

Department of Health
Family Health Service
60th Anniversary

香港政府衛生署家庭健康服務部
六十週年紀念



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1932—1992



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Mission Statement of the Department of Health

The Department of Health is the Government's health adviser and agency to execute health care policies and statutory functions.

It safeguards the health of the community through promotive, preventive, curative and rehabilitative services.

Objective of the Family Health Service

The Family Health Service is responsible for maintaining and promoting the health of two vulnerable groups of the population, namely, women of child-bearing age and children from birth to five years of age.

Preface 前言

The Family Health Service has stepped into its sixtieth year of providing services to the public of Hong Kong, in particular, women and young children. Looking back in 1932, the Service was started with the opening of the first Infant Welfare Centre in Wan Chai in view of the high infant mortality rate at that time. Since then, it has grown tremendously with 46 Maternal and Child Health Centres and over 600 staff at present. At the same time, the Service is well accepted and utilized by the public. At its sixtieth anniversary, this special issue is published to commemorate the achievements of the Service and to give due recognition to all who have made valuable contributions to the Service.

Over the decades, the Service has played a prominent role in promoting personal health and has made significant contributions in the lowering of maternal mortality rate and infant mortality rate. These achievements owe much to the control of major childhood infectious diseases through comprehensive immunization programme, and the promotion of physical and mental health of children through health educational activities, medical examinations and developmental screening tests. Much efforts are also devoted to safeguard the health of women through antenatal, postnatal and family planning services.

I take this opportunity to express my gratitude towards the various Government departments, academic institutions, voluntary agencies, World Health Organization and non-governmental organizations which have given much support towards the Service. Credit must also be given to our staff for their dedication, devotion and loyalty to the Service.

In the future, the Service will be facing a lot of new challenges. Yet it is certain that they will be met with the same degree of dedication, care, concern and professionalism. High quality service provided to the community will continue to grow and be strengthened in the years ahead.



Dr. Shiu-hung Lee, ISO, JP
Director of Health

Messages 賀詞

It is with great pleasure that I send you my best wishes on the occasion of the 60th Anniversary of the Family Health Service, Department of Health.

Over the past six decades, the Family Health Service has achieved a remarkable success in promoting the health of mothers and children in Hong Kong. The impressive drop in the Infant Mortality Rate and Maternal Mortality Rate speak for themselves of your efforts.

Once again, I extend to you my congratulations on your tremendous accomplishments over the last 60 years. I am confident that this service will continue into the 21st century with the same degree of dedication, care and commitment, in the promotion of health of your mothers and children.

I wish you all the very best for the future, knowing you are achieving so much for the future of others.



S.T. Han, MD, Ph.D.
Regional Director,
Region for the Western Pacific
World Health Organization

Messages 賀詞

The Family Health Service is central to our endeavours in achieving Health for All in our community.

Through a comprehensive programme of promotive and preventive activities, the Service has contributed significantly to improving the general health of our public. Hong Kong can be justly proud of our health statistics.

In congratulating the Family Health Service on its 60th Anniversary, I commend our colleagues concerned for their dedication and good work. We also look forward to greater achievements still through the Service.



Mrs Elizabeth Wong, ISO, JP
Secretary for Health and Welfare

Messages 賀詞

The Family Health Service of the Department of Health of Hong Kong Government celebrates its 60th Anniversary this year. I write to congratulate Dr. S.H. Lee, the Director of Health, Dr. Tse Lai Yin, P.M.O. of the Family Health Service, and the staff of the Service on this happy occasion and to pay my tribute to the Service and its past and present staff for what they have achieved.

Hong Kong is well known internationally for its low maternal, perinatal, neonatal and infant mortality. In the last two decades, it is almost unknown for Hong Kong children or infant to die of infection or communicable disease. All our maternal and child health indices are comparable to that of the developed countries. The Family Health Service has played a major role in our community attaining this high standard of maternal and child health.

Although the Service only joined other institutions in promoting and providing family planning service in Hong Kong in recent years, it is, at present, the main provider for family planning service for married women in Hong Kong. The Service's health education messages has become household words.

To achieve all these was no easy task. In the past 20 years I have worked with four successive Heads of the service, i.e. Dr. M. Wei, Dr. B. Au Yeung, Dr. Pansy Lai and Dr. Tse Lai Yin. Under the leadership of Dr. S.H. Lee, they all had the vision of health for all Hong Kong women and children. They would overcome any obstacle that prevented them from reaching the goal and were flexible in their attitude. The Service was quick to respond to the needs of our society. It is no accident that the Family Health Service has such an excellent track record.

I have no doubt that it will go from strength to strength in the next 60 years and that Hong Kong family will enjoy good health in the years to come.



Professor H.K. MA
O.B.E.; M.B., B.S.; F.R.C.O.G.; J.P.
Department of Obstetrics & Gynaecology
University of Hong Kong

Messages 賀詞

On the occasion of the 60th Anniversary of the Family Health Service, I wish to extend my heartiest congratulations to the Director of Health and his staff, in particular the Principal Medical Officer and the staff of the Family Health Service for their achievements and contributions in maintaining the good health of our children and women of child-bearing age.

In the past few decades I have witnessed continuing expansion of services for young children in areas of immunisation, screening of physical, biochemical and developmental abnormalities, health care and health education. The success of the services is reflected in the standard of health of our children, which is among the highest in the world. To maintain this, the Family Health Service must continue to provide the wide range of promotive and preventive health services free of charge and readily available to the public.

I extend my best wishes to the staff for their outstanding work and to the Service for continued success in the years ahead.



Dr. N.K. Leung
Consultant Paediatrician
Department of Paediatrics
Princess Margaret Hospital

Messages

賀詞

I like to join many others to add a voice to congratulate the Family Health Service on its 60th anniversary celebration. This is a major occasion and all the staff of the Family Health Service should be proud of the achievements they have made over the past few decades. Significant reduction in maternal and infant mortality rates are two of the most astounding examples. This most enviable achievement is unmatched by our neighbouring countries. Such extent of reduction in mortality was neither attained by many leading industrialised countries of the world including the United States of America and the United Kingdom, the mother-governing country of Hong Kong.

The wisdom of introducing a universal immunization programme for young infants and the idea of starting maternal and child health (MCH) centres all over the territory are commendable. The immediate post-war period had invited not only an influx of new immigrants and refugees from China but also a flood of all kinds of diseases including many highly lethal infectious diseases to the territory. However, the immunization and MCH programmes have helped to prevent many fatalities. The hard work of all the health professionals contributing to these programmes have paid off. Hong Kong has attained among the top position in South East Asia in most health indices, including infant mortality, perinatal mortality, under 5 mortality etc.; she only comes next to Japan in Asia.

As teachers of Paediatrics, the staff of my department have watched with admiration the good work and achievements your service has offered to our community. I am also indebted to the former principal medical officer and the current consultant in-charge of the programme for allowing me to implement a programme of teaching medical students in the MCH. It is my strong conviction that our medical students should be exposed to more "non-hospital-paediatric education". They should receive more teaching on child health. The MCH setting is apparently an appropriate place to provide the forum for this format of paediatric education. I am grateful to the senior staff of the Family Health service (formerly MCH services) for not only allowing us to teach in the MCH but also personally involved in the actual teaching themselves. This programme has enhanced the perspective and understanding of child health issues for medical students; it also helps many senior colleagues of my department to focus more on the community child health needs.

It is my heart felt desire that the Family Health Service could continue to collaborate and promote the various child health issues of mutual interests with our department. Afterall, hospital paediatric facilities and community health services are integral and inseparable components of a comprehensive child health service. I hope that your service will grow from strength to strength to sustain the legendary national pride of attaining the best child health indices for Hong Kong for a long time to come.



Professor C.Y. Yeung
Department of Paediatrics
University of Hong Kong

Messages

賀詞

I would like to take this opportunity to congratulate the Family Health Service for its good works and positive impacts to the Hong Kong society throughout these years. As doctors, we know too well the importance of disease prevention and early detection. Your work has not only promote good general health to the population, minimize the suffering of patients but also significantly reduce the resources that need to be spent in the curative medicine.

The maternal health service in our area has provided pregnant women with an excellent such as ours service. This greatly helped to relieve the pressure from obstetrics referral centres so that resources and efforts can be channel to high risk patients. The considerable improvement and expansion of services in these years has definitely benefitted more and more people in our area of Hong Kong. I, myself, and other colleagues in the Department are most happy to work with the dedicated health workers in the Family Health Service to make Hong Kong a better place to live.

With best regards.

Professor Allan Chang
Department of Obstetrics & Gynaecology
The Chinese University of Hong Kong

From the Thirties to the Eighties 三十年代至八十年代大事回顧

THIRTIES 三十年代

In the early thirties, when Hong Kong was still under developed, the infant mortality was so high that only about half of the babies born survived their 1st year of life. For this reason, on the 25th



April 1932, the Hong Kong Government established the first **Infant Welfare Centre** on a rented shop space in Wanchai. In the first year, there were 767 infants under supervision. A large number of the infants seen were found to suffer from malnutrition and digestive disturbance in addition to the diseases for which they came.

1934

The government Infant Welfare Centre was a great success and its popularity increased immensely. The rented accommodation was too small for the large volume of work being done. The second infant welfare centre, **Kowloon Government Infant Welfare Centre**, started operation in June at 225, Nathan Road Kowloon.

Careful instruction on proper infant feeding was emphasized. A **distribution of nutritional congee** to poor nursing mothers and under-nourished older babies was started that year in the centres. This was a great boon for the poor people to come to the centres, and did much to improve the health of the mothers and babies.

Home visits were initiated by the nursing staff.



