



th
Anniversary

FAMILY HEALTH SERVICE

2012



衛生署
Department of Health



**© 2013 Family Health Service, Department of Health
The Government of the Hong Kong Special Administrative Region**

All rights reserved. No part of publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, recording, or otherwise, without the prior permission of the copyright owner.

Disclaimer

All the views and opinions of authors expressed in the feature articles do not necessarily state or represent the views of the Family Health Service, Department of Health, the Government of the Hong Kong Special Administrative Region.

The Family Health Service, Department of Health, the Government of the Hong Kong Special Administrative Region will not be liable for any errors in, omissions from, or misstatements or misrepresentations (whether expressed or implied) concerning any information shared in the Monograph.



TABLE OF CONTENTS

Foreword	02
Messages	04
Philosophy & Vision, Mission and Values	10
History of the Family Health Service	12
The Family Health Service Today	22
Programme Research & Development	26
Event Highlights	56
Challenges & Way Forward	62
Our Family	65

FOREWORD

DR CHAN HON YEE, CONSTANCE

Director of Health, HKSAR



The Family Health Service of the Department of Health has entered into its eightieth year of providing service to the public of Hong Kong. For the past decades, the Service has made significant progress in meeting the changing health needs of local communities. At its eightieth anniversary, I am delighted to publish this special issue to present the history and present work of the Service and to commemorate its achievements over the years.

Since establishment of the first Infant Welfare Centre in Wan Chai in 1932, the Service has grown and evolved into a network of 31 Maternal and Child Health Centres and three Woman Health Centres at present. This robust infrastructure has enabled us to provide a free child health service that covers 90% of newborns of local mothers. Efforts are also devoted to promote the health of women through antenatal and postnatal services, cervical screening service, family planning service and woman health service. The shared-care programme, jointly operated by the Maternal and Child Health Centres and the Hospital Authority provides free antenatal and low-cost birthing care for 70% of Hong Kong pregnant women.

Since the Millennium, we've had a major revamp of the child health programme. The hallmark is a shift from a physical health focus to a holistic view of child health and partnership with parents. The newly introduced parenting component not only provides information and education, but also support services, such as breastfeeding skills support, positive parenting training and postnatal depression counseling.

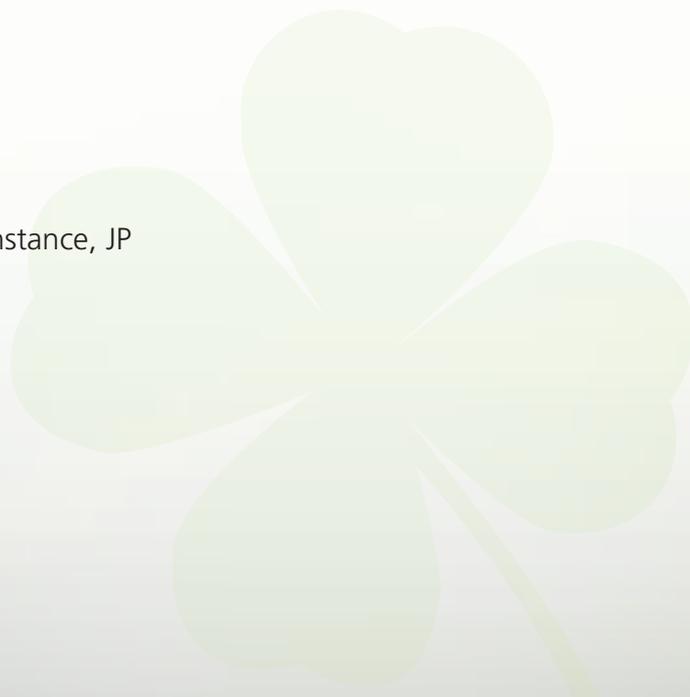
In the years ahead, we will be facing a lot of new challenges. Although the younger generation of parents become more educated and health

literate, there remain groups, having been marginalised due to specific life circumstances, such as those with substance misuse and teenage mothers, who have higher needs yet, are under-using the services. I believe, along with our partners in and outside the health sector, we need to put our hearts and minds together, to work out how best to address their needs and alleviate their plight. Another priority is to improve the nutrition of mothers, infants and young children. Despite efforts in the past, recent child nutrition surveys revealed our infants' exclusive breastfeeding rate was still low; young children's diet was unbalanced and dominated by formula milk; and a significant proportion of children are overweight or obese. Grappling with these challenges, concerted efforts from multi-disciplinary teams of practitioners and researchers are vital to gain insight into the situation, design innovative interventions and generate evidence of effectiveness.

On this special occasion, I would like to pay tribute to all my colleagues in the Service for their dedication and devotion. I would also like to acknowledge with thanks the assistance and support rendered by other government departments, academic institutions, non-governmental organisations and World Health Organization. With the concerted effort of all parties, the Service will continue to provide high quality service to meet the changing needs of our community.



Dr CHAN Hon-ye, Constance, JP
Director of Health



MESSAGES

DR MARGARET CHAN

Director – General
World Health Organization



I warmly congratulate Hong Kong's Department of Health as it commemorates 80 years of providing services for women, babies, and young children. The history of these services offers many lessons that culminate in today's emphasis on health promotion and disease prevention as the cornerstone of good care.

These are comprehensive services that give priority to breastfeeding, nutrition, immunization, early screening to detect growth or developmental problems, and prompt intervention. These are services of an exceptionally high quality. And these are services that have, for 80 years, built the foundation for Hong Kong's healthy and prosperous population.

I am personally proud to have witnessed some of this history firsthand. My initial experiences as a young doctor were in Hong Kong's maternal and child health services. Those early interactions with tiny patients and their mothers taught me the human side of medicine. Those lessons stayed with me throughout my career.

I encourage colleagues in Hong Kong's Family Health Service to remain steadfast in your determination to give every mother and child the very best of care. The whole of society benefits when you do so.

A handwritten signature in black ink that reads "M. Chan".

Dr Margaret CHAN
Director-General
World Health Organization

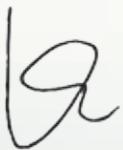
DR KO WING MAN Secretary for Food and Health, HKSAR

It is my great pleasure to send my best wishes on the occasion of the 80th Anniversary of the Family Health Service, Department of Health.

In the past decades, as a result of improvements in socio-economic conditions and access to quality health care, Hong Kong has seen a remarkable achievement in the health status of its population. Our maternal and child health indicators now rank amongst the best in the world.

The Family Health Service of the Department of Health has played an important role in promoting maternal and child health in Hong Kong and in maintaining this high standard of health status, through collaborating with other healthcare professionals, sectors and the community. Over the years, the Service has also undergone remarkable transformation and evolved into a comprehensive range of health promotion and disease prevention programmes for mothers and young children, in response to their changing needs.

In congratulating the Family Health Service on its 80th Anniversary, I extend my best wishes to the staff for their good work and dedication towards promoting better maternal and child health. I also look forward to greater achievements of the Service in the future.



Dr KO Wing-man, BBS, JP
Secretary for Food and Health



MESSAGES

DR P Y LEUNG

Chief Executive
Hospital Authority



On behalf of the Hospital Authority (HA), I wish to offer my warmest congratulations to the Department of Health's Family Health Service (FHS) as it celebrates 80 years of tireless efforts to continuously improve the well-being of children and women in Hong Kong.

Working to promote the good health of families in our community is a crucial task in ensuring the long-term development of our city. Since its establishment in 1932, the FHS has been a leading light in providing support and assistance to families across a broad range of issues and at key stages of their evolution and growth.

The FHS's comprehensive range of services cover physical, psychological and social aspects of well-being. In taking this holistic approach to serving the needs of women and children in Hong Kong, the FHS is making a vital contribution not only to improved medical health but also to positive emotional and interpersonal development.

I sincerely applaud the efforts of the FHS to provide children – our leaders of tomorrow – with the best possible start in life and to empower women with the knowledge and support they require to make important life choices.

The HA has a well-established history of fruitful collaboration with the FHS and we look forward to continuing to work closely with the Service in the years ahead. Building on its many past successes, I am confident that the FHS will scale new heights of excellence to the lasting benefit of families in Hong Kong.

A handwritten signature in black ink, appearing to be 'P Y Leung', written in a cursive style.

Dr P Y LEUNG
Chief Executive
Hospital Authority

MESSAGES

DR SP MAK

President

Hong Kong College of Community Medicine

On behalf of the Hong Kong College of Community Medicine, I would like to express my heartfelt congratulations to the Family Health Service on its 80th Anniversary.

In the past 80 years, the Family Health Service has been providing a comprehensive range of health promotion and disease prevention services for babies, young children and women in Hong Kong. Your services have made significant contribution to maintaining and improving the health of the population. I am confident that the Service will continue its commitment in protecting and promoting health for the Hong Kong people. I look forward to our close collaboration in providing quality health care to meet the changing needs of our community.

My best wishes go to all colleagues in the Family Health Service. May this milestone mark the beginning of further success and even greater accomplishment.



A handwritten signature in black ink, appearing to read 'S Mak', followed by a horizontal line.

Dr SP MAK

President

Hong Kong College of Community Medicine

MESSAGES

PROFESSOR HEXTAN NGAN

President

The Hong Kong College of Obstetricians and Gynaecologists



On behalf of the College Council, I write to express our congratulations to the Family Health Service of the Department of Health on her 80th Anniversary.

For the past eighty years, the Service has provided a comprehensive range of health promotion and disease prevention services for the public of Hong Kong. The community and the medical profession have fully recognized the effort made by the Service. I am confident that the 80th Anniversary will be another milestone of the success in the Service's history.

We look forward to further cooperation between the Service and the College in matters of mutual interest for the good of our community.

Congratulations!

A handwritten signature in black ink that reads "Hextan Ngan".

Professor Hextan NGAN

President

The Hong Kong College of Obstetricians and Gynaecologists

PROFESSOR PAK C. NG
President
Hong Kong College of Paediatricians

On behalf of the Hong Kong College of Paediatricians, I would like to extend my heartiest congratulations to the Family Health Service of the Department of Health on its 80th Anniversary.

Over the years, the Family Health Service has been playing an important role in providing quality healthcare to newborns and young children through an integrated child health and development programme. Established in 1932, the Family Health Service has since diversified its responsibilities to include health education, counselling, immunisation, growth and developmental surveillance, hearing and vision screening, and health promotion to cater for the changing needs of the society. The Family Health Service has always worked in close partnership with Paediatricians, and its immense contribution to safeguarding the wellbeing of infants and children is admirable.

On this very special occasion, I would once again like to congratulate the Family Health Service on its outstanding achievements over the past 80 years, and I wish the Service every success in the future.



A handwritten signature in black ink, appearing to read 'Pak C. Ng'.

Professor Pak C. NG
President
Hong Kong College of Paediatricians

PHILOSOPHY & VISION, MISSION AND VALUES

The Family Health Service, Department of Health

Since 1932, the Family Health Service (FHS) has evolved from a cluster of Child Welfare Centres focused on aspects of basic care to a network of Maternal and Child Health Centres (MCHCs) and Woman Health Centres (WHCs) providing a comprehensive range of health promotion and disease prevention services for children from birth to 5 years and women under 65. Currently, a shared-care programme jointly operated by the maternity units of the Hospital Authority and the MCHCs provides antenatal and birthing care to about 70% of local pregnant women. Over 90% of babies born to local mothers receive child health services at our MCHCs.

Our Philosophy

Over the last decade, due to improvements in socio-economic conditions and access to quality health care, Hong Kong's maternal and child mortality rates now rank among the best in the world. Previously common health problems, notably communicable diseases, have given way to new ones such as childhood obesity, behavioural problems, child disadvantage and maternal mental health problems. With a vision of leading the community to promote health and well-being of children, women and families in Hong Kong, the FHS has initiated a revamp of its programmes in response to these changing needs since the Millennium. We adopt a holistic view of health that addresses the physical, psychological and social health of a person. We emphasise empowerment and work in partnership with clients. Apart from the easily accessible universal programme intended for all, targeted and intensive support services have also been developed to address the needs of specific groups through intersectoral collaboration among the health, education and social sectors. The services in MCHCs are developed based on the best available evidence or known best practices and tailored to the local context. In-built continuous programme evaluation and quality management mechanisms are in place to ensure programme objectives are met.

PHILOSOPHY & VISION, MISSION AND VALUES

Our Vision, Mission and Values

On the occasion of the 80th Anniversary of the Family Health Service, we have revisited our Vision, Mission and Values (VMV) in light of the emerging challenges and changes we face.

Vision

To lead the community in promoting the health and well-being of children, women and families in Hong Kong

Mission

We achieve our vision through

1. building a team of committed and competent staff;
2. developing evidence-based strategies and programmes to meet the changing needs of the communities;
3. providing user-friendly, cost-effective, and quality-assured service; and
4. empowering individuals, families and communities to improve their health.

Values

- Care and respect
- Effective communication
- Continuous improvement
- Professionalism
- Partnership

HISTORY OF THE FAMILY HEALTH SERVICE

FROM 1930s TO THE PRESENT 家庭健康服務：從 1930 年代到現在

THE THIRTIES 三十年代

- The first Infant Welfare Centre was established on 25th April 1932 on a rented shop space in Wan Chai, which was relocated to the more spacious Violet Peel Health Centre in 1935
1932 年 4 月 25 日在灣仔一出租舖位成立第一間嬰兒福利中心，並於 1935 年遷址到較寬敞的貝夫人健康院



Wan Chai in the Thirties –
Site of the First Infant Welfare Centre
三十年代的灣仔 –
第一間嬰兒福利中心的舊址

- The second and third Government Infant Welfare Centres started operation at Nathan Road in 1934 and at Western Victoria in 1939 respectively
第二及第三間政府嬰兒福利中心分別於 1934 及 1939 年在彌敦道及港島西區正式運作
- Services provided by these centres include baby bathing, baby weighing, instruction of proper infant feeding and distribution of nutritional congee etc
嬰兒福利中心提供的服務包括替嬰兒沐浴、磅重、教導餵哺嬰兒之正確方法及派發營養粥等



Baby bathing
嬰兒沐浴



Baby weighing
嬰兒磅重



Distribution of nutritional congee
派發營養粥

THE FORTIES 四十年代

- Service was suspended during the war period of 1941-1945
1941-1945 年戰爭期間暫停服務
- After the war, 3 Infant Welfare Centres resumed service while 7 Maternity Homes and 6 Domicillary Centres were opened

三間嬰兒福利中心於戰後重開，另外七間政府留產所及六個外出接生服務站亦相繼投入服務



Domicillary midwifery service
助產士外出接生服務



Home visit service
家訪服務

HISTORY OF THE FAMILY HEALTH SERVICE

- Maternal health care programme was introduced to the existing Infant Welfare Centres; these Infant Welfare Centres were then re-named as Maternal and Child Health Centres since 1946

政府於當時的嬰兒福利中心設立孕婦健康服務，並於1946年將中心改稱為母嬰健康院



Examination of infants
嬰兒身體檢查



Checking foetal heart sound
檢查胎兒心跳

THE FIFTIES 五十年代

- New centres and maternity homes were opened in response to rapidly growing demands
多間新建的健康院及留產所相繼投入服務，以應付急促增長的服務需求
- Postnatal clinic was started since 1952
1952年開始成立產後服務
- The first training course for health visitors and the Immunisation Programme were introduced in 1954
1954年開辦第一屆衛生探訪員訓練課程及推行疫苗接種計劃
- Toddler clinic for children aged 2 to 5 years and home visiting service were established in 1957 and 1958 respectively
1957及1958年分別將嬰兒健康服務擴展至2-5歲幼兒及開始進行家庭探訪



BCG vaccination
接種卡介苗



Vaccine injection
疫苗注射

THE SIXTIES 六十年代

- Rising clinic attendance and falling trend in infant and maternal mortality rates were observed from 1960's onwards
60年代起，母嬰健康院使用率上升，而嬰兒和產婦死亡率亦顯著下降
- Immunisation programme was expanded and implemented in full force
全力擴展及推行免疫接種計劃
- Pregnant women were more aware of the need of regular antenatal check up
孕婦意識到定期作產前檢查的重要



Baby health check
嬰兒健康檢查



Health education talk
健康教育講座



Antenatal check up
產前檢查

HISTORY OF THE FAMILY HEALTH SERVICE

THE SEVENTIES 七十年代

- With infectious disease well under control, maternal and child health service has taken up new emphasis on family planning and early detection of abnormalities
隨着傳染病受到全面控制，母嬰健康服務開始重點關注家庭計劃和及早發現異常的健康狀況
- Screening tests for vision, hearing and speech were started in 1971
1971 年開始為兒童進行視力、聽覺和語言發展普查測驗
- Integration of Family Planning Clinics into the Maternal and Child Health Service to form the present Family Health Service (FHS) in 1974
1974 年將家庭計劃服務及母嬰健康服務結合成現在的家庭健康服務
- Comprehensive Observation Scheme for early detection of developmental abnormalities was introduced in 1978
1978 年推出綜合觀察服務，旨在及早發現幼兒發展的異常情況



