

## **Chapter 2. In pursuit of a society which can realize hopes of pregnancy, birth and childcare**

### **Section 1. For pregnancy and birth at ease**

#### **1. Securing Support System for Pregnancy and Childbirth, and Perinatal Care System**

##### **1) Alleviation of Economic Burdens Owing to the Gynaecological Check-up and Childbirth**

In the second supplementary budget in FY 2008, the support for receiving prenatal care was expanded, so it can be received as many times as necessary (about 14 times), while in 2011 fourth supplementary budget, and for the year 2012 as well, it was decided to continue to grant public funds for this matter. Furthermore, in the light of the 2010 Infant Physical Development Survey results and changes in the circumstances surrounding maternal and child health in recent years, for proper examination of early notification of pregnancy and prenatal care, in addition to the start of the new style operation of the Maternal and Child Health Handbook from fiscal 2012, the public service announcements making the information well-known to the public, such as through the preparation and distribution of leaflets are aimed for.

In addition, the system for the lump-sum birth allowance will be continued since April 2011, with 420,000 yen and principle amount to be paid, system for direct payments to be paid directly to the medical institutions from medical insurance lump-sum birth allowance will make improvements, such as accelerating payments to medical institutions. In addition, for small facilities that are considered difficult to respond to the direct payment schemes, the mechanism of receiving agencies will be institutionalized. Furthermore, in 2012, for recurrent miscarriages, such as miscarriages is repeated two or more times, so called 'recurrent pregnancy loss', awareness raising and consultation support by placing counselors specializing in infertility in counseling centers will be performed.

##### **2) Development of Perinatal Care System, Securing Perinatal Medical Transport System**

###### **(1) Enhancement of Perinatal Care System**

It establishes the general obstetrics medical center and regional obstetrics medical center supporting the same for providing appropriate medical care for high risk pregnant women and new-born babies etc. and addresses the enhancement of the perinatal care system by securing cooperation with the regional farrowing facility.

###### **(2) Securing Perinatal Ambulance Receiving System**

As for the function of general obstetrics medical center, it deals with the mother and baby having complications other than the obstetric complication by coordinating with the related diagnosis and treatment department of its own facilities or other facilities and for the neonatal intensive care unit (NICU), it is trying to develop 25-30 beds for every 10000 births as target up to 2014 (H26).

###### **3) Obstetrics Compensation System**

From January 2009 (H21), it compensates the economic burden for the child, detected with cerebral palsy due to medical mishaps during the delivery, and its parents and guardians, analyzes the cause of the accident, provide information that contributes for the prevention of accidents, and establishes a practice of 'obstetrics compensation

system' for addressing the improvement in the quality of conflict prevention, early settlement and the obstetrics.

#### **4) Raising Awareness for Maternity Mark**

For raising awareness, Maternity mark is promoted not only through a variety of opportunities including the website, but also by requesting public transport, workplaces and eating places to cooperate for the efforts.

#### **5) Development of Counselling and Support System (Pregnant Women, Childbirth Artificial Abortion etc.)**

It offers counselling and support using the maternal and child health project such as the home guidance for the headaches like pregnancy and child birth, artificial abortion etc. and assists the consultation in the 'Women health center'. (Women's Health Support Centers: 42 municipalities in 2011).

## **2. Support to Tackle Fertility Treatment**

### **1) Specialized Fertility Counselling Center**

The medical specialists implement the 'specialized fertility counselling center' for carrying out 1) medical consultation for infertility and 2) psychological consultation for infertility, etc. in the health facilities playing core roles in the region, etc. (60 municipalities in FY 2011)

### **2) Alleviation of Economic Burden Due to Fertility Treatment, etc.**

It aids the partial amount of the expenses for the infertility treatment between spouses and addresses the alleviation of the economic burden for the in vitro fertilization and micro insemination for which the economic burden is high. In FY 2011, the number of times to be eligible (not to exceed a total of 5 years, a total of 10 times) has been expanded to three times for the first year (actual payment in FY 2010: 96,458 households).

