Enhancement of Prenatal Checkups

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Abstract
Prenatal checkups are extremely important to ensure pregnant women with healthy pregnancies and safe childbirth by the early detection and appropriate treatment of any unsafe events of pregnancy. The Maternal and Child Health Law requires municipalities to provide opportunities for prenatal checkups (Article 13) and funding is provided by the national government to local municipalities in the form of tax allocations to local governments.

Until FY2006, the Japanese Government required municipalities to provide two publicly funded prenatal checkups to each pregnant woman as standard, but from FY2007 tax allocations to local governments have been enhanced and municipalities were directed to provide five publicly funded prenatal checkups to each pregnant woman as standard.

The average number of publicly funded prenatal checkups has steadily improved, rising from 2.14 in March 2004 to 2.8 in August 2007 and 5.5 in April 2008. This is attributed not only to the highly motivated efforts of municipalities, but also to the proactive cooperation of local obstetricians/gynecologists.

Key words Prenatal checkups, Maternal and Child Health Law, Municipalities, Public funding, Tax allocations to local governments

Introduction
Prenatal checkups are a prerequisite for healthy pregnancies and safe childbirth and are extremely important for the early detection and appropriate treatment of any unsafe events of pregnancy. The Maternal and Child Health Law stipulates that “Mothers shall make efforts to understand pregnancy, childbirth, and child-rearing, and to maintain and improve their own health” (Article 4), and that “Municipalities shall, as required, provide pregnant women, infants, and children with health examinations and encourage them to undergo such examinations” (Article 13).

Changes in Public Funding
Publicly funded prenatal checkups began in FY1969. Initially, prefectures entrusted them to medical institutions (once in early pregnancy, and once in later stage) for women in low-income households (funded one-third by the national government and two-thirds by prefectures). From FY1974, however, all pregnant women were provided with checkups once in early pregnancy, and once in later stage. They were provided at medical institutions entrusted by prefectures (funded one-third by the national government and two-thirds by prefectures). In FY1997, administration was transferred from prefectures to municipalities following the idea that “daily services should be provided by close government agencies.” In FY1998, funding was incorporated into general revenue for municipalities (tax allocations to local governments).

Current Status of Public Funding
The desirable frequency of prenatal checkups is

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As follows:
1) From early pregnancy up until the 23rd week of pregnancy (end of 6th month): once every 4 weeks
2) From the 24th week (7th month) until the 35th week of pregnancy (9th month): once every 2 weeks
3) From the 36th week of pregnancy (10th month) until delivery: once every week (Children and Families Bureau Chief Notice No. 934, issued November 20, 1996). Thus, there should be 14 prenatal checkups.

Prior to FY2006, municipalities were required to provide two publicly funded prenatal checkups as standard. Since FY2007, tax allocations to local governments have been increased in order to enhance prenatal checkups, and municipalities have been directed to expand public funding to cover five consecutive checkups—the minimum considered necessary to ensure a healthy pregnancy and safe childbirth—to each pregnant woman (Notice of the Director of Maternal and Child Healthcare Division dated January 16, 2007; Equal Employment, Children and Families Bureau, No.0116001).

As of August 2007, the national average for publicly funded prenatal checkups provided by municipalities was 2.8. Consequently, local governments are urged to promote efforts to encourage pregnant women to undergo prenatal checkups and to further enhance public funding for prenatal checkups to help pregnant women financially.

The current status of public funding for prenatal checkups (as of August 2007) is as follows.

1) Number of publicly funded prenatal checkups provided National average: 2.8 (1,827 municipalities)
2) Situation of Municipalities
   a) Proportion of municipalities that increased the number of publicly funded prenatal checkups: 17.3%
   b) Proportion of municipalities that plan to increase the number of publicly funded prenatal checkups FY2007: 6.0%
   c) Proportion of municipalities considering increasing the number of publicly funded prenatal checkups in FY2008: 59.0%
   d) Proportion of municipalities that are undecided or have no plan to increase the number of publicly funded prenatal checkups: 17.7%.

Conclusion

With regard to municipal administration of prenatal checkups,
1) In the majority of cases, a benefits-in-kind system is employed under which prenatal checkup forms for prenatal checkups available are provided in maternity passbooks. Pregnant women can undergo prenatal checkups free-of-charge (for the items stipulated by the municipality) at medical institutions entrusted by municipalities by presenting these forms when under-
going checkups.

2) In the case of pregnant women desiring to return to their hometowns to give birth, some municipalities reimburse women for the prenatal checkups they undergo in their hometown.

The Ministry of Health, Labour and Welfare has posted a leaflet on its website for municipalities to use in their efforts to encourage pregnant women to undergo prenatal checkups. Furthermore, enhancement of public funding of prenatal checkups is also important, and all municipalities are being asked to provide at least five publicly funded prenatal checkups for each pregnant woman.

Author’s note:
According to the results of a survey conducted in April 2008, the national average number of publicly funded prenatal checkups was 5.5. This is thought to reflect the increasing recognition of the importance of prenatal checkups and the proactive efforts by municipalities. However, some municipalities provided only a few checkups—5 municipalities provide 1; 73 municipalities providing 2; 82 municipalities provide 3; and 12 municipalities provide 4—further efforts are awaited.

References