



JAPAN: Updating MCH Handbook in accordance with evolving key MCH agenda



Maternal and Child Health Handbook, Ota city, Tokyo

Brief history of implementation of the MCH Handbook in Japan

The current Maternal and Child Health (MCH) Handbook in Japan is derived from the Maternal Handbook that was developed for the purpose of promoting healthy pregnancy and delivery in 1942. The Maternal Handbook, an eight-page booklet, was composed of health records during pregnancy and delivery period, guidance for pregnant women, and vouchers for foods and clothes rationing during World War II. These vouchers played a key role in attracting pregnant women and their families to the Maternal Handbook and thereby in scaling up it nationwide.

In 1948, under the Child Welfare Act, the MCH Handbook was introduced, by extending its target groups of the Maternal Handbook to children under five years of age and covering all the MCH stages from pregnancy period to childhood. Rapid post-war economic growth during the 1950s led to abolition of vouchers for foods and clothes in 1953.

In 1966, the MCH Handbook underwent a major revision due to implementation of the new Maternal and Child Health Act. In the revised MCH Handbook, caregivers were expected not only to read the MCH-related guidance pages but also to record data on early child development. Since then, the MCH Handbook has been used

as a trilateral interface tool between family, health workers, and local government to ensure both continuum of care and civil registration.

Key MCH agenda shifts in Japan

Figure 1 presents the trend of infant mortality rate (IMR) in Japan. In 1947, IMR was greater than 60 per 1000 livebirths and the leading causes of infant mortalities were infectious diseases attributed to and associated with malnutrition and poor hygiene. Therefore, the Ministry of Health and Welfare was required to take public health measures to increase awareness on child health among mothers and coverage of essential child health services.

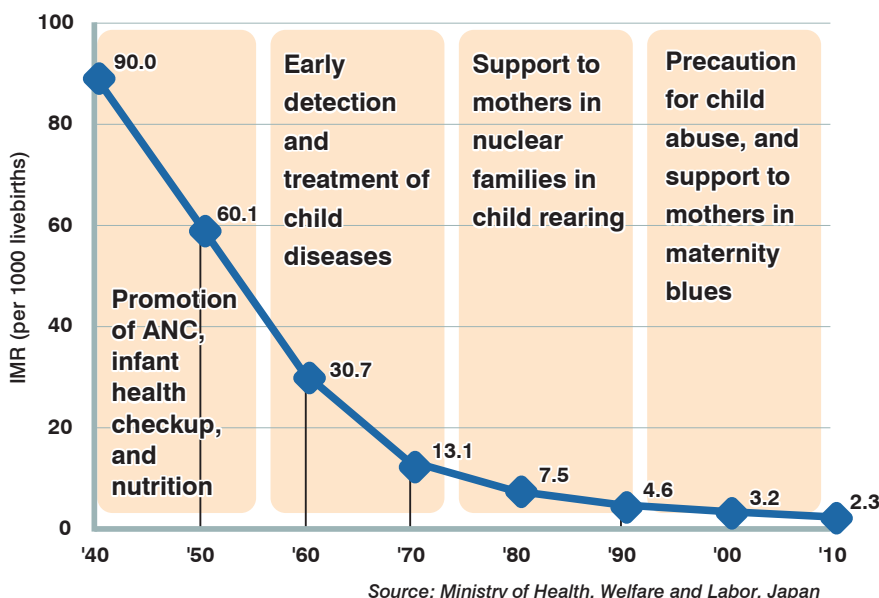
During the period from the 1950s to the 1970s, IMR and maternal mortality ratio (MMR) rapidly declined. During the decades, the key MCH agenda was earlier detection of diseases for earlier treatment and rehabilitation. Health workers responsible for MCH routinely used the MCH Handbook as an timely and reliable source of information about each child.

Further rapid socio-economic development was accompanied by a significant increase in the number of nuclear families in the Japanese society. In such families, mothers are required to take major responsibilities for taking care of their children with few or limited supports from other family members or relatives. Thus, in the mid-1970s, key MCH agenda was shifted to support to mothers and reduction of their anxiety in child rearing.

In the 1990s, when IMR was reduced below five per 1000 livebirths and the number of newborns continued to decrease, key MCH agenda was further shifted to addressing child accident/abuse and maternity blues. Table 1 shows chronological changes in the key MCH agenda.

Revision of the MCH Handbook

The MCH Handbook has been revised every 10 years, to enable it to address evolving key MCH agenda and meet decennially revised child growth curve. Note that the basic concept and structure of the MCH Handbook remain



▲ Figure 1. Changes in key MCH agenda in relation to IMR reduction in Japan



A public health nurse recording child health data in the MCH Handbook at 3-year old check-up

unchanged, i.e. (i) standardized user-friendly MCH data recording, (ii) guidance on maternal and child health, and (iii) the minimum number of pages and handy-sized design as mobile health records.