Table 2-2-1: History of subsidized projects related to infertility treatment

<b>Year</b>	<b>Payment requirements</b>
<b>Founded in 2004</b>	<b>Once per year up to 100,000 yen, two-year benefit period, 6.5 million yen income limit (Based on the combined income of the couple. Hereinafter the same shall apply.)</b>
<b>FY 2006</b>	<b>Benefit period extended to five years</b>
<b>FY 2007</b>	<b>The applicable number is expanded to twice per year, the income limit is increased from 6.5 million yen to 7.3 million yen</b>
<b>FY 2009 (Supplementary budget)</b>	<b>Benefits increased to 150,000 yen per time</b>
<b>FY 2011</b>	<b>The applicable number is expanded to 3 times per year for the first year (Not to exceed a total of 5 years, a total of 10 times)</b>

Source: Created documents from the Ministry of Health, Labor and Welfare

## **Section 2 Facilitating childhood education and nursery care service to whoever wants**

### **1. Elimination of the Number of Waiting Children and Improvement in The Quality of Child Education, Childcare**

#### **1) Elimination of Child Day Care Centre Waiting**

Decreased for the first time in four years, the number of children on waiting lists for nursery has become 25,556 (a decrease of 719 people compared to the previous year) as of April 2011. With the buildup in supplementary budget 4th FY 2011, the 'Relief Children's Fund' was founded in the prefectures in the second supplementary budget in 2008, the one-year extension to further deadline project implementation had with the end of 2011 and by the end of 2012, and support to carry out maintenance and certification of nursery childcare centers. Furthermore, based on the 'Advance acceptance Project' was compiled in 2010 'Resolving children on waiting municipality countries and work in an integrated manner', and grants for nonregistered day-care facility that has been ensuring quality, caregivers family of multiple region as well as the promotion of group type small-scale nursery business (childcare mother), childcare business through the implementation of small and versatile installation and conference 'parenting, children, regions', There is not enough supply of childcare you are able to proceed with such as better support business type 'care and childcare support model community'.

#### **2) Providing Diverse Childcare**

It continues to promote extended day care (FY2010: 16,245 places, with 5,465 places among public, private 10,780 places), night child care (the number of implementation places in FY 2010: 65 places), and child care during and after sickness project (the number of implementation places in FY 2010: 1,319 places), and assists in the expenses necessary to change a non-registered day care facility to a registered day care facility as the child resources of the region, for corresponding with diverse child care services.

#### **3) Promoting Family Day Care (Childcare Mother)**

For municipalities (while cooperating with childcare nannies and other nursery centers, nurturing a small number of pre-school children in homes of caregivers, etc.) to implement family childcare business, the necessary expenses are provided (budget target number for 2011 is 10,000 children). In addition, 'group type small-scale nursery businesses' with caregivers for many families in the same location are being carried out.

#### **4) Improving the Quality of Early Education and Childcare**

In order to promote the school evaluation in accordance with the characteristics of kindergartens, including third-party evaluation, 'Guidelines for school evaluation in kindergartens' were revised in November 2011. Third-party evaluation business for nursery centers is promoted aiming to improve the service from the perspective of children, while guidelines for evaluation criteria that focus on the characteristics of the nursery centers, issued a notification in May 2005, 2011 were partially revised in March and disseminated.

## **5) Building a Comprehensive Unified System for Supporting the Development of The New Generation Including The integration of the function of kindergartens and childcare centers**

To establish comprehensive and centralized systems through integration, including the juvenile protection, to support the development of the next new generation, the construction of comprehensive and centralized system of institutional resources and benefits was examined by the Children and Parenting New System Review Conference Basic Structure project group working teams, and the ‘New system for children and parenting basic compilation structure’ (hereinafter referred to as ‘new parenting-child system’) was summarized in January 2012. Based on this, three bills: ‘Support for Children and Childcare Bill’, ‘Comprehensive Childcare Centers Bill’, and the ‘Bill Concerning the Enforcement of Laws Regarding the Implementation of Support for Children and Childcare Bill and Comprehensive Childcare Centers Bill’, were submitted to the ordinary session of the Diet in 2012 with the fundamental tax reform.

### **2. Initiatives for After School Measures**

#### **1) Implementation of ‘After School Children Plan (After School Children’s Club, After School Children Classroom)’**

The Ministry of Education and the Ministry of Health, Labour and Welfare in collaboration and coordination with each other promote providing safe and healthy places for the children after school and during long vacations such as summer vacations in the local community and set up ‘after school children plan’ as a comprehensive after school child measure.

