

Topics: Recent topics in public health in Japan 2023

< Review >

Current public healthcare system for improving mothers and children's health and well-being in Japan

KODAMA Tomoko¹⁾, OSAWA Eri¹⁾, FUKUSHIMA Fujiko²⁾

¹⁾Department of International Health and Collaboration, National Institute of Public Health

²⁾Department of Family and Reproductive Health Nursing, Toho University

Abstract

In recent years, the various environments of mothers and children have changed significantly because of the declining birth rate, shift to nuclear families, and increasing employment rate of women. In Japan, subsidies for antenatal checkups and support have been provided so that expectant and nursing mothers can have and raise children with peace of mind. However, the importance of community care and support measures not only during pregnancy but also after birth has been pointed out. Furthermore, with the revision of the Child Welfare Act and the establishment of the Agency for Children and Families, it is expected that the system will be redeveloped and expanded with a focus on children, as well as improving the health and welfare of mothers.

keywords: maternal and child health, postnatal care, comprehensive support

(accepted for publication, December 21, 2022)

I. Introduction

In recent years, the various environments surrounding the health of mothers and children have changed significantly because of the declining birth rate, the shift to nuclear families, and the increasing employment rate of women. In Japan, the subsidies and support for antenatal checkups and delivery have been provided so that pregnant and nursing mothers can have and raise their children with peace of mind. However, the importance of community care and support measures not only during pregnancy but also after birth has been pointed out. This paper reports on these recent developments surrounding pregnant and parturient women.

II. Maternal and child health in Japan in the SDG indicators

In the UN Sustainable Development Goals (SDGs), under

Goal 3 “Ensure healthy lives and promote well-being for all at all ages,” there are four targets related to maternal and child health, which are monitored through 10 indicators [1]. The state, “3.1. reduce the global maternal mortality ratio to less than 70 per 100,000 live births; 3.2. end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births” by 2030. These indicators were achieved in Japan in the 1960s (Figure 1).

Maternal mortality is defined as the death of a woman during pregnancy or less than 42 full days after the termination of pregnancy. This does not relate to the duration and site of pregnancy, but to pregnancy itself or its management. In 2020, there were 23 maternal deaths (8.2 per 100,000 live births) across country. Of these, 15 were “direct obstetric deaths,” which were caused by obstetric complications during pregnancy, and 7 were “indirect obstetric deaths”, which were caused by diseases that existed

Corresponding author: KODAMA Tomoko
2-3-6 Minami, Wako, Saitama 351-0197, Japan.
Tel: 048-458-6150
Fax: 048-469-2768
E-mail: kodama.t.aa@niph.go.jp

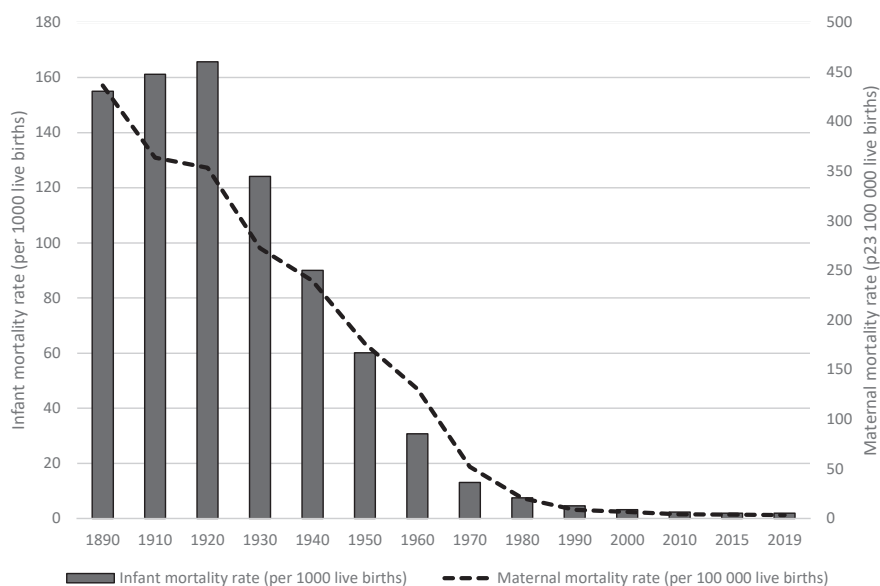


Figure 1 Maternal and Infant mortality since 1890.