Vision screening test
視力測驗



Hearing screening test
聽覺測驗



Speech screening test
語言測驗



Advice on method of
contraception
避孕方法指導



Screening tests at 3 months, 9 months and 3 years
嬰幼兒於 3 個月、9 個月及 3 歲接受測驗



Testing of gross motor
development
測試大肌肉發展



Testing of social and adaptive
development
測試社交及適應能力發展

THE EIGHTIES 八十年代

- Cervical Cytology Screening Project was started in 1980
1980 年開始推行子宮頸細胞檢驗服務
- Health Education Unit was set up in 1982 to extend health education, with emphasis on breastfeeding promotion, to expectant mothers at government hospitals; a breastfeeding hotline was also set up
1982 年成立健康教育組，將服務擴展到各大醫院的孕婦，並致力推廣及促進母乳餵哺；同年亦設立母乳餵哺熱線供市民查詢
- Neonatal screening for G6PD deficiency and congenital hypothyroidism was started
為新生嬰兒提供葡萄糖六磷酸去氫酵素缺乏症和先天性甲狀腺功能不足症的篩查



Cervical cytology screening
子宮頸細胞普查



Breastfeeding
coaching to mother
母乳餵哺輔導

HISTORY OF THE FAMILY HEALTH SERVICE

- Serological test for Rubella antibody and Rubella vaccination were provided to all women of child-bearing age
為所有生育年齡的婦女提供德國麻疹抗體檢查及疫苗接種服務
- Hepatitis B Vaccination Programme was introduced for all newborns in MCHCs in 1988
1988 年於母嬰健康院為新生嬰兒提供乙型肝炎疫苗接種計劃



Blood test for Rubella antibody
德國麻疹抗體
血液測試

THE NINETIES 九十年代

- With a steady decline of birth rate in Hong Kong, a number of maternity homes were closed down
由於出生率持續下降，部分留產所相繼停止服務
- Health education service was extended to antenatal clinics and postnatal wards of the regional hospitals as well as sending messages through various media
健康教育服務不單擴展到各區醫院的產前診所和產後病房，亦透過不同媒介傳遞健康訊息
- Provided medical consultation to children in social welfare centres
安排醫生定期到社會福利院舍為兒童作身體檢查
- Engaged in various professional training for medical and nursing staff as well as other health professionals
積極投入醫護及有關專業人員的持續進修及培訓



Sending health messages through radio-broadcast
透過電台廣播傳遞健康訊息



Medical consultation at Chuk Yuen Children Reception Centre
於竹園兒童院為院童作身體檢查



Training of medical students
醫科生培訓



Training for medical doctors and nurses
母嬰健康院醫生及護士培訓

- Opening of 3 Woman Health Centres (WHC) from 1994-1997
3 間婦女健康中心於 1994-1997 年間相繼投入服務



Opening ceremony of Lam Tin, Chai Wan and Tuen Mun Woman Health Centres
藍田、柴灣及屯門婦女健康中心開幕典禮



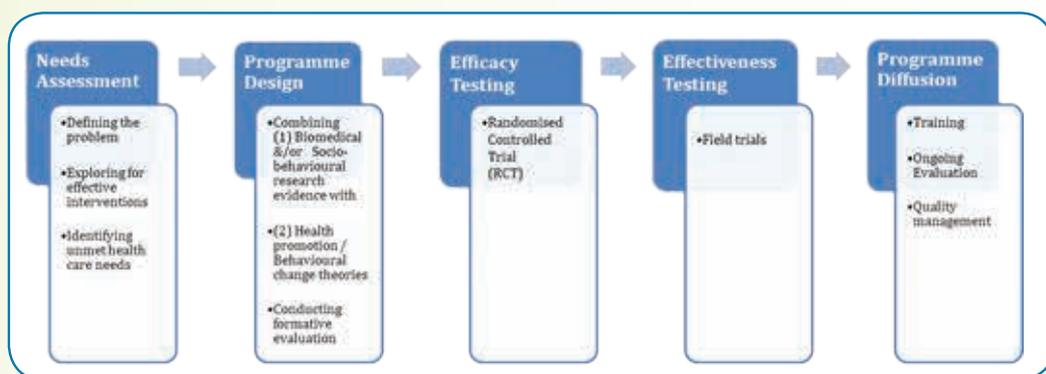
Broadcasting health education video in waiting hall of WHC
於婦女健康中心大堂播放健康教育短片

HISTORY OF THE FAMILY HEALTH SERVICE

THE 2000s 千禧年代

Since the Millennium, FHS has embarked on a major revamp of its programmes, in particular the child health programme. As far as possible, the development of programmes goes through all or a major part of the following evidence-based model:

踏入千禧年代，家庭健康服務進行了大規模的服務重整（特別是兒童健康計劃），並以實證為本的模式（見下圖）作為藍本，發展各項服務。



Evidence-based programme development model
實證為本服務發展藍圖

Year 2000 二〇〇〇年

- Implementation of the Department of Health's Breastfeeding Policy
推行衛生署母乳餵哺政策

DH Breastfeeding Policy booklet
衛生署母乳餵哺政策小冊子



Year 2001 二〇〇一年

- An outcome evaluation (Randomised Controlled Trial) of the Positive Parenting Programme (Triple P) in Hong Kong with the University of Queensland
與澳洲昆士蘭大學合作進行 3P 親子「正」策課程的成效評估（隨機對照試驗）
(Leung C., Sanders M.R., Leung S, Mak R. & Lau J. An outcome evaluation of the implementation of the Triple P - Positive Parenting Program in Hong Kong. Family Process, 2003;42:531-44)
- Implementation of Breastfeeding Assessment & Counselling Service in all MCHCs
於所有母嬰健康院推行母乳餵哺評估和輔導服務
- Standardisation of growth monitoring instruments and measurement methods
將監察兒童生長的測量方法和儀器標準化



Breastfeeding assessment and coaching by nurse
護士提供母乳餵哺評估和輔導服務



Measuring infant's head circumference
量度嬰兒頭圍



Measuring infant's body length
量度嬰兒身長

HISTORY OF THE FAMILY HEALTH SERVICE

- An evaluation of a one-year pilot project of Infant Hearing Screening using Automated Oto-acoustic Emission (AOAE) screening test
為新生嬰兒聽力 (耳聲發射) 普查測驗先導計劃進行成效評估
(Chan KY, Leung SSL. Infant hearing screening in maternal and child health centres using automated otoacoustic emission screening machines: A one-year pilot project. HK J Paediatr (New Series) 2004;9:118-25)



AOAE hearing screening test
耳聲發射聽力測驗

Year 2002 二〇〇二年

- A study of parents' perception of parenting roles, knowledge of child development and needs for information on the care and parenting of children of 0 to 3 years
對 0 – 3 歲兒童的家長進行一項有關父母角色的看法、育兒和兒童發展資訊需求的研究調查
- A feasibility study of vision screening by optometrist in MCHC
對視光師於母嬰健康院進行視力普查的可行性進行研究
- A community survey of parenting practices of parents of 4-year-old children in Hong Kong
進行有關 4 歲兒童家長的親職工作的社區調查
- Standardisation of newborn physical examination methods and records
將新生嬰兒身體檢查的方法和記錄標準化
- Provision of Triple P training for about 300 medical and nursing staff from 2002 to 2003
於 2002 至 2003 年間為約 300 名醫護人員提供 3P 親子「正」策課程培訓
- Implementation of the Positive Parenting Programme in MCHCs
於所有母嬰健康院推行 3P 親子「正」策課程



Vision screening by optometrist
視光師進行視力普查



Resources for Triple P Programme
3P 親子「正」策課程資源套



Triple P Programme Group Discussion
3P 親子「正」策課程小組討論

Year 2003 二〇〇三年

- A health care needs assessment of children of 0 to 5 years
進行 0 - 5 歲兒童的健康需要評估
- Assessment of parents' needs for information on development of children of 3 to 5 years
評估家長對 3 - 5 歲兒童發展資訊的需要
- The annual breastfeeding survey (since 1998) became biennial
將自 1998 年開始每年進行的母乳餵哺調查改為兩年一次



Poster on Breastfeeding
母乳餵哺宣傳海報

HISTORY OF THE FAMILY HEALTH SERVICE

- The Developmental Surveillance Scheme (DSS) phased in while the Comprehensive Observation Service (COS) phased out during 2003-2007
兒童發展監察計劃分階段於 2003-2007 年取替綜合觀察服務
- Implementation of the Universal "Happy Parenting" Programme
於母嬰健康院全面推行「共享育兒樂」普及親職教育計劃
- Implementation of the Universal Infant AOAE Hearing Screening Programme in phases during 2003-2004
於 2003-2004 年間在母嬰健康院全面推行新生嬰兒聽力(耳聲發射)普查測驗
- Inclusion of MCHC cum Child Assessment Centre (CAC) Training in the basic training curriculum of the Hong Kong College of Paediatricians
將母嬰健康院及兒童體能智力測驗中心的培訓納入為香港兒科醫學院的基本培訓課程中



Nurse conducting developmental surveillance
護士進行兒童發展監察



Universal Infant AOAE Hearing Screening Programme leaflet
新生嬰兒聽力(耳聲發射)普查測驗單張



"Happy Parenting" workshop
「共享育兒樂」研習班



"Happy Parenting" booklet
「共享育兒樂」小冊子

Year 2004 二〇〇四年

- Implementation of the Preschool Vision Screening Programme by optometrists / orthoptists in phases during 2004-2007
於 2004-2007 年間分階段推行由註冊視光師 / 視覺矯正師提供的學前兒童視力普查計劃
- Implementation of the territory-wide cervical screening programme in MCHCs and WHCs to encourage and facilitate women to have regular smears
在母嬰健康院及婦女健康中心推行子宮頸普查計劃，鼓勵全港婦女作定期抹片檢查
- Reorganisation of the fifty MCHCs to the present thirty-one
把全港 50 間母嬰健康院重組為現時的 31 間



Testing of distant vision by optometrist
註冊視光師測試兒童視力



Routine cervical smear taking by trained nurse in MCHCs
受訓護士在母嬰健康院進行子宮頸細胞檢查

HISTORY OF THE FAMILY HEALTH SERVICE

Year 2005 二〇〇五年

- A study to determine predictors of completion and clinical outcomes of Triple P Programme in Hong Kong with the University of Queensland

與澳洲昆士蘭大學合作研究 3P 親子「正」策課程參加者能完成課程和臨床成效的決定性因素

(Leung C., Sanders M.R., Ip F. & Lau J. Implementation of Triple P-Positive Parenting Program in Hong Kong: predictors of program completion and clinical outcomes. Journal of Children's Services, 2006;1(2):4-17)



參加者完成 3P 親子「正」策課程後獲發證書
Presentation of certificate on completion of the 3P group workshop

- Implementation of the Comprehensive Child Development Service (CCDS) in phases during 2005-2013

於 2005-2013 年間，分階段在全港母嬰健康院推行「兒童身心全面發展服務」

- An outcome evaluation (Randomised Controlled Trial) of a postnatal depression screening programme using the Edinburgh Postnatal Depression Scale (EPDS) with the Hong Kong Polytechnic University, the University of Hong Kong, the Chinese University of Hong Kong and the Hospital Authority

與香港理工大學，香港大學，香港中文大學及醫院管理局合作，進行一項以愛丁堡產後抑鬱量表（EPDS）作產後抑鬱普查的成效研究（隨機對照試驗）

(Leung SS, Leung C, Lam TH, Hung SF, Chan R, Yeung T, et al. Outcome of a postnatal depression screening programme using the Edinburgh Postnatal Depression Scale: A randomized controlled trial. J Public Health (Oxf) 2011;33(2):292-301)

Year 2006 二〇〇六年

- An evaluation of parents' knowledge gain and change in perception after attending "Happy Parenting" workshops
評估父母參加「共享育兒樂」研習班後對親職的認識及看法的改變

- A validation study of the 18-month and 24-month Developmental Surveillance Questionnaire
研究 18 個月和 24 個月的兒童發展監察問卷的正確程度

- Inclusion of MCHCs and WHCs as attachment centres for candidates of Diploma in Community Gynaecology of the Hong Kong College of Obstetricians and Gynaecologists
母嬰健康院及婦女健康中心正式成為香港婦產科學院社區婦科文憑考生的實習中心



Parents-to-be and parents attending "Happy Parenting" workshops
準父母及父母參加「共享育兒樂」研習班

HISTORY OF THE FAMILY HEALTH SERVICE

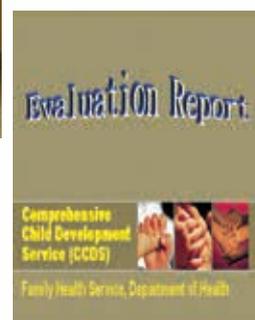
Year 2007 二〇〇七年

- A survey of the prevalence and maternal perception of obesity among Hong Kong Chinese pre-school children
調查香港學前兒童肥胖的情況及母親對兒童肥胖的看法
- Setting up an audit system for growth monitoring
建立生長監察服務的審計系統
- Completion of the interim evaluation report of the CCDS
完成「兒童身心全面發展服務」的中期評估報告
- Setting up the Hospital Authority-Department of Health Liaison Committee on Obstetric and Gynaecological (O & G) Services with a view to improving collaboration on O & G and women's health services, and to coordinating related training and education programmes
成立衛生處暨醫院管理局婦產科聯絡委員會，藉以改善雙方在婦產科和婦女健康服務的合作，並協調相關的培訓和教育計劃



Nurse using standardised method to measure body height
護士採用標準方法為幼兒量度身高

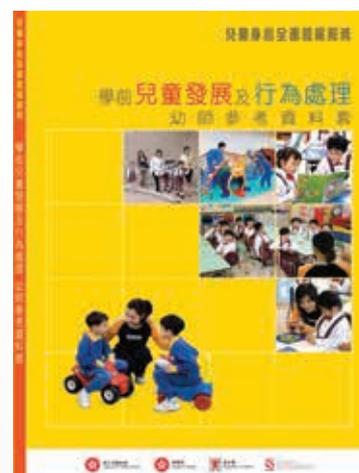
CCDS Evaluation Report
「兒童身心全面發展服務」
中期評估報告



Doctor providing assessment and counselling for clients
醫生替待產夫婦 / 婦女提供診斷及輔導

Year 2008 二〇〇八年

- Introduction of the DTaP-IPV Vaccine to replace the DTwP Vaccine and Oral Poliomyelitis Vaccine
引入白喉、破傷風、百日咳、滅活小兒麻痺劑 (DTaP-IPV) 的 4 合 1 疫苗，以取代白喉、破傷風及百日咳疫苗 (DTwP) 和口服小兒麻痺劑 (OPV)
- Establishment of a territory-wide referral and reply system between preschools and MCHCs for child developmental problems (a component of CCDS)
母嬰健康院與全港幼兒院 / 幼稚園建立一個轉介和跟進系統，以便及早發現及轉介有發展問題的兒童（「兒童身心全面發展服務」其中一個服務範疇）



Teaching kit on child development and classroom management developed for preschool teachers
為幼師編製的學前兒童發展及行為處理的資料套

HISTORY OF THE FAMILY HEALTH SERVICE

Year 2009 二〇〇九年

- Introduction of Pneumococcal Conjugate Vaccine (PCV) to the Childhood Immunisation Programme
於兒童免疫接種計劃加入肺炎球菌疫苗 (PCV)
- A prospective study of antenatal risk factors for postnatal depression among Chinese women with the Hospital Authority, the University of Hong Kong and the University of Iowa
與醫院管理局、香港大學和愛荷華州大學合作，為華人婦女產後抑鬱的產前相關因素進行前瞻性研究
(Siu WM, Ip P, Chow MT, Kwok SP, Li OL, Koo ML, et al. *Impairment of mother-infant relationship: Validation of the Chinese version of Postpartum Bonding Questionnaire. J Nerv Ment Dis* 2010;198:174-79)



Year 2010 二〇一〇年

- A survey of infant and young child feeding in Hong Kong with the Hong Kong Polytechnic University and the Chinese University of Hong Kong
與香港理工大學和香港中文大學合作，進行香港嬰幼兒飲食及營養狀況調查

Year 2011 二〇一一年

- Commencement of annual analysis of computerised routine growth data to monitor the prevalence of overweight and obesity in preschool children since 2011
由 2011 年起於母嬰健康院收集電腦化的生長數據並進行年度分析，以監察學前兒童超重和肥胖的情況
- Launching of a multimedia self-learning kit on breastfeeding for health professionals
為醫護人員編製有關母乳餵哺的自學互動光碟



Self-learning kit on breastfeeding for health professionals
醫護人員母乳餵哺自學互動光碟

Year 2012 二〇一二年

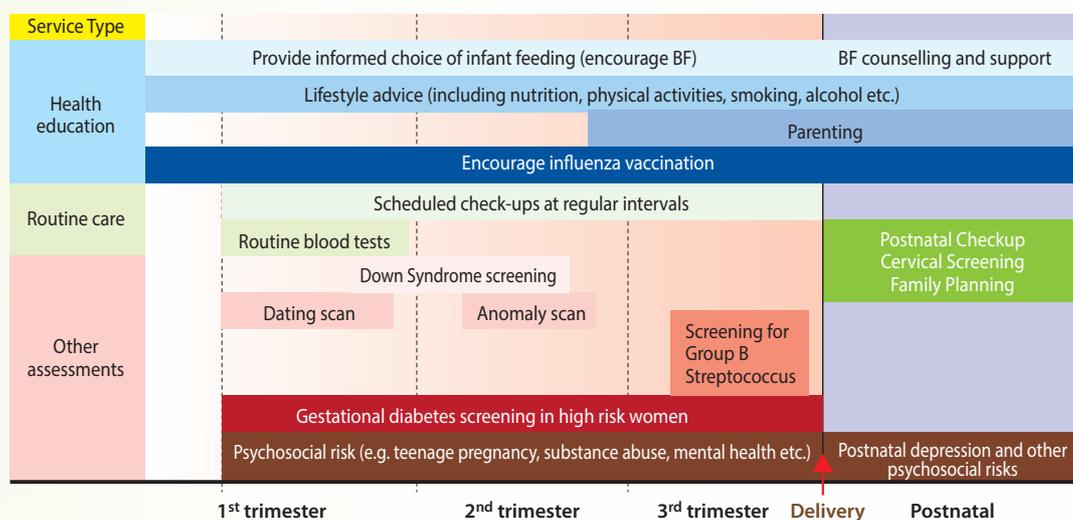


- Launching of a Parenting Programme on Transitional Feeding for 6 – 24 months old children
推出有關 6-24 月嬰幼兒健康飲食的親職教育計劃
- Implementation of Universal Prenatal Screening Programme for Group B Streptococcus
全面推行產前婦女乙型鏈球菌篩查服務

THE FAMILY HEALTH SERVICE TODAY

Maternal Health Programme

A public sector shared-care programme jointly operated by the Maternity Units of the Hospital Authority and the Maternal and Child Health Centres of the Department of Health provides antenatal care (free of charge) and birthing care (at a low cost) to local women.



