

Historical Transition and Advantage of Maternal and Child Health Book in Japan

Kyoko Kajihara*

Fukuoka Nursing College, Department of Nursing, Division of Support Nursing, Field of Maternal Health Nursing, Japan.

*Correspondence:

Kyoko Kajihara, Fukuoka Nursing College, Department of Nursing, Division of Support Nursing, Field of Maternal Health Nursing, Japan, Tel: +81-92-801-0411(ex.780); FAX: +81-92-801-0412; E-mail: kajihara@college.fdcnet.ac.jp.

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ABSTRACT

Background: *The maternal and child health (MCH) handbook is the original one in Japan, and its historical dates back before the war. Along with the amendment of the law, the maternal and child health program was also strengthened and the MCH handbook had changed not only the name but also its contents.*

Purpose: *I will review the history of MCH handbook and clarify the purpose of establishing MCH handbook.*

Method: *It is the examination of the prior documents and papers. I looked up the documents and original articles not to assign the age.*

Results: *I looked up the 42 articles but the target of the examination of analysis were 12 original articles.*

Conclusion: *In 1926, infant mortality was 289,275 and neonatal mortality was 119,624 in Japan. And furthermore, flow number to be prematurely delivered of a child was almost 300,000 and maternal death by deliver was 5,000 per year. In 1940, maternal mortality rate was 239.6 per child birth 100,000. The origin of the maternal and child health book was "Mutterpass" from Germany. "Mutterpass" consisted first half of the book was for the first baby and last half of the book was for the second baby. In Japan, MCH handbook consisted for the pregnant women and the one baby to manage their health condition.*

World War the second was the turning point of the health service and public health administration of Japan. Especially maternity health administration was promoted by the government and they expand the range of the MCH handbook.

From 1948, the MCH handbook was covered and managed in one book from pregnancy period and their children. We have promoted the notebook system by continuing these advantages and enhancing the contents.

Keywords

Maternal and child health (MCH) handbook, Historical transition, Parenting support.

Introduction

Background

The maternal and child health (MCH) handbook was the original one in Japan. And it was started with the objective of health management of mother and child from pregnancy to childbirth

through entry to elementary school. Its history goes back to before the war. Along with the amendment of the law, the maternal and child health program was also strengthened and the MCH handbook changed not only the name but also its contents. In modern times, the effect of MCH handbook has become a place to know foreign countries through JICA and UNICEF.

There are many historical studies on the beginning of MCH handbook and its development. According to it, the "Maternity

Handbook Regulation” was promulgated by the Ordinance of Ministry of Health and Welfare in 1942, and the maternal registration system was established [1].

The pregnancy notebook was expanded to the range of children and was declared as “maternal child book” in 1953. When the Maternal and Child Health law was enacted in 1965, he changed the name to “Maternal and Child Health Handbook”.

When thinking of improving maternal and child health, pregnant women health examination and MCH book cannot be separated. By enriching pregnant women’s health checkups, maternal deaths and perinatal deaths were low in Japan. Therefore, it is necessary to examine from both viewpoints.

At first, I will clarify the circumstances in which each item of MCH handbook and its necessity and importance by looking back on the history of the MCH handbook.

Method

It is examination of literature. I used the database of Japan Medical Abstracts Society (JAMAS) and Medical Online.

I did not specify the search age and searched for the original articles, research report. The contents of the literature were arranged overtime.

Result

I searched 42 cases in the key words of “pregnant women”, “maternal and child health book” and “history” in the website of JAMAS. Of which 12 subjects excluding because of conference proceeding among the 22 articles.

Discussion

History of MCH handbook

1) Beginning of the pregnancy notebook:

There were many historical studies on the begging of MCH handbook and their development. According to them, the begging of MCH handbook begins with the pregnancy notebook in 1942. However, although the maternal and child health project which was inadequate from the early Meiji era but it had a meaning of relief for the poor had been implemented, since the central issue of the public health project at that time was an acute infection disease, it gradually shows a negative attitude [2].

The infant mortality in 1926 was 289,275, and the death of newborn babies were 119,624 [1]. Thereafter, the number of Japanese premises and premature births estimated around 1938 was estimated at 30 thousand of people, the maternal death due to pregnancy and child birth was 5,000 people, infant death due to congenital weakness is over 60,000 [1].

And the maternal mortality rate in Japan around 1940 was birth 100,000 vs 239.6, and the annual maternal mortality rate was 5,070[1]. It is considered that management during pregnancy was important for early detection and early treatment of preeclampsia

which accounts for 20 to 30% of the cause of stillbirth, prevention of preterm birth [1].

Furthermore, currently there were few people reporting pregnancy, so it was difficult to manage.

Regarding to the social background before the creation of a note book by Nakajima [3], from the end of the Taisho era to the Showa era, the state of Japan has a large gap compared with Western countries. It has a mean life span of over 10 years shorter, the ladies working and living and the shortage of goods had a great influence on maternity, infants’ health, physical fitness.