before pregnancy or developed during pregnancy and were aggravated by the physiological effects of pregnancy. The maternal mortality rate (births (births plus stillbirths) per 100,000 live births) has declined constantly since the 1890s, reaching single digits in 1963 (Figure 1). It has been on a gradual downward trend since then, reaching 2.7 in 2020. This value is similar to that of Italy (2.7) and Germany (2.8) and is the second highest after that of Australia (1.6) and the Netherlands (1.8)[2]. Also, the infant mortality rate in the first year of life was more than 150 until around 1920 but was below 100 in 1940 and has since improved rapidly to 30.7 and 10.0 in 1960 and 1975, respectively; in 2021, it was very low at 1.7[3].

III. Maternal and child health services in Japan

1. Main history of maternal and child health

With the enactment of the Public Health Center Act in 1937, matters relating to maternal and infant hygiene were stipulated as the business of public health centers. In 1941, the Maternal and Child Division was established in the Population Bureau of the Ministry of Health and Welfare in order to take charge of these administrations. In 1942, the regulations for the handbook for expectant and nursing mothers were enacted. The handbook was intended to prevent miscarriages, premature births, and stillbirths and to protect the mother. As the world's first registration system for pregnant women, it improved the maternal and infant mortality rate and formed the basis for maternal and child health administration to the present day. After the war, the Child Welfare Act was issued in 1947, and the handbook was renamed to the Maternal and Child Health Handbook

and was further utilized from 1965 [4]. In 1977, health checkups for children aged 1 year and 6 months and mass screening for congenital metabolic disorders were introduced, and from 1997, municipalities began to provide basic maternal and child health services such as health checkups for 3-year-old children. These efforts contributed to an improvement in infant mortality (Table 1).

2. Measures under the Maternal and Child Health Act [5]

Maternal and child health measures in Japan aim to comprehensively promote maternal and child health throughout adolescence, pregnancy, childbirth, the neonatal period, and infancy and are systematized to ensure that the most appropriate services are available at each stage. These are broadly divided into the areas of "health checkups," "health guidance," "medical care support," and "medical care planning," each of which is divided into state-subsidized and general-funded projects.

In recent years, many maternal and child health services have been transferred to municipalities with the aim of providing services closer to the population. Prefectures are responsible for liaison and coordination between municipalities and technical advice based on the Maternal and Child Health Act and the Community Health Act (Table 2).

3. Healthy Parents and Children 21

It is a vision that presents the main initiatives for maternal and child health in the 21st century and is part of the national movement Health Japan 21. The first phase, an interim evaluation, and a final evaluation were conducted from 2001 to 2014, from 2005 to 2010, and in 2013, respectively. The second phase began in 2015 and reported that

Table 1 Summary of the Acts and Measures for Maternal and Child Health since 1930s.

Year	Act / Measures and projects
1937	Public Health Center Act*, Maternal and Child Health Act*
1942	Introducing Maternity Handbook system
1948	Child Welfare Act, Maternal Protection Act*
1961	Premature infant medical treatment and health guidance Establishment of Maternal and Child Health Centers
1965	Newborn baby visit, 3-year health examination
1969	Publicly funded system of health examination for expectant and nursing mothers
1974	Projects for Research and Treatment of Specific Pediatric Chronic Diseases(PRT-SPCD)
1977	Health examination for children aged 1 year and 6 months Mass screening for congenital metabolic disorders
1994	Community Health Act* Angel Plan (five-year project for emergency childcare measures, etc.)
1999	New Angel Plan, Development of the perinatal medical network
2000	Formulation of 'Healthy Parents and Children 21' Child abuse prevention municipal network projects, Introducing newborn hearing tests
2003	Basic Act on Countermeasures for Society with Declining Birthrate* Act on Advancement of Measures to Support Raising Next-Generation Children*
2004	Specific fertility treatment subsidy programme
2005	PRT-SPCD placed under Child Welfare Act
2011	Newborn screening tests using the tandem mass technique
2013	Transfer of authority to municipalities for premature infant care and premature infant visit
2015	'Healthy Parents and Children 21 (the 2nd Round)'
2017	Establishment Comprehensive Support Centers under Maternal and Child Health Act
2018	Basic Act on Child Care and Development** (enacted in December 2019)
2019	Maternal and Child Health Act amended (included postnatal care services)
2022	Basic Act for Children* (enacts in April 2023) Act on Establishment of Children and Families Agency (enacts in May 2023)

* translated by authors as the official English names of the Acts have not been defined.