Baby weighing 嬰兒磅重

在三十年代初期，香港的社會仍處於有待發展的階段，當時出生的嬰兒，只有大約半數能活過週歲。香港政府有見及此，於1932年4月25日，在灣仔租用了一間舖位，成立第一間嬰兒福利中心。在首年內，參與的嬰兒有767人，而他們絕大部份都是為求診治各種疾病及營養欠佳，腸胃不適的問題而來的。

Wanchai in the Thirties—site of the 1st Infant Welfare Centre
三十年代的灣仔——第一間嬰兒福利中心所在地



Baby Bath 嬰兒沐浴

嬰兒福利中心的服務日漸受歡迎，政府於6月在尖沙咀彌敦道開設第二間福利中心，名為九龍嬰兒福利中心。中心的工作，主要是教導母親餵哺嬰兒之正確方法，此外亦為哺乳的母親及營養不良的幼兒供應營養粥，於是改善了不少幼兒的健康問題，亦大大增加了到診的人數。

護士亦在同年開始了她們的家庭探訪活動。



Distribution of Nutritional Congee 派發營養粥

From the Thirties to the Eighties 三十年代至八十年代大事回顧

1935

The **Violet Peel Health Centre** opened to rehouse the original infant welfare centre in Wanchai.

Incorrect feeding and its consequences continued to pose a difficult problem. Morning talks were carried out for some months, but more time was devoted to individual instruction with emphasis on **proper infant feeding**.

貝夫人健康院建成後，代替了最初在灣仔成立的福利中心。這時，不正確的嬰兒餵哺方法仍然是個嚴重的問題，醫護人員除了舉辦講座之外，大部份的時間都是致力於個別輔導工作。

1936

The Hong Kong Eugenics League, the Predecessor of the Family Planning Association of Hong Kong, held weekly sessions after office hours at the Violet Peel Health Centre, to give mothers advice on spacing and limiting their children.

香港優生學會，即香港家庭計劃指導會的前身，開始在貝夫人健康院展開他們的宣傳及教導服務。

1937

As cow's milk was too expensive for the average family, **soya milk** was prepared, and given as a supplement to nursing mothers and infants at the centres.

因為當時牛奶價錢相當昂貴，非一般市民經濟能力可負擔，醫護人員便將適當的營養素加入豆漿內，分派幼兒及授乳的母親，以補充營養。

1938

An epidemic of smallpox led to a legislation which stated that **smallpox vaccination** was required before birth certificates could be issued. This vaccination certificate has thus been deeply ingrained in the minds of people.

當年的天花疫症導致政府要立例規定嬰兒必須先接種牛痘方可領取出生證明書，從此這張“痘紙”就在一般市民心目中佔有一個重要的地位。

1939

A third infant welfare centre was opened in Western Victoria.

The average age of infants during their first visit to the centres was eight months in 1938. This had decreased to three months in 1939, suggesting that mothers had more confidence in the work of the staff at the welfare centres.

第三間嬰兒福利中心於是年在港島西區設立。以前首次到中心的嬰兒平均年齡是八個月，但時至1939年，年齡已下降至三個月，反映出中心的服務已獲得市民的信心及支持。

From the Thirties to the Eighties 三十年代至八十年代大事回顧

THE FORTIES 四十年代

The service was suspended during the war period of 1941-1945.

由於戰爭的關係，中心一切服務在1941-1945年暫告中斷。

1946

The three infant welfare centres resumed operation after the war.

Seven maternity homes and six domiciliary centres were opened this year in different areas of Hong Kong.

It was found that there was generally a poor status of health among children and their mothers. The government deemed it necessary to introduce **maternal health care** programmes into the existing Infant Welfare Centres. The centres, from then on, were called **Maternal and Child Health Centres**.



Domiciliary midwifery service 外出接生服務

三間嬰兒福利中心恢復投入服務，是年，香港政府在各區設立了七間政府留產所及六個外出接生服務站。

當時一般市民的健康欠佳，尤以兒童及婦女為甚。政府於是在幼兒福利中心推行孕婦健康服務，這些中心便改稱母嬰健康院。

THE FIFTIES 五十年代

In the early fifties, the rapid rise in population led to problems in housing, water supply and sanitation. Infectious diseases became the major causes of morbidity and mortality.

Attendance at the Maternal & Child Health Centres was growing rapidly, exceeding the service capacity of the centres.

1950

Three small **subsidiary centres** under the charge of health nurses were opened in Shaukeiwan, Stanley and Aberdeen.

健康院的服務，供不應求，三間附屬健康院分別在筲箕灣，赤柱及香港仔設立，以健康教育為主要任務。

1952

There were vigorous drives to encourage earlier antenatal care. **Postnatal clinic** was started on an organised basis.

健康院積極推廣服務，尤其是呼籲孕婦盡早接受檢查。產後服務亦於是年開始。

From the Thirties to the Eighties 三十年代至八十年代大事回顧

1954

New centres with maternity homes were opened one after another to meet the increasing demand.

UNICEF offered valuable assistance by providing the necessary equipments for new centres.

The **WHO** provided a Maternal & Child Health team to assist in the development of the service.

Training course for health visitors was started.

Immunization Programme was organised.



DPT Injection 百白破疫苗注射

新建的健康院及留產所陸續投入服務。聯合國兒童基金會開始給予物資上的援助。世界衛生組織亦提供母嬰健康發展計劃，並開辦第一屆衛生護士訓練課程。各項免疫計劃開始推行。



BCG Vaccination 卡介苗注射

1957

The **toddler clinic** for pre-school children between two and five years old was established.

嬰兒健康指導服務擴展至五歲之幼兒。

1958

The increased number of health visitors made it possible to organise a **home visiting system**.

With the increasing ability of the average family to afford adequate nutrition, the free congee sessions were discontinued.



護士人數漸多，本部開始進行有系統的家庭探訪。

由於經濟情況的改善，營養不良已不再成為問題，健康院亦於是年停止派發營養粥。

Home Visit 家庭探訪

1959

Routine chest X-rays were done for pregnant mothers, and many cases of active tuberculosis were picked up and referred for treatment.

為孕婦進行例行的肺X光檢查，其間發現不少活躍性的肺結核病。

From the Thirties to the Eighties 三十年代至八十年代大事回顧

THE SIXTIES 六十年代

This is the period of rapid development in Hong Kong, both socially and economically. The immunization programme was expanded and implemented with full force. The public became more aware of the value of disease prevention. This was reflected in the rising clinic attendance and the falling Infant & Maternal Mortality Rates.

這段時期香港的經濟迅速增長，環境日漸進步。免疫計劃被全力推行，市民亦覺察到預防疾病的重要，參與計劃之人數直線上升，而嬰兒及產婦死亡率亦顯著地下降。



Pregnant women well aware of the need for regular antenatal check up
孕婦察覺到定期產前檢查的重要性



Oral Poliomyelitis vaccine administered via a sugar cube
服食預防小兒麻痺劑



Health education in the early sixties using simple picture and illustration
六十年代初期的健康教育講座



A healthy baby enjoying the attention of our health staff during a visit
健康的嬰兒正接受服務



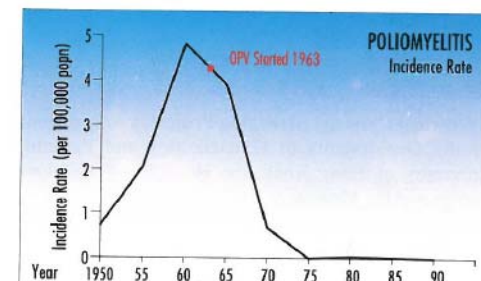
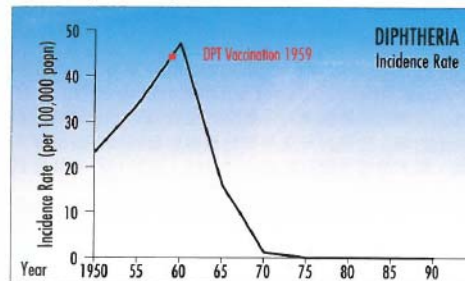
Family planning service in MCH centre in the sixties
六十年代的家庭計劃服務

From the Thirties to the Eighties 三十年代至八十年代大事回顧

THE SEVENTIES 七十年代

The health status of our population had improved tremendously. Infectious diseases were well under control. The Maternal and Child Health Service began to take up a new role of health promotion with emphasis on **Family Planning and early detection of abnormalities.**

香港市民的健康到七十年代已大大改善，傳染病更受到全面的控制，健康院開始在預防疾病方面扮演一個新的角色。



1971

Screening test for sight, hearing and speech were started at all full-time MCH centres in July.

是年七月健康科護士開始為兒童進行視覺及聽覺的檢查，及觀察他們的語言發展。

1974

Family Planning Clinics operated by the Family Planning Association of Hong Kong (FPA) in government premises were integrated into the Maternal & Child Health Service. The service became formally known as the **Family Health Service (FHS).**

家庭計劃指導被納入服務範圍，母嬰健康服務部從此便改稱為家庭健康服務部。

1976

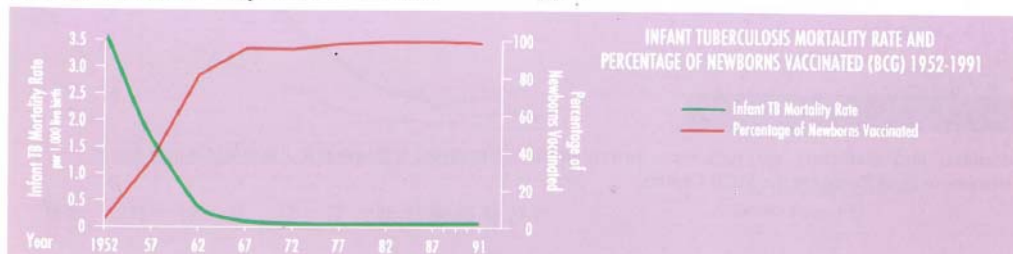
With the decreased prevalence of tuberculosis, routine chest X-ray of pregnant women was no longer required.

由於肺結核病的人數逐漸下降，肺X光已不再是孕婦的例行檢查項目。

1978

Comprehensive Observation Scheme was introduced for the early detection of developmental abnormalities.