Other Services For Women

- Woman Health Service provides a health promotion and disease prevention programme for women at or below 64 years of age, to cater for their changing needs in different life stages. It aims at empowering women to make life choices that are conducive to their health and seek appropriate health care, social or community services when necessary. The service includes provision of health assessment, individual counselling and health education.
- Family Planning Service is provided at a nominal charge of \$1 to women of childbearing age. It enables women to decide freely and responsibly the number and spacing of children. Apart from contraception and promotion of safer sex, counselling services with referral for specialist management, as appropriate, are provided for women with infertility problems, and for women considering sterilisation or termination of pregnancy.
- Cervical Screening Service is available in all centres at a low cost for women aged 25 to 64 years.

Child Health Programme

The Integrated Child Health and Development Programme (ICHDP) aims to promote the holistic (physical, cognitive, emotional and social) health and well-being of young children, through partnership with parents. It comprises the three components of Parenting, Immunisation and Health & Developmental Surveillance. The ICHDP is accessible free of charge through the 31 MCHCs.

The Comprehensive Child Development Service (CCDS), a 2005 policy initiative, was first piloted in 5 MCHCs of 4 communities and subsequently rolled out territory-wide (expected to be completed by 2013), through collaboration amongst the Department of Health, Hospital Authority, Social Welfare Department, Education Bureau and non-governmental organisations of the social sector. It comprises

THE FAMILY HEALTH SERVICE TODAY

4 components which aim at early identification and intervention of: (1) at-risk pregnant women (those with substance misuse; mental illness; teenage pregnancy); (2) mothers with postnatal depression; (3) families with psycho-social needs; and (4) preschool children with developmental problems. These components are being integrated into the ICHDP.



Parenting

The Parenting Programme aims to equip parents of all children attending MCHCs with the necessary knowledge and skills to bring up healthy and well-adjusted children. Anticipatory guidance on child development, childcare (e.g. nutrition, home safety, oral health etc.) and parenting are provided to all parents during the antenatal period and throughout the pre-school years of children through various means like information leaflets and audio-visual materials delivered through MCHCs, websites, telephone hotline, e-newsletter, on-line self learning parenting course. Additional supports other than provision of knowledge and skills are provided to some parents. These include breastfeeding assessment, counselling and support, identification and support for women with perinatal mental health problems, assessment and referral of at-risk families with psycho-social needs as well as the Positive Parenting Programme (Triple P) for parents of children with early signs of behaviour problems or those who encounter difficulties in parenting.

Immunisation

A comprehensive immunisation programme is provided to protect infants and children from ten childhood infectious diseases, namely tuberculosis, poliomyelitis, hepatitis B, diphtheria, whooping cough (pertussis), pneumococcal infection, tetanus, measles, mumps and rubella.

Health and Developmental Surveillance

It consists of a series of routine reviews conducted by health professionals, designed to achieve timely identification and referral of children with health and developmental problems. These reviews include a physical examination of the newborn child, periodic monitoring of the child's growth parameters, newborn hearing screenings and pre-school vision tests, as well as developmental surveillance performed at specific ages in partnership with parents.

母嬰健康院及 MATERNAL AND CHILD HEALTH CE

香港區

HONG KONG REGION

- 01 柏立基夫人母嬰健康院
Anne Black MCHC
- 02 鴨脷洲母嬰健康院
Ap Lei Chau MCHC
- 03 柴灣母嬰健康院
Chai Wan MCHC
- 04 西灣河母嬰健康院
Sai Wan Ho MCHC
- 05 西營盤母嬰健康院
Sai Ying Pun MCHC
- 06 鄧志昂母嬰健康院
Tang Chi Ngong MCHC

★ 柴灣婦女健康中心
Chai Wan WHC

九龍區

KOWLOON REGION

- 07 東九龍母嬰健康院
East Kowloon MCHC
- 08 紅磡母嬰健康院
Hung Hom MCHC
- 09 藍田母嬰健康院
Lam Tin MCHC
- 10 牛頭角母嬰健康院
Ngau Tau Kok MCHC
- 11 柏立基母嬰健康院
Robert Black MCHC
- 12 橫頭磡母嬰健康院
Wang Tau Hom MCHC
- 13 西九龍母嬰健康院
West Kowloon MCHC
- 14 伍若瑜母嬰健康院
Wu York Yu MCHC
- 15 油麻地母嬰健康院
Yaumatei MCHC

★ 藍田婦女健康中心
Lam Tin WHC



衛生署家庭健康服務

FAMILY HEALTH SERVICE, DEPARTMENT

婦女健康中心

NTRES & WOMAN HEALTH CENTRES



新界東區

NEW TERRITORIES EAST REGION

- 16 粉嶺母嬰健康院
Fanling MCHC
- 17 瀝源母嬰健康院
Lek Yuen MCHC
- 18 馬鞍山母嬰健康院
Ma On Shan MCHC
- 19 將軍澳寶寧路母嬰健康院
Tseung Kwan O Po Ning Road MCHC
- 20 王少清母嬰健康院
Wong Siu Ching MCHC

新界西區

NEW TERRITORIES WEST REGION

- 21 葛量洪夫人母嬰健康院
Maurine Grantham MCHC
- 22 元朗容鳳書母嬰健康院
Madam Yung Fung Shee MCHC
- 23 北葵涌母嬰健康院
North Kwai Chung MCHC
- 24 南葵涌母嬰健康院
South Kwai Chung MCHC
- 25 天水圍母嬰健康院
Tin Shui Wai MCHC
- 26 青衣母嬰健康院
Tsing Yi MCHC
- 27 屯門湖康母嬰健康院
Tuen Mun Wu Hong MCHC
- 28 仁愛母嬰健康院
Yan Oi MCHC
- ★ 屯門婦女健康中心
Tuen Mun WHC

離島區

ISLANDS REGION

- 29 東涌母嬰健康院
Tung Chung MCHC
- 30 長洲母嬰健康院
Cheung Chau MCHC
- 31 梅窩母嬰健康院
Mui Wo MCHC

PROGRAMME RESEARCH & DEVELOPMENT

1. PERFORMANCE OF NURSES IN THE DEPARTMENT OF HEALTH AS SERVICE PROVIDERS FOR A CERVICAL SCREENING PROGRAMME (2003-2004)

Simmy MY Sum, Amy KC Lai, Shirley SL Leung

Family Health Service, Department of Health, HKSAR Government

Background

Cervical cancer is the fifth most common cancer and the eighth leading cause of cancer deaths among women in Hong Kong.¹ Mortality is known to be reduced significantly in countries with an effective cervical cancer screening programme.² The age-standardised incidence of cervical cancer in Hong Kong was 9.7 per 100 000 women, comparatively higher than Finland's 3.8 per 100 000 women and England's 7.5 per 100 000 women.² This maybe due to Hong Kong's relatively low coverage of cervical screening for only 40% to 50% of women,²⁻⁴ compared with 70% to 85% in countries with population-based screening programmes.^{5,6}

In December 2001, the Cervical Screening Task Force was established to plan, organise and implement a territory-wide cervical screening programme with integrated efforts from the private and public sectors. The targeted population was sexually active women aged 25 to 64 years. Maternal and Child Health Centres (MCHCs) are considered to be one of the major service providers in the public sector. All along, cervical smears were taken only by doctors in MCHCs. In anticipation of the increase in workload in cervical screening after launching of the programme, it was considered to be more cost-effective to train up nurses to provide the screening. Hence, 160 nurses from MCHCs underwent the training necessary to carry out the screening procedures. This paper reports the performance of smear taking by nurses and clients' acceptability in having cervical smear performed by nurses.

The training programme

The training consisted of (i) a one-day lecture whereby the participants were taught the anatomy, physiology and pathology of the cervix, cervical cancer and detail of screening programme; (ii) a workshop whereby trainees practised cervical cells sampling with gynaecological models, interviewing and communication skills through discussion and role play; (iii) clinical attachment of each trainee to an experienced MCHC doctor, to perform cervical cell sampling under supervision and to accomplish at least 40 satisfactory smears during the attachment period.

PROGRAMME RESEARCH & DEVELOPMENT

Performance of nurses as service providers for a cervical screening programme

1. Customer satisfaction

Customer satisfaction questionnaires were randomly distributed to 10 clients who had smear taken by each trainee to assess the nurse's professional and communication skills, clients' experience of and satisfaction with the smear taking procedure. The result showed that clients were highly satisfied with the nurses as smear-takers. (Table 1)

Table 1. Results of the completed customer satisfaction questionnaires (n-1595)

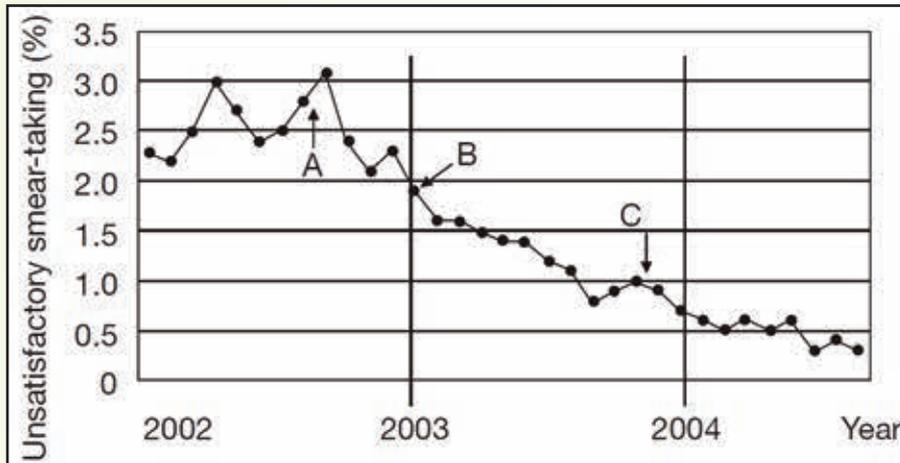
Question	Agree/ Strongly Agree
1 The nurse told me what to expect during the procedure.	96 %
2 The nurse took time to explain the test to me.	90 %
3 The nurse told me when I should come back for the next visit.	93 %
4 The nurse understood my feelings.	88 %
5 I was embarrassed by the procedure carried out.	17 %
6 I experienced pain while the procedure was being carried out.	17 %
7 I was confident in the procedure undertaken by the nurse.	91 %
8 I was satisfied with the procedure carried out.	94 %

2. Unsatisfactory smear rate

The unsatisfactory smear rate in 2002 was 2.5% when doctors took most smears and used conventional glass slide as the major sampling method. The percentage significantly reduced to 1.3% in 2003 when the use of liquid-based cytology began and qualified nurses took the majority of smears in all MCHCs. Further improvement in line with increased practical experience was evident in 2004, with the unsatisfactory smear rate between July and September 2004 at 0.3%. (Fig. 1)

PROGRAMME RESEARCH & DEVELOPMENT

Fig. 1 Performance of smear-taking in MCHCs



A: Since July 2002, trained nurses started to participate in taking routine cervical smears in MCHCs

B: Since January 2003, all the routine cervical smears in MCHCs were taken by trained nurses

C: In the third quarter of 2003, some MCHCs have switched from glass slides to liquid-based cytology in collecting cells

3. Efficiency

Each cervical smear test was required to be completed within 10 minutes in order to cope with the increased workload. In September 2003, the time taken to complete a smear test by eight randomly selected nurses from four MCHCs was audited by a trainer. The time required to complete a test, which included history taking, explanation and the smear taking procedure, ranged from 6 to 13 minutes, with a mean of 7 minutes. More time was required if an underlying menstrual problem was identified during history taking.

Conclusion

The performance of trained MCHC nurses as service providers for cervical screening is effective and efficient. In MCHCs where nurses are main smear-takers, the unsatisfactory rate has continued to reduce. Most clients accept the nurse-led screening service.

References:

1. Hong Kong Cancer Registry. Leading cancers sites in Hong Kong in 2001. <http://www3.ha.org.hk/cancereg/>.
2. Yeung M, Cheung KF. Cervical cancer and cervical screening in Hong Kong. *Public Health and Epidemiology Bulletin*, 2003;12:30-5.
3. Survey of family planning knowledge, attitude and practice, 1997. Hong Kong: The Family Planning Association of Hong Kong.
4. Adab P, McGhee SM, Yanova J, Wong LC, Wong CM, AJ Hedley. The pattern of cervical cancer screening in Hong Kong. *Hong Kong Med J* 2006; 12 (Suppl2):S15-8.
5. Finnish Cancer Registry. Organised cervical cancer screening programme in Finland.
6. Office for National Statistics. Cancer statistics-registration, England, 1999. Series MBI no. 30. London: Office for National Statistics, 2002.

2. OUTCOME OF A POSTNATAL DEPRESSION SCREENING PROGRAMME USING THE EDINBURGH POSTNATAL DEPRESSION SCALE: A RANDOMISED CONTROLLED TRIAL (2005)

Shirley SL Leung¹, Cynthia Leung², TH Lam³, SF Hung⁴, Ruth Chan¹, Timothy Yeung⁴, May Miao⁴, Sammy Cheng⁴, SH Leung¹, Aster Lau¹, Dominic TS Lee⁵

Family Health Service, Department of Health, HKSAR Government¹

Department of Applied Social Sciences, The Hong Kong Polytechnic University²

Department of Community Medicine, The University of Hong Kong³

Hospital Authority⁴ (Kwai Chung Hospital, Castle Peak Hospital and Department of Psychiatry, United Christian Hospital)

Department of Psychiatry, The Chinese University of Hong Kong⁵

Background

Postnatal depression (PND) is an important public health issue. However, there is a lack of evidence on the effectiveness of PND screening programme in reducing morbidity. In Hong Kong, about 11%-12% of women were affected at 6 weeks postnatal;^{2,3} and the Chinese version of the Edinburgh Postnatal Depression Scale (EPDS) has been validated with 9/10 as the cut-off among HK women.^{2,4} The aim of this study was to evaluate the effectiveness of a PND screening programme using the EPDS in improving maternal mental health.

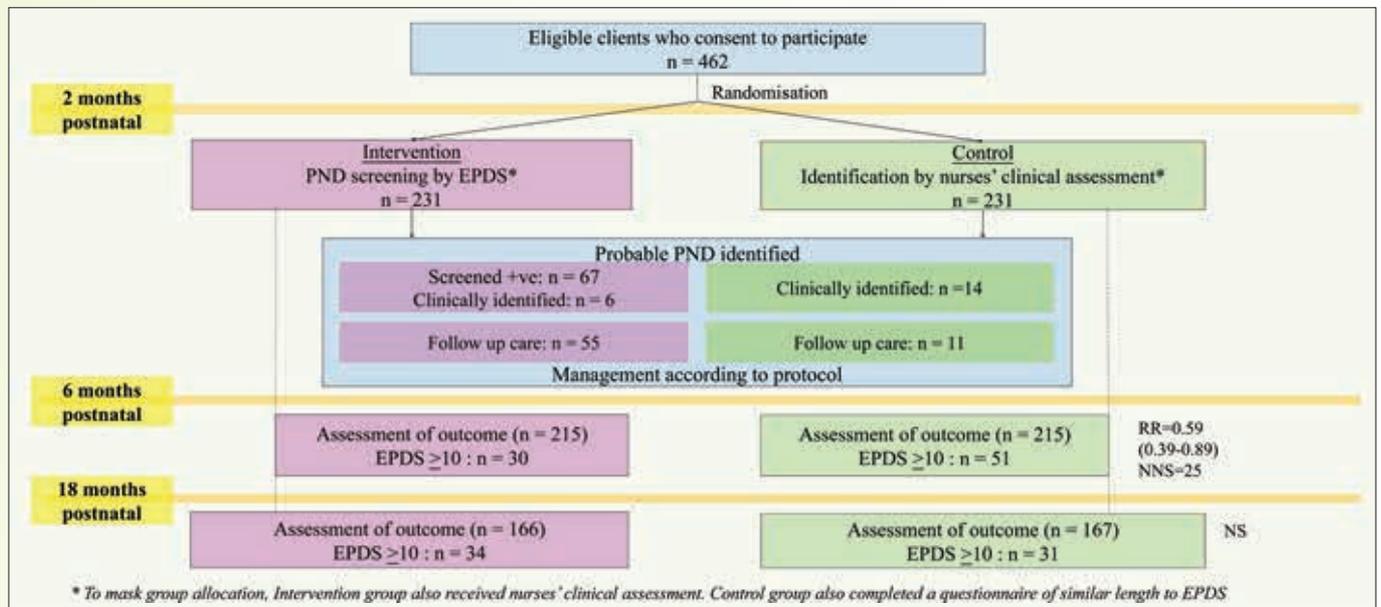
Methods

The randomised controlled trial design was used. Participants were 462 Chinese mothers with 2-month-old babies visiting Maternal and Child Health Centres (MCHCs) in Hong Kong. Participants in the intervention group were screened for PND using the EPDS, whereas those in the control group were assessed clinically to identify the condition. In both groups, participants identified with PND were offered follow-up management according to the same protocol. Treatment was provided in the same setting by trained primary care professionals or the community psychiatric team, depending on the severity of the condition. The primary outcome measure was the participants' EPDS scores at 6 months postnatal, using 9/10 as cut-off.² Analysis was performed on an intention to treat basis.

