Perinatal Care in Crisis: Action required now


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A marked decline in the number of perinatal (birth) care facilities nationwide is creating anxiety amongst local residents and becoming a social issue in Japan. The Japanese government has set the goal of assuring safe and comfortable pregnancy and birth as an aim of its “Healthy Parents and Children 21” campaign. With the rapid decrease in the number of perinatal facilities, however, this government aim is far from being realized, creating anxiety amongst citizens and casting a dark shadow over national efforts to reverse the declining birthrate.

Perinatal medicine is facing a critical situation, but the severity of the crisis varies from region to region. This is not a problem that can be resolved by the Japan Association of Obstetricians & Gynecologists alone, but must be addressed comprehensively in all medical fields in conjunction with emergency medical care. Together with the Ibaraki Association of Obstetricians & Gynecologists and the Ibaraki Pediatrics’ Association, the Ibaraki Medical Association not only senses impending crisis with the current situation threatening the collapse of perinatal care, but also is working to encourage the government to implement reform.

Ibaraki Medical Association Efforts Regarding Perinatal Care

1. Twice-yearly meetings held with the Ibaraki Prefectural Government Health and Welfare Department for open and frank exchange of opinions.
2. Realization in 1983 of the perinatal care regionalization concept (the improvement of regional medical care through the classification of medical institutions from primary to tertiary according to function and the establishment of inter-institution cooperation and networks based on the classification)
3. Submission of a proposal for the creation of an extensive system of cooperation between government bodies, across administrative district boundaries (2001)
4. Establishment of a “Study Group on Comprehensively Improving the Perinatal Care System” within the Ibaraki Prefectural Government Health and Welfare Department (in 2003, attended by the President of the Ibaraki Association of Obstetricians & Gynecologists)
5. Establishment of the “Ibaraki Prefecture Perinatal Care Council” within the Ibaraki Prefectural Government Health and Welfare Department (in 2005, attended by the Vice-President of the Ibaraki Medical Association and the President of the Ibaraki Association of Obstetricians & Gynecologists)
7. Survey of actual conditions for medical institutions providing obstetrics and gynecological

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9. Submission of petitions to the Governor of Ibaraki Prefecture requesting the creation of an environment enabling certain nurses to perform vaginal examinations, conduct of a survey of the midwife shortage, increasing the number of trained midwives, and securing of perinatal (birth) facilities in the north of the prefecture (there were only two such facilities in the broad northern region which comprises one-third of the prefecture’s area) (2005)
10. Informal meeting held with Ibaraki Prefecture’s Assembly members responsible for welfare (2005)
11. The Governor decided that in 2006 the capacity of prefectural midwife training facilities would be increased to 15 students (7 mature students) and would be further raised to 20 in 2007.

**Current Situation in Ibaraki Prefecture**

Over the past 10 years and in particular in the past 3 years, Ibaraki Prefecture has experienced a marked drop in the number of perinatal (birth) facilities. Compared with a 2.8% decrease in the birthrate in the 10 years between 1995 (27,517 births) to 2004 (26,751 births), there has been a decrease of 22% in the number of perinatal facilities (97 to 76) over the same period—a much higher figure than the national attrition rate.

1. The average age of obstetricians/gynecologists in general practice is over 64 years old and, with their successors avoiding specialization in obstetrics/gynecology, they have little choice but to eventually close their practices.
2. Twice, in 2002 and 2004, following notification issued by the Nursing Division, Health Policy Bureau, Ministry of Health and Welfare (prohibition of vaginal examinations by nurses under the direction of doctors at medical care institutions), birth services at perinatal (birth) care facilities with insufficient midwives on staff were withdrawn.
3. With the withdrawal of obstetricians/gynecologists in postgraduate clinical training from university-affiliated hospitals, one after the other medical care facilities have had to close down birth services. The number of hospitals providing birth services has declined (37 hospitals in Ibaraki Prefecture providing birth services in 1995; by 2004 the figure had dropped to 32. In 2005 another 4 and in 2006 another 2 hospitals planned to ceased birth services).
4. In 30 years, the overall number of doctors has increased by 196% but the number of obstetricians/gynecologists has fallen to 82%.
5. Looking at where midwives are employed in Ibaraki Prefecture, 219 work in the obstetrics/gynecology departments of hospitals and 70 work at birth clinics. Of the Ibaraki-trained midwives who graduated in the three years from 2001 to 2003, 24 found employment at hospitals within Ibaraki Prefecture, 20 found employment at hospitals in other prefectures, and none found employment at clinics. Clearly, if nothing continues to be done about the issue of nurses performing vaginal examinations, the situation will become very grave indeed.