綜合觀察服務開始，旨在盡早發現幼兒於成長中存在的異常情況。



From the Thirties to the Eighties 三十年代至八十年代大事回顧

THE EIGHTIES 八十年代

This was a decade when various **screening services** were introduced.

With the changing socio-economic condition in the past years, there was an increasing number of working women and a declining breast feeding rate. Breast feeding promotion became a priority issue of the service.

1980

A **Cervical Cytology Screening Project**, jointly organized by the Departments of Gynaecology and Pathology, University of Hong Kong, the Hong Kong Anti-cancer Society and the Medical & Health Department, was offered to women aged 30 or above at 3 centres, the Aberdeen, Yaumatei and Tang Chi Ngong MCH Centres. The Service became available also at the Maurine Grantham MCH Centre in 1988.

進入八十年代，其他各種篩選服務，陸續開始推行。由於投身社會工作的婦女漸多，餵哺母乳的人數逐漸下降。母乳的優點亦漸為人忽略，推廣母乳餵哺成爲一個主要的工作方針。

在香港大學婦產科及病理科，香港防癌會協助下，一項爲30歲或以上的婦女提供的子宮頸細胞檢驗服務開始在香港仔，油麻地，鄧志昂等三間母嬰健康院推行，並於1988年伸展到葛量洪夫人健康院。

1982

A **Health Education Unit** was set up to extend health education to expectant mothers at major government hospitals, with emphasis on the promotion of breast feeding. Postnatal wards in government hospitals were visited regularly, and a hot line for breast feeding was set up.

With a high incidence of G-6-P-D deficiency in the local male population (4%), **screening for G-6-P-D deficiency** was carried out routinely on all male babies in 1982. This screening programme was further expanded to include all newborns in 1986.

健康教育組成立，健康教育擴展到各大醫院。護士到產後病房作經常性的探訪，鼓勵及指導母乳餵哺，並設熱線電話，方便市民詢問。

由於本地男性有頗高的先天性六磷酸葡萄糖去氫酶缺乏症(4%)，一項提供予新生男嬰的篩選服務於是年在所有政府醫院及留產所提供，86年更擴展至全部新生男嬰。

1984

Neonatal screening for congenital hypothyroidism was started.

Serologic Test for Rubella antibody, and **Rubella Vaccination** were offered to all women of child-bearing age at MCH centres.

先天性甲狀腺功能不足的篩選計劃亦於1984年開始。所有生育年齡的婦女開始接受德國麻疹免疫能力檢查及預防疫苗注射服務。

1985

Antenatal and maternity services were provided to **Vietnamese Boat People** at the MCH Centres.

多間健康院更爲越南船民／難民提供產前檢查服務。

From the Thirties to the Eighties 三十年代至八十年代大事回顧

1987

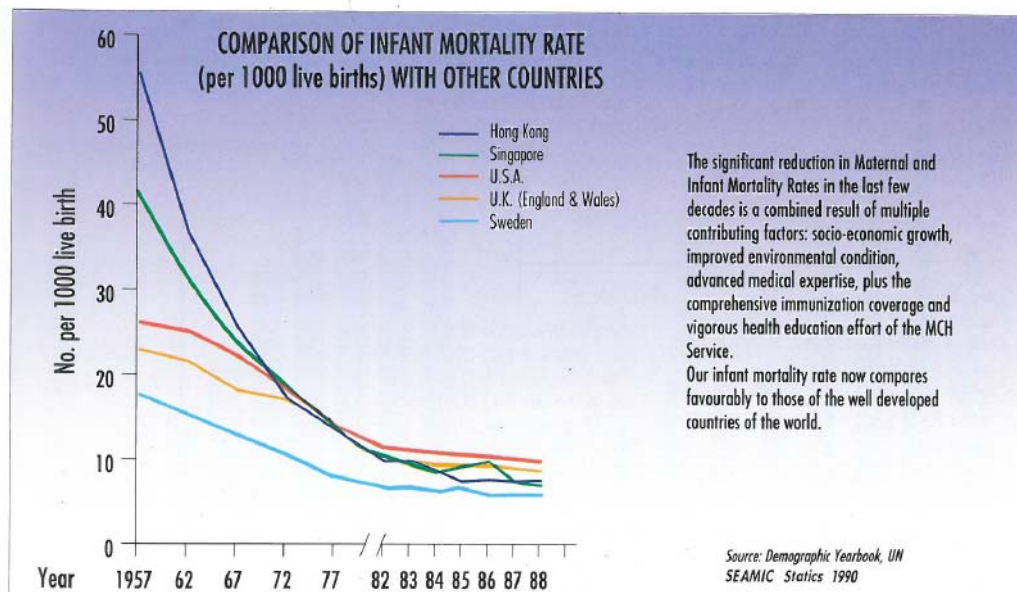
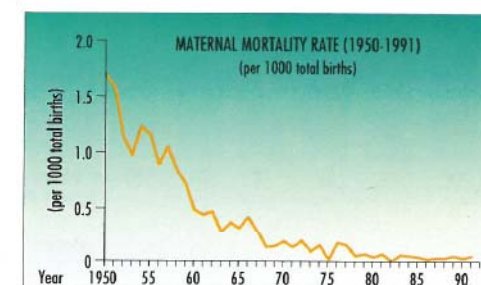
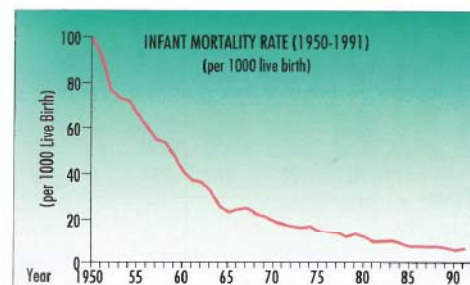
Oral administration of **Vitamin K1** was started for all newborns in the government maternity homes for the prevention of hemorrhagic disease of the newborn.

爲了防止新生嬰兒溢血症，所有政府醫院及留產院的新生嬰兒在出生後均接受口服維他命K1劑。

1988

A **Hepatitis B Unit** was set up to co-ordinate the hepatitis B Vaccination Programme for all newborn babies in the MCH Centre, hospital maternity units, and the Hepatitis B Vaccination Clinics.

本部成立一個乙型肝炎小組，以配合各母嬰健康院，醫院產房和乙型肝炎診所，推行乙型肝炎免疫計劃之工作。



Present Service 現今的服務

THE NINETIES 九十年代

The Service to-day consists of three main areas:-

I Child Health

II Maternal Health

III Family Planning

It operates through 46 Maternal and Child Health Centres and 9 Maternity Homes, under the direct supervision of a Principal Medical & Health Officer, who in turn is accountable to the Director of Health. All services are free, except a registration fee of \$1 per visit is charged for Family Planning Clinic.