Results

Participants in the intervention group had better mental health outcomes, with fewer participants having EPDS scores above the clinical cut-off than the control group at 6 months (Risk ratio: 0.59; 95% confidence interval: 0.39–0.89). The number needed to screen was 25.

PROGRAMME RESEARCH & DEVELOPMENT



What This Study Contributes

This is a multi-site effectiveness study using EPDS as the screening tool in a primary care setting together with follow-up management according to the protocol. This study contributes to the evidence on the effectiveness of a PND screening programme in improving maternal mental health at 6 months.

Conclusion

A PND screening programme comprising the use of EPDS as the screening tool and the provision of follow-up care had resulted in better maternal mental health outcome at 6 months.

References:

1. Leung SS, Leung C, Lam TH, Hung SF, Chan R, Yeung T, et al. Outcome of a postnatal depression screening programme using the Edinburgh Postnatal Depression Scale: A randomized controlled trial. *J Public Health (Oxf)* 2011;33(2):292-301.
2. Lee DT, Yip SK, Chiu HF, Leung TY, Chan KP, Chau IO, et al. Detecting postnatal depression in Chinese women. Validation of the Chinese version of the Edinburgh Postnatal Depression Scale. *Br J Psychiatry* 1998;172:433-7.
3. Lee DT, Yip SK, Chiu HF, Leung TY, Chung TK. Screening for postnatal depression: Are specific instruments mandatory? *J Affect Disord* 2001;63(1-3):233-8.
4. Lee DT, Yip SK, Chiu HF, Chung TK. Screening for postnatal depression using the double-test strategy. *Psychosom Med* 2000;62(2):258-63.

3. ANTENATAL RISK FACTORS FOR POSTNATAL DEPRESSION: A PROSPECTIVE STUDY OF CHINESE WOMEN AT MATERNAL AND CHILD HEALTH CENTRES (2009)

Bonnie WM Siu¹, Shirley SL Leung², Patrick Ip³, SF Hung¹ and Michael W O'Hara⁴
Hospital Authority¹ (Department of Psychiatry, Castle Peak Hospital;
Department of Psychiatry, Kwai Chung Hospital)
Family Health Service, Department of Health, HKSAR Government²
Department of Paediatrics and Adolescent Medicine, The University of Hong Kong³
Department of Psychology, The University of Iowa⁴

Background

Risk factors for postnatal depression (PND) are under-explored in the Chinese populations. There is an increasing recognition of the importance of identifying predictive factors during the antenatal period of PND. The present study aimed to identify the risk factors for PND in a community group of Chinese women with special focus on the antenatal risk factors.

Methods

A total of 805 Chinese women attending the Maternal and Child Health Centres (MCHCs) were interviewed by psychiatric nurses or psychiatrists during their third trimester of pregnancy and at around 2 months postnatal. At both visits, a semi-structured interview was used to collect putative risk factors for PND and the women were asked to fill in the Edinburgh Postnatal Depression Scale (EPDS). The diagnosis of PND was confirmed by the Structured Clinical Interview for DSM-IV Axis Disorders (SCID-I). The 2-month postnatal depression status was used as the dependent variable for univariate and multivariate analyses against the putative risk factors.

Results

126 (15.7%) women were diagnosed to have major depressive episodes based on the SCID-I. By univariate analysis, ten risk factors were found to be associated with PND (Table 1). In the final model using stepwise logistic regression, marital dissatisfaction (adjusted OR = 6.44), dissatisfied relationship with mother-in-law (adjusted OR = 4.74), antenatal depressive symptomatology (adjusted OR = 4.09), and anxiety-prone personality (adjusted OR = 2.27) predicted PND in Chinese women independently (Table 2).

PROGRAMME RESEARCH & DEVELOPMENT

Clinical Implications

The findings support the importance of assessing antenatal depressive symptomatology and monitoring those with significant antenatal depressive symptoms (e.g. those with antenatal EPDS score > 9) closely during the antenatal and postnatal period. Healthcare professionals need to monitor those with the four predictive risk factors (Table 2) during the antenatal and postnatal period in order to detect PND early. Screening of PND and assessment of risk factors for PND should also be done in primary healthcare settings. Interventions aiming to reduce the impact of the risk factors may help to minimise the chance of subsequent development of PND.

Table 1. Risk Factors for PND (by univariate analysis)

Risk factor	χ^2 (df=1)	Relative risk (95% CI)	p-value
Past depression	31.75	3.59 (2.27-5.68)	<0.001
Marital dissatisfaction	95.54	8.27 (5.06-13.50)	<0.001
No puiyue support	10.76	2.16 (1.37-3.40)	0.002
Antenatal depressive symptomatology	106.45	3.90 (3.04-4.99)	<0.001
Dissatisfied relationship with mother-in-law	105.28	3.93 (3.05-5.04)	<0.001
Antenatal stressful life events	29.65	2.56 (1.84-3.57)	<0.001
Anxiety-prone personality	52.41	2.14 (1.79-2.56)	<0.001
Persistent wound pain	19.49	2.41 (1.64-3.55)	<0.001
Stress in child care	66.87	2.20 (1.88-2.57)	<0.001
Not married	8.08	2.21 (1.28-3.83)	0.006

Table 2. Risk Factors for PND (by stepwise logistic regression)

Risk factor	Unadjusted odds ratio (95% CI)	Adjusted odds ratio (95% CI)	p-value
Marital dissatisfaction	11.09 (6.27 – 19.62)	6.44 (3.42-12.15)	<0.001
Dissatisfied relationship with mother-in-law	7.25 (4.79 – 10.95)	4.74 (2.97-7.57)	<0.001
Antenatal depressive symptomatology	7.30 (4.83 – 11.02)	4.09 (2.54-6.59)	<0.001
Anxiety-prone personality	4.05 (2.73 – 6.03)	2.27 (1.42-3.65)	0.001

References:

1. Siu WM, Ip P, Chow MT, Kwok SP, Li OL, Koo ML, et al. Impairment of mother-infant relationship: Validation of the Chinese version of Postpartum Bonding Questionnaire. *J Nerv Ment Dis* 2010;198:174-79.
2. Lee DT, Yip SK, Leung TY, Chung TK. Ethnoepidemiology of postnatal depression: Prospective multivariate study of sociocultural risk factors in a Chinese population in Hong Kong. *Br J Psychiatry* 2004;184:34-40.
3. Lee DT, Yip SK, Leung TY, Chung TK. Identifying women at risk of postnatal depression: Prospective longitudinal study. *HKMJ* 2000;6:349-54.
4. Siu WM, Chow MT, Kwok SP, Koo ML, Poon PW. The Comprehensive Child Development Service for early identification and management of postnatal depression: Service data of a regional hospital in Hong Kong. *Hong Kong Journal of Mental Health* 2010;36:14-20.
5. Leung SS, Leung C, Lam TH, Hung SF, Chan R, Yeung T, et al. Outcome of a postnatal depression screening programme using the Edinburgh Postnatal Depression Scale: a randomized controlled trial. *J Public Health (Oxf)* 2011;33(2):292-301.
6. O'Hara MW, Neunaber DJ, Zekowski EM. Prospective study of postpartum depression: Prevalence, course and predictive factors. *J Abnorm Psychol* 1984;93:158-71.

4. A SURVEY OF INFANT AND YOUNG CHILD FEEDING IN HONG KONG: DIET AND NUTRIENT INTAKE (2010)

Ruth SM Chan¹, Jean Woo¹, Liz Li¹, Wai-yin Luk²

Department of Medicine and Therapeutics, Centre for Nutritional Studies,
The Chinese University of Hong Kong¹

Family Health Service, Department of Health, HKSAR Government²

Background

Optimal nutrient intake is essential for normal growth and development of young children. In the past decade, the prevalence of childhood obesity has been increasing in Hong Kong. Yet, there has been limited information on the dietary pattern and nutrient intake among young children. The aim of this survey was to examine the current status of diet and nutrient intake of Hong Kong children aged 6 months to under 5 years.

Methods

From February to September 2010, 2 879 children aged 6 months to 4 years were randomly selected from the registry of the Maternal and Child Health Centres (MCHCs). Among them, 1 893 were contactable and 1 581 consented to participate (response rate = 84%). A total of 1 272 children (50.8% boys and 49.2% girls) with completed data were included in the final analysis. Body weight and length/height were measured using standardised methods. Food and nutrient intake was analysed based on the 3-day dietary record completed by their parents.

Results

Nutritional Status

Overall 12.7% and 2.7% of the studied children were classified as 'having possible risk of overweight' and 'overweight or obese' respectively based on the WHO Child Growth Standard. Few were regarded as underweight (1.3%) and wasted (1.6%), while 2.8% were regarded as stunted in height (Table 1).

Age Group	Underweight*	Stunting*	Wasting*	Overweight/ Obese*	Possible risk of obesity*
	Weight Z <-2	Height Z <-2	BMI Z <-2	2< BMI Z	1< BMI Z ≤2
6-month	1.1%	1.1%	3.3%	2.30%	14.10%
9-month	0.6%	3.0%	1.1%	2.40%	12.20%
12-month	2.9%	3.5%	2.3%	1.20%	12.90%
18-month	1.7%	3.9%	2.2%	1.70%	15.90%
24-month	0.6%	1.9%	2.2%	3.80%	11.10%
48-month	1.4%	3.3%	0.9%	3.80%	10.8%

* With reference to the WHO Child Growth Standard 2006

PROGRAMME RESEARCH & DEVELOPMENT

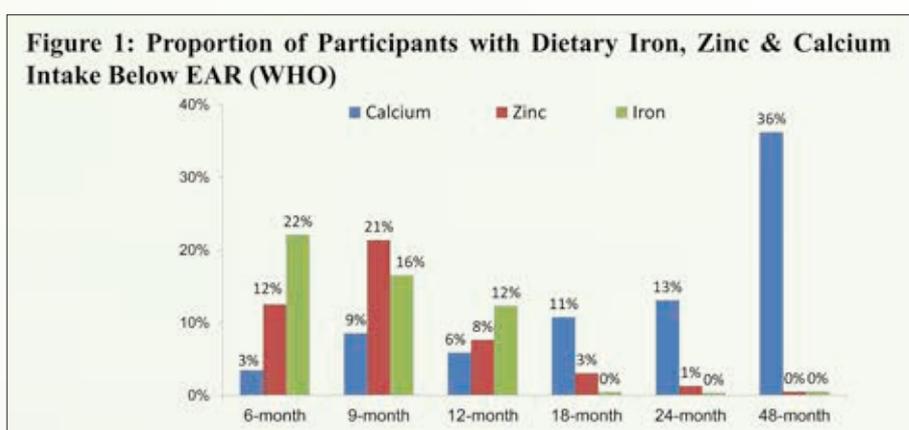
Energy and nutrient intake

The median energy intake of each age group is shown in Table 2. Slightly more than half (57%) of the participants had energy intake above the WHO estimated average requirement (EAR).¹ Nearly all (99.0%) had a protein intake above the safe intake level.² Protein accounted for 10% to 16% of the energy intake across all age groups.

Table 2: Median Energy Intake of Participants (kcal/kg/day)

Age Group	Boys		Girls	
	Median	WHO (EAR)	Median	WHO (EAR)
6-month	84.3	81.0	77.3	81.0
9-month	79.7	79.0	83.2	78.0
12-month	93.0	82.4	89.2	80.1
18-month	87.6	82.4	91.3	80.1
24-month	84.0	83.6	85.1	80.6
48-month	77.5	76.8	70.7	73.9

The median intake of dietary iron and zinc of all age groups was above the age-specific reference nutrient intake (RNIs).³ Low dietary intake of iron and zinc, below the age-specific EAR,⁴ was mainly seen in children below 12 months (Figure 1). Compared with children of younger ages, more children in the age groups of 18 months and above had calcium intake below the age-specific EAR (Figure 1), due to a lower intake of calcium-rich foods.

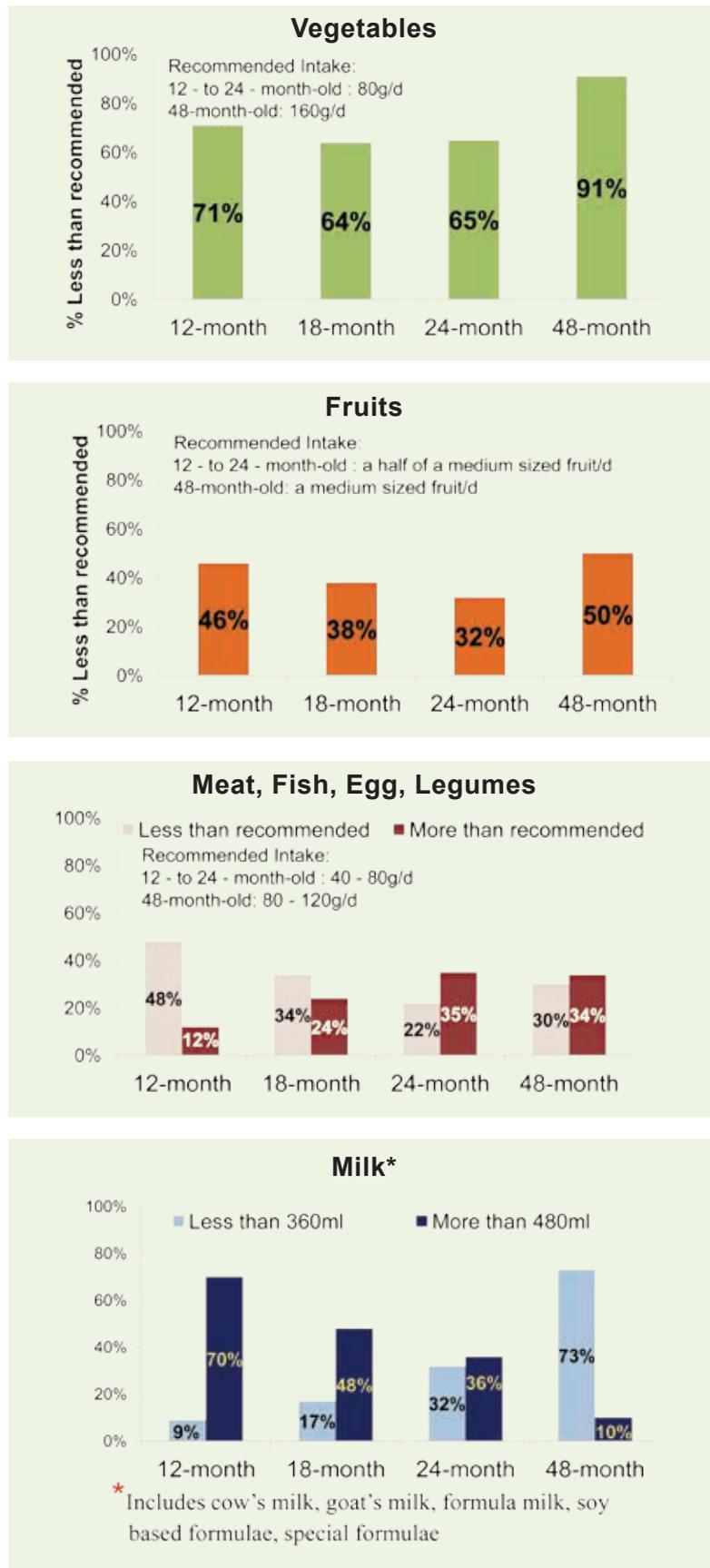


Food consumption pattern

The majority of children consumed inadequate vegetables and fruits. The proportion of children with meat/fish/egg/legume intake higher than the recommended level increased with age. High consumption of milk was common among younger children (Figure 2). Regarding the type of milk, over 90% of the 12- to 24-month-old group drank formula milk only. Among the children in the 48-month group, 77% still consumed formula milk. The survey also revealed that children who drank milk more than the recommended volume (480 ml per day) consumed a smaller amount of grains, vegetables and fruits.

