

Development of midwifery in Hong Kong: a perspective

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This perspective discusses development of midwifery in Hong Kong from 2000 to the present, highlighting key aspects of midwifery care advancement and innovation that emphasise evidence-based, holistic, high-quality care.

Keywords: Hong Kong; Midwifery

Introduction

Midwifery aims to promote normality in labour and birth, while advocating physiological birth and maternal confidence and optimising maternal and child health outcomes—from pre-pregnancy to the early postpartum period¹. Midwifery in Hong Kong can be traced back to the pre-colonial period². This perspective discusses development of midwifery in Hong Kong from 2000 to the present, highlighting key aspects of midwifery care advancement and innovation that emphasise evidence-based, holistic, high-quality care.

Strengthening midwifery competence and quality

Midwives should possess competent knowledge and skills to care for women, babies, and their families. Their competence is built on quality education and lifelong learning. The Midwives Council of Hong Kong, a statutory body, regulates the midwifery profession, registration, and competence to safeguard standards of practice. Midwives are encouraged to take the initiative to develop their knowledge and skills that improves practice and the care provided to women and newborn babies.

In 2000, the pre-registration midwifery training programme in Hong Kong was extended from 12 months to 18 months³. This broadened curriculum—with the inclusion of research elements, behavioural sciences, and an emphasis on community midwifery—fosters the philosophy of midwifery. Such reform ensures quality and competence comparable to international standards.

Professional bodies work to advance the art and science of midwifery through various initiatives. As the pioneer professional organisation for midwives, the Hong

Kong Midwives Association is committed to enhancing the professional development and standards of midwives through training, professional advocacy, and international networking. In 2008, LK childbirth massage (named for the developer, Linda Kimber) was introduced in Hong Kong as an alternative non-pharmacological method of pain relief during childbirth. Mothers who received the massage programme antenatally had a higher proportion of drug-free labour (29.2% vs 21.5%, $p=0.04$)⁴. In 2024, the International Labour and Birth Research Conference was organised by the Hong Kong Midwives Association and held in Hong Kong⁵; world-class researchers, academics, and midwives shared the latest evidence and knowledge and discussed the challenges, opportunities, and future development of midwifery to achieve normal birth while optimising safe, personalised labour and birth.

In 2012, the Hong Kong College of Midwives established post-registration pathways under guided clinical practice to ensure advanced academic knowledge and specialised hands-on experience⁶. These pathways prepare midwives to face the challenges of evolving healthcare needs through continuous quality improvement.

In 2014, the Lancet series on midwifery identified 56 physical, psychosocial, and health outcomes that can be improved by midwifery practice⁷. Midwifery—together with the proposed Quality Maternal and Newborn Care framework—is regarded as a “vital solution for all women and newborn infants in all countries”, underpinning the balance between cost-effectiveness and safe midwifery

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care across various healthcare settings. This framework characterises the components of care needed by mothers and babies (ie, first-line care that prevents complications). Some mothers with complications require additional care delivered through a multidisciplinary approach.

The care of women and babies highlights the role of midwives within a multidisciplinary team, particularly for women with rare but serious clinical conditions, to improve safety and health outcomes. In 2012 Pamela Youde Nethersole Eastern Hospital and in 2013 Queen Elizabeth Hospital and Tuen Mun Hospital incorporated high-fidelity female simulators for obstetrics and gynaecology doctors and midwives to undergo training in obstetric emergencies⁸; a wide range of topics is covered, including postpartum haemorrhage and cardiac arrest in pregnancy. A review confirmed that simulation training involving crew resource management concepts had positive effects on clinical skills, knowledge, communication, and teamwork⁸.

Evidence-based practice

Fostering midwifery autonomy

In the past, the average length of stay after delivery was 5 to 7 days in Hong Kong, whereas it was shorter in the United Kingdom. In 1995, Prof Ma Chung Ho Kei, the obstetric leader of Queen Mary Hospital and Tsan Yuk Hospital, implemented an early discharge policy and established a midwife-led postnatal day centre at Tsan Yuk Hospital⁹. This change marked the beginning of a reduction in length of postnatal stay and the development of midwife-led services. As independent practitioners, trained midwives provided comprehensive services ranging from stitch removal to assessment of episiotomy wounds, uterine condition, and signs of depression using the Edinburgh Postnatal Depression Scale, along with infant care such as management of neonatal jaundice and infant feeding support. This approach fostered a sense of midwifery autonomy and promoted continuity of care within a woman-centred care model.

Promotion of restrictive episiotomy

In 2003, episiotomy was commonly performed among nulliparous (97.9%) and multiparous (71.4%) women at public hospitals in Hong Kong¹⁰. The World Health Organization recommends restricting episiotomy to obstetric indications, with a target rate of <10%¹¹. In 2008, the episiotomy rate was significantly reduced from 73.3% to 26.8%¹². Among 429 Chinese women with uncomplicated singleton cephalic pregnancies, the perineal lengths were 38.8±7.9 mm in the early first stage of labour,

49.4±8.1 mm at the beginning of the second stage, and 59.4±9.4 mm at crowning¹²; these measurements were similar to those recorded in other countries. Midwives have made substantial efforts to promote restrictive use of episiotomy. In 2014, the episiotomy rate decreased to 69.5% in nulliparous women and 25.5% in multiparous women¹³. In 2023, the episiotomy rate at Queen Mary Hospital was 35.8% in nulliparous women and 7.4% in multiparous women (unpublished data).

