Maternal Deaths in Japan
*From the perspective of Social medicine*

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Birth Rates in Japan

Sources: Ministry of Health, Labor and Welfare, Japan
Infant Mortality Rates in Japan

Sources: Ministry of Health, Labor and Welfare, Japan
Infant Mortality Rates in Japan
(logarithmic graph)

Sources: Ministry of Health, Labor and Welfare, Japan
IMR in Japan and the United States

Sources: U.S. Department of Health and Human Services
Ministry of Health, Welfare and Labor, Japan
Infant Mortality Rates in Urban and Rural Areas in Japan

Sources: Ministry of Health, Labor and Welfare, Japan
Maternal Mortality Rates in the 20th century in Japan

Source: Ministry of Health, Labor and Welfare
Maternal Mortality Rates in Japan

MMR: Maternal deaths per 100,000 births

Source: Ministry of Health, Labor and Welfare
Maternal Mortality Rate in Japan
Institutional and Home Deliveries in Japan

Source: Ministry of Health, Labor and Welfare
Maternal Deaths by Main Causes in Japan (1950-75)

Source: Ministry of Health, Labor and Welfare
Maternal Deaths by Main Causes in Japan (2000)

The number of Deaths: 76 cases

Source: Ministry of Health, Labor and Welfare
MCH Program in Japan

MCH Handbook

Pregnancy Delivery Newborn 1year 6year

- mothers class
- Exam. for pregnant women
- newborn home visiting
- Health checkups
- medical aids for premature baby
- medical aids for the handicapped
- medical aids for & chronic diseases
Possible Explanations for Japan’s Low Infant Mortality Rate

1 Narrow socio-economic distribution
2 National health insurance
3 Maternal and Child Health Handbook
4 Population-based screening and health check-ups
5 High value placed on childbearing

Japan’s Experience to Reduce IMR and MMR

1 Outreach activities
   home visiting to all newborns

2 High education level of women
   senior high school enrollment 60% in 1960

3 Training program through existing system
   regular meeting for nurses

4 Community-based activities
   CBO, People’s organization (PO)

5 Discretion in front-line health service
Discretion

*the ability to make responsible decisions*

1. make choice about what will be done and how it will be done
2. make choice among alternatives
3. discretion is constrained by external factors

*Street-level leadership (Vinzant JC, Crothers L) Georgetown Univ. 1997*
The Role of Public Health Nurses (PHN) in Japan

1 PHN in the villages without doctors
2 The roles of PHN: health education, prevention, emergency care and delivery
3 Improvement of quality of life: nutrition, water supply, toilet, family planning, nursery care, income generation
4 Intersectoral collaboration among the front-line workers: agriculture improvement, school teacher, livelihood extension workers (Sei-kai) etc.
5 People’s Organizations: Women’s Association (Fujin-kai), Child-rearing Association (Aiiku-kai) etc.

The Role of Midwife Practitioners in Japan

1. Midwives in the villages without doctors

2. **The roles of midwife**: health education, prevention, emergency care and delivery, covering all the cares concerned to maternal and child health

3. Intersectoral collaboration among the front-line workers: agriculture improvement, school teacher, livelihood extension workers (*Sei-kai*) etc.

4. **Ensuring the quality of life of women**: to educate grandmothers and fathers, to build bridges between traditional customs and modern technology

History of MCH Handbook in Japan

- 1942 Handbook of Pregnant mothers
- 1947 Law of Child Welfare
- 1948 Mother and Child Handbook (20 pages)
- 1966 Law of Maternal and Child Health
- 1996 Upgrading of MCH Handbook (72 pages)

Mother and Child Handbook in 1948
The Contents of MCH Handbook (1948)

- Sugar
- Milk 7 pounds
Benefits of MCH Handbook

1. Strengthen the continuity between maternal care and child health care
2. Provide health records kept by parents
3. Improve communication between providers and users
4. Promote behavior change of parents and family through health educational materials
5. Provide minimum standard of reproductive health to field health workers
6. Encourage integration in health sectors
Management Information System

**Home-based recording**
- Maternal card
- Under-Five card
- Development card
- Immunization card
- Child Growth Chart
- MCH Handbook

**Facility-based recording & reporting**
- Health center record
- Hospital record
- Village registration
- Health center information system
Disadvantages of MCH Handbook

1. High cost of printing
2. Training for health workers needed
3. Risk of Handbook lost
4. MCH service delivery system required
5. Collaboration among health professionals essential
6. Disadvantage of Illiterate parents
MCH Handbook in the World

Japan
commonly used from 1948

Korea, Thailand, Tunisia, Cote d’Ivoire
commonly used

Indonesia
expanded through the joint project

Mexico, Viet Num, Laos, Brazil, Bangladesh
developed by the projects with JICA or NGOs
MCH Handbook program is effective;

1. Where the community and its health workers can manage the program
2. When health care delivery system exists
3. What: The contents to be appropriate for the community
4. To Whom: Parents and children with awareness
Bi-Regional Consultation on Global Reproductive Health Strategy Development

WHO: Colombo, Sri Lanka, 2-4 June 2003

Objectives:

1. To review country-level experiences and lessons in implementing reproductive health strategies, policies and programs

2. To critically review the draft global reproductive health strategy and propose key issues and implications for incorporation in the draft document

Participants:

WHO (Geneva, WPRO, SEARO), ADB, UNFPA

40 participants from 15 Countries
Sexual and reproductive health: a holistic concept

- Improve maternal and newborn health
- Eliminate unsafe abortion
- Ensure contraceptive choice and safety
- Promote healthy sexuality
- Reduce STIs/RTIs and HIV/AIDS

Health Systems
Families and Communities
Sexual and reproductive health: from concept to results

1. Diagnostic the health problems
2. Designing a useful strategic plan
3. Selecting among sexual and reproductive health priorities for action
4. Protecting the sexual and reproductive health of adolescents
5. Removing legal and policy constraints
6. Mobilizing political will, visibilities and accountability
7. Making good use of human resources
8. Adopting and scaling up good practices
9. Addressing the reasons for under utilization of existing services in families and communities