PROGRAMME RESEARCH & DEVELOPMENT

Figure 2 : Proportion of Participants in the Age Groups of 12-month and Above with Food Consumption Different from the Local Recommendation⁵



Conclusion

The major dietary problem among local young children was dietary imbalance, characterised by a high intake of protein-rich foods, over dependence on formula use, and inadequate intake of plant-based foods. Energy and protein intakes were adequate in this population. Though the dietary intake of calcium, iron and zinc was adequate as a whole, a higher proportion of children had a low intake of iron and zinc before 12 months of age and the intake of calcium may need to be improved in those aged 48 months. Children with higher milk consumption were prone to consume less vegetables and fruits. While milk is a good source of calcium, consumption of other traditional calcium-rich foods, such as green leafy vegetables, tofu and calcium fortified soy food or drink, should be encouraged to help develop a more healthy dietary habit as well as to meet the nutrient needs of toddlers and preschool children.

References:

1. World Health Organization, Food and Agricultural Organization of the United Nations (2004). Human energy requirements. Report of a Joint FAO/WHO/UNU Expert Consultation, Rome, Italy, 17-24 October 2011. Geneva: World Health Organization, Food and Agricultural Organization of the United Nations, and United Nations University.
2. World Health Organization, Food and Agricultural Organization of the United Nations, United Nations University (2007). Protein and amino acid requirements in human nutrition. Report of a joint FAO/WHO/UNU expert consultation (WHO Technical Report Series; 935). Geneva: World Health Organization.
3. World Health Organization, Food and Agricultural Organization of the United Nations (2004). Vitamin and mineral requirements in human nutrition, 2nd ed. Geneva: World Health Organization, Food and Agricultural Organization of the United Nations.
4. World Health Organization, Food and Agricultural Organization of the United Nations (2006). Guidelines on food fortification with micronutrients, 1st ed. Geneva: World Health Organization, Food and Agricultural Organization of the United Nations.
5. Central Health Education Unit, Department of Health (2008). Food Pyramid. Hong Kong SAR: Central Health Education Unit, Department of Health.

5. A SURVEY OF INFANT AND YOUNG CHILD FEEDING IN HONG KONG: PARENTAL PERCEPTIONS AND PRACTICES (2010)

Shirley SL Leung¹, Cynthia Leung², Wai-yin Luk¹

Family Health Service, Department of Health, HKSAR Government¹

Department of Applied Social Sciences, The Hong Kong Polytechnic University²

Background

The first five years of life is the period when eating habits become established. The most important influence on children's eating behaviours is their parents' feeding practices. The optimal practice should involve a division of responsibility between parents and children. Parents are responsible for providing a supportive eating context and a wide array of nutritious foods to the child while the child is responsible for deciding what and how much to eat. The objective of the present study was to examine the feeding practices of Hong Kong parents with young children.

Methods

Participants were randomly selected from the registry of Maternal and Child Health Centres (MCHCs). The inclusion criteria included children who were born full-term with both parents being Hong Kong Chinese citizens. Children with congenital abnormalities, chronic illnesses or developmental abnormalities were excluded. The parents were requested to complete a self-report questionnaire on perception and practices of feeding young children. The body weight and height/length were measured according to standardised procedures.

Results

The sample

The sample (Figure 1) included 1 474 parents (77.9% contacted), of which 91% were mothers. There was a higher proportion of the participating parents who were married, born locally, and received tertiary education than the local population as reported in the 2006 Population By-census.



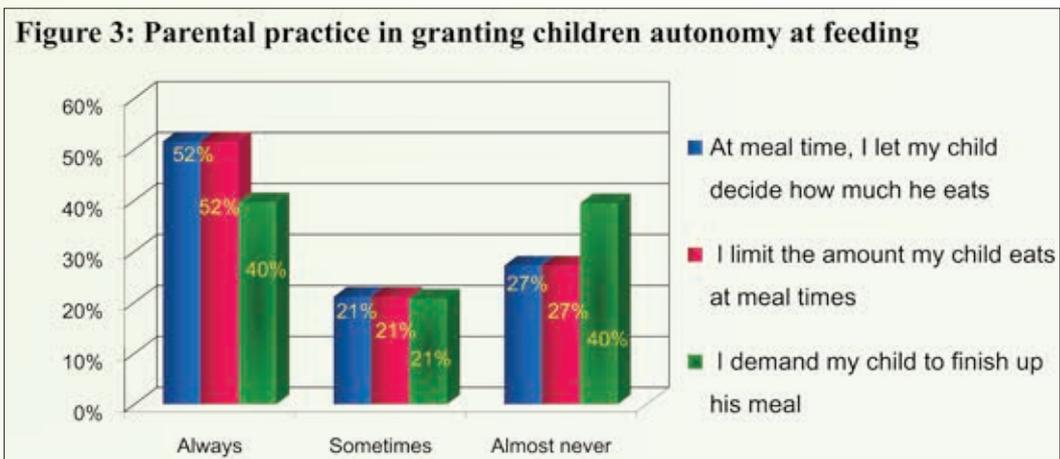
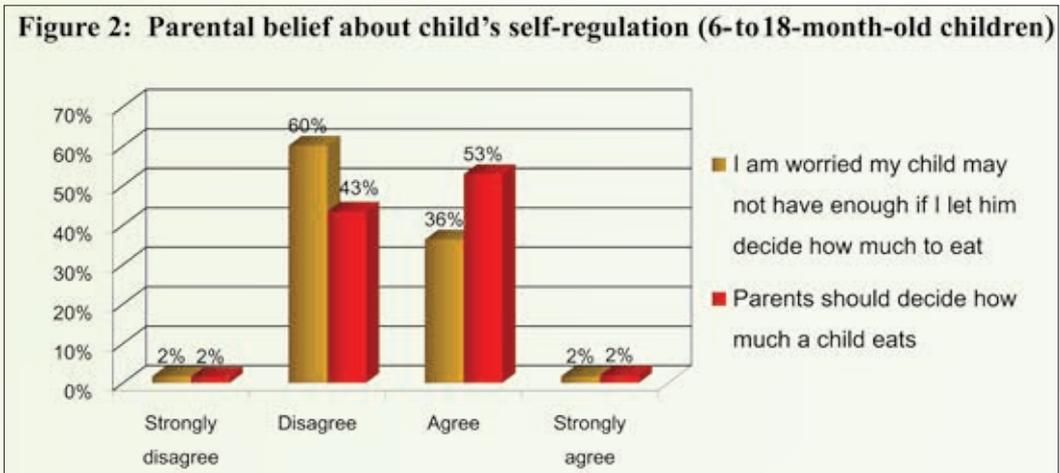
Figure 1: Number of participants in each age group

Feeding practices

- **Parents tend not to trust children's self regulation in food intake**

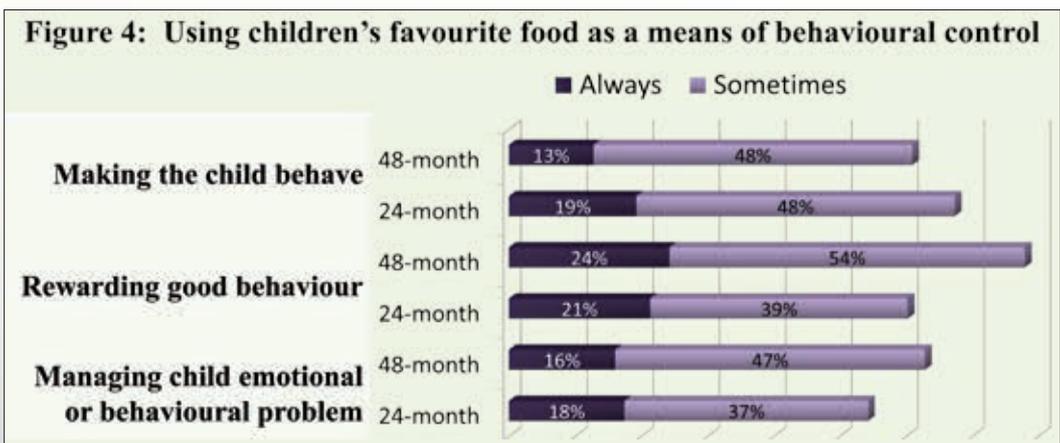
Among the 6- to 18-month-old groups, 38% of the parents were concerned that their children might not eat enough if they were allowed to decide how much to eat. About half (55%) were of the opinion that parents should decide how much a child should eat (Figure 2). It was reflected by their feeding practices (Figure 3).

PROGRAMME RESEARCH & DEVELOPMENT



- Instrumental feeding practices**

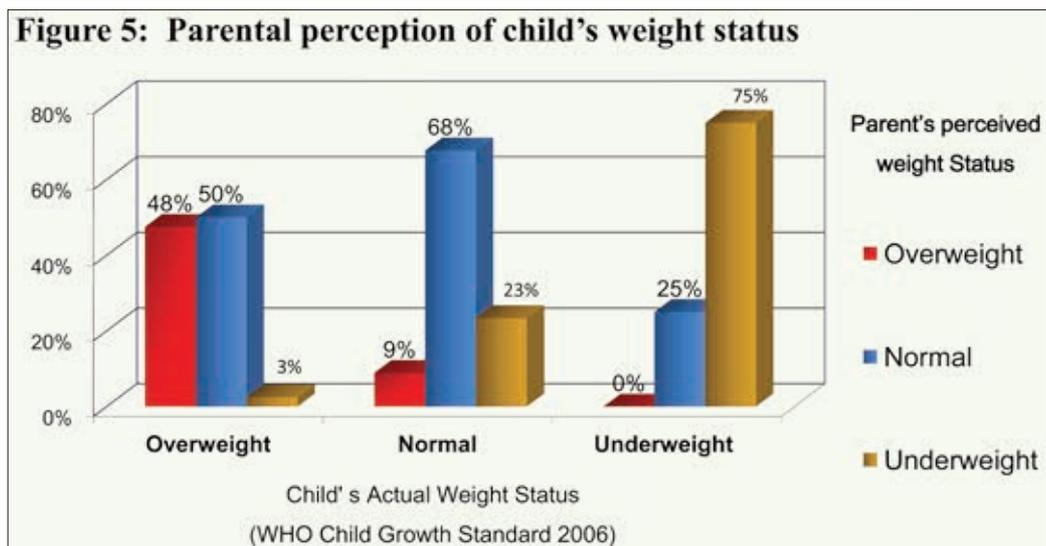
Using food as a means to manage children's behaviour was common among preschool age groups (Figure 4) and 9.4% of the parents reported they always offered junk food to bribe their children to eat something healthy. These practices might reinforce the desire for junk food.



PROGRAMME RESEARCH & DEVELOPMENT

- **Parental perception of children's weight status**

Parents tended to underestimate their children's weight status (Figure 5). There were more parents who were worried that their children would become underweight (34%) than overweight (18%). More parents worried that their children were not eating enough (31%), rather than too much (10%). Parents who perceived their children as underweight were more likely to worry about their children not eating enough and becoming underweight. They also reported more coercive feeding strategies. However, there was no association between parents' perceived weight and the actual weight of children.



Conclusion

Feeding of young children not only serves a biological function to meet the nutrient requirements of children, but also a social function that involves complex parent-child interaction in the context of the home environment. In the present study, parents' over-concern about their children being under-weight and not eating enough was associated with various controlling feeding practices (e.g. pressure to eat) which might result in a negative eating atmosphere and avoidant eating behaviours, or over-eating and over-weight. In turn, these behaviours might drive parents to use more controlling strategies, thus creating a vicious spiral.

References:

1. Savage JS, Fisher JO, Birch LL. Parental influence on eating behavior: Conception to adolescence. *Journal of Law and Medical Ethics* 2007;35:22-34.
2. Pan American Health Organization. Guiding principles for complementary feeding of breastfeeding. World Health Organization, 2003.
3. Hurley KM, Cross MB, Hughes SO. A systematic review of responsive feeding and child obesity in high-income countries. *The Journal of Nutrition* 2011;141:495-501.
4. van der Horst K. Overcoming picky eating. Eating enjoyment as a central aspect of children's eating behaviors. *Appetite* 2012;58(2):567-74.

PROGRAMME RESEARCH & DEVELOPMENT

6. PARENTING PROGRAMME IN MATERNAL AND CHILD HEALTH CENTRES (MCHCs)

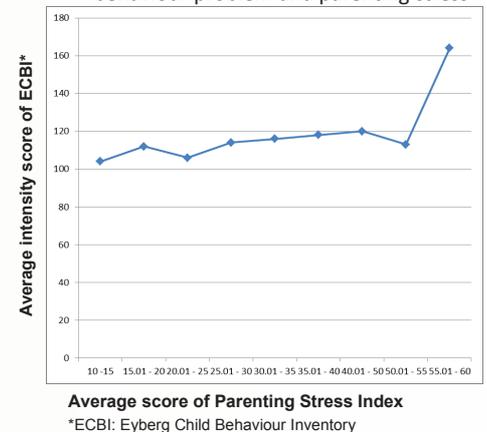
Background

The prevalence of child behaviour problem is reported to be considerable both overseas and locally (ranging from 10-20%).^{1,2} Children with psychological problems are more likely to become psychologically troubled parents. Their ineffective parenting would further lead to child behaviour problems and forms a vicious cycle.³ Systematic reviews of randomised controlled trials (RCTs) show that parent training programmes are effective in improving child behaviour problems and reducing maternal anxiety and stress.^{3,4,5}

The Local Community Survey

A survey on patterns of parenting practices was conducted in 2002.⁶ Among 942 Chinese parents of 4-year-old children, 10.5% (n=99) of children could be classified as being in the clinical range for behaviour problems. Child behaviour problems were associated with parenting stress, which was related to social support and economic status (Fig. 1).

Fig.1 Relationship between child behaviour problem and parenting stress



Parenting Programme in MCHC

The Parenting Programme aims to enable parents to acquire the necessary attitude, knowledge and skills to bring up healthy and well-adjusted children. The programme consists of the universal and the intensive components.

Efficacy and Effectiveness

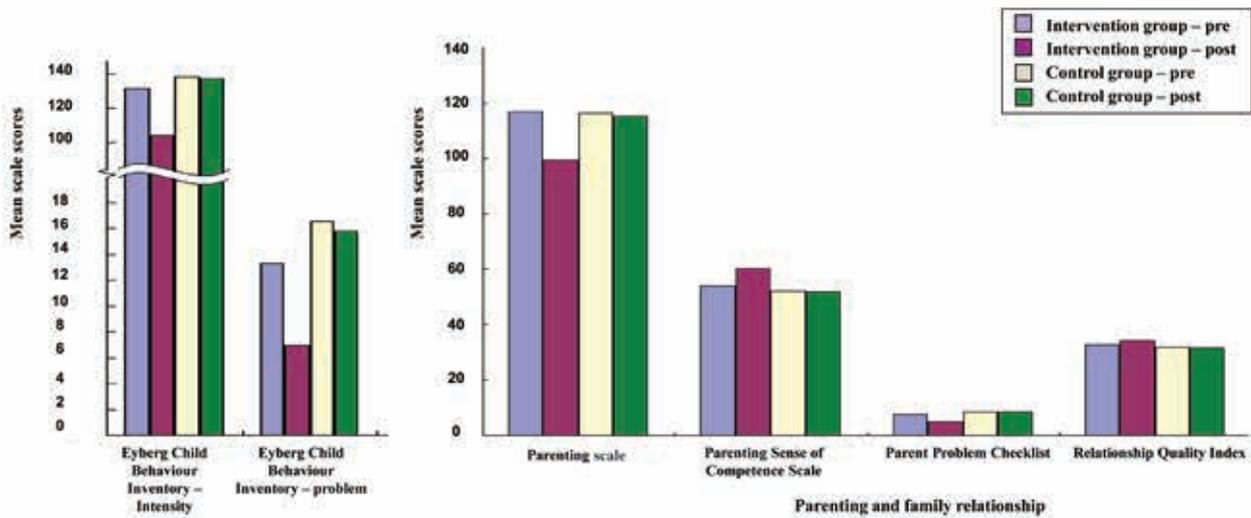
The intensive components, Positive Parenting Programme (Triple P), has a strong theoretical basis with documented efficacy in different communities.^{7,8} The effectiveness of Triple P in the local Chinese community was also established by a randomised controlled trial on 69 parents with children aged 3 to 7 years.⁹ Results indicated that the intervention group (Triple P) reported significant decrease in child behaviour problems and dysfunctional parenting practices, as well as improvement in parenting sense of competence and marital relationship when compared with control group (Fig.2).

On the other hand, the universal programme was developed by a team of in-house professionals. Evaluation of the programme found parents had substantial knowledge gain after attending the universal "Happy Parenting" workshops.



