

Japan: Birth Practices

Eric Johnson

Department of Nursing, Nevada State College

Professor Peggy Heerdt MSN-Ed, RN

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Japan's healthcare System

The health care system in Japan is similar to the system implemented in the United States after the passage of the affordable care act. They have a statutory coverage system which breaks down as 59% employer based plans, 39.7% residence based plans, and 1.3% on a public program for low income citizens (Matsuda, 2020).

Under this system the majority of procedures and medications have their rates regulated at the national level with the exception being for experimental treatments/procedures. There are yearly and monthly maximum out of pocket expenses that are based on income level and age. Interestingly while most services are covered by healthcare plans maternity along with a few other services such as eye glasses are not covered in most cases.

While maternity and birthing services are not officially covered by most healthcare plans there are a number of options in place that help to offset the cost of care for patients. Some of the offsets include the following: Most medical centers (clinics, hospitals, and birthing centers) in the country receive a yearly lump sum to help cover the cost associated with birth. There are 47 prefectures (Similar to states) in Japan and each provides subsidies to mothers to provide for prenatal care at a reduced or free cost. Finally what can be charged for all non-experimental treatment and medications are controlled by the national government (Matsuda, 2020).

Prenatal care

Prenatal care received in Japan is similar to the care received in the United States. The major difference being that the care is not typically covered by the healthcare plans available in Japan, but is instead partially subsidized by the government on the national and local levels.

When a woman in Japan becomes pregnant in Japan she registers the pregnancy with the local government. Upon registration the expectant mother receives a maternal and child handbook to keep records on prenatal checkups and checkups and vaccinations for the baby after birth (Miyaji & Lock, 1994). The mother will also receive a book of coupons that drastically reduce or eliminate the cost of all prenatal checkups. She will also receive a small badge that is known as a “maternity mark” which will convey certain privileges such as automatically receiving a seat on public transport and being moved to the front of the line when shopping in many stores.

According to a report by Nobuya UNNO only about 0.3% of women in Japan do not seek prenatal care (Unno, 2011). This often leads to complications during delivery that could have been avoided with proper prenatal care.

One of the traditional prenatal pregnancy rights that has been fading in modern times but is still practiced by a number of women is the “OBIIWAI” ritual also called chakutai or iwaiobi. This is a ritual that takes place in the fifth month of pregnancy on what is referred to as the first “Dog day” of the month. During the ritual a cotton sash is tied around the belly as a symbol of protection for the unborn child. The ceremony normally takes place at a shrine where the woman’s mother and grandmother join her and pray for a healthy baby and easy delivery (Miyaji & Lock, 1994).

A few other differences between prenatal care in Japan and the United States include the use of prenatal vitamins. In the Japan prenatal vitamins are generally not prescribed with the thought being that proper nutrition should provide all of the necessary nutrients, minerals and vitamins for the mother and baby. Healthcare providers in Japan also discourage the type of weight gain normally seen in the west. With recommendations of no more than seven to twelve kilograms depending on the size of the mother and 6kg recommendations not being unheard of.

Providers are quick to reprimand women who gain more than the scheduled amount. Providers also tend to discourage sex during all pregnancies while in the United States it is normally only discouraged in high risk pregnancies.

Delivery & Postpartum care

Delivery practices in Japan are similar to those of the United States with some notable exceptions. As discussed earlier healthcare plans in Japan do not cover maternity and birthing care, but many of the associated cost are offset by government subsidies and national controls. As a result the practice of purchasing “Birthing plans” has developed in Japan. Birthing packages cover the additional cost of birth but are really more about the amenities that are provided during the hospital stay than the actual medical care. The packages come in different levels or tiers that will provide options for private rooms, special meals (Celebratory), massages, facials, etc.

The options of where to give birth in Japan includes hospitals (the majority), clinics and birthing centers. Hospitals and clinics are run by Medical doctors and birthing centers are covered by mid-wife nurses and are associated with hospitals for emergency services.

Medicated births tend to be looked down on by providers and the public in Japan. Natural child birth is strongly encouraged and is the norm for child births in the country. The majority of the hospitals in the country do not offer and options for epidurals and they are generally only available at expensive private hospitals. This practice is believed to have developed from the cultural belief that discomfort and pain are a natural acceptable part of life and are to be endured. Midwives have developed a practice of massaging and stretching the peritoneum before birth to reduce trauma and discomfort in the area.

Women in Japan also tend to have longer hospital stays with an average of five days for normal uncomplicated births and seven days for caesarean sections.

Before giving birth many mothers follow the tradition of “Satogaeri Shussan” a custom where the expectant mother returns to her family home one month before birth to give birth and recover for 1 -2 months. (Miyaji & Lock, 1994) The practice has shifted in modern times to the mother and grandmother coming to the pregnant woman to stay and care for her and the baby before and after birth. After birth is traditional for the baby and mother to stay in the home for at least one month before venturing out.

Maternity leave is available for the mother in Japan at a rate of six weeks before the expected due date and eight weeks after giving birth. Fathers do not generally get maternity leave but they do have the option of taking child care leave after the child is born. They can apply for this type of leave from the day the child is born up to two days before the child’s first birthday.

Many of Japan’s maternity practices may seem strange to us as Americans but with an infant mortality rate that is the 2nd lowest in the world with a rate of 2 deaths to every 1000 live births it seems like they are doing something right. To give you a comparison the United States ranks at 55th on the same list with an infant mortality rate of 5.8 deaths to every 1000 live births. The worst country on the list was Afghanistan with 110.6 deaths to every 1000 live births (The World Factbook — Central Intelligence Agency, 2019).

References

Matsuda, R. (2020, June 5). INTERNATIONAL HEALTH CARE SYSTEM PROFILES: Japan.

<https://www.commonwealthfund.org/international-health-policy-center/countries/japan>

Miyaji, N., & Lock, M. (1994). Monitoring Motherhood: Sociocultural and Historic Aspects of Maternal and Child Health in Japan. *Daedalus*, 123(4), 87–112. <https://www.jstor.org/stable/20027269>

The World Factbook — Central Intelligence Agency. (2019). Cia.Gov.

<https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>

Unno, N. (2011). The Perinatal Care System in Japan. *Journal of the Japan Medical Association*, 54(4), 234–240.