The Ministry of Health, Labour and Welfare “Committee to Consider the Health Nurse, Midwife, and Nurse Law with the Aim of Assuring Medical Safety” (attended by the President of the Ibaraki Association of Obstetricians & Gynecologists) debated “The Duties of Nurses in Obstetrics”, but no resolution was reached on whether or not to lift the ban on nurses performing partial vaginal examinations (measurement of cervical dilation and/or engagement of baby’s head), and it was decided to continue to investigate this issue.

**Future Efforts**

What we need to do right now is work from the standpoint of local residents to create as quickly as possible an environment that enables women in regional areas to give birth safely and without anxiety in their own communities. This means, at the very least, ensuring that the number of perinatal (birth) facilities does not decrease further at the prefectural level. To enable this, it is imperative that government approval be given to a system of nurse cooperation in pelvic examinations under the guidance and responsibility of doctors (experienced nurses performing measurements of cervical dilation and/or engagement of baby’s head) at perinatal (birth) facilities where there is a shortage of midwives, at least until sufficient midwife numbers can be secured.

With regard to improvement of the perinatal
medical care system, the Ibaraki Medical Association as a whole is working to encourage the government to implement changes. In order to secure a supply of doctors in regional areas, it is imperative that (1) regional quotas be established in medical school examinations (already established in such medical schools as Sapporo Med. Univ., Shiga Univ. of Med. Science, Wakayama Med. College, Fukushima Med. College, Saga Med. School, and Shinshu Univ., School of Med.); (2) a scholarship system be introduced for medical students aiming to specialize in the fields in which there is already a shortage of doctors that is expected to continue in the future—obstetrics/gynecology, pediatrics, and anesthesiology; and (3) places at midwife training facilities be increased and mature student quotas be established.

Moreover, it is vital that Ibaraki prefecture residents understand the issues facing obstetrical/gynecological care. To ensure the happiness of the residents of our prefecture, the Ibaraki Medical Association intends to focus on activities from the standpoint of residents, and on being an open, familiar presence from which residents feel they can seek advice. In the past, we have held numerous public forums, and in 2004 this Association took the initiative in establishing with other medical care-related organizations the Ibaraki Council for the Promotion of Medical Care with that aim of protecting and preserving medical care. On December 13, 2005 a public forum was held as part of the “Ibaraki Citizen’s Meeting to Protect the Universal Health Insurance System: Right Now, Your Life Expectancy is about to be Shortened”.

The number of perinatal (birth) care facilities has not declined because of a reduction in the number of hospitals but because a decrease in the number of obstetricians and gynecologists and an absolute shortage of midwives has forced such facilities to close. The number of obstetricians and gynecologists has not decreased because the number of births has decreased; if working conditions were improved, medical fees commensurate with work assured, an environment created in which trouble would rarely occur (such as introduction of a no-fault compensation program), and young doctors shown in concrete terms the appeal of obstetrics/gynecology, then the number of obstetricians and gynecologists is sure to increase. Efforts by medical associations to encourage the government to implement reforms will become more and more important in future. Today, amidst resident’s anxiety and dissatisfaction with perinatal care as it stands, the Ibaraki Medical Association intends to strive to explain to residents the current situation facing perinatal medicine and gain their understanding as well as to work together with residents towards improvement.