PROGRAMME RESEARCH & DEVELOPMENT

Fig. 2 Difference in Measures after Triple P Compared with Control

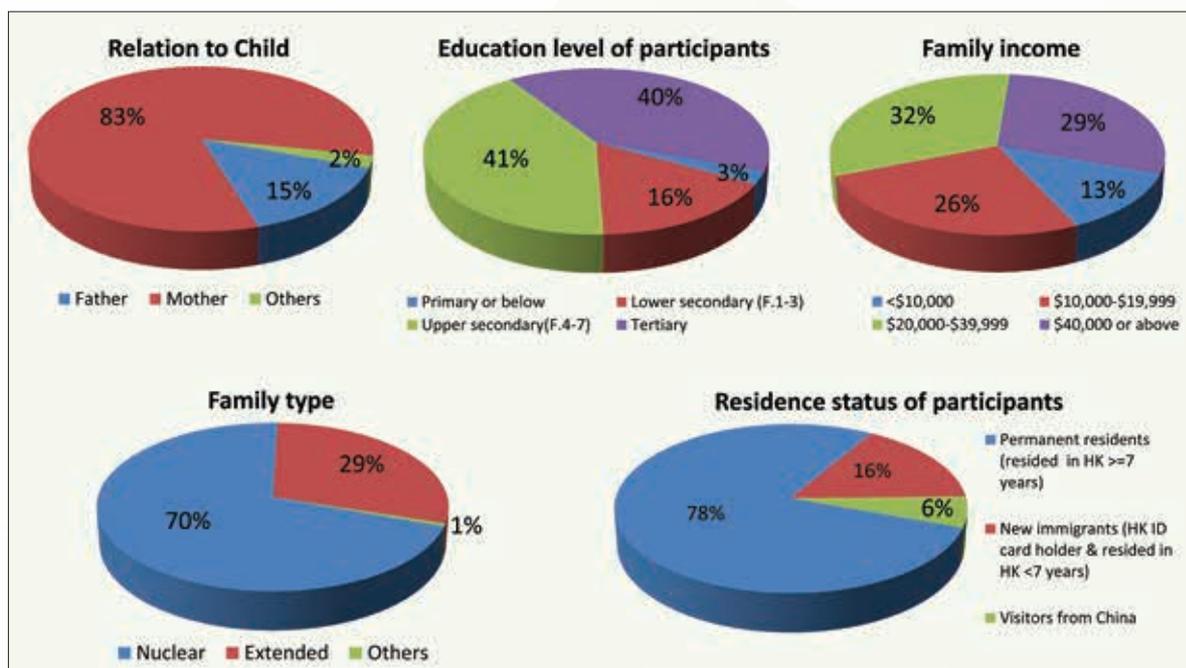


Programme Implementation and Evaluation

All nurses delivering the Parenting Programme have received systematic training. Ongoing quality assurance measures include a central professional support team and a peer support network. A database on the pre- and post-programme measures of child behaviour and parenting skills of participants of Triple P groups is kept to monitor programme effectiveness.

Since the implementation of the programme in 2002 up till June 2012, a total of 126 499 families participated in 19 592 universal "Happy Parenting" workshops. Over 98% of participants reported the workshops had met their needs. There were 1 698 Triple P groups conducted with 12 278 parents having completed the course (Fig.3).

Fig.3 Demographic Characteristics of Triple P Participants



PROGRAMME RESEARCH & DEVELOPMENT

Ongoing evaluation results on Triple P indicated positive changes in child behaviour, parenting sense of competence and parenting stress in participants. Among these, 57% of the children with pre-intervention ECBI behaviour intensity score in the clinical range moved to nonclinical range post-intervention. Child behaviour problem was correlated with parenting stress and parenting sense of competence. More new immigrants (residing in HK for <7 years) and families of lower income (<\$30 000) did not complete the course but among the completers, new immigrant and lower income status predicted greater clinical improvement.¹⁰

The Way Forward

To meet the specific needs of disadvantaged parent groups such as teenage parents, those with mental illnesses and the substance misusers, the Family Health Service will tailor the current Parenting Programme to their needs, in collaboration with psychiatrists and social workers. Another community survey is under planning with the aim to re-examine child behaviour problems, parenting problems and family support a decade after the implementation of the Parenting Programme.

References:

1. Campbell S.B. Behaviour problems in preschool children, a review of recent research. *Journal of Child Psychology and Psychiatry*, 1995;36(1):113-49.
2. Luk S.L., Leung P.W.L., Bacon-Shone J. & Lieh-Mak F. The structure and prevalence of behavioral problems in Hong Kong preschool children. *Journal of Abnormal Child Psychology*, 1991;19(2):219-32.
3. Webster-Stratton C. & Taylor T. Nipping early risk factors in the bud: Preventing substance abuse, delinquency and violence in adolescence through intervention targeted at young children (0-8 years). *Prevention Science*, 2001;2(3):165-92.
4. Barlow J. & Coren E. Parent training programmes for improving maternal psychosocial health (Cochrane Review). In the Cochrane Library, 1, 2001.Oxford: Updated Software.
5. Barlow J. & Parsons J. Group-based parenting programmes for improving emotional and behavioural adjustment in 0-3 year old children (Cochrane Review). In the Cochrane Library, 1, 2003.Oxford: Updated Software.
6. Family Health Service, Department of Health. A community survey of the parenting practices of parents of 4-year-old children. http://www.fhs.gov.hk/english/reports/files/community_survey_full.pdf, 2004.
7. Matsumoto Y., Sofronoff K. & Sanders M.R. Investigation of the effectiveness and social validity of the Triple P Positive Parenting Program in Japanese Society. *Journal of Family Psychology*, 2010;24(1):87-91.
8. Sanders M.R., Markie-Dadds C. & Turner K. Theoretical, scientific and clinical foundations of the Triple P-Positive Parenting Program: A population approach to the promotion of parenting competence. *Parenting Research and Practice Monograph*, 2003;1:1-24.
9. Leung C., Sanders M.R., Leung S., Mak R. & Lau J. An outcome evaluation of the implementation of the Triple P - Positive Parenting Program in Hong Kong. *Family Process*, 2003;42:531-44.
10. Leung C., Sanders M.R., Ip F. & Lau J. Implementation of Triple P-Positive Parenting Program in Hong Kong: predictors of program completion and clinical outcomes. *Journal of Children's Services*, 2006;1(2):4-17.

7. PROMOTING, PROTECTING AND SUPPORTING BREASTFEEDING IN HONG KONG

Background

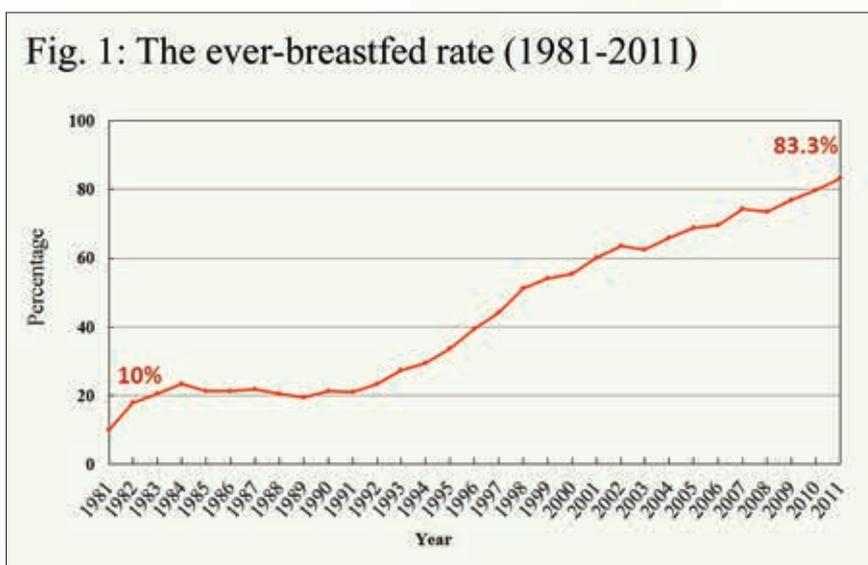
Breastfeeding is the unequalled way to providing optimal nutritional, immunological and emotional nurturing for the growth and development of infants, with benefits proportional to its duration and exclusiveness. Early nutrition impacts on long term health. Promoting, protecting and supporting breastfeeding with the aim to increase its duration and exclusiveness is therefore a public health priority.

Our Goal

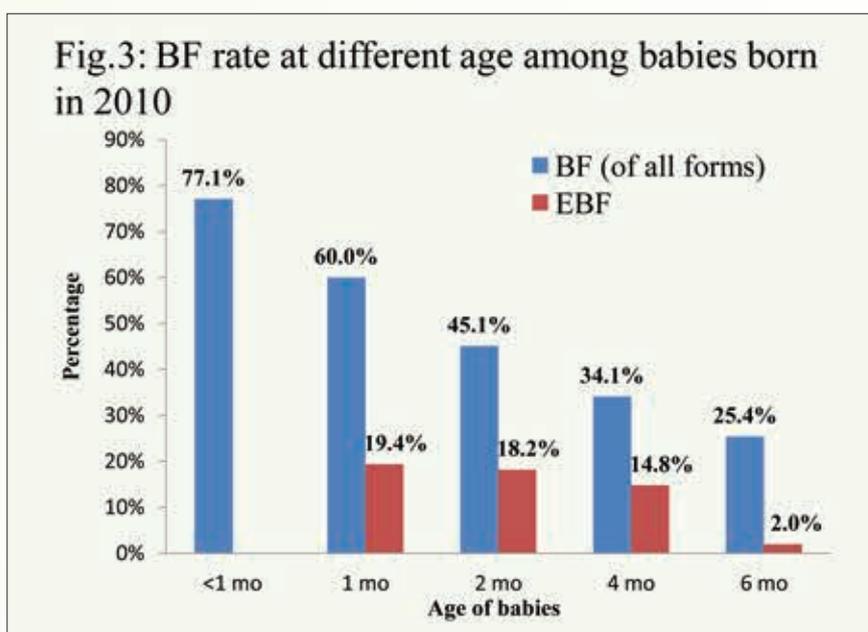
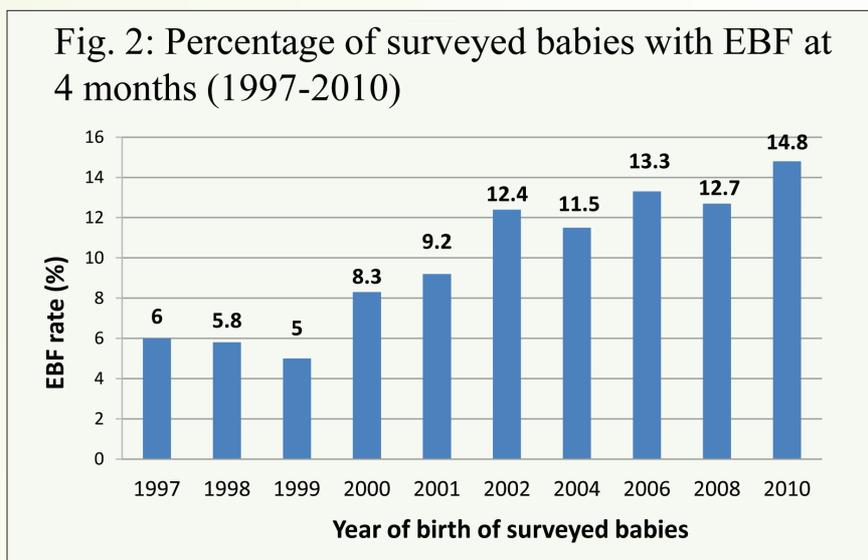
The Department of Health (DH) encourages exclusive breastfeeding for about six months after birth, with subsequent introduction of complementary food while continuing breastfeeding until two years or beyond.

How Well are Our Babies Being Fed?

With concerted efforts of the Government and community, the ever-breastfeeding rate in Hong Kong increased from a nadir in the early 1980s to 50% in 1997 and 83% in 2011 (Fig.1). However, the exclusive breastfeeding (EBF) rate remained far from satisfactory (Fig.2). According to the 2011 DH Breastfeeding Survey on babies born in the year 2010, EBF rate at 4-6 months was only 14.6%. Of all babies being breastfed on hospital discharge, only about a quarter were exclusively breastfed at one month. The majority of these babies continued EBF until 4 months (Fig.3).



PROGRAMME RESEARCH & DEVELOPMENT

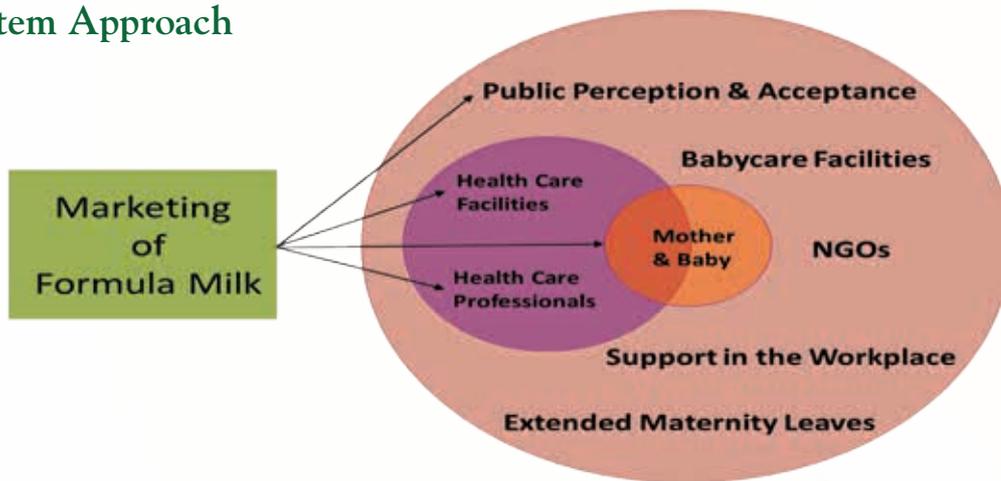


Challenges

Breastfeeding practice is affected by a multitude of socio-economic, cultural and environmental factors. Reasons for stopping breastfeeding included “perceived insufficient milk supply”, “returning to work”, “breast problems such as engorgement”, “latching difficulties” and “fatigue and stress”.¹⁻³ Inadequate support to mothers has been identified as a major gap in Hong Kong.

PROGRAMME RESEARCH & DEVELOPMENT

Promoting, Protecting and Supporting Breastfeeding in Hong Kong – A System Approach



Healthcare Facilities and Health Professionals

- *Baby-friendly Healthcare Facilities*

DH implemented a breastfeeding policy since 2000. All doctors and nurses in Maternal and Child Health Centres (MCHCs) are trained to provide information to parents-to-be to facilitate informed choices and offer timely counselling and skills support to breastfeeding mothers.



Breastfeeding support groups are conducted for mothers to share their breastfeeding experience. A breastfeeding hotline is also in operation.

In December 2010, the Hospital Authority (HA) also implemented its Breastfeeding Promotion Policy and was planning to facilitate its maternity units to fully comply with the “Ten Steps to Successful Breastfeeding”.

- *Empowerment of Health Professionals*

DH collaborates with HA, professional bodies and non-governmental organisations (NGOs) to enhance the capacity of maternal and child health professionals to promote and support breastfeeding. Apart from on-going training, a multi-media Self-learning Kit on Breastfeeding for Health Professionals and a Breastfeeding Flip Chart were produced in 2011.



The “Moving Towards Mother-Baby-Friendliness” Seminar was held in December 2011. Twelve overseas and local experts expounded the scientific evidence and shared their experiences in putting theory into practice, with more than 600 health professionals participated.

PROGRAMME RESEARCH & DEVELOPMENT

Breastfeeding Environment in the Community - Partnership in Promoting and Supporting Breastfeeding

Peer counselling has been shown to improve breastfeeding initiation, duration and exclusiveness.^{4,5} In 2012, DH collaborated with Baby Friendly Hospital Initiative Hong Kong Association to pilot a Breastfeeding Peer Counsellor Project. The pilot was highly valued by mothers-to-be and new mothers. DH also collaborates with other NGOs including La Leche League HK and HK Breastfeeding Mothers' Association in organising monthly peer gatherings and public talks.



Protecting Infant Feeding from Commercial Influences

With a view to combating aggressive marketing of breastmilk substitutes and related products as well as to protecting healthy infant and young child feeding, the Government has set up a multi-disciplinary taskforce in June 2010 to develop and promulgate "The Hong Kong Code of Marketing & Quality of Formula Milk and Related Products, and Food Product for Infant and Young Children (The Hong Kong Code)". The Hong Kong Code would be developed based on the International Code of Marketing of Breastmilk Substitutes (WHO/UNICEF, 1981) and relevant subsequent WHA resolutions, tailoring to the local situation. It is expected that the Hong Kong Code would be promulgated in 2013.

The Way Forward

While EBF for about 6 months for all infants is our long-term goal, a more feasible short term goal could be a substantial increase in the rate of EBF for 6-8 weeks, since it would be more likely to be achievable with the support of the health sector. Priority areas to work on include strengthening professional support with the implementation of mother-&-baby-friendly practices in maternity units and continuing support in the community by child health professionals, in addition to all the continuing efforts mentioned.

References:

1. Tarrant M, Fong DY, Wu KM, Lee IL, Wong EM, Sham A, et al. Breastfeeding and weaning practices among Hong Kong mothers: A prospective study. *BMC Pregnancy Childbirth* 2010;10:27.
2. Wu LH, Cheng YH, Lee CP, Chong SY. An exploratory study examining breastfeeding practices among mothers in a maternity hospital in Hong Kong. *Hong Kong Med J* 2007;13(Suppl 1):S36-9.
3. Chan SM, Nelson EA, Leung SS, Li CY. Breastfeeding failure in a longitudinal post-partum maternal nutrition study in Hong Kong. *J Paediatr Child Health* 2000;36(5):466-71.
4. Chapman DJ, Morel K, Anderson AK, Damio G, Perez-Ezcamilla R. Breastfeeding peer counseling: From efficacy through Scale-up. *J Hum Lact* 2010;26(3):314-26.
5. Lumbiganon P, Martis R, Laopaiboon M, Festin MR, Ho JJ, Hakimi M. Antenatal breastfeeding education for increasing breastfeeding duration. *Cochrane Database Syst Rev* 2011;11:CD006425.