今日的家庭健康服務，透過46間母嬰健康院，9間留產所，為市民提供以下三項主要的服務：

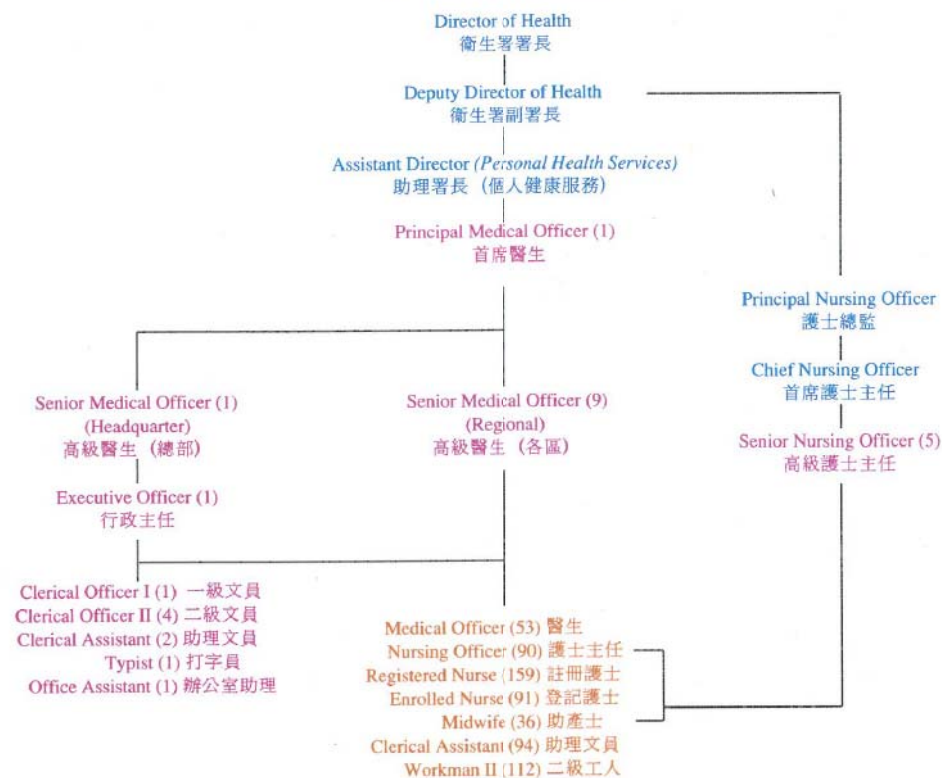
I 幼兒健康

II 產婦健康

III 家庭計劃

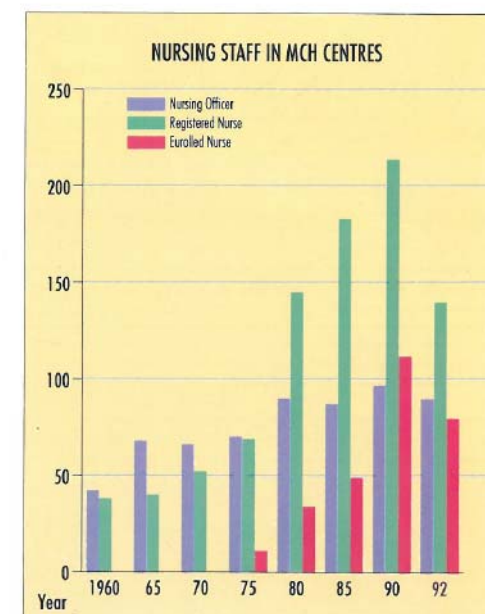
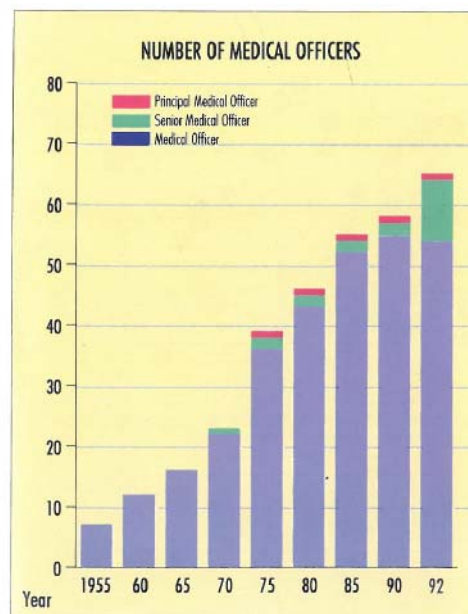
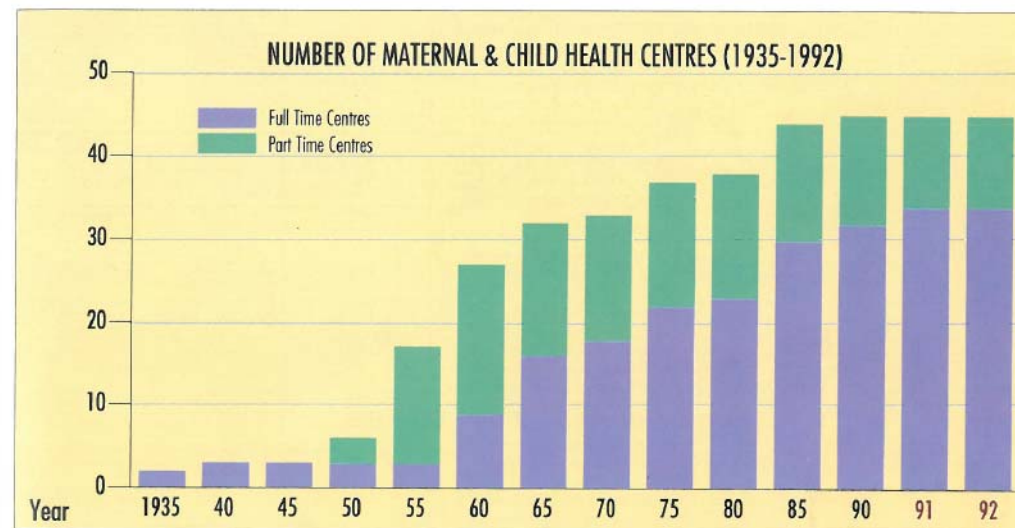
除家庭計劃診所每次收取登記費一元之外，其他一切服務皆免費。

Organisation of the Family Health Service 家庭健康服務部組織架構

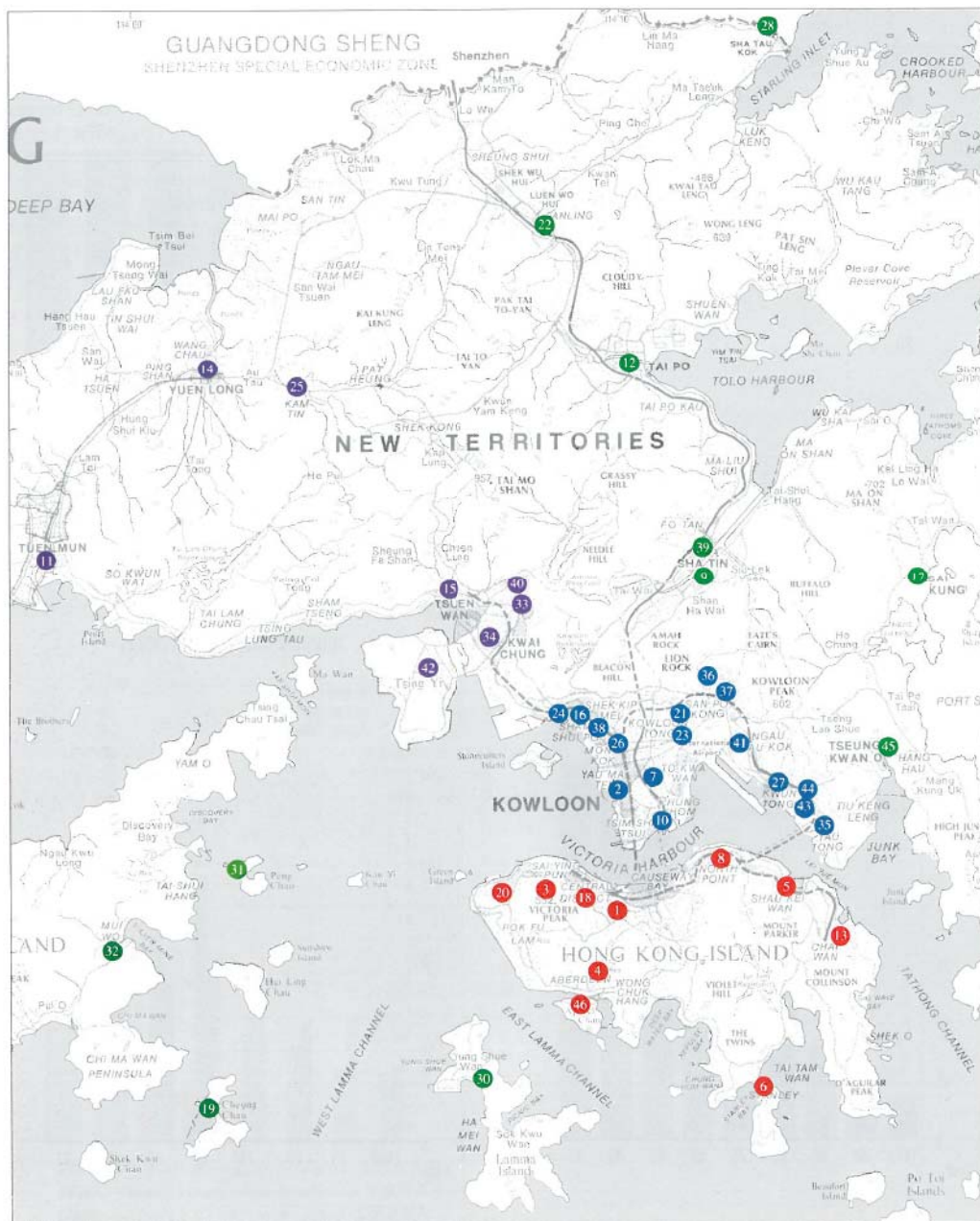


At Department of Health Headquarter 衛生署總部
At Family Health Service Headquarter 家庭健康服務部總部
At Maternal & Child Health Centres 母嬰健康院

Present Service 現今的服務



Present Service 現今的服務



Remark: 29 Tai O MCH Centre not shown on map.

Present Service 現今的服務

Name of Centre	Service Started	Remarks
1 Tang Chi Ngong	1932	Started as Wan Chai Infant Welfare Centre in 1932 Moved to Violet Peel Health Centre in 1935 Moved to Harcourt Health Centre in 1946 Moved to Tang Siu Kin MCH Centre in 1969 Moved to present site in 1979
2 Yaumatei	1934	Known as Kowloon Infant Welfare Centre in 1934 Moved to Tsim Sha Tsui Clinic in 1940 Moved to present site in 1974
3 Western	1939	Moved to present site in 1974
4 Aberdeen	1950	Moved to present site in 1960
5 Shaukeiwan	1950	Moved to Shaukeiwan Jockey Club Clinic in 1964 Moved to present site in 1989
6 Stanley	1950	
7 Lions Club	1952	Started as Kowloon City Clinic in 1952 Moved to present site in 1964
8 Anne Black	1952	Started as North Point Kai Fong Association in 1952 Moved to present site in 1962
9 Shatin	1953	Moved to present site in 1965
10 Hung Hom	1953	Moved to present site in 1959
11 Yan Oi	1953	Started as San Hui Clinic in 1953 Moved to Castle Peak MCH Centre in 1968 Moved to Tuen Mun MCH Centre in 1974 Moved to present site in 1982
12 Wong Siu-Ching	1953	Started as Tai Po MCHC in 1953 Moved to present site in 1985
13 Chaiwan	1953	Moved to Chaiwan Health Centre in 1968 Moved to present site in 1991
14 Yuen Long	1953	Moved to Yuen Long Jockey Club Clinic in 1966 Moved to present site in 1990
15 Maurine Grantham	1954	Moved to Yan Chai Hospital in 1983 Moved to present site in 1990
16 Shekkipmei	1957	
17 Mona Fong	1957	Started as Sai Kung MCH Centre in 1957 Moved to present site in 1988
18 Central	1958	
19 Cheung Chau	1959	Started in St John Hospital in 1959 Moved to present site in 1973
20 Kennedy Town	1960	
21 Robert Black	1960	Started as Wong Tai Sin Clinic in 1960 Moved to present site in 1963
22 Fanling	1961	Started as Shek Wu Hui MCH Centre in 1961 Moved to present site in 1981
23 Wang Tau Hom	1963	
24 Cheung Sha Wan	1963	Started as Li Cheng Uk MCH Centre in 1963 Moved to present site in 1966
25 Kam Tin	1963	
26 Li Po Chun	1964	
27 Kwun Tong	1964	
28 Shataukok	1966	Moved to present site in 1970
29 Tai O	1971	
30 Lamna	1971	
31 Peng Chau	1971	
32 Mui Wo	1971	Started as Silver Mine Bay MCH Centre in 1971 Moved to present site in 1991
33 North Kwai Chung	1971	
34 South Kwai Chung	1972	
35 Yau Tong	1973	
36 Wu York Yu	1974	
37 East Kowloon	1977	
38 Nam Shan	1981	
39 Lek Yuen	1981	
40 Mrs Wu York Yu	1982	
41 Ngau Tau Kok	1982	
42 Tsing Yi	1982	
43 Yung Fung Shee	1984	
44 Lam Tin	1987	
45 Tseung Kwan O	1991	
46 Apleichau	1992	

Present Service 現今的服務

CHILD HEALTH SERVICE 幼兒健康服務

The child health service provides a comprehensive range of preventive and promotive health services for children from birth to five years of age.