Wording of texts in the MCH Handbook has become more and more user-friendly in the process of a series of revisions. Until the 1970s, wording in the MCH Handbook was rather assertive or imperative with limited consideration to clients' privacy and laypeople's knowledge. In the 1980s, wording became more user-friendly to enable the MCH Handbook to serve also as a psychosocially supporting tool. Table 1 shows the history of the MCH Handbook revision points.

Revision process of the MCH Handbook needs to involve various stakeholders. Since 1976, the MCH Handbook Revision Committee has been called upon when revising it. When conducting the major revision in 1976, the revision process included pilot field-testing of the MCH Handbook. Through a series of efforts for revision, the current better-balanced

version of MCH Handbook became available. Since 1991, the responsible party for publishing and distributing the MCH Handbook switched from prefectural governments to municipality governments. Then, the contents of the MCH Handbook became composed of two elements: (i) those nationally defined or regulated by a series of MCH Acts; and (ii) those locally defined or recommended by municipality governments.

The contents of the MCH Handbook are supported by global MCH-related evidence. In 2002, the MCH Handbook was revised, in accordance with the renewed national MCH policy that emphasizes needs for delaying start of weaning and respects spontaneous completion of breastfeeding.

The number of recording items to be completed by caregivers has gradually increased. Negative ways of asking questions on early child development milestones were deleted to avoid anxiety among caregivers and enhance their positive experiences in child rearing. The total number of pages increases continuously, but the nationally standardized parts continue to have the same volume.

▼ Table 1. Progress of primary foci of the MCH home-based records in Japan

Year	IMR	MMR	MCH Status	Main revised points	Total number of pages
1942	86.2	196.9	Low awareness for abnormality of pregnancy, High MMR	Maternal Handbook <ul style="list-style-type: none"> • Promotion to get ANC • Guidance for better pregnancy • Food and cotton cloth coupons 	8
1948	61.7	157.0	Child Welfare Act High IMR & MMR	Maternal and Child Handbook <ul style="list-style-type: none"> • Guidance for pregnant mother and infant care • Medical records of pregnancy and infant care • Child growth curve 	24
1953	48.9	163.6	Promotion of family planning and institutional delivery	Maternal and Child Handbook <ul style="list-style-type: none"> • The Children's Charter • Promotion of health consultation to infant • Guidance for neonate • Instruction of dental hygiene • Delete food and cloth coupons 	36
1966	19.3	83.9	Maternal and Child Health Act Early detection and responses to child diseases	Maternal and Child Health Handbook <ul style="list-style-type: none"> • Advise to nutrition for pregnancy • Promotion of health checkup for infant and toddler • Enhanced medical records • Dental record and information 	46
1976	9.3	24.5	Early detection of developmental / growth delay	Maternal and Child Health Handbook <ul style="list-style-type: none"> • Enhanced maternal personal record • Enhanced columns filled by mothers • Check list for development • Improvement of dental record 	60
1987	5.0	11.5	Early detection of diseases Respond to anxiety of child rearing	Maternal and Child Health Handbook <ul style="list-style-type: none"> • Enhanced check lists for development, abnormal signs for special diseases • Check for maternity blues 	68
1991	4.4	8.6	Prevention for child accident Improvement for diet quality	Maternal and Child Health Handbook <ul style="list-style-type: none"> • Updated of growth curve • Information based on local municipality 	51/28*
2002	3.0	7.1	Adjust to social environmental change of child rearing Countermeasure for child abuse	Maternal and Child Health Handbook <ul style="list-style-type: none"> • Revised guideline of weaning diet • Enhanced for dietary education • Promotion of father's participation 	51/40*
2012	2.2	4.0	Subsidy for 14 times ANC Increase kinds of vaccine	Maternal and Child Health Handbook <ul style="list-style-type: none"> • Increase record columns for ANC and vaccination • Information on high risk pregnancy • Stool color chart to detect biliary atresia 	51/57*

IMR: infant mortality rate; MMR: maternal mortality ratio

*: Number of pages of nationally standardized contents / number of pages of locally adjusted contents.

Conclusion

To improve MCH status in Japan, the MCH Handbook has been used for over 70 years. Note that, while its contents, structure and the number of pages have been adjusted and updated to respond to the changing needs, the fundamental concept (incl. volume of the nationally standardized parts) remains unchanged. In Japan, the MCH Handbook is nationally well recognized as the effective and practical tool for both health workers and mothers.

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Further readings

1. Yasuhide Nakamura. Maternal and Child Health Handbook in Japan. *JMAM* 2010; **53**(4): 259-65.
2. Masahiro Kaminota. Maternal and Child Health Measures in Japan. *The 10th International Symposium on Maternal and Child Health Handbooks*. Tokyo: The International committee on MCH Handbook; 2016.
3. WHO. *WHO recommendations on antenatal care for a positive pregnancy experience*. Geneva: WHO, 2016.