Furthermore, due to the declining birth rate of children in 1938 and 1939, the aim of government was population growth, and that the objectives of maternal and child health are also the same of this. Therefore, the pregnancy notebook was useful for distribution of goods during the war, etc., since the “Maternity Handbook Regulation” was promulgated by the Ordinance of Ministry of Health and Welfare in 1942[1].

The Ministry of Health and Welfare, Ministry of Home affairs and ministry of Agriculture were supported to utilize this system for nursing mothers’ essential goods and foods as preferential distribution for pregnant women [2].

Nakajima further states that this maternity certificate system is an epoch-making system in Japan’s public health, the reason being that it receives health services for health management records that were previously held by health care workers [2].

It is said that it is in the side of which also carried on self-management of health. However, the infant mortality rate in 1948 was 61.5, the child’s nutritional status was bad, infectious diseases were frequent. Under such circumstances, Child Bureau and Maternal and Child Health Department are to be placed at Ministry of Health and Welfare [4]. It is a transition period from the pregnancy notebook to the MCH handbook [4].

According to Ikegami, the pregnancy notebook is said to have been brought from the outline of this book [5]. It is said that Segi who worked at the Ministry of Health and Welfare at that time referred to the carrying system of pregnant women’s health records in a certain region of Germany [6].

Also in Germany, we introduced this system as we received special notebooks when presenting this notebook, to prevent the death of infants and prevent the infant from dying [5]. Although it was enacted for population increase towards the target, it can be said that the fact that special distribution was attached major role in spreading this notebook.

In addition, the MCH handook of Germany is called Mutterpass (mother’s notebook), it recorded the first half of the child is for the first child, and the second half is for the second child and two children’s pregnancy history. When the child is born, it is said to

transfer to the Kinderpass (children's diary) [6].

The pregnancy notebook is based on the “Pregnancy Notebook Regulation” prescribed in July 1942, but the first amendment of regulation state that maternal women (including those within 1 year after birth) and infants' health guidance to ensure through protection other things. It states that it will deliver a pregnant women notebook of pregnant women according to the place where this order is determined, and it is understood that it was made for the health care of pregnant women themselves and infants.

Mr. Segi, the founder of the MCH handbook, his greatest medical aim was the encouragement of pediatric medical examination of pregnant women and to find the early stage of toxemia [2]. In other words, the greatest aim of the pregnancy notebook was in pregnant women's regular health checkups. But, they must obtain this notebook with a notification before that. In other words, notification of pregnancy => enforcement of regular health checkups => mainly early detection of toxemia, early detection of other diseases => early treatment => a major pillar leading to a decrease in maternal mortality rate.

That causes to decrease in newborn infants' death Maternal and child book to maternal and child health (MCH) handbook:

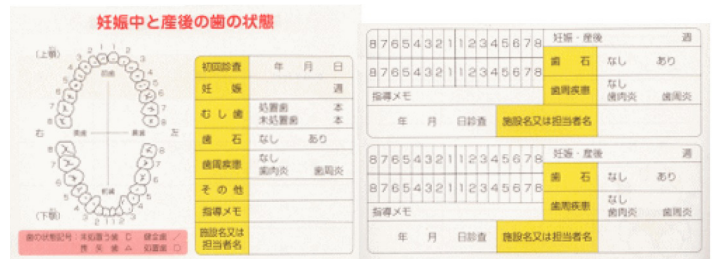
The national sanitation and administration changed drastically with the war, the child welfare law was the established in 1947, the maternal hygiene administration was promoted, and the range was expanded to children in 1948.

Also, according to Morita hospitalization (within the facility) delivery was said to have spread in Japan at that time that was the big effect of maternal and child notebook [1]. It can also be seen that the labor within the facility at the time of 1950 was only 4.5% of the total labor and reflected in maternal mortality rate and perinatal mortality rate.

The contents of (MCH) handbook had been changed as the name changed from pregnancy notebook to maternal and child book [7]. The outline of each contents is as shown in Table 1. Under such circumstances, at the time of revision in 1953, the distribution column was abolished, and a description section of dental health was established, but it is a part related to children, not mothers.

In 1965, the Maternal and Child Health Law came into effect, because a maternal and child book, that has been revised almost every 10 years. And now it is in its form is present, finally the entry field for dental health established in 1987.

However, as shown in Figure 1, it was limited to the usual dental checkup record and there was no explanation of its importance. The article of maternity column was newly established when the form changed with the maternal and child book. By accurately recording the parturition course, it can be used as a reference for the next delivery and it can be a guide to safe delivery.



When the Maternal and Child Health Law was enacted in 1965, the government started to change the name of that book and to distribute this book to the pregnant women who notified the pregnancy. A major feature of the MCH handbook is that the pregnant women advances themselves to acquire knowledge on maternal and child health and to maintain and promote maternal and infant health, that the spirit of the Maternal and Child Health Act, and the autogenous mention of pregnant women were increasingly.