In FY 2011, 9,733 after school children classrooms and 20,561 after school children clubs for children were implemented.

#### **2) Enhancement of After School Children Clubs**

It is expected that the percentage of the children using after school children’s club, amongst the target children (Primary school students 1-3 years), if matched with the potential demand, will reach 40% by FY 2017 (H29), and the aim is to get service delivery percentage as 32% by FY 2014 (H26).

## **Section 3 To save children's health and safety, to secure access to medical care**

### **1. Securing Children Medical System Ensuring the Pediatric Care System**

#### **1) Enhancement of Pediatric Care**

For the emergency medical care of children, the early child care center management is implemented for the initial emergency (2009 (H21)) whereas the pediatric emergency care support project which secures the hospital in which the dealing with pediatric emergency is possible using the number system in the secondary medical care unit for the emergency requiring the hospitalization (secondary emergency) and the hospital based pediatric emergency medical project which secures the hospital in which the pediatric emergency patients can be received for multiple secondary medical care units, are implemented and enhanced.

#### **2) Medical Treatment Research Project for Chronic Specified Diseases in Children, etc.**

For the pediatric chronic diseases such as a particular disorder like childhood cancer, the establishment and dissemination of treatment is addressed due to extended duration of the medical treatment and burden due to expensive treatment and the pediatric chronic disease treatment research project which assists a part of the burden of medical treatment expenses, is implemented for contributing to the alleviation of the burden due to medical treatment expenses of the home patients.

### **2. Protecting Health and Safety of the Children.**

#### **1) Vaccination**

Triggered by the occurrence and countermeasures of (A/H1N1) pandemic influenza in April 2009, the review of the overall national immunization system gained momentum and led to the reestablishment of the Health and Welfare Science Commission Infectious Diseases Department Vaccination Subcommittee in December of the same year. Currently, in the Vaccination Subcommittee, the nature of the diseases and vaccines that are subject to the Preventive Vaccination Act, based on 'Primary Recommendations' that was put together by the same Committee in February 2010, and ways of the cost of inoculation burdens are being discussed.

#### **2) Enhancement of Mental health care**

In 2008, highly experienced retired nursing teachers are unplaced or where those who do not have enough experience are placed, as school health leaders, to train teachers in schools and to conduct guidance regarding how to respond to the students and children that require individual approach. By improving the exchange of information and knowledge by the school health leaders, we aim to improve the environment that can adequately address the health problems that modern children and students face.

#### **3) Distributing Scientific Knowledge Related to Sex and Appropriate Education for the Developmental Stages**

For carrying out appropriate sex education in school, training which aims at spreading and leadership training in each region is held.

#### **4) Promotion of 'Dietary Education'**

##### **(1) Promotion of dietary education as a national campaign**

According to the basic plan for dietary education, the dietary education promotion campaign is clearly and effectively implemented and June is determined as 'dietary month' every year for measuring the infiltration of dietary education to residents.

### **(2) Implementation of Dietary Education in The Families**

In order to promote nutrition education to families with infants, awareness is being raised regarding the "breastfeeding and weaning support guide" compiled in March 2007.

### **(3) Implementation of Dietary Education in the Schools**

The amended School Lunch Act was enforced in April 2009 (H21) by which the diet and nutrition teacher will regulate the guidelines related to the food service for the use of food. As of April 1st, 2012, 4,263 nutrition teachers are placed in all prefectures. In addition, the 'guide for providing the food in the child welfare facility' is summarized in March 2010 after checking with the specialists, for the techniques of nutritional management such as the preparation and review of the specific diet plan in the child welfare facility.

### **(4) Implementation of the Initiatives for Improving Dietary Lifestyles in The Regions**

To encourage good practice in the nutritional balance of the 'Japanese-style diet', consisting mainly of rice and vegetables with a variety of side dishes, such as marine products and livestock products, the efforts for dietary education according to local circumstances and the regional and advanced activities regarding the dietary education are being supported.