** The official English name has not been defined. Act on Comprehensive Promotion of Measures for Providing Necessary Child Care and Medical Treatment to Children (so-called Basic Act on Child Care and Development) .

Table 2 Transfer of authority to municipalities under Maternal and Child Health Act

Year	Items	Article No.
1992	Dissemination of knowledge	9
1992	Maternal and Child Healthcare Handbook	16
1997	Health guidance	10
1997	Home visits for newborns	11
1997	Health checkups	12,13
1997	Pregnancy Notification	15
1997	Visit guidance for Mothers, etc.	17
2013	Notification of low birthweight infants	18
2013	Visit guidance for premature infants	19
2013	Medical and infant care services	20

(i) the health disparities between regions should be eliminated so that a certain quality of maternal and child health services are available and lives are protected wherever a child is born in Japan; (ii) maternal and child health services should be developed in recognition of the differences and diversity of individuals and family environments due to illness, disability, and economic status; and (iii) a society in which all children grow up healthy should be the goal. The Ministry of Health, Labour and Welfare (MHLW) conducted a midterm evaluation and found improvements in U34 out of 62 indicators. However, major challenges remain, such as

maternal mental health, teenage suicide, and the number of deaths due to child abuse [6].

4. Basic Act on Child Care and Development

In 2019, the Act on Comprehensive Promotion of Measures for Providing Necessary Child Care and Medical Treatment to Children (so-called Basic Act on Child Care and Development) came into force [7]. This Act aims to comprehensively promote relevant legacies with the basic principles of seamless support throughout the growth process, provision of appropriate medical care for child development, etc. based on scientific findings, and the development of an environment where children can be born and raised with peace of mind, in order to ensure the healthy development of children. Under this Act, prefectures need appropriate consideration in the preparation of healthcare plans in child-rearing support project.

5. Postnatal care projects

In Japan, the age of childbirth has increased in recent years because of factors such as women marrying later in life, and at the same time, the aging of parents caring for childbearing mothers and increase in the percentage of

women in paid employment have led to calls for the improvement of public postnatal care. For women and babies who need postnatal care less than a year after childbirth, the Postnatal Care Service, which provides physical and mental care and childcare support with a budgetary measure. The Maternal and Child Health Act was amended in 2019, making it a statutory obligation for municipalities to make efforts, and it came into force in April 2021[5]. MHLW has established implementation standards for postnatal care services by ministerial ordinance with revision of the guidelines and promote efforts to develop the services nationwide, including subsidizing the services and building facilities through the Projects.

6. Comprehensive support centers for child care

Since 2015, the establishment of centers (Comprehensive Support Centers for Child-Rearing Generation) that provide comprehensive consultation and support for various needs from pregnancy to child-rearing. It has been promoted nation-wide and 1,603 municipalities (out of 2451 locations) established as of April 1, 2021 [4]. The centers has public health nurses and other professionals to provide “maternal and child health services” such as health checkups, and “child-rearing support services” in an integrated manner. Also, they formulate support plans by coordinating relevant organizations with offering necessary information. These centers operates under the amendment of the Maternal and Child Health Act in April 2017.

IV. Maternal and child health from the perspective of Universal Health Coverage

1. Family planning

In the midst of postwar impoverishment, an increase in abortions occurred and the Government budgeted for family planning projects to promote the spread of conception control from 1952 to protect maternal health. Since then, the spread of conception control has been promoted through the active cooperation of private family-planning promotion organizations. Conversely, Japan's coverage index in the UHC Reproductive Health Family Planning in the UN Sustainable Development Goals does not show sufficient achievement, and challenges are still being observed [1].

The number of abortions peaked at 1,170,000 in 1955 (number of notifications) and has been decreasing year by year, but in 2020, there were still 141,000 abortions. The abortion rate for women under 20 years of age (per 1,000 female population aged 15–19 years) peaked at 13.0 in 2001 and has decreased to 3.8 in 2020. Abortion is regulated by the Maternal Protection Act, which aims to protect the life and health of the mother. Additionally, the Act stipulates

sterilization procedures, practical guidance on fertility control, notification by doctors, and penalties.