However, it is doubtful whether we included enough information that they could get the knowledge by themselves. The MCH handbook consisted by the part of ministerial ordinance format and the information for them about the pregnancy and childcare. It is important by enriching this part, I think that it will lead to mastering knowledge by themselves. Furthermore, regarding “health of their mouth and teeth” as well, its target was infants and there was no information of oral hygiene of pregnant women.

As also shown in Table1, the MCH handbook consists of 1960, 1961, 1963, 1967 and 1970. There was a partial amendment in 1977, a full revision was made in 1966 and 1992 [1].

In 2002 and 2012, the government had made a full revision. However, Yanagisawa was summarized in the following six points about the amendment of notebook [9].

1. The important information on health from pregnancy to infancy is managed in one notebook.
2. Records of various medical checkups and maternal and child health services and records of vaccination are recorded in one book.
3. Even when different professionals carry out maternal and child health services at different times at different locations, they can provide continuity and consistent care.
4. It is a medium that provides reliable information on pregnancy, childbirth, and child rearing.
5. By recording pregnant women and their parents' feelings from time to time, it becomes a record of the family's child rearing period.
6. It can be used as a tool for parenting support.

In addition, Nakajima states as follows [3]. The possession and carrying of a health record by the parties leads to the precise.

- Support of the health care workers at the same time and promotes the health management of pregnant women and infants by the parties and their families.

Name	Period of issue (revision)	Contents (Main points of revision)
Pregnancy notebook	2002 from 1942 to 1948	The aim of this book was "healthy baby born from the healthy mother. All pregnant women pay attention to be careful about their health and then delivery healthy baby to serve the State. This book distribute one book to one pregnant women.
		1. Front cover; 2. Rules for the pregnant women; 3. Blank form to be filled out for the health checkups of pregnant women and new born baby; 4. Blank form to be filled out for the delivery; 5. Blank form to be filled out for the necessity; 6. Declaration form for delivery
Maternal and child book	1987 from 1948 to 1965	The aim of this book was health management of mother and child. This book was given to pregnant women one book for one infant.
		1. Front cover; 2. Rules for the pregnant women; 3. Blank form to be filled out for the health checkups of pregnant women and new born baby; 4. Blank form to be filled out for the delivery; 5. Blank form to be filled out for the necessity; 6. Declaration form for delivery; 7. Blank form to be filled out for rationing; 8. Certificate to get the birth report; 9. Blank form to be filled out after delivery health condition of mother; 10. Blank form to be filled out the health condition of the baby till her/his first birthday; 11. Blank form to be filled out the health condition of young children till school children; 12. Graph of the mean value of infant growth.
maternal and child health handbook	from 1965-	Improvement of the medical record and the information of gestation period, intrapartum period and nursing period.
		Delation of the recording field of venereal disease syphilis and tuberculosis examination at the health checkups for the pregnant women. Establish the recording field of hemoglobin, type of blood, examination of urine.
	revision in 1976	Addition the blank space to write something for mother and percentile of growth.
		Set the specific question and answer to early detection of developmental disorder.
	revision in 1987	Set the writing space of dental hygiene and question and answer to early detection of some defect.
		Set the writing space of mental health after birth.
	revision in 1991	Transfer to towns and cities about the issue service of mother and child health book.
		Add the information of a method of child-rearing, accident prevention for infant and information for working mother.
	revision in 2002	Seek the improvement the information of parenting support and prevention of cruelty to infant.
		Add the information of encouragement for father and working mother.
revision in 2008	Modification of description of the delay the weaning period.	
revision in 2012	Add the information about the risk of pregnancy and delivery and the information of the colour of stool.	

Table 1: Transition of the contents of the maternal and child health handbook.

- Initially under wartime, from the viewpoint of maternal and child health measures and population policy, as the obligation to link early pregnant women to medical care. The administration grasped mainly as a paternal system, that was established in maintain maternal and nutrition. It was disseminated by operation as a distribution notebook and continued after the war.
- Operation as a distribution notebook is abolished at the end of the postwar reconstruction period, becoming a period of high economic growth, maternal and child health ideas are improved. Medical facilities are being improved and most of labor is done at the facility. In the meantime, notification of pregnancy was recommended, the description of the records by the parties was clarified, the provision of maternal and child health information was expanded, and the maturity went to a system that expanded the voluntary health management of parties.

The biggest advantage is that everything is managed with one book anyway, and it can be said that the course is understood at a glance.

We have promoted the notebook system by continuing these advantages and enhancing the contents.

Conclusion

The MCH handbook began with a pregnant women notebook of

1942, and a large revision was made approximately every ten years in conjunction with the era.

In the amendment made in 2012, the description column on condition of teeth during pregnancy and postpartum has increased.

It showed that "please note that periodontal disease may cause premature birth, so please consult with a dentist".

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