Delayed cord clamping

The World Health Organization advocates delaying umbilical cord clamping for 1 to 3 minutes after birth or until cord pulsation ceases¹⁴. This practice improves blood volume, iron stores, and haemodynamic parameters (haemoglobin and haematocrit) in term newborns. For preterm newborns, benefits include reduced need for blood transfusion, lower incidences of sepsis, necrotising enterocolitis, and intraventricular haemorrhage of all grades, and a 30% decrease in hospital mortality¹⁵⁻¹⁹. These findings underscore the role of midwives not only in low-risk vaginal deliveries but also as key professionals collaborating with obstetricians and neonatologists to achieve better health outcomes. In 2019, an evidence-based practice workgroup in public hospitals initiated this practice for both term and preterm newborns. Queen Mary Hospital was the first to implement delayed cord clamping; neonatal support was provided to at-risk newborns at the mother's bedside immediately after delivery without compromising neonatal outcomes, along with support from neonatal doctors and the use of a bedside resuscitation trolley.

Comprehensive Child Development Service

In 2005, the Comprehensive Child Development Service was launched, aiming to provide early identification and timely support for children aged 0 to 5 years, as well as their families. The programme targets at-risk pregnant women (eg, those with teenage pregnancies, substance abuse, or mental health problems), single mothers, mothers with postnatal depression, children and families with psychosocial needs, and pre-primary children with physical, developmental, or behavioural problems²⁰. It involves multidisciplinary professionals such as midwives, obstetricians, paediatricians, psychiatric nurses, psychiatrists, clinical psychologists, nurses, and social workers, in collaboration with the Hospital Authority, Maternal and Child Health Centres, the Education Bureau, and the Social Welfare Department. Within this service, midwives identify at-risk mothers in a timely manner and act as case managers to coordinate care with appropriate referrals.

Challenges and opportunities

Promoting and supporting breastfeeding

Breast milk is the optimal nutrition for infants, providing health benefits for infants, mothers, and society at large²¹. Strategies at individual, system, national, and global levels are needed to promote and support breastfeeding.

In 2010, public hospitals stopped receiving the free supply of infant formula. In 2016, Queen Elizabeth Hospital became the first hospital in Hong Kong to be accredited as a baby-friendly hospital. By 2023, all eight public hospitals in Hong Kong had achieved this target. In 2024, Gleneagles Hong Kong Hospital became the first private hospital in Hong Kong to be accredited as a baby-friendly hospital. In 2019, three maternal and child health centres (MCHCs) were awarded baby-friendly MCHC status; additional centres are in the process of obtaining full accreditation.

There is a dose-response relationship between baby-friendly hospital practices and the planned duration of breastfeeding (adjusted odds ratio=8.45, 95% confidence interval [CI]=3.03-23.6)²². Mothers who practise exclusive breastfeeding during their hospital stay are more likely to achieve their individual breastfeeding goals. Midwives play an essential role in facilitating breastfeeding and providing ongoing support.

The 2025 survey of Baby Friendly Hospital Initiative Hong Kong Association cited statistics from the Department of Health that the overall breastfeeding rate increased from 20% in 1992 to 80.9% in 2024 at hospital discharge; although most newborn babies received breast milk during their hospital stay, only 15.2% were exclusively breastfed²³. Insufficient breast milk is the most common reason for early cessation of breastfeeding²⁴. In January 2025, the Hong Kong Breastmilk Bank was established at Hong Kong Children's Hospital, aiming to support at-risk preterm babies by bridging the transition from donated breast milk to full feeding with their mothers' own milk. Midwives assist in recruitment, screening, and participation in the workflow. It is hoped that both overall and exclusive breastfeeding rates in Hong Kong will increase in the near future.

Promoting physiological birth

Over the past 20 years, midwives have been trained to support women in physiological birth. The Hong Kong Midwives Association invited a renowned professor from the United Kingdom to Hong Kong to teach midwives about normal labour and birth. Some midwives also attended the Normal Labour and Birth Research Conference in the United Kingdom. One important area of practice is non-pharmacological pain relief during labour. Childbirth massage, aromatherapy, and the use of birth balls are introduced as non-pharmacological methods of pain relief. More recently, water immersion is an additional option for pain relief.

Water immersion can be used for labour pain relief; it focuses on comfort and support during labour²⁵. A meta-analysis demonstrated that water immersion during the first stage of labour reduces pain, with a mean difference of -0.97 (95% CI= -1.91 to -0.03, I²=97.32%, p<0.001), without affecting the duration of the first stage of labour or the newborn Apgar score at birth²⁶. In Hong Kong, two public hospitals and one private hospital are equipped for water immersion to promote physiological birth.

Contributors

Both authors designed the study, acquired the data, analysed the data, drafted the manuscript, and critically revised the manuscript for important intellectual content. Both authors had full access to the data, contributed to the study, approved the final version for publication, and take responsibility for its accuracy and integrity.

Conflicts of interest

Both authors have disclosed no conflicts of interest.

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Data availability

All data generated or analysed during the present study are available from the corresponding author on reasonable request.

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