幼兒健康服務為初生至五歲的兒童提供廣泛的預防性健康服務。

(1) Monitoring of growth parameters
跟進兒童各項生長的指標



(2) Individual counselling on child care
在幼兒料理方面給家長個別輔導



(3) Routine physical examination at first visit, 2 years and 5 years of age.
為兒童作定期性的身體檢查



(4) Health education on various topics in the form of health talks, slide and video shows
以各種不同的形式推廣健康教育



Present Service 現今的服務

(5) Baby bath demonstration and umbilicus treatment
嬰兒沐浴及 帶護理



(6) Prevention of infectious disease by immunization
推行免疫計劃以預防傳染病



Present Service 現今的服務

Programme of Immunisation 免疫注射表

AGE 年歲	IMMUNISATION RECOMMENDED 應接受之各種防疫注射
New Born 初生	B.C.G. 卡介苗 Polio Type I 第一型小兒癱瘓劑 Hepatitis B Vaccine-First Dose 乙型肝炎疫苗——第一次
1 month 一月	Hepatitis B Vaccine-Second Dose 乙型肝炎疫苗——第二次
2-4 months 二至四月	Triple Vaccine (Diphtheria, Tetanus & Whooping Cough)-First Dose 混合針 (白喉, 破傷風, 百日咳) ——第一次 Polio Trivalent-First Dose 三型混合小兒癱瘓劑——第一次
3-5 months 三至五月	Triple Vaccine (Diphtheria, Tetanus & Whooping Cough)-Second Dose 混合針 (白喉, 破傷風, 百日咳) ——第二次 Hepatitis B Vaccine-Third Dose 乙型肝炎疫苗——第三次
4-6 months 四至六月	Triple Vaccine (Diphtheria, Tetanus & Whooping Cough)-Third Dose 混合針 (白喉, 破傷風, 百日咳) ——第三次 Polio Trivalent-Second Dose 三型混合小兒癱瘓劑——第二次
1 year 一歲	MMR Vaccine (Measles, Mumps & Rubella) 麻疹, 流行性腮腺炎及德國麻疹疫苗
1 1/2 years 歲半	Triple Vaccine (Diphtheria, Tetanus & Whooping Cough)-Booster Dose 混合針 (白喉, 破傷風, 百日咳) ——加強劑 Polio Trivalent-Booster Dose 三型混合小兒癱瘓劑——加強劑
Primary 1 小一	Combined Vaccine (Diphtheria & Tetanus)-Booster Dose 混合針 (白喉, 破傷風) ——加強劑 Polio Trivalent-Booster Dose 三型混合小兒癱瘓劑——加強劑
Primary School Children 小學生	B.C.G. (after tuberculin testing) 卡介苗 須作 (結核菌素) 試驗
Primary 6 小六	Combined Vaccine (Diphtheria & Tetanus)-Booster Dose 混合針 (白喉, 破傷風) ——加強劑 Polio Trivalent-Booster Dose 三型混合小兒癱瘓劑——加強劑
Primary 6 (Girls) 小六 (女生)	Rubella Vaccine 德國麻疹疫苗

Remarks:

BCG for all newborns from 1950.

Triple Vaccine (DPT) introduced in 1956.

Oral poliomyelitis vaccine (Trivalent OPV) given since 1963.

Type I Polio vaccine (monovalent OPV) introduced to newborns since 1966.

Anti-measles vaccine (AMV) started in 1967.

Hepatitis B Vaccination (HBV) for all newborns started from November 1988.

Mumps, Measles, Rubella Vaccine (MMR) adopted in 1990 in place of the anti measles vaccine.

Present Service 現今的服務

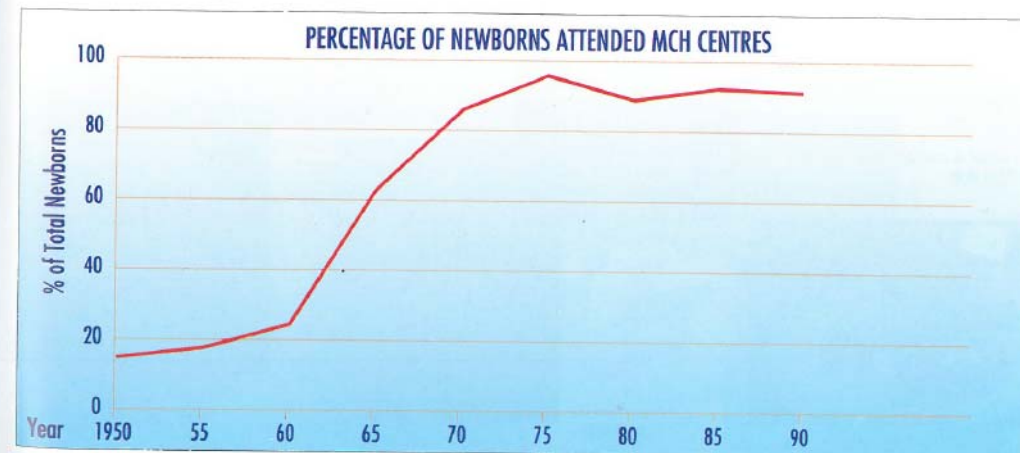
(7) Tracing of defaulters by phone calls and letters
以電話或信件追查缺席者



(8) Home visits for children with special needs
對有特別問題的個案作家庭探訪



Clients exchanging views on baby care
各家長交換育兒心得



Present Service 現今的服務

(9) *Comprehensive Observation Service* to early detect developmental abnormalities, thus to initiate early remedial treatment and increase the chance of rehabilitation. Screening tests are conducted at 3 key ages:

(9) 一項綜合觀察服務，旨在盡早察覺兒童在成長中的異常情況，從而及早治療，提高康復的機會。服務分三期進行：



at 10 weeks 十個星期



at 9 months 九個月



3 years 三年

Examination includes assessment on six aspects of development:
測驗項目包括：-

(1) gross motor 大肌肉活動



(3) vision test 視力測驗



(5) fine motor development 手眼協調活動



(2) social & adaptive development
行為適應



(4) test hearing
聽覺測驗



(6) language 語言的發展



Present Service 現今的服務

MATERNAL HEALTH SERVICE 孕婦健康服務

(1) Antenatal Service

Available to all expectant mothers as soon as pregnancy is confirmed. This includes:-

(1) 產前服務

婦女一經證實懷孕，便可以前往母嬰健康院接受產前檢查。

(1) Blood taking for Haemoglobin, blood group, VDRL, Hepatitis B and Rubella antibodies. 驗血



(2) Urine screening for sugar
& albumin 驗尿



(3) Blood pressure monitoring in each visit 量度血壓



(4) Individual counselling by health nurse
護士接見作個別輔導



(5) Examination by doctor 孕婦身體及胎兒的檢查



(6) Antenatal talks 產前講座

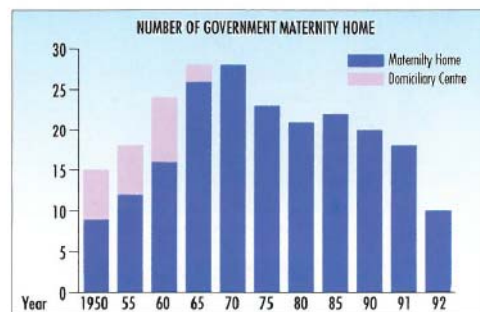
(7) Antenatal exercise classes 產前運動班



Present Service 現今的服務

2) Maternity Service

With a steady decline of birth rate in Hong Kong in recent years, a number of maternity homes have been closed down, and patients are directed to the regional hospitals for delivery. Nine maternity homes are still in operation in the New Territories and outlying islands, to attend to normal deliveries and postpartum patients from hospitals for convalescence.



(3) Postnatal Service

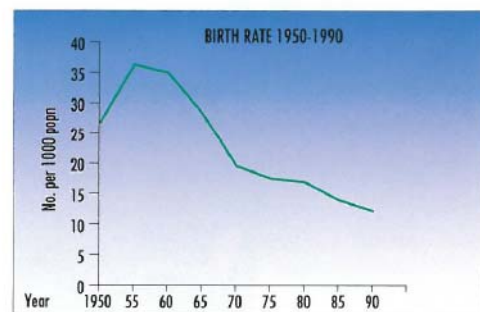
Available to all mothers after delivery, including a physical check-up at 6 weeks post-partum.



(4) Serologic test for rubella antibodies and anti-rubella vaccination for women of child-bearing age, are provided with appropriate contraception.