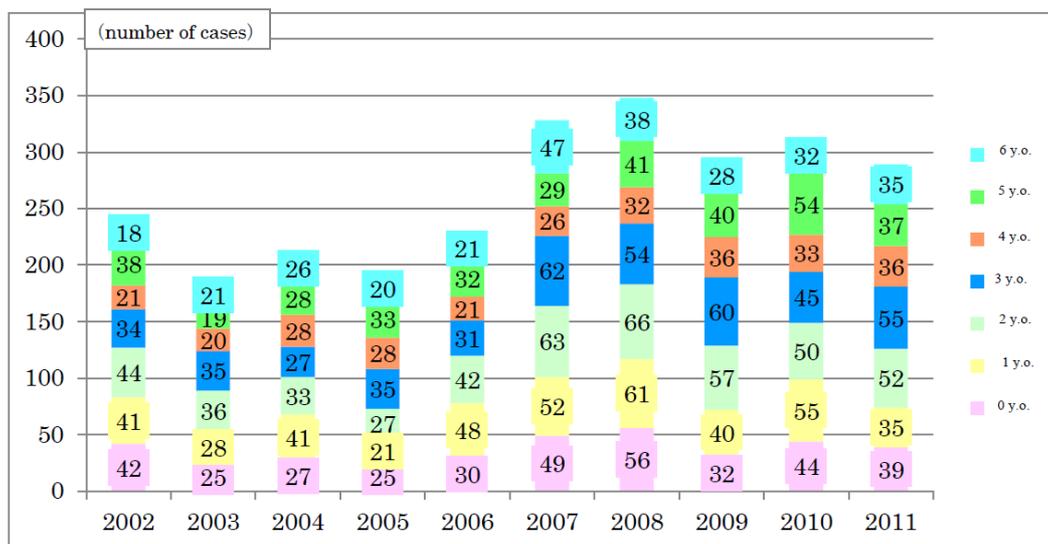
## **5) Preventing Children Mishaps**

### **(1) The Initiatives for Preventing The Children Mishaps**

Expanding the 'Protecting children from accidents! Project' in December 2009, as a 'Children safety mail from Consumer Affairs Agency' delivery service, trivia and points to note in order to prevent accidents of children, are delivered once a week. In addition, from March 2011, recruiting efforts to prevent child injuries and injury experiences are introduced on the homepage.

Figure 2-2-2

Number of consultations regarding damage<sup>※1</sup> for victims under the age of 6



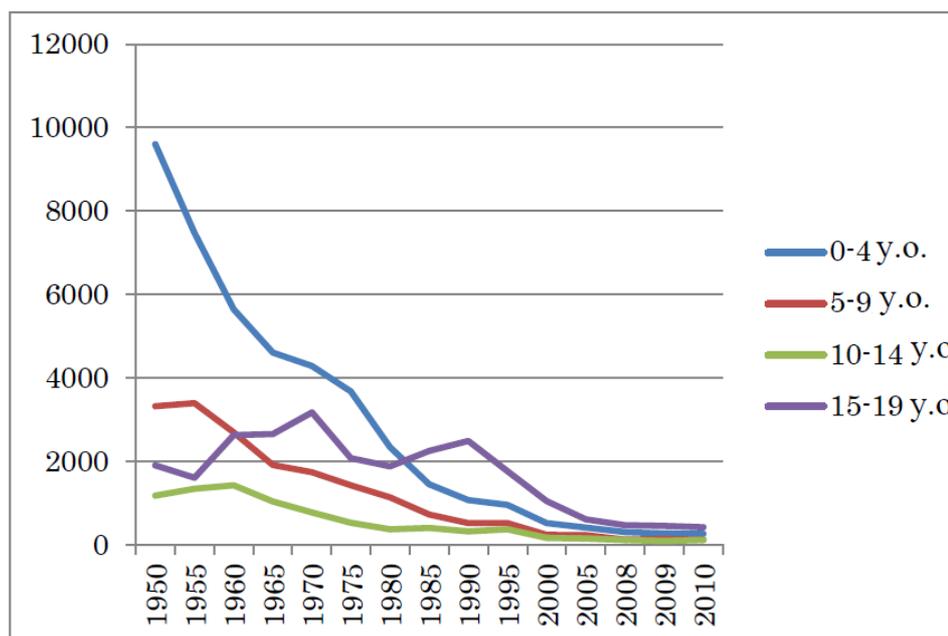
Source: According to PIO-NET (Nationwide Consumer Information System Network)

※ 1 Damage to relevant goods, services, facilities, injury to physical body, or receiving a disease, such as illness.