2. Antenatal health checkups

For antenatal health checkups, the Maternal and Child Health Act provides a budget from the national government for the municipalities to set the necessary fees and examination fees for the checkups. According to the results of a survey on the state of public expenditure on antenatal health checkups in 1,741 municipalities nationwide in April 2018, the national average amount of public expenditure covered was 105,734 yen. The method used to issue examination tickets to pregnant women was the “examination ticket method” (*1) in 1,476 municipalities (84.8%) and the “supplementary ticket method” (*2) in 265 municipalities (15.2%). Of the 1,476 municipalities using the medical examination ticket system, 1,476 municipalities (100.0%) performed all the test items specified in the desirable standards (*3), which are considered at the recommended level A in the Guidelines for Obstetric and Gynaecological Practice 2017 [8].

In an ecological study conducted by the authors analyzing the uptake of antenatal health checkups (PNC) by prefecture, inadequate PNC use was positively correlated with population and population density, divorce rates, the proportion of foreign nationals and low high school enrollment rates, with no association found with the number of obstetricians and gynecologists or other healthcare professionals. Inadequate PNC use was also found to be more common in urban areas with higher numbers of foreign nationals and lower levels of education [9].

*1 The “examination ticket system” refers to a system in which pregnant women bring a ticket to a medical institution indicating the items to be examined each time they receive a medical checkup.

2 The “assistance ticket method” refers to a method in which pregnant women bring a ticket with a subsidy amount to a medical institution for a medical checkup, with the items to be examined each time being determined by the medical institution).

*3 “Desirable standards” refer to the test items specified in the “Desirable Standards for Health Examinations for Pregnant Women” (MHLW Notification No. 226 of 31 March 2015).

3. Medical insurance and maternity and childbirth benefits

There is a system of maternity leaves and childbirth benefits (for deliveries after 12 weeks of pregnancy) within the health insurance system. The maternity leave allowance is a system whereby when an insured person takes time off

work for delivery and is not paid all or part of her remuneration and is paid to stabilize her life and protect the mother. It covers 42 days before delivery (98 days for multiple pregnancies) and 56 days after delivery. Conversely, households on public assistance also have maternity benefits under the publicly funded healthcare system.

Normal pregnancies and deliveries are not covered by national (public) medical insurance, however, the economic burden placed on the child-rearing generation is not negligible, the lump sum maternity and childcare payment in the medical insurance system (health insurance, national health insurance, etc.) have been set and it increased to 420,000 yen in principle from October 2009. (For the facilities not registered by the “Obstetric Medical Compensation Scheme,” the amount was 390,000 yen.) In principle, this lump sum is paid directly to hospitals and other institutions by the respective medical insurers [10].

V. Infertility treatment (publicly funded and covered by insurance)

The declining birth rate has been attributed to women marrying later in life and the increasing age of the first childbirth, therefore, the need for infertility treatment has increased accordingly. Since 2004, the Specified Infertility Treatment Expense Assistance Project has been implemented, and “general infertility treatment” such as artificial insemination and “assisted reproductive medical treatment” such as in vitro fertilization and intracytoplasmic sperm injection have been covered by insurance from April 2022 [11]. This is based on the guidelines compiled by the Japan Society for Reproductive Medicine after evaluating the level of evidence for the effectiveness of each of the assisted reproductive medical treatment and general fertility treatment techniques being used in Japan. In assisted reproductive medical treatment, a series of basic medical procedures, from egg retrieval to embryo transfer, are all covered by insurance. Furthermore, additional treatments that are performed in accordance with the patient’s condition and are positioned as advanced medical treatment can be combined with insured treatments. The status of approval review is made public for medicinal products used as standard for fertility treatment [12].