(2) 接生服務

由於出生率下降，市區內的孕婦可全部前往各區醫院分娩，留產所的需求逐漸減少，只有數間位於新界或離島較偏遠地方的留產所，仍然開放為該區的產婦服務。



(3) 產後服務

所有產婦在分娩後6個星期，均可在健康院接受產後檢查。



(4) 生育年齡的婦女，皆可接受德國麻疹免疫能力檢查及預防疫苗注射服務。

Present Service 現今的服務

THE FAMILY PLANNING SERVICE 家庭計劃服務

The Family Planning Service provides education and information in family planning and also:

(1) methods of contraception 避孕方法的推介



(2) annual check up 每年的例行身體檢查



(3) counselling on infertility 不育輔導



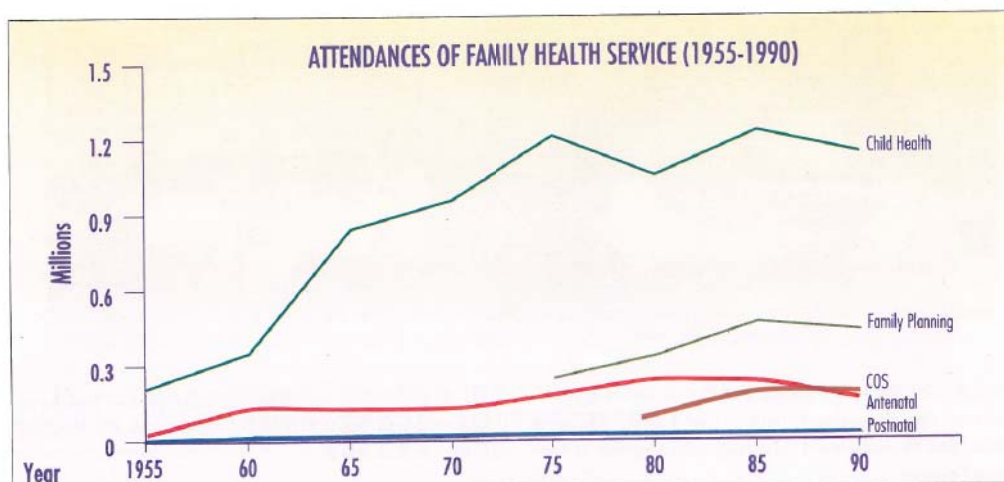
Cervical Cytology Screening Service is offered to all clients at age 30 years or over in the Family Planning Clinics, and to women not requiring contraception at four selected centres.

家庭計劃指導所提供子宮頸細胞檢驗服務給予三十歲或以上的婦女。至於毋須接受避孕指導的婦女，可在指定的四間健康院內，接受該項服務。

Present Service 現今的服務

A Typical Clinic Schedule:

SOUTH KWAI CHUNG FAMILY HEALTH SERVICE 南葵涌家庭健康服務						
DAY TIME	MONDAY 星期一	TUESDAY 星期二	WEDNESDAY 星期三	THURSDAY 星期四	FIRDAY 星期五	SATURDAY 星期六
9:00A.M. to 1:00P.M. 上午九時 至 下午一時	Child Health 兒童健康指導 Comprehensive Observation Clinic 幼兒體能 智力觀察	Antenatal (Revisit Cases) 產前檢查 (舊症) Comprehensive Observation Clinic 幼兒體能 智力觀察	Child Health 兒童健康指導 Comprehensive Observation Clinic 幼兒體能 智力觀察	Child Health 兒童健康指導 Comprehensive Observation Clinic 幼兒體能 智力觀察	Family Planning 家庭計劃指導 Comprehensive Observation Clinic (by Appointment) 幼兒體能 智力觀察 (預約)	Child Health 兒童健康指導 Comprehensive Observation Clinic 幼兒體能 智力觀察
2:00P.M. to 5:00P.M. 下午二時 至 下午五時	Family Planning 家庭計劃指導 Comprehensive Observation Clinic (by Appointment) 幼兒體能 智力觀察 (預約)	Child Health 兒童健康指導 Comprehensive Observation Clinic 幼兒體能 智力觀察	Antenatal (Revisit Cases) 產前檢查 (舊症) Family Planning 家庭計劃指導	Postnatal 產後檢查 Family Planning 家庭計劃指導	Child Health 兒童健康指導 Comprehensive Observation Clinic 幼兒體能 智力觀察	



Present Service 現今的服務

OTHER SERVICES 其他服務

Health education is extended to the antenatal clinics and postnatal wards of the regional hospitals by the Health Education Unit.

本部的健康教育組，致力將健康教育擴展到各區醫院的產前診所和產後病房。



At the Queen Elizabeth Hospital 伊利沙伯醫院



Workshops organised to allow parents to practise the various techniques of baby care.
產前實習班提供給父母一個熟習各項育兒技巧的機會



Promotion of breast feeding is the foremost objective.
推廣母乳哺育為主要任務



Telephone enquires for pregnant mothers and nursing mothers on problems associated with breast feeding.
設熱線電話為哺乳的母親解答疑難



Sending health messages through radio-broadcast.
健教的訊息，更通過電台的廣播，傳送至各家庭內

Present Service 現今的服務

The Service has been sending doctors regularly to some Social Welfare Centres to attend to the medical needs of their residents.

本部的醫生定期前往一些社會福利院舍為他們的兒童作身體檢查。



at Chuk Yuen Children Reception Centre
竹園兒童院



at Aberdeen Rehabilitation Centre
香港仔康復中心



at Po Leung Kuk 保良局

Lectures and demonstrations are given to medical students, student nurses, student midwives and student health nurses.

本部更為兩所大學之醫學生，各護士學校之護士學生，講學及示範



Present Service 現今的服務

OTHER ACTIVITIES 其他活動



A Central Management Committee meet quarterly to monitor and advise on the provision and development of health facilities in the Service, and to identify problems and recommend ways for improvement.
中央管理委員會定期舉行會議，以檢討及修訂各項政策，務求改善服務



Discussion sessions held every now and then to clarify queries and standardize practice in the whole Service.
為解決職員在工作上遇到的各種疑難而設之座談會



We have welcomed many visitors, from other departments and organizations, both local and overseas, including representatives of the WHO, UK, USA, and others.

本港海外各機構的工作人員，經常到來參觀我們的各項服務

Present Service 現今的服務

Staff Training/development

The Service is very much concerned about staff training and development as a means to upgrade service quality. Medical and nursing staff has been regularly attending international conferences, seminars, workshops & meetings, held overseas or locally, to keep themselves abreast of recent developments in the relevant medical fields, especially in Primary Health Care, Maternal and Child Health Nursing, Family Planning, Immunization, Developmental Screening, and Breast-Feeding.

Refresher Courses on relevant topics, arranged every year by the service and at times by other organisations, e.g. Hong Kong Paediatrics Society, Hong Kong Family Planning Association, are well-attended by our doctors.

Health Nursing Courses for registered nurses has been conducted regularly by the School of Public Health Nursing since 1953; and Continuing Education Programmes, organised by the School of Public Health Nursing and other health services, are available for all grades of Nursing Staff.

Language and Management Courses organised by the Civil Service Training Centres and Hospital Service Department/Hospital Authority are available to medical and nursing staff.

A six weeks in-service training programme in Obstetrics & Gynaecology at Queen Mary Hospital, five weeks in Paediatrics at Princess Margaret Hospital, and one week attachment to Child Assessment Centre are available since 1990 for our medical officers to update their knowledge in these fields.

To maintain close communication with the hospital, monthly meetings are held with the Obstetrics and

Gynaecology Unit and the Paediatrics Unit in Princess Margaret Hospital since 1991. Similar meeting with the Obstetrics & Gynaecology Unit, Queen Elizabeth Hospital, started in July 1992.

Staff who are keen for further development are encouraged and sponsored by the Department, or the World Health Organisation, to attend different post-graduate degree courses.

For Medical Officers:

- Master of public Health (Nutrition) in University of California
- Master of Science (Public Health) in Singapore
- Master of Science (Public Health Medicine) in United Kingdom
- Diploma Course on Family Medicine in Chinese University of Hong Kong
- Post-graduate Course in Public Health Medicine in University of Hong Kong

For nursing staff:

- Bachelor of Nursing (Part-time Conversion Course) in Chinese University of Hong Kong
- Diploma of Nursing Administration in Hong Kong Polytechnic
- Master of Art in Health Education in University of Southampton, U.K.
- Master of Health Administration run by the University of New South Wales in Hong Kong
- Degree of Bachelor of Applied Science (Nursing) run by the Chinese University of Hong Kong and the La Trobe University, Australia.



Scientific meeting 學術性會議



Seminar 研討會



Clinical attachment in Princess Margaret Hospital
瑪嘉烈醫院病房內實習

Present Service 現今的服務

Studies and Surveys

Apart from providing services to the public, the Family Health Service has been constantly and actively involved in different studies, surveys or projects, conducted by our Department or in collaboration with other organisations or units, with the aim to update important data, make recommendation, and revise on different programmes, to improve the service to the community.

A few important ones are:-

- | | |
|---------|--|
| 1963-64 | Standards of Height and Weight of Southern Chinese Children, with Professor. F. Chang, University of Hong Kong |
| 1964-65 | Antibody Response to Type 1 Polio-virus in Infants Fed with Type 1 Polio Vaccine, with the Virus Unit, Medical and Health Department |
| 1966-67 | Repeated Serological Studies on Poliomyelitis Vaccination in Infant, with the Virus Unit, Medical & Health Department |
| 1966 | Comparative Trial of Live Attenuated Measles Vaccine in Hong Kong by Intramuscular and Intradermal Injection, with the Virus Unit, Medical & Health Department |
| 1978 | Survey on Height, Weight & Head Circumference of Pre-school Children, with the Statistics Unit, Medical & Health Department |
| 1984 | A Pilot Project on Maternal Nutrition Assessment and Education Programme |
| 1985 | Survey on Weight, Height, Head Circumference of Children in Hong Kong, with the Statistics Unit, Medical & Health Department |
| 1987 | Project on Risk-score Referral System, with the Department of Obstetrics & Gynaecology, University of Hong Kong |
| 1989 | Study on Breastfeeding, Infant Nutrition and Birth Spacing, with the Department of Community Medicine, University of Hong Kong. |

Future Prospect 展望將來

From her humble beginning as a simple infant welfare clinic in a rented shop space 60 years ago, the Service has been constantly revising its strategy to adapt to the ever-changing need of the community, and so will it continue in the future.