※ 2 Of consultations that were submitted to PIO-NET, Number of consultations regarding damage for victims under the age of 6 (Reception year 2002-2011, registration part until April 30, 2012)

※ 3 PIO-NET information is based on the counseling information offers, it does not necessarily confirm the facts.

Figure 2-2-3  
Changes in the number of deaths of people under 19 years old due to accidents



Source: "Demographic Survey" by the Ministry of Health, Labour and Welfare

Table 2-2-4:

	Total number	0 y/o	1 y/o	2 y/o	3 y/o	4 y/o	5-9 y/o	10-14 y/o	15-19 y/o
Unexpected accidents	32.2	10.9	5.8	3.2	2.9	2.5	2.2	2.1	7.1
Traffic accidents	5.7	0.9	1.7	0.9	0.8	0.7	1.0	0.8	4.9
Falling · Tumbling	5.9	0.4	0.5	0.1	0.8	0.5	0.2	0.2	0.4
Accidental drowning and near-drowning	5.5	0.6	1.5	0.5	0.5	0.6	0.6	0.6	0.7
Accidental suffocation	7.8	8.2	1.7	0.5	0.3	0.2	0.2	0.2	0.3
Exposure to smoke, fire, or flame	1.1	0.3	0.1	1.0	0.5	0.4	0.2	0.2	0.1
Poisoning by toxic substances	0.7	-	-	-	-	0.2	0.0	0.0	0.3
Other unexpected accidents	5.5	0.6	0.2	0.2	0.1	-	0.1	0.1	0.3

Source: "Vital Statistics" Ministry of Health, Labour and Welfare (2010)  
 Note 1) The total number is the mortality rate of all age groups.  
 Note 2) 0-year-old mortality rate is for 100,000 births.  
 Note 3) Calculation method is as follows.  
 0-year-olds: Number of deaths / Number of live births in the year 2010 × 100,000  
 Others: Number of deaths by age group / Japanese population by age group × 100,000

## (2) Implementing Safety Measures of the Play Ground

With social infrastructure comprehensive grants, support for construction of facilities for measures of safety and security of city park playgrounds are implemented.

## (3) Promoting Safety Measures of Buildings

Appropriate maintenance and necessary repair works of special buildings used by a number of people are promoted through preparation of maintenance plans and periodical submission of the result of investigation by owners of those buildings.

## 6) Preventing from Harmful Criminals

### (1) Implementing the Efforts for Protecting Children from Crime

Since 2005 the National Police Agency has prevented the reoccurrence of violent sex crimes with information provided from the Ministry of Justice about those who served time and have been released from prison for those crimes, such as indecent assaults on children. From April 2011, the police has strengthened measures to prevent second offenses through confirming their whereabouts by visiting them and, if

needed, interviewing them with their approval. In addition, in FY 2011, in order to receive the education children at ease, by developing a mechanism to make effective use of volunteer for school safety, as a whole community, the system to watch over the safety of children is being enhanced.

**(2) Promotion of ‘Planning a Safe and Secure Town’**

The ‘Planning a Safe and Secure Town’ is promoted by steady implementation of the ‘Guidelines for the Maintenance and Management of Public Facilities for the Planning Town for Crime Prevention’ (July 2003 (H15)). Furthermore, efforts have been made to understand and improve the dangerous areas such as school areas, children commute routes, parks, subways, and vacant houses where children related crimes can occur.

**(3) Promoting efforts to protect children from harmful environment related to Internet**

In order to prevent the harm from crimes resulting from the use of mobile phones to children, with the aim of disseminating the use of filtering for mobile phones used by children, a series of efforts are made including giving guidance to and requesting business operators such as mobile phone shops to take appropriate measures, educating parents using all opportunities such as school admission briefing, and conducting enlightenment activities in coordination with relevant agencies and organizations.

**7) Resolution of Environmental Factors which Impact the Health of the Children**

‘Nationwide survey related to the health of the children and the environment (Eco-child Survey)’ is conducted from 2010 (H22) to resolve the impact of the chemical agents in the environment on the health of the children.