

Section 4. Improvement of Measures for Maternal and Child Health

1. Promotion of “Healthy and Happy Family 21”

The “Healthy and Happy Family 21” Committee has conducted interim evaluations of the “Healthy and Happy Family 21 (Sukoyaka Family 21)”, a national campaign for the 21st century in the field of maternal and child health, in the intermediate of FY 2005 and indicated the future direction of implementing priority measures by taking into consideration the achievements of the last 5 years. In addition, the “Child and Childrearing Support Plan” which formulated in December 2004 included measures and goals with consideration given to the purposes of the “Healthy and Happy Family 21”. Further efforts will be made in the future to implement measures more actively.

2. Support for Children’s Mental Health

A “Study Team to Nurture Doctors Specialized in Children’s Mental Health” has been held for 2 years since 2005 to discuss how to nurture paediatricians and psychiatrists who are capable of coping with various problems with children’s mental health, child abuse, and developmental disorders. A report was compiled by the study group on March 2007. Taking this report into consideration, training has been conducted and text books were prepared for promoting clinical doctors for children’s mental health.

3. Enhancement of Perinatal Care

In order to provide advanced medical care properly to pregnant women at high risk or newborn infants, promotional efforts are being made in all prefectures to establish comprehensive perinatal maternal medical centers which could be core institutions in providing perinatal medical care and perinatal medical network programs which aim at securing a cooperative system between regional medical care facilities and advanced medical care facilities.

4. Improvement of Health Checkups for Pregnant Women

The issue of pregnant women who never receive health checkups has become a social problem in recent years. Measures for local finance budget to improve subsidies at public expense for health checkups for pregnant women were taken in the FY 2007. Efforts are being made to facilitate expanding the public cost-sharing to each local government to improve subsidies for health checkups (national average of the number of times public expenses were used was 5.5 as of April 2008).

In addition, promotional efforts are being made through government publicity and leaflets to facilitate pregnant women properly receiving health checkups and early registration (hence the early issue of a maternal and child health handbook).

5. Maternity Marks

Maternity marks are provided to facilitate public consideration for pregnant women. Since effective and efficient way to utilize these marks are to hand them out with maternal and child health handbooks to pregnant women, measures have been taken using local finance budget from FY 2007 so that active efforts will be made in distributing the maternity marks with maternal and child health handbooks.

6. Formulation of Guidelines for Studying Human Fertilized Embryos

In July 2004, the Council for Science and Technology Policy compiled a report on the “Basic Concept of Handling Human Fertilized Embryo”. Based on the report the Ministry of Health, Labour and Welfare, in cooperation with other related ministries including the Ministry of Education, Culture, Sports, Science and Technology, has been holding a Special Committee on Human Fertilized Embryo under the Science and Technology Committee of the Health Sciences Council to debate the guidelines in ensuring appropriate handling of human fertilized embryos in order to promote assisted reproductive technologies.

7. Support for Fertilization Treatment

As external fertilization and intracytoplasmic sperm injection impose a substantial financial burden, efforts are have been made to reduce that financial burden through subsidizing part of the expenses required for sterilization treatment among spouses as part of support for development of the next-generation since FY 2004.

The period of benefit was extended from 2 years to 5 years in FY 2006. Since FY 2007 the amount of the benefit has been expanded (maximum amount of 100,000 yen per treatment, no more than twice a year) and the limit on income was relaxed (to total couple income of 7.3 million yen).