More centres are planned to cope with the demand of the growing population. A pilot project on Well Woman Clinic will be implemented to provide health promotion activities and screening services to all women, particularly the perimenopausal and postmenopausal group. A Child Health Record is under preparation, so that every child can keep a detailed record of his own health from birth to 18 years of age.

Efforts will be made to combat the uprising trend of cancer, heart disease and cerebrovascular accident, by promoting health education to every individual from early childhood, along the line of healthy life style, diet and self care, to which these killing diseases are closely related.

It is hoped that by attaining health in every family, we could enhance better quality of life in the community in the years to come.

從1932年一間簡陋的幼兒服務中心開始，六十年來我們一直都在改進，以適應社會的需求。

在未來的日子裡，我們將會設立更多母嬰健康院為市民服務，亦計劃開辦婦女健康診所，特別為更年期前後的婦女，提供預防性護理及檢查服務。本部現正編製一本兒童健康紀錄冊，詳細紀錄兒童由出生至十八歲這段時期的健康資料。由於近年癌症、心臟病、腦充血等殺手病有上升之趨勢，本部將會繼續將有關之健康知識，從小就灌輸給市民大眾，務使人人都能關注自身的健康，維持良好的飲食習慣，及健康的生活方式，把健康帶給每一個家庭，把高質素的生活帶進社會。

Head of Service 歷屆主任醫生

Dr. C. K. Ng	1954-1959
Dr. S. Y. Cheng	1960-1961
Dr. Sylvia Chui	1962-1965
Dr. May Wei	1966-1971
Dr. Betty Eo-yang	1972-1984
Dr. Pansy Lai	1985-1989
Dr. Tse Lai Yin	1990-present

Lovely People, Lovely Days 花花絮絮



One of the pioneers in 1934, R.N. M. Ng, still strong and healthy. She said, "during those early days....."
1934年的前輩吳紫卿護士，身體強健如昔。
她接受我們的訪問說：「在那時代.....」



Miss Hazel Kong, retired nursing officer from the fifties, (left)
Miss Peggy Lam, retired nursing officer from the sixties, (right)
sharing with us their valuable experiences

五十年代的護士長江淑貞（左）和
六十年代的護士長林佩璋（右）與我們分享她們的寶貴工作經驗

Miss A. Tong, a hard working staff,
representative of the seventies
勤勞的護士長唐婉儀，
代表著七十年代的工作精神



Another centre was inaugurated,
staff of the Mrs. Wu York Yu MCH
Centre in North Kwai Chung
另一間健康院開張，
以照顧日益增多的新界人口



The first baby born in the year of the pig, 1971,
in the Wu York Yu Maternity Home.
首個在豬年（1971）誕生的嬰兒



Lovely People, Lovely Days 花花草草



Farewell party for Dr. B. Eo-yang, chief of service 1971-1984
醫生們共聚餞別將退休的首席醫生歐陽純美



The Queen's Award, B.E.M., for R.N. Leung Mo Ching,
for her long & devoted service in the department.
She said, "It is fulfilling to see the youngsters in our service growing up to be strong,
heathy members of the society, when they return to the centre to visit....."
護士梁慕貞接受英女皇勳章，嘉許她長期優良服務，
她說：「看著他們一天天長大.....」



The Director of Health, with honoured guests, attending
the inauguration of the Tseung Kwan O MCH Centre
on 9 January 1992
將軍澳健康院開幕，衛生署長和貴賓們參觀設施



Many of our minor staff have worked faithfully in the job for decades.
Here is Mrs. Chan Yue Ah-ping, receiving her long service award.
優秀工友陳余亞攀接受長期服務獎



After finishing our work, it was time to relax and enjoy the Christmas feast.
工餘不忘娛樂，大家共慶聖誕節

60th Anniversary Photography Competition 六十週年紀念攝影比賽

主題：快樂家庭



冠軍



亞軍



季軍

60th Anniversary Essay Competition 六十週年紀念徵文比賽

為慶祝家庭健康服務部六十週年，我們在1992年五月份舉辦了一個徵文比賽，題目為「健康院與我」，參賽人數踴躍，寫出了他們對母嬰健康服務的體會與感情。

冠軍

一九七九年，我初為人母，女兒肥肥白白的，真逗人喜愛。因小生命的來臨，「老公」和我都開心不已。可是剛從醫院回家那刻開始，我們便感到不是那麼有趣了！第一次拿起奶樽餵奶，才知做人父母真不易！

初生嬰兒身軀軟如棉，像隻小貓兒，莫說餵奶難，就是抱也難，以為拚命攬著包裹著孩子的棉袍，就準可抱穩的，誰知「小人仔」幾經辛苦和努力，才勉強地把奶咀塞進小口，四安士奶很快「落肚」，以為大功告成，已把她餵飽！豈料不到半分鐘，孩子兩眼一睜，口一張，「嘩」的一聲，就如噴泉般亮不保留地把奶嘔出來，前功盡費！到處是奶漬。換衣服、抹地板，兩個大人忙個不休，孩子也扯著喉嚨放聲大哭。一家三口，每個細胞都在跳動，都在沸騰，好像誰也都在埋怨什麼似的。

健康院就在家附近，沮喪之餘，我想起這個「好地方」，趕緊預備好嬰兒車，箭也似的把她推到健康院。在未見護士前，很多母親帶著孩子排排坐在長椅上，我們打了招呼，很自然地互相交換「湊仔」經驗，談個不亦樂乎，直到護士叫我時，才發覺她也正逗著我的孩子笑，也一邊替女兒抹去嘴邊的口水，一邊說：「替她洗個澡吧！」此語正中下懷，我悉了很久的事——就是不懂得怎樣替嬰兒洗澡——這難題終於完全解決了，護士更教了我幾招如何照顧孩子的方法，使我才藝頓開，簡直如獲至寶。此後，我帶孩子到健康院去，便成為一件樂事。從選擇奶粉、餵奶到「掃風」，從替孩子洗澡到健康問題、預防疾病等等，甚至如何啟發孩子智能，誘導其正常成長，護士都一一細心解釋和示範，原來帶孩子真的是一門高深的學問。

從前的母親，生育較多，又缺醫學常識，孩子自然病痛多，做母親的更是百上加斤。反觀現在的孩子，有健康院照護，破除了一些錯誤的傳統「湊仔」方法，樹立正確的、科學的育嬰指南，給予一般母親應有的常識，所以現在成長中的孩子，確實健康得多，醒目得多呢！

我常到健康院。顧名思義，它使我和孩子都健康。替孩子注射以預防小兒麻痺、白喉、麻疹等病，我固然去健康院；孩子食慾不振、情緒不寧，我也立把她帶到健康院見駐院醫生。而我每年一度的「栢氏抹片」檢驗，也自然「光顧」健康院。自從女兒出生，我便與健康院結下不解之緣。如今她已十三歲了，長得亭亭玉立，她仍懷念陪著她長大的健康院哩！

今天我又回到健康院作例行檢查，女兒嚷著要陪我前來。她坐在長椅上等我，但頗不寂寞，可欣賞牆上的海報和圖畫，又不時窺視診室內的動靜，怡然自得，興緻勃勃，一見我走出來，就高興地說：「我小時候常坐在這裏，樣樣都很熟悉，真有親切感。」

偶然碰見初為人母的朋友，無論認識的還是不認識的，我都會孜孜不倦地把經歷全部告訴她們，細憶往事，如數家珍，而最後一句，則總是勸她們帶孩子到健康院去。

現在的健康院，設備新穎多了，很多措施也改善了。它長期肩負著崇高的使命，是嬰兒的溫床，是母親的「娘家」，令人永不能忘。

樂淑賓

60th Anniversary Essay Competition 六十週年紀念徵文比賽

亞軍

甜蜜的新婚日子剛過去，一天晚上，丈夫興高采烈的回來，一進門便嚷道：「我們快要做爸爸媽媽了！」他把驗孕報告交回給我，一時間，我們都開心極了。可是，一陣激情過後，我的心底卻泛起一陣彷徨——將為人母的我，對於懷孕初期及育嬰知識一無所知，我開始忐忑不安，腦海裏盤想着應該怎麼辦呢……？

在超級市場門口碰上了潘太——她是我的鄰居，有兩個活潑可愛的孩子。我驚地靈機一觸，上前和她打個招呼後，驕腆地道出懷孕所面對的問題，希望她能給予意見。潘太聽後，氣定神閒地說：「不必擔心，明天我帶豬仔和小寶到健康院作體能和智力測驗，可順便替你們問清楚產前新症登記的時間。母嬰健康院為處於生育年齡的婦女及初生至五歲的幼兒提供有關健康推廣及預防疾病的綜合服務，產前、產後的婦女，都可免費得到健康院妥善的照顧。」和丈夫商量過後，我決定前往健康院登記。

一星期後，潘太囑咐我帶備身份證明文件、驗孕報告和小便樣本，然後和我一起步行到離家不遠的家庭健康服務中心——九龍城獅子會母嬰健康院作產前新症登記。

健康院給我的第一個印象是地方整潔、秩序井然，四周掛滿了斑斕奪目的衛生常識海報。辦妥初步登記後，笑容可掬的護士便替我們驗小便，量度血壓，體重，並詢問現在和過往的健康狀況和產歷，推算預產日期，接着，是抽取血液樣本作分析，並由醫生作詳細的體格和產前檢查，訂定覆診日期。其後還有專業護士講述「產前護理」的常識，健康院姑娘平易近人和一絲不苟的服務態度，給我留下良好的印象。

在懷孕過程中，由於胎兒比預期的體積小，所以，醫生特別寫信將我轉介到伊利沙伯醫院作超聲波檢查，切實做到保障孕婦和胎兒的安全與健康。雖然，每天產前檢查的程序都很相似，但是，每次有不同題目的講座，如「愛滋疑惑」、「產程進展」、「嬰兒沐浴」、「新生嬰兒的護理」、「哺育幼兒」和「產後護理和檢查」等等，有時候還加插了示範、幻燈或影帶放映和深入淺出的問題解答，在一片和諧愉快的氣氛中，大家獲益良多。