PROGRAMME RESEARCH & DEVELOPMENT

8. ROLES OF MATERNAL AND CHILD HEALTH CENTRES IN IMMUNISATION PROGRAMME OF HONG KONG

Background

Vaccination offers the best protection for the population against challenges posed by infectious diseases through strengthening of the human defense systems. In Hong Kong, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the Department of Health (DH) is set up to provide science-based advice on vaccine use at the population level.

Childhood Immunisation Programme (CIP)

The SCVPD regularly reviews and makes recommendations on local vaccine uses. At present, 10 different types of vaccines and boosters are recommended under the Childhood Immunisation Programme (CIP) to protect children from ten infectious diseases. Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine (DTaP-IPV) and Pneumococcal Vaccine (PCV) were incorporated into the CIP since February 2007 and October 2009 respectively.

AGE	IMMUNISATION RECOMMENDED
Newborn	B.C.G. Vaccine Hepatitis B Vaccine - First dose
1 month	Hepatitis B Vaccine - Second dose
2 months	DTaP-IPV Vaccine - First Dose Pneumococcal Vaccine - First Dose
4 months	DTaP-IPV Vaccine - Second Dose Pneumococcal Vaccine - Second Dose
6 months	DTaP-IPV Vaccine - Third Dose Pneumococcal Vaccine - Third Dose Hepatitis B Vaccine - Third Dose
1 year	MMR Vaccine (Measles, Mumps & Rubella) - First Dose Pneumococcal Vaccine - Booster Dose
1½ year	DTaP-IPV Vaccine - Booster Dose
Primary 1	MMR Vaccine (Measles, Mumps & Rubella) - Second Dose DTaP-IPV Vaccine - Booster Dose
Primary 6	dTap-IPV Vaccine - Booster Dose

DTaP-IPV Vaccine : Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine
dTap-IPV Vaccine : Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine



The Maternal and Child Health Centres (MCHCs) are responsible for providing these vaccinations for children below 6 years, free of charge for eligible persons. Vaccinations are administered by nurses after assessment. Health advice on reaction management will also be provided. Apart from some local reactions and fever noted occasionally after vaccinations, serious adverse reactions were very rarely reported to MCHCs.

Other Vaccines



Besides these 10 vaccines, parents can choose to have their children immunised with other vaccines not covered in the CIP that are provided by the private sector for personal protection at their own expenses.



PROGRAMME RESEARCH & DEVELOPMENT

Influenza vaccine is also provided free of charge at MCHCs for children aged between 6 months and 6 years as well as pregnant women who are receiving Comprehensive Social Security Assistance.

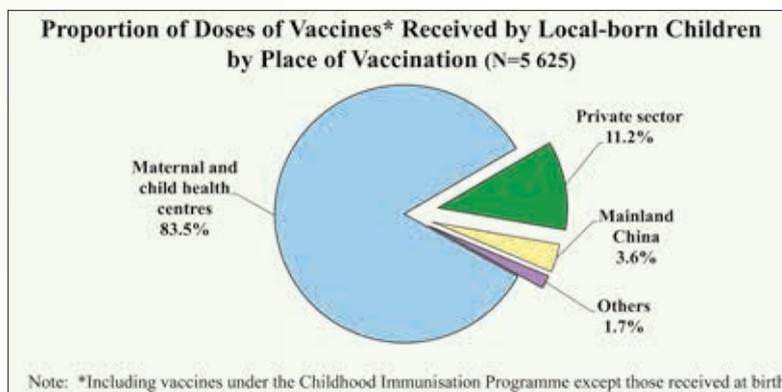
Immunisation Coverage

In 2011, about 600 000 vaccines were administered in MCHCs. The immunisation coverage for vaccines under the CIP is highly satisfactory. In a cross-sectional survey conducted in 2009 for children aged 2 to 5 years, it was found that the coverage of all vaccines under CIP for children born between 2003 and 2006 were higher than 98%.¹

Among local-born children, about 84% of the vaccines were received at MCHCs and the rest were received in the private sector and others.¹

Type of Vaccine	Year of Birth				
	2003 (n=1 501)	2004 (n=1 575)	2005 (n=1 742)	2006 (n=807)	
BCG	100.0	100.0	99.9	99.9	
Polio	Type 1	99.2	98.4	99.1	98.6
	1 st dose	99.9	100.0	100.0	100.0
	2 nd dose	99.9	100.0	100.0	100.0
	Booster	99.0	99.4	98.9	99.4
Diphtheria, Pertussis & Tetanus	1 st dose	99.9	100.0	100.0	100.0
	2 nd dose	99.9	100.0	99.9	100.0
	3 rd dose	99.8	100.0	99.9	100.0
	Booster	98.9	99.1	98.5	98.9
Hepatitis B	1 st dose	100.0	99.9	100.0	100.0
	2 nd dose	99.9	99.9	100.0	100.0
	3 rd dose	99.7	99.9	99.8	99.6
Measles, Mumps, Rubella (MMR)	99.5	99.7	99.7	99.7	

Note: 'n' denotes the number of surveyed children born in the respective year.



Quality Assurance Measures

To facilitate the proper documentation of vaccination and ensure the accuracy of vaccine administration, the following measures have been implemented in MCHCs:

- Development of a computer system to facilitate standardised record keeping and monitoring; and
- Manufacturers had been requested to print vaccine specific barcodes on individually packed vaccines. Scanning the barcode by nurses enables correct matching of the vaccine with the child. This measure was first introduced for the PCV in 2010. It was planned to include DTaP-IPV and MMR vaccines in 2012 and 2013 respectively.



References:

- Public Health and Epidemiology Bulletin, Volume 19, No. 3, Dec 2010, Department of Health, HKSAR.

PROGRAMME RESEARCH & DEVELOPMENT

9. DEVELOPMENTAL MONITORING: FROM SCREENING TO SURVEILLANCE

Comprehensive Observation Scheme (COS) (1978-2007)

COS was the developmental screening programme provided in Maternal and Child Health Centres (MCHCs) from 1978 to 2007. Children attended for COS at the ages of 3 months, 9 months and 3 years at which developmental (including vision and hearing) screening tests were conducted by nurses.

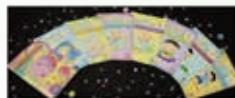
These tests had strict criteria for pass or fail with a focus on the child's performance in the clinic only. A wide gap also existed between the second and third visits when many parents had concerns about their children's speech and language development. Besides, the coverage was low because COS visits were scheduled separately from routine vaccination. In view of the above limitations, a new developmental surveillance programme was developed and introduced to replace the COS.



Developmental Surveillance Scheme (DSS) (2003-now)

The Developmental Surveillance Scheme was launched by phases at MCHCs over 5 years since 2003. Developmental surveillance is a process of skillfully observing children and identifying parental concerns, rather than administering tests. It is a flexible and continuous process involving input from knowledgeable health professionals, parents, teachers and others. It encompasses all activities relating to the detection of developmental problems and the promotion of development, including:

- Empowering the carers by providing anticipatory guidance through various means



PROGRAMME RESEARCH & DEVELOPMENT

- Discussing with carers about developmental issues and identifying their concerns through a structured set of questionnaires (Developmental Surveillance Questionnaires, DSQ) administered by nurses
- Providing follow-ups and/or in-depth evaluation of the child's development by maternal and child health nurses and doctors, if necessary
- Referring to Child Assessment Centre (CAC) or other specialist for further assessment and management if indicated

The DSQs are compiled by a local team of doctors experienced in child developmental assessment, based on international references and standards. Validation study on the 18-month & 24-month DSQs revealed a sensitivity of 0.93 and 0.90; specificity of 0.80 and 0.88 respectively (Family Health Service, unpublished data, 2006). Each DSQ covers general developmental concerns from carers and specific questions/ observations to explore major developmental areas including gross & fine motor, language & communication, concept formation, social behaviour & play, self-care, vision and hearing.



When Developmental Surveillance is Done

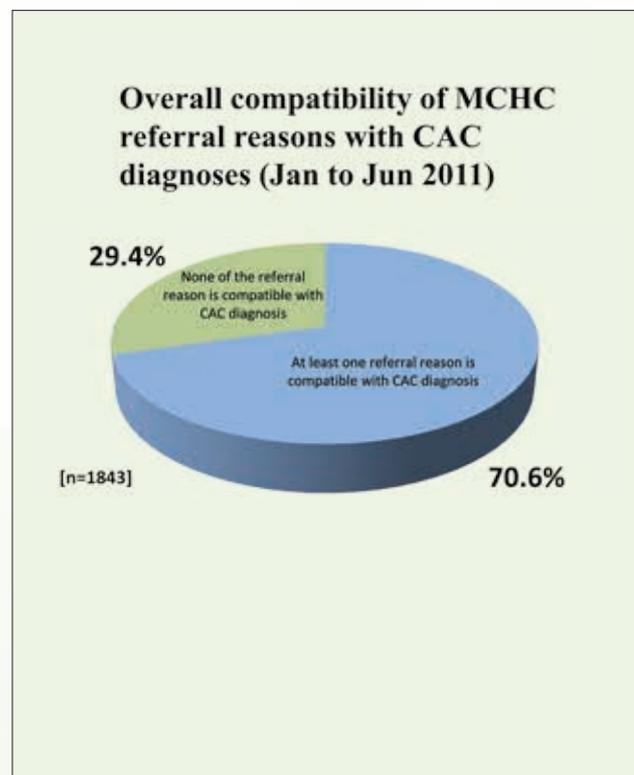
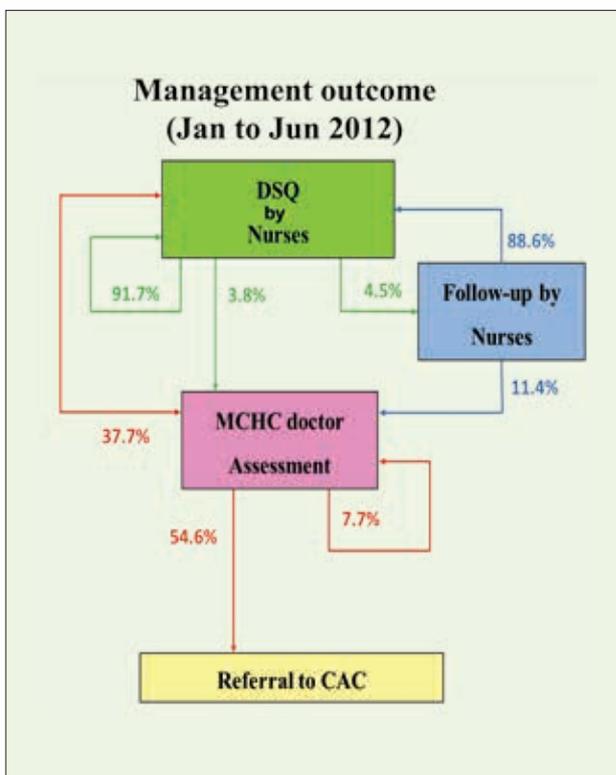
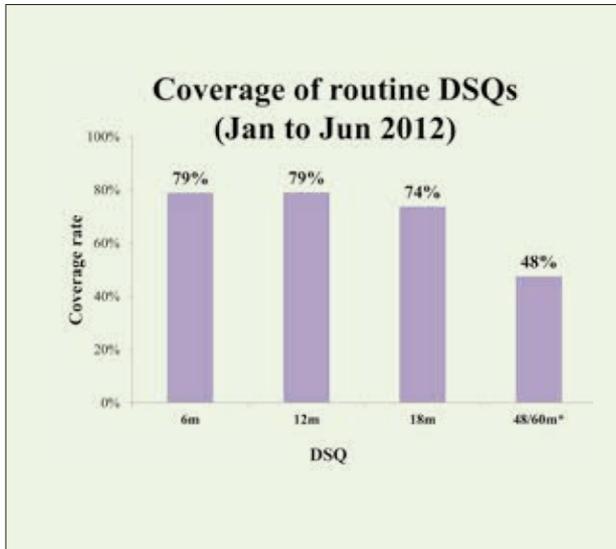
There are a total of ten DSQs (routine and optional for those requiring closer monitoring) administered during nurse interviews, covering children from birth to 5 years.

Developmental Surveillance in Preschool Children

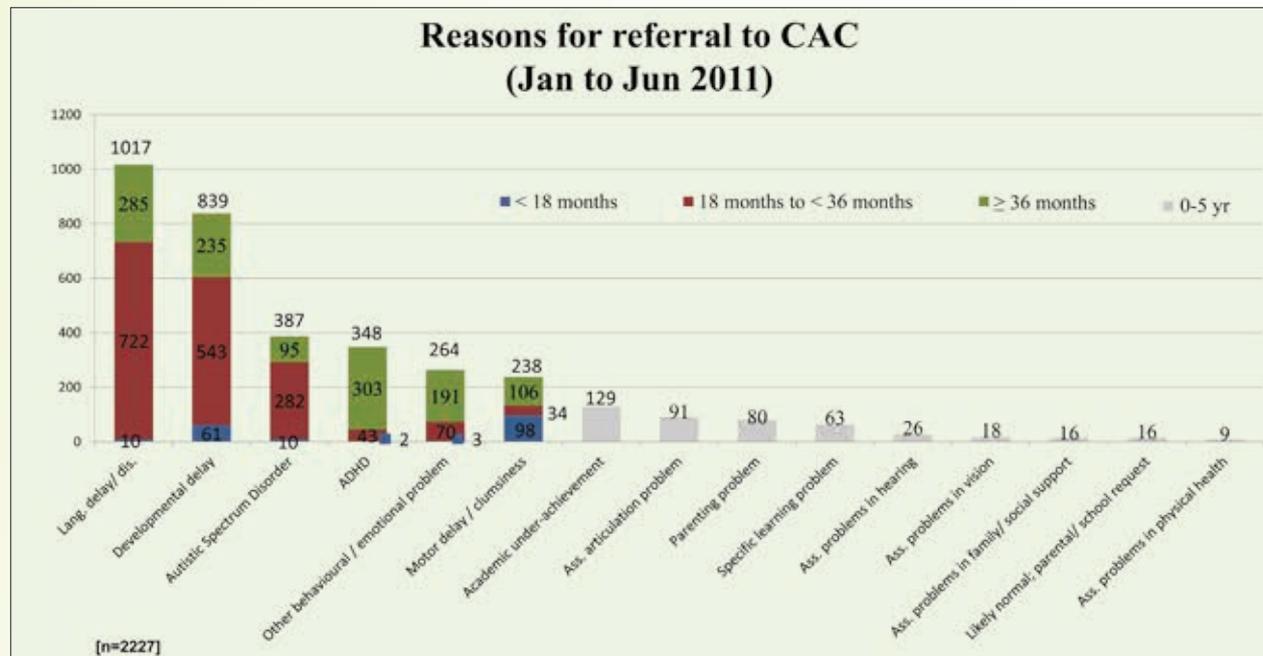
Parents who take their child to MCHCs for Preschool Vision Screening at the age of 4 years are asked to complete a questionnaire to identify their concerns about their child's development, learning or behaviour. To further improve the coverage among preschool children, a referral-reply system was established between preschools and MCHCs in 2008 through which teachers can directly refer children suspected of developmental problems to MCHCs for further assessment.

PROGRAMME RESEARCH & DEVELOPMENT

Programme Evaluation



PROGRAMME RESEARCH & DEVELOPMENT



The Way Forward

With the current generations of parents being more educated and better informed about child development, it may be timely to explore the development of web based parent self-completion questionnaire to improve the coverage.

References:

- Bellman M, Lingham S, Aukett A. Schedule of Growing Skills II. London: NFER-Nelson; 1996.
- Griffiths R. The Abilities of Young Children. London: Child Development Research Centre; 1970.
- Huntley M. The Griffiths Mental Development Scales: from birth to 2 years. Association for Research in Infant and Child Development (ARICD); 1996.
- Squires J, Bricker D. Ages & Stages Questionnaires (ASQ): A Parent-Completed, Child-Monitoring System. 3rd ed. Baltimore: Brookes Publishing Co.; 2009.

10. UNIVERSAL INFANT HEARING SCREENING PROGRAMME: FIRST 4 YEARS' EXPERIENCE (AUGUST 2003 - JULY 2007)

Background

Bilateral permanent childhood hearing impairment (PCHI), commonly present at birth, is an important health problem because of its adverse effects on the child's language and communication skills, social and emotional development and education achievement.^{1,2} Early identification and habilitation is crucial for improving language and communication development of the child.³

Universal Infant Hearing Screening Programme in Hong Kong

Since August 2003, the Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) have implemented a universal infant hearing screening programme using the Automated Otoacoustic Emission (AOAE) subsequent to the promising results of a one-year pilot project.⁴ The target condition to be screened was PCHI of moderate to profound grade (defined as 40 decibel hearing level (dB HL) or greater).

From February 2007 onwards, birthing hospitals under the Hospital Authority (HA) also commenced their newborn hearing screening using Automated Auditory Brainstem Response (AABR) prior to hospital discharge. Thereafter, MCHCs would conduct AOAE screening only for those infants who had not been screened by hospitals.



