

LCQ5: Emotional support services for pregnant women and their family members

Following is a question by the Hon Sunny Tan and a written reply by the Secretary for Labour and Welfare, Dr Law Chi-kwong, in the Legislative Council today (May 4):

Question:

It has been reported that earlier on, a mother suspected of suffering from postnatal depression dropped her two-week-old daughter from a footbridge, and the baby girl passed away after being sent to hospital for emergency rescue. There are comments pointing out that the pressure of making preparations for the arrival of newborn babies and taking care of them may cause pregnant women and their family members to develop negative emotions. In this connection, will the Government inform this Council:

(1) given that the Comprehensive Child Development Service (CCDS) currently implemented by the authorities includes the identification of pregnant women with mental health problems and mothers suffering from postnatal depression, whether the authorities have assessed if the service is adequate for supporting pregnant women and their family members to face emotional problems before and after pregnant women give birth to their babies; if they have assessed and the outcome is in the affirmative, of the details; if the assessment outcome is in the negative, whether the authorities will, by drawing reference from the practices of other places, provide emotional education and psychological counselling services to pregnant women and their family members when pregnant women attend antenatal check-ups, as well as offer them and their family members relevant online teaching materials, support hotlines and online meeting services;

(2) of the following information on persons identified under the CCDS in each of the past five years as having antenatal mental health problems/postnatal depression: (i) their number and proportion in the total number of persons receiving the service, (ii) the number of such persons who received treatment, (iii) their proportions by age, (iv) the types of follow-up services received, and (v) the time taken for waiting for and receiving treatment (set out in a table); and

(3) as there are comments pointing out that people planning to have babies should prepare in advance for emotional awareness and management, whether the authorities will consider formulating a more comprehensive and in-depth baby care policy, as well as enhancing collaboration with community organisations to provide people in need with pre-pregnancy, antenatal and postnatal emotional awareness and management education, psychological counselling and support services; if so, of the details; if not, the reasons for that?

Reply:

President,

The Comprehensive Child Development Service (CCDS) is a measure jointly implemented by the Labour and Welfare Bureau, the Education Bureau, the Department of Health (DH), the Hospital Authority (HA) and the Social Welfare Department (SWD), which aims to early identify various health and social needs of children (aged zero to five) and their families and provide intervention services for the protection, and to foster healthy development of children through multi-disciplinary collaboration (paediatrics, psychiatry, obstetrics and gynaecology, social work and clinical psychology).

The above service enables health care providers to identify various health and social needs of children and their families, through the collaborative platforms, such as the Maternal and Child Health Centres (MCHCs), hospitals, the Integrated Family Service Centres/Integrated Services Centres (IFSCs/ISCs) and pre-primary institutions, including at-risk pregnant women, mothers with postnatal depression, families with psychosocial needs and pre-primary children with health, developmental and behavioural problems, etc., so as to provide support to pregnant women/mothers and their families, and provide necessary health and social services for the healthy development of children. In addition, the IFSCs/ISCs operated by the SWD or the non-government organisations (NGOs) also provide developmental and preventive services to needy families, such as family life education, parent-child activities, educational/developmental groups/programmes, etc.

(1) During the antenatal period, pregnant women with mood problem or past record of psychiatric illness are identified by the nurses at the MCHCs. They are then offered supportive counselling service or assessed by the visiting psychiatric team of the HA at the MCHCs, as well as referred to the CCDS midwives at the obstetric clinics of the HA for follow-up and monitoring to ensure that they receive proper psychiatric service.

At the postnatal stage, nurses at the MCHCs identify mothers with probable postnatal depression using professional assessment tools and refer them to the visiting HA's outreach psychiatric nurses at the MCHCs for further assessment and counselling. Depending on the severity of the condition and needs of the mothers and their children, the concerned cases are followed up by the visiting outreach psychiatric teams or paediatricians at the MCHCs, the regular psychiatric service of the HA and/or the IFSCs/ISCs operated by the SWD or the NGOs. Upon receiving referrals from the MCHCs, social workers at the IFSCs/ISCs will assess the needs and problems of the families and provide appropriate services.

According to the above mode, relevant service units of the CCDS could identify mothers at-risk and with perinatal depression at an early stage and refer them to the appropriate health and social services, including psychiatric services, parenting programmes, family planning education, counselling service, supportive groups and programmes, and even drug detoxification service etc., to help them adjust the physical and

psychological changes during pregnancy and cope with the stress of taking care of a newborn baby.

(2) The table below sets out the relevant figures of persons identified to have antenatal mood problems/postnatal depression under the CCDS in the past five years.

	MCHCs under DH		Psychiatric clinics under HA
Year	Mothers identified as having antenatal mood problems/postnatal depression (headcount)	Referral for follow-up management in the appropriate health and/or social service units (number of cases)	New cases of antenatal and postnatal women receiving psychiatric service of HA after referral (headcount) (Note 2)
2021 (Note 1)	3 560	2 052	3 178
2020 (Note 1)	2 269	1 517	2 967
2019	6 538	3 766	4 889
2018	6 798	4 133	1 105
2017	7 463	4 385	1 047

Note 1: As affected by COVID-19 epidemic, the number of service users in the MCHCs has decreased as compared to past years.

Note 2: Including psychiatric service provided by visiting HA's outreach psychiatric team at the MCHCs and psychiatric outpatient clinics. Source of referral cases include the MCHCs, obstetrics of the HA or other service units.

Relevant Government departments have not kept a breakdown of other aspects of the CCDS. However, all high-risk pregnant women as identified by the HA under the CCDS will be arranged to receive psychiatric services as early as possible.

(3) The obstetric units of the HA have been offering antenatal classes to prepare mothers-to-be to walk through various anxiety stages of pregnancy. The HA obstetric mobile application "Hapi Journey" (Hospital Authority Pregnancy Information Journey) was launched in February 2017 to provide updated information and useful tools for mothers-to-be, including nutritious diet during pregnancy, breastfeeding and caring of the newborn, in a timely manner to empower mothers-to-be and reduce their anxiety. In addition, the MCHCs provide expectant parents and parents with anticipatory guidance on antenatal and postnatal emotional changes, childcare, child development and parenting during the antenatal period and throughout the pre-school years of children via various means, e.g. counselling interviews, leaflets/videos,

online resources, hotline and public talks, etc. These aim to support parents to understand and early identify postnatal mood problems, and equip them with more knowledge and handling skills on the growth and development of children.