



March 22, 2022

Professor Sophia Chan Siu-chee, JP
Secretary for Food and Health
Food and Health Bureau
18/F, East Wing, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong

Dear Professor Chan

RE: Issues Concerning Families with Young Children and Newborns During COVID-19

I am writing to you as CEO of The Women's Foundation (TWF), a non-profit organisation dedicated to improving the lives of women and girls in Hong Kong. We recognise that COVID-19 has placed considerable strain on Hong Kong's public healthcare system and we appreciate the government's efforts to protect the general public, curb the spread of the virus and reduce risks for healthcare staff and patients.

We know the Government has announced a roadmap for the relaxation on overall COVID-19 restrictions and urge the Government to prioritise a review of certain concerning restrictions adversely impacting mothers-to-be and families with young children, which have been brought to our attention:

1. Separation of children from their parents / guardians if the child tests positive for COVID-19 and the parent / guardian tests negative
2. The Hospital Authority's reinstated ban on allowing women to have a companion of choice in delivery rooms, which places considerable stress and pressure on women during the physically and psychologically demanding process of giving birth
3. Lack of communication around protocol for mothers giving birth should she and / or her newborn contract COVID while in the hospital

While there are few studies examining the psychological impact of children being isolated or quarantined separate from their parent / guardian due to COVID-19, research does show that post traumatic stress symptoms are [four times higher](#) in children who have been quarantined than those who were not. Furthermore, a [study](#) on the impacts of SARs social distancing measures on children have been evidenced to have delayed cognitive and physiological development. Another study [indicated](#) emotional upheaval among those children who were isolated. In children below the age of five, separation for as short as a week in duration, can still have [adverse impact](#) on forming secure attachments with their parents / guardians, and later others. These findings contribute to the sensitive approach the Government should consider employing in endeavoring to keep at least one parent / guardian with their child at all times even if only the child tests positive for COVID-19.



With regards to the birth companion ban, it is in conflict with World Health Organisation (WHO) [guidelines](#) which note that all women have the right to quality care before, during, and after childbirth, including a companion of choice during delivery. The Director-General issued a [statement](#) early this year strongly reiterating the importance of following this guideline, even during COVID-19. The [benefits](#) of expectant mothers having a companion of choice during childbirth include:

- Bridging communication gaps between hospital staff and the woman in labour
- Providing practical support (e.g., encouraging women to remain mobile during labour, non-medical pain relief like massage)
- Lending needed emotional support that help women feel supported and confident throughout the process
- Advocating for the preferences and needs of the woman in labour

In addition to being fundamental to the health and well-being of women giving birth, allowing birth companions in the delivery room save hospital resources. Studies have [evidenced](#) that women who receive social support while giving birth, on average, have shorter labours, control their pain better, have less need for medical intervention and are less likely to experience post-partum depression. Having a birth companion has also been [shown](#) to increase positive health indicators for newborns just after birth.

A study conducted at a Hong Kong hospital last year compared the prevalence of postpartum depressive symptoms among women who gave birth prior to COVID-19 and during, they noted a [significant increase](#) in the number of women who displayed Postpartum depressive symptoms. The researchers attributed this in part to the birth companion ban. Whilst we understand private hospitals provide the option of having a birth companion, we know that significantly higher costs make this alternative inaccessible to the majority of expectant mothers.

Finally, we ask the Government to consider issuing clear communication around protocol when a mother and / or the newborn test positive for COVID-19, with a view to keep them together when at all possible. The WHO [stresses](#) that mothers who test positive for COVID-19 should still be allowed to have close contact with the newborn, including regular breastfeeding. They have [noted](#) that newborns who are separated from their mothers are at higher risk of death and lifelong health complications.

Regardless of their COVID status, newborns should have access to their mother to ensure their long term health and well-being. All women – regardless of income level – should have the right to a safe, supported and positive birth experience by having a birth companion present. And all children should have the mental security that comes with having a parent / guardian present when having to go into isolation due to COVID-19.

Whilst we appreciate the current strain on our healthcare system, we urge the Hospital Authority to enable these conditions, drawing upon policies and precautions taken in private hospitals and in



overseas economies to protect the health and safety of hospital staff and patients, whilst still ensuring the short and long term needs of these special groups.

TWF would welcome the opportunity to discuss this further. For more information or to arrange a meeting, please call my colleague Lisa Moore on 9248 8199.

Sincerely,

Signed.

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CC:

CHAN Yuen-han, SBS, JP—Chairperson, Women's Commission
CHU Man-kin (Ricky), IDS –Chairperson, Equal Opportunities Commission
KO Pat-sing (Tony) – Chief Executive, Hospital Authority