The Protocol

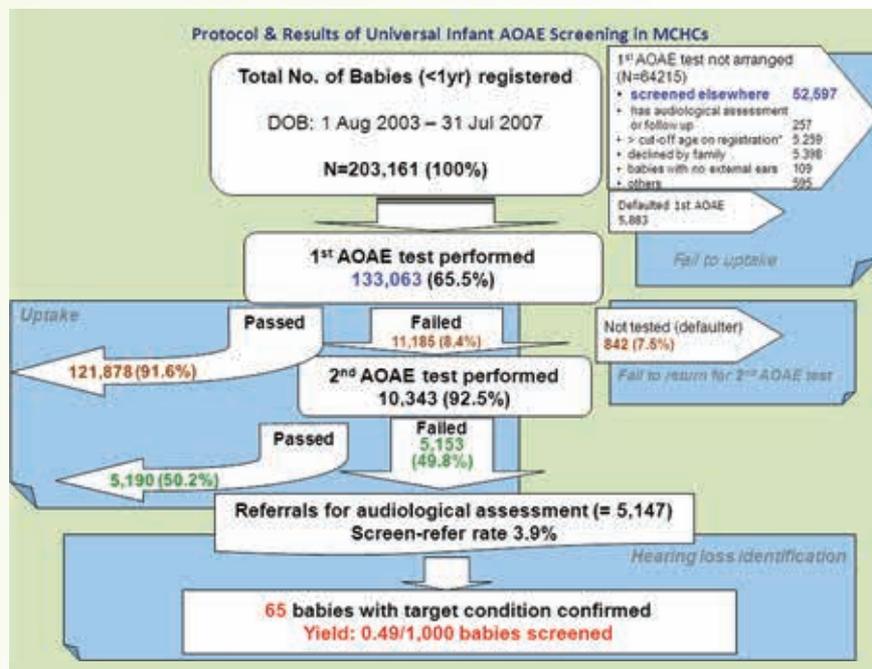
All registered infants (up to 4 months) were offered the 2-staged AOAE screening. Those who already had hearing screening by other service providers or received audiological services were excluded. Babies failing both tests were referred for diagnostic evaluation in ENT Department of HA or Child Assessment Service of DH.

PROGRAMME RESEARCH & DEVELOPMENT

Programme Evaluation (August 2003 - July 2007)

Screen Coverage

For a total of 203 161 infants registered in MCHCs during this period, the coverage of universal neonatal / infant hearing screening programme (by birthing hospitals and MCHCs) was 91.4%.



Screen Performance and Outcomes

- Key performance indicators of AOA screening compared with international benchmarks:

	AOAE Screening	International Benchmarks	
	MCHC (2003-2007)	UK NHSP ⁵ (2010)	US JCIH ⁶ (2007)
Screen Coverage	91.4%	95%	≥95%
Screen Performance			
Screen-refer rate	3.9%		4%
Timing of the screening			
Median age at 1 st AOA	25 days		
Median age at 2 nd AOA	44 days		
% completed screening	92.8% by 60 days	≥95% by 5 wk	≥95% by 4 wk
Yield of target condition			
Bilateral sensori-neural hearing loss of ≥ moderate grade	0.49 per 1,000 screened babies (65 PCHI cases)	0.36-0.49 per 1,000 ² 1.2 per 1,000 ¹	
Among those identified with PCHI			
Median age at audiological confirmation	6 m	80% by 6 m 98% by 12 m	>90% by 3 m
Median age at intervention			
Hearing aids (n=54)	12 m	Within 1 month of audiological confirmation	
Cochlear implant (n=16)	1 y 8 m		
Auditory brainstem implant (n=2)	3 y 7 m		

PROGRAMME RESEARCH & DEVELOPMENT

- Language development of children identified with PCHI at 5 years of age:

	Isolated Hearing Impairment No. (%)	Presence of Co-morbidities* No. (%)
Children confirmed with PCHI at 5 years review (n=65)	32 (49%)	33 (51%)
With normal language	18 (56%)	1 (3%)
With language impairment[#]	14 (44%)	32 (97%)

* Co-morbidities include cognitive impairment / developmental delay, pervasive development disorder or congenital abnormalities

[#] Excluding isolated articulation problems

Source of information: Child Assessment Service, Department of Health

Conclusion

The infant hearing screening programme in MCHCs was effective in early identification and referral of infants suspected of having PCHI. Favourable language development outcomes were achieved in a significant proportion of the children with isolated hearing impairment. However, there is room for improvement in the timing of completion of screening, diagnosis and interventions (such as fitting of hearing-aid and cochlear implant) when compared with international benchmarks.

Challenges Ahead

The greatest challenge of the infant hearing screening programme is the coordination between providers of screening, diagnostic, treatment and rehabilitation services to ensure the care provided to children is timely.

References:

1. Thompson DC, McPhillips H, Davis RL, Lieu TL, Homer CJ, Helfand M. Universal newborn hearing screening: Summary of evidence. JAMA 2001;286(16):2000-10.
2. Davis A, Bamford J, Wilson I, Ramkalawan T, Forshaw M, Wright S. A critical review of the role of neonatal hearing screening in the detection of congenital hearing impairment. Health Technol Assess 1997;1(10):i-iv,1-176.
3. Downs MP, Yoshinaga-Itano C. The efficacy of early identification and intervention for children with hearing impairment. Pediatr Clin North Am 1999;46(1):79-87.
4. Chan KY, Leung SSL. Infant hearing screening in maternal and child health centres using automated otoacoustic emission screening machines: A one-year pilot project. HK J Paediatr (New Series) 2004;9:118-25.
5. NHSP Programme Centre. Quality Standards in the NHS Newborn Hearing Screening Programme, 2010.
6. American Academy of Pediatrics, Joint Committee on Infant Hearing. Year 2007 position statement: Principles and guidelines for early hearing detection and intervention programs. Pediatrics 2007;120(4):898-921.

EVENT HIGHLIGHTS

Promotion of Parenting Programme and Breastfeeding at Roving Exhibitions and "Baby Expo" (2003, 2008 & 2010)



Triple P Programme Graduation Ceremony (2006)



EVENT HIGHLIGHTS

Hong Kong Breastfeeding Action Day (2010)



Seminar on "An Introduction to Social Marketing: Understanding the Core Principles" (2010)



EVENT HIGHLIGHTS

Consultancy Study on Human Nutrition and Dietary Reference Values in Hong Kong (2011)

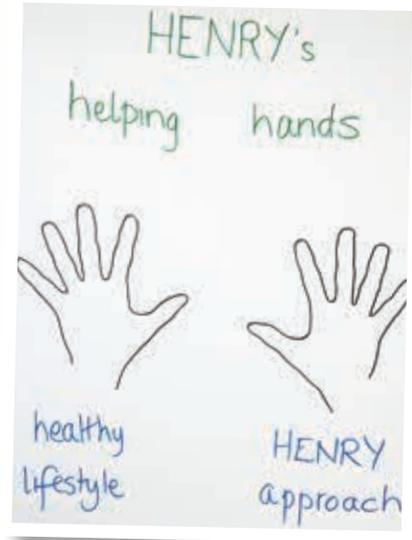


Seminar on "Moving Towards Mother-Baby-Friendliness" cum Launching of the Self-learning Kit on Breastfeeding for Health Professionals (2011)



EVENT HIGHLIGHTS

Health Exercise Nutrition for the Really Young (HENRY) Training for MCH doctors and nurses (2012)



Press Conference on "A Survey of Infant and Young Child Feeding in Hong Kong" (2012)



EVENT HIGHLIGHTS

Maternal & Child Health Conference 2012

Maternal & Child Health: the Foundation of Population Health (2012)

To mark the 80th anniversary of maternal and child health services in Hong Kong in 2012, the Family Health Service, Department of Health, organised the Maternal & Child Health Conference 2012 "Maternal and Child Health: the Foundation of Population Health" on 7 & 8 September 2012, and a series of pre-conference seminars from 4 – 6 September 2012. The Conference featured 18 international and local experts sharing their scientific knowledge and insights on important themes of "Social Determinants of Health", "Early Child Development", "Developmental Origins of Health and Diseases" and "Infant and Young Child Feeding & Growth".



EVENT HIGHLIGHTS



CHALLENGES & WAY FORWARD

DR LEUNG SZE LEE, SHIRLEY

Assistant Director
(Family & Elderly Health Services)
Department of Health, HKSAR



The Family Health Service of the 21st Century

Since the Millennium, the Family Health Service (FHS) has been transformed from a conventional provider of preventive services for young children and women into a vibrant institution that performs a multitude of public health functions.

Through a network of 31 Maternal and Child Health Centres (MCHCs), the FHS has continued to provide a population-based health promotion and disease prevention programme for children 0 to 5, covering about 90% of newborn babies of local mothers. It also delivers maternity services to pregnant women jointly with the Obstetrics Departments of the Hospital Authority (HA), and is a major provider of family planning, cervical screening and well-woman services. The latter is accessible mainly through the 3 Woman Health Centres (WHCs).

In order to deliver services that are evidence-based and meeting the changing needs of the target population, programme research and development has been established as an ongoing function. New programmes or elements are being developed and implemented, while existing ones reviewed and re-developed, through communicating with frontline staff, literature review, carrying out formal needs assessment, devising interventions and conducting programme evaluation. The FHS has set a model for preventive services based on research evidence or best practices and informed the recent development of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings under the auspices of the Primary Care Office.

The production of informational and educational materials on a myriad of parenting, child care and woman health issues has become a core function and made the FHS a maternal & child health and parenting

CHALLENGES & WAY FORWARD

information hub. Development of the materials takes a holistic approach and addresses both physical and psycho-social health issues. The messages therein are evidence-based, readable and practicable. To ensure accessibility, the materials are presented in different formats (print, audio-visual) and disseminated through various channels (interview, workshop, hotline, printed materials, internet, social media, etc.).

In addition to its continual efforts in staff capacity building through professional training and development, the FHS has also contributed to the training and development of primary health workforce in Hong Kong, in the area of child and woman health. Since 2004, a 3 to 6-month rotation to the MCHCs has become a mandatory requirement for trainees of the Hong Kong College of Paediatricians. The FHS has also taken on the training of community gynaecologists, as needs arise. Further, there is ongoing collaboration with tertiary institutions in the training of professionals working with families and children such as pre-primary education workers and psychologists.

As services required by clients are likely to span across different levels (primary, secondary and tertiary) and sectors (health, social and education), the FHS has been working in close liaison or collaboration with other relevant health and non-health services providers to ensure the smooth and effective delivery of various health programmes (e.g. working with the visiting Paediatric and Psychiatric teams of HA and social service centres in delivering the Comprehensive Child Development Service) and for professional exchanges and development, with the ultimate aim of improving the health of the target population.

The effective execution of these functions has been facilitated by a re-organisation of the FHS into a "Service" division, responsible for the delivery of services at the MCHCs and WHCs; a "Public Health" division, responsible for programme research and development, production of informational and educational materials, and training; and an "Administrative" division which supports the operations of the other two.

For the maintenance and continuous improvement of service quality, a comprehensive clinical governance framework¹ has been put in place to guide the systematic review and improvement of the various professional and administrative issues of the FHS. The framework covers the 5 aspects of: (i) developing an appropriate infrastructure including facilities, technologies and staff training & development; (ii) inculcating a culture that embraces good leadership, teamwork, partnership with clients and other service providers, education and research, as well

CHALLENGES & WAY FORWARD

as being participative and open; (iii) using quality methods such as developing evidence-based programmes / clinical protocols, and the spread of good practices, etc., to achieve professional excellence; (iv) enabling effective performance management of staff; and (v) ensuring proactive risk management.

The transformation could not have been made a reality in the short space of a decade or so without the professionalism, dedication and hard work of all frontline staff and team leaders. Most have stayed optimistic and remained steadfast despite the various challenges and setbacks, especially amidst the considerable resource constraints coupled with massive surge in caseloads in the past few years.

Looking ahead, challenges to the health system will be formidable as Hong Kong faces rapid aging of its population with escalating burdens of non-communicable diseases, among others. Recent research in the developmental origins of health and diseases, early brain development and the social determinants of health has provided compelling evidence that optimal maternal and child health lays a solid foundation for the health of the future population. A strong and progressive FHS with ongoing development of scientifically robust programmes delivered with high quality will have a real prospect of contributing to alleviating the future burden of chronic diseases. To keep the transformed FHS alive and command the team to meet these challenges, a strong leadership, with professional (public health and child / woman health) and managerial competences and the appropriate characters, is crucial to steer the future course of the FHS and work hand-in-hand with a team of highly competent and fully committed frontline professional staff. Above all, the implementation of family-friendly policies with pertinent investment by an insightful Government is paramount.



Dr LEUNG Sze-lee, Shirley
Assistant Director
(Family & Elderly Health Services)
Department of Health

1. Donaldson L (2000) Clinical governance: a quality concept. In: van Zwanenberg T & Harrison J (eds) Clinical Governance in Primary Care. Radcliffe Medical Press Ltd.

Heads of Family Health Service, Department of Health

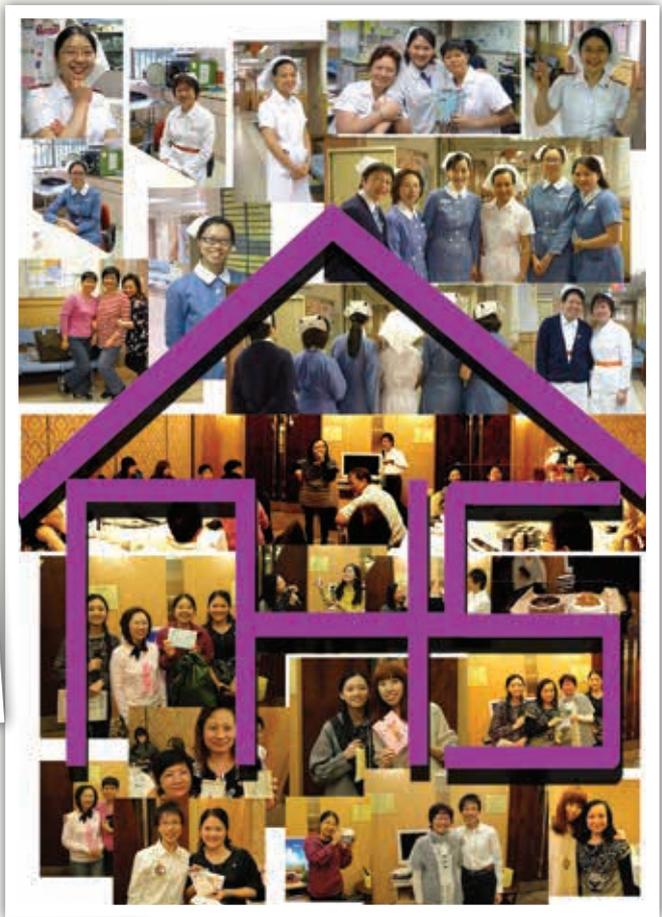
Tenure of Office	Name
1954 – 1959	Dr C.K. NG
1960 – 1961	Dr S. Y. CHENG
1962 – 1965	Dr Sylvia CHUI
1966 – 1971	Dr May WEI
1972 – 1984	Dr Betty EO-YANG
1985 – 1989	Dr Pansy LAI
1990 - Oct 1993	Dr TSE Lai-yin
Nov 1993 – May 1994	Dr TANG Sheung-fee
Jun 1994 – Aug 1995	Dr LAI Kit-lim, Cindy
Sep 1995 – Dec 1995	Dr TANG Sheung-fee
Jan 1996 – Jul 1997	Dr TAM Lai-fan, Gloria
Aug 1997 – Mar 1998	Dr LAI Kit-lim, Cindy
Apr 1998 – Jul 1999	Dr YAU Kit-ye
Aug 1999 – Jan 2011	Dr LEUNG Sze-lee, Shirley
Feb 2011 – Oct 2011	Dr SO Pui-sheung, Kellie
Nov 2011 – Sep 2012	Dr WONG Wang, Christine
Oct 2012 - Present	Dr HO Ka-wai, Rita

OUR FAMILY

Our Teams 我們的團隊



North Kwai Chung MCHC
北葵涌母嬰健康院



West Kowloon MCHC
西九龍母嬰健康院



OUR FAMILY



Lam Tin MCHC
藍田母嬰健康院



Lek Yuen MCHC
瀝源母嬰健康院



Ma On Shan MCHC
馬鞍山母嬰健康院

OUR FAMILY



Tang Chi Ngong MCHC
鄧志昂母嬰健康院



Tsing Yi MCHC
青衣母嬰健康院



Tung Chung MCHC
東涌母嬰健康院



Tseung Kwan O Po Ning Road MCHC
將軍澳寶寧路母嬰健康院



Yan Oi MCHC
仁愛母嬰健康院

OUR FAMILY



Yau Ma Tei MCHC
油麻地母嬰健康院



Madam Yung Fung Shee MCHC
元朗容鳳書母嬰健康院



Maurine Grantham MCHC
葛量洪夫人母嬰健康院



Lam Tin WHC
藍田婦女健康中心

OUR FAMILY



Steering Committee on Continuous Quality Improvement
持續改善服務質素督導委員會



FHS Head Office
家庭健康服務總部

60th Anniversary of Family Health Service
家庭健康服務 60 周年



70th Anniversary of Family Health Service
家庭健康服務 70 周年



OUR FAMILY

75th Anniversary of Family Health Service 家庭健康服務 75 周年





Family Health Service

Website:

www.fhs.gov.hk

24-hour Information Hotline:

2112 9900

Breastfeeding Hotline:

2961 8868