因終於順利誕生了！我們夫婦倆除了感謝醫生和姑娘給予正確的指導和關懷外，對健康院的信心也更加穩固。

出院後，小寶寶把我們忙得團團轉，由於沒有經驗，做起事來七手八腳，偶然也會弄巧反拙。雖然如此，丈夫細意的關懷，彼此體諒和分工合作，日子過得無比的幸福和充實。數日後，健康院的姑娘來我家探訪，語重深長地告訴我們，希望觀察父母及嬰孩的真正環境，從而給予更適當的健康指導，俾使改善個人、家庭及環境衛生和培養良好健康習慣，使生活更愉快。她們謙恭有禮地指出好些我忽略了的情況，並囑咐我勿忘帶同因到健康院接受育嬰指導、體格檢查和防疫注射。

由於是第一胎，回到健康院辦妥登記手續後，姑娘特地再指導我們如何替嬰兒沐浴和料理臍帶。量度體重後，護士長很詳細了解新生兒的情況並加以指導，亦了了分明地解答我的疑難。其後，醫生小心翼翼地替嬰兒作全身檢查，並作黃疸程度的測試，然後又觀察是否有先天性的缺陷。護士長告訴我們，為了孩子的健康，應該定時回健康院接受各項預防注射。此外，還有和現實生活息息相關的專題講座，例如「家居安全」、「牙齒的護理」等等，內容豐富，實在不容錯過。

產後六星期，我接受了健康院提供的產後檢查和家庭計劃指導，三十歲以上的婦女，還需要取子宮頸細胞檢驗，以減少子宮癌的威脅呢！

健康院對初生至五歲的兒童，分三個不同階段接受三次體能智力檢查，包括身體功能、聽覺、語言、視覺及行為適應等，以保障兒童身心健康，如發現心理或生理有異於正常，則由醫生介紹往各專科部門作更詳細的覆檢及診斷，並提供治療以令其及早康復，或另安排往特殊幼兒中心或教育學校接受合適的訓練及教育，以期能成為一個可以自立的人，況且，幼童在兩歲和五歲的時候，仍需要到健康院接受體格檢驗，以確保兒童在心智及體能上的平衡發展。

感謝衛生署六十年來不斷改善和提供了各類母嬰健康服務，致力推行家庭計劃、產前和產後護理、嬰孩健康指導及檢查、防疫注射、體能智力測驗及灌輸一般母嬰健康知識，對父母培育子女過程中鼎力襄助，任重道遠，如春日般溫暖萬千家庭，醫護人員高質素的服務和敬業樂業的精神，已深入人心，舉眾敬佩，祈願百尺竿頭，更進一步，同時希望幼苗在社會和父母的關懷下，茁壯成長，在接納和友愛的環境中會找到愛。

劉歡鈺

季軍

香港母嬰健康院遍佈全港各區，深入民間，為一般母親和嬰兒提供了不少完善而免費的服務。例如：婦女產前保健、產後檢查、嬰兒護理、哺育常識、接種預防疫苗及健康講座。由嬰兒出生至六歲，照顧週到，可說是嬰兒的保姆，母親的醫學顧問，為他們造福，為他們鋪下健康之路。

我因為內子和孩子的關係，也和健康院結下不解之緣，回想孩子當未出世，內子腹大便便之時，我經常陪她上健康院作產前檢查，每次都經過一條滿是間花雜草的小路。這是一段溫馨的日子，我們兩口子一面漫步，一面憧憬着孩子的來臨，在不知不覺間，我愛上這條唯一可通往健康院的小路。及至孩子出生，內子「坐月子」期間，到健康院去便是我們一家三口唯一的「節目」。

單是替嬰兒洗澡，我和妻便都感到頭痛，可是在健康院的護士指導和示範下，我們終於掌握了它的竅門。以後每星期一次，我們把孩子放在嬰兒車內，一路推，一路和妻閒話家常，夫妻感情更為融洽，小路也給我們踏得平平坦坦的，方便了不少其他的路人。

轉眼孩子已經長大了，記得有一次要到健康院替他作智能測驗，妻顯得很緊張，就像要到名校考入學試似的，替孩子打扮一番，穿上最「醒目」的「套裝」，還配上一雙紅色的小皮鞋，走在路上「沙沙」作響，一搖一擺，像隻小鴨子，煞是好看。在護士帶領下，我們一起進入一個房間，裏面的設備立即引起了孩子的興趣，小眼睛東張西望，幸好認顏色、聽聲音、考眼力的時候，他的注意力都能集中，甚至上落一座小樓梯，也沒有甚麼困難，護士認為「滿意」，我們做父母的，更覺得孩子的表現應得「一百分」。

智能測驗分幾個階段進行，目的在盡早發現一些不正常的孩子，例如失聰、弱視或身體有其他殘障，及早讓他們接受特別為他們設計的訓練。

兒童是社會未來的棟樑，要讓他們健康地成長，父母的責任非常重大。至於育兒經驗，來自長輩的固然不少；但從健康院也可得到正確和實際的知識，所以他們都喜歡到健康院去。雖然每次輪候見護士的人都很多，但無論「大人」或「小孩」，都能耐心地等候，因為每次見到護士，她們都不厭其煩地把問題解釋清楚，並且為孩子磅重量高。如何選擇奶粉，如何調製「粥仔」？嬰兒用的衣服被褥質地。嬰兒的生活習慣又應怎樣？這些做父母所關心的問題，她們都能作詳細的指導。她們更經常探訪孩子的家庭，為一些初生或未能依時注射、覆診的孩子作個別指導，如果說「父母心事細如塵」，那麼健康院的護士對母嬰的關心便更無微不至了。

Lau Cheuk Yiu

Iron: Necessity and Quantity for Newborns

Iron is important for normal metabolism & oxygen transport because it is a component of hemoglobin as well as many enzymes & co-enzymes. Under normal circumstances, the loss of body iron in humans is very low and is replenishable from a normal balanced diet.

The uptake of dietary iron into enterocytes occurs mainly in the small intestine and can be either active or passive. The active pathway, especially for the lower iron dose range, appears to be controlled by a regulatory protein called lactoferrin, which is present in breast milk and, in a much lower concentration, also in cow's milk. It can also be produced by the infant itself. Within the enterocyte, the iron becomes part of a theoretical intracellular iron pool and can be transported into the blood stream, stored or metabolised. About 10% of the ingested iron is taken up into the blood stream while the bulk remaining in the enterocyte is eventually lost through normal sloughing of intestinal villi. The absorption of iron into the blood stream is a relatively constant process and is dependent on the concentration of unsaturated transferrin but not the iron content of the diet.

During the first four to six months of an Infant's life, there is no need for a high iron supply. This is reflected in the low iron content of human milk, about 0.5mg per litre with an average bioavailability of around 50%. Indeed too much iron can disrupt the intestinal flora, furthermore, fortification is no guarantee of high absorption, because the percentage of absorbable iron is inversely proportional to the concentration of iron in an infant formula, in view of the bioavailability of iron in an infant formula, on average about 10%, it has been calculated that the iron content should be in the range of about 2 to 6 mg per litre.

The International Nutritional Anemia Consultative Group (INACG), states that term infants should have an iron update of at least 1mg/kg/day, starting no later than 4 months and continuing until 3 years. One study indicated that iron content of unfortified infant formula is sufficient for healthy term infants for the first 3 months. Besides, a low iron content possibly enhances resistance of the neonatal gut to colonization by potential pathological bacteria.

In conclusion, there is no demonstrable advantage in providing iron supplement during the first 4-6 months of life. After this period, demand for dietary iron becomes greater and a follow up formula will have to meet the requirement as stated by the INACG.

By Friesland Frico Domo

Can We Prevent Cow's Milk allergy?

Because cow's milk is the main food protein in the infant's diet, it is the major foreign food causing sensitivity in infants and young children. Hence, interest in cow's milk allergy has been renewed by experts who believe that early exposure to cow's milk increases the risk not only of adverse reactions to the milk but also of developing allergies to other foods.

Cow's milk allergy is considerably more common in infants than adults. This is due to the greater permeability of the intestinal mucosa to macro-molecules and the immaturity of the T-lymphocytes at this tender age. Hence, infants are genetically predisposed.

Hence, can cow's milk protein allergy be prevented among infants?

Yes. The First step is to identify the high-risk infant through:

- 1) Family history of atopic disease
- 2) Cord blood IgE determination

Secondly, exclusive breastfeeding for the high-risk infant with maternal dietary restriction of allergenic foods even during pregnancy and throughout lactation.

The dietary management of food allergy has always been based on allergen replacement i.e. cow's milk substituted with casein, goat's or soya. Studies, however, revealed they also contain whole protein and are as allergenic as cow's milk. Recent studies show that dietary management should begin even before allergy appears. This preventive management is best achieved with allergen modification or hypoallergenicity.

Hypoallergenicity, accomplished by modifying the structure of the intact native protein sufficiently in way that the antigenic sites are not close enough to do some linking, is recommended because there is no loss of protein quality and the osmotic load is not high. Both heat and hydrolysis are ways of establishing hypoallergenicity, although hydrolysis by trypsin enzyme followed by gentle heat treatment is more advantageous.

Moreover, it is important that when designing a hypoallergenic formula, nutritional adequacy must be optimally maintained. The use of whey protein results in good protein quality. Whenever possible, lactose should be used.

Besides nutrition, a hypoallergenic formula must be truly hypoallergenic as proven in animal studies, and radio-immunoassay for traces of B-lactoglobulin.

In conclusion, we can say that cow's milk protein allergy can be prevented. High risk babies who are prone to allergy must be identified through a detailed family history. They must be breastfed and when this is not possible, a hypoallergenic formula must be given before adverse reactions occur.

By Nestle China Ltd.

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