints of the abortuses for commemorative purpose; if so, of the details and the timetable; if not, the reasons for that; and

(6) as the Government has indicated that for abortuses of less than 24 weeks' gestation, where feasible and provided that relevant legal requirements and such conditions as public health have been met, the Hospital Authority (HA) will allow the parents concerned to claim the abortuses, whether it knows the criteria adopted by HA for determining the "feasible" conditions; whether the Government will expeditiously amend the legislation and simplify the relevant procedure so as to allow parents of abortuses of less than 24 weeks' gestation to claim the abortuses as quickly as possible for arranging burial; if so, of the details and the timetable; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by the Dr Hon Elizabeth Quat is as follows:

(1) to (5) The table below sets out the number of discharges of inpatients admitted for abortion annually from 2007 to 2016:

Year	Number of discharges of inpatients admitted for abortion *
2007	10 186
2008	10 648
2009	10 147
2010	10 374
2011	11 696
2012	12 130
2013	9 817
2014	9 539
2015	9 271
2016	9 166

* "Abortion" includes spontaneous abortion and medical abortion. The above statistics include discharges of inpatients from hospitals of the Hospital Authority, correctional institution hospitals and private hospitals. For details, please refer to the [Tables on Health Status and Health Services](#) published by the Department of Health.

The Maternal and Child Health Centres (MCHCs) of the Department of

Health (DH) collaborate with the obstetrics departments of the Hospital Authority (HA) to provide antenatal care for pregnant women. Medical staff of the MCHCs will refer pregnant women showing signs of miscarriage to the obstetrics and gynaecology departments of the HA for further assessment and follow-up consultation.

Bereavement counselling teams are set up in the obstetrics and gynaecology departments of the HA to take care of parents who have experienced a miscarriage or baby loss through the provision of emotional support and counselling services to help them recover from bereavement.

The healthcare staff taking care of the abortuses will clean them, dress them in specially-made angel gowns and beanies, or the clothing prepared by their parents, and put them in a purpose-made basket or baby cot for them to meet their parents. Parents may cuddle them and spend some time with them before bidding farewell. Healthcare staff will take photos for them and prepare memorial cards with their footprints for their parents' commemoration. If necessary, the counselling team concerned may keep the memorial card for a period of time for the mother to decide whether or not to take the card back in the follow-up consultation.

Individual parents who want to claim the abortuses may express their wishes to the counselling team concerned before discharge. Their requests will be referred to the Patient Relations Officer for follow-up action and assistance as appropriate. The bereavement counselling team will also refer cases to medical social workers or clinical psychologists in the light of individual circumstances.

In addition, the 65 Integrated Family Service Centres and the two Integrated Services Centres operated by the Social Welfare Department (SWD) or non-governmental organisations provide individuals and families in need, including women who have suffered a miscarriage, in specific localities with a spectrum of preventive, supportive and remedial welfare services, which include counselling or support/mutual help groups (please visit the [SWD's website](#) for details). Understanding the pressure on women who have suffered a miscarriage and their physical and mental well-being, social workers will conduct comprehensive assessment on the needs of each service user. If necessary, home visits, interviews and clinical psychological services will be arranged. In general, they provide appropriate services for individuals and families in need through different work strategies, such as early identification and intervention, service integration and partnership with other service stakeholders.

People in need (including women who have suffered a miscarriage) may call the 24-hour SWD hotline at 2343 2255 to seek immediate counselling or referral to appropriate service units for support, consultation and follow-up services.

Having received training on professional counselling skills, social workers of the SWD provide the necessary psychological counselling for women suffering a miscarriage and their families to help them overcome their emotional problems or distress arising from the miscarriage and render them

emotional support service. If psychotherapy is required, the social workers will make referrals for those in need to receive clinical psychological service. Advanced counselling courses are organised by the Staff Development and Training Section of the SWD from time to time to enhance the professional counselling skills of its social workers.

In addition, the Family Health Service of the DH and the HA have jointly compiled health information on miscarriage, which has been uploaded to the webpages of the DH (note 1) and the HA (note 2) respectively.

(6) As for abortuses of less than 24 weeks' gestation stored in public hospitals, parents will be allowed to claim the abortuses according to their wishes where feasible and provided that relevant legal requirements and such conditions as public health have been met. The hospitals will cater for the needs of the parents as far as possible and remind them of the matters requiring attention in the handling of abortuses, including public health requirements and burial arrangement considerations.

The Food and Health Bureau is actively examining options of legislative amendments to facilitate better handling of abortuses. The HA will also consider simplifying the claim procedure so that parents will be able to collect their abortuses as early as possible.

Note 1: www.fhs.gov.hk/english/health_info/woman/15681.html

Note 2: www3.ha.org.hk/ntwc/csc/health/Leaflet/O&G/O&G07.pdf and www3.ha.org.hk/ntwc/csc/health/Leaflet/O&G/O&G06.pdf (Only Chinese version is available.)