Furthermore, as psychological support for infertility and infertility patients, a training project was launched in 2021 to develop peer supporters who have experienced similar treatment in the past, in addition to support by doctors, midwives, nurses, psychologists, and other professionals [13]. It has also been pointed out that infertility treatment involves multiple hospital visits, a heavy psychological burden, and difficulties in coordinating work schedules for

treatment. As 16% of those who have experienced infertility treatment (from total numbers of men and women (23% for women only)) have left their jobs because they were unable to balance infertility treatment and work [14], there is a need to develop a workplace environment where people can continue working with peace of mind while undergoing infertility treatment. MHLW has amended the Enforcement Regulations of the Act on Advancement of Measures to Support Raising Next-Generation Children and established a new system to certify companies that work on “balancing infertility treatment and work”[14]. Additionally, consultation centers set up in each prefecture to provide medical and professional advice on infertility, as well as support such as peer support activities by people with experience in the field.

VI. Trends in newborn mass screening

The maternal and child health field has also benefited from medical advances. Early detection and treatment of phenylketonuria and other congenital metabolic disorders and congenital hypothyreosis (cretinism) can prevent mental retardation and other psychosomatic disorders. For this reason, newborn mass screening tests using blood are conducted in all prefectures and designated cities for all newborns. In 2014, the tandem mass method were introduced in all prefectures and designated cities. Furthermore, carnitine palmitoyltransferase 2 deficiency was added in 2017[15]. Municipalities were also required to check the examination status of all infants, and prefectures were required to monitor the implementation status and discuss necessary measures. The 2020 amendment further requires municipalities and medical institutions to provide information on treatment options (sign language, hearing aids, cochlear implants, etc.) according to the child’s needs and to ensure that there is no delay in diagnosis.

VII. Amended Child Welfare Act and establishment of Children and Families Agency

In Japan, it has been reported that young people sometimes find it difficult to have hope in childbirth and child-rearing and feel a sense of entrapment [16]. Many single-parent families are struggling to make ends meet, and one in seven children live in poverty. In 2020, the number of consultations and responses to cases of child abuse, truancy, and so-called cyber bullying reached a record high. The environment surrounding children, their guardians, and families remains severe, with no end to the number of serious deaths due to abuse, and the number of consultations and responses to child abuse by child guidance centers exceed-

ed 200,000 cases in FY2020. Against this background, the isolation of mothers raising children (approximately 60% of mothers say that there is no one in their neighborhood who can take care of their children) and the inadequate use of various local childcare support services for children in need of support are mentioned.

In light of the situation where such households with difficulties in child-rearing are becoming more apparent than ever, the Act on partial amendment of the Child Welfare Act, was passed on June 8, 2022. This includes the implementation of comprehensive and systematic support for children in need of protection and the duties of municipalities, obligatory establishment of child and family centers.

From this background, the Act on the Establishment of the Children and Families Agency was passed at the 208th ordinary session of the Diet [17]. The Preparatory Office for the Establishment of Children and Families Agency, Cabinet Secretariat, is preparing for the launch on 1 April 2023.

VIII. Conclusions

In recent years, the various environments of mothers and children have changed significantly because of the declining birth rate, shift to nuclear families, and increasing employment rate of women. In Japan, subsidies and support for antenatal checkups and have been provided so that expectant and nursing mothers can have and raise children with peace of mind. In recent years, the importance of community care and support measures not only during pregnancy but also after birth has been pointed out. Furthermore, with the revision of the Child Welfare Act and the establishment of the Children and Families Agency, it is expected that the system will be redeveloped and expanded with a focus on children, as well as improving the health and welfare of mothers.

Acknowledgment

This study was supported by a Health, Labour and Welfare Sciences Research Grant from the Japanese MHLW (grant 21BA1002).

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<総説>

日本における母子の健康と well-being のための保健制度の現状

児玉知子¹⁾, 大澤絵里¹⁾, 福島富士子²⁾

¹⁾ 国立保健医療科学院国際協力研究部

²⁾ 東邦大学看護学部看護学科

抄録

近年、少子化や核家族化、女性の就業率の上昇など、母子を取り巻くさまざまな環境は大きく変化している。日本では、これまで妊産婦が安心して子どもを産み育てることができるよう、妊婦健診の助成や支援が行われてきた。一方で、妊娠中だけでなく、出産後の地域ケア・支援策の重要性も指摘されている。さらに、関連法規の改正や子ども家庭局の創設等により、母子の健康や福祉の向上だけでなく、子どもを中心とした社会制度の再整備・拡充が期待されている。

キーワード：母子保健，産後ケア，包括的支援