

JAPAN: SETTING AN EXAMPLE TO THE WORLD IN REDUCING MATERNAL MORTALITY¹

The remarkable success of Japan in reducing deaths among mothers and babies has been achieved within the lifetime of one generation. It has thus been witnessed by the current generation of senior statesmen and stateswomen in Japan. There is an opportunity to share this success with the rest of the world. The leadership of the G8 by Japan provides this opportunity – let us seize this historic moment at the Summit in July 2008.

- In 1950, Japan had a maternal mortality ratio (MMR) of around 180 deaths for every 100,000 live births – similar to that found in some developing countries today, like Jamaica and Tajikistan.
- By 2004/5, this level had been reduced dramatically to just 6 maternal deaths for every 100,000 live births – making it one of the lowest levels of maternal mortality in the world. This compares favourably with other countries in the G8, particularly the United Kingdom (MMR= 8,), Russia (MMR=28), and the USA (MMR=11).
- Japan achieved a particularly dramatic fall in maternal mortality over just a ten-year period from 1960 to 1970, with the MMR declining from around 130 to 50 – almost a two-thirds reduction. This provides encouragement to many developing countries trying to achieve significant falls in maternal mortality in the period remaining up to 2015 – the target year for the Millennium Declaration.
- Japan's achievements in relation to MDG5 – reducing maternal mortality, are mirrored in their very low levels of perinatal mortality. In 2002, for every 1000 deliveries, just 5.5 babies were born dead or died in the first week of life. This gives some optimism to the world in terms of achieving MDG4 which focuses on child mortality – most of which is made-up of deaths among babies. Japan's level of baby deaths is one of the lowest among the G8 nations.
- The success of Japan in tackling maternal mortality is due to a host of factors, but also provides evidence of the three main interventions which are needed everywhere in the world:
 - **Access to family planning to prevent unwanted and mistimed pregnancies:**
 - Japan has one of the lowest total fertility rates in the world, at just 1.32 children per woman by the end of her reproductive life.
 - Japan has also managed to achieve a low level of adolescent fertility, at just 4 births per 1000 women aged 15-19 years.
 - **Universal access to skilled care at delivery:**
 - Japan has long invested in the training of professional midwives and nurses, and ensuring their availability to women during pregnancy, delivery and post-natally – **at no cost to families.**
 - Today 100% of deliveries in Japan occur with health professionals and in health facilities equipped to manage normal cases or to promptly refer on complications to higher-level hospitals. This universal access in Japan is in stark contrast to that seen in neighbouring countries like Cambodia and Myanmar – where the percentage is just 44% and 57% respectively.
 - Through the provision of quality skilled care, Japan has virtually eliminated one of the major causes of deaths to mothers and babies – sepsis. This is a clear marker of a functioning and effective health

¹ Prepared by Prof Wendy J Graham, Impact, University of Aberdeen, UK: May 29th 2008

- system which is providing truly skilled care at a particularly vulnerable time for mother and baby.
- All women in Japan have the opportunity to experience a continuum of care from before, during and after pregnancy, and for their children. This is partly enabled through the issuing of Maternal and Child Health Handbooks, which help the Government to monitor the number of women and babies needing care from the health system. Japan has had a vital registration system since 1899, and is able to track all births and deaths, and thus show the progress from implemented health policies and programmes.
- **Timely access to Emergency Obstetric Care for all women with complications:**
 - Japan has established a functioning health system which connects all women to the service providers and facilities relevant to their needs during pregnancy, childbirth and after delivery.
 - The custom of Japanese women returning to their home towns in the final stages of pregnancy poses challenges in terms of ensuring continuity of care, but the Government recognizes this as women's choice and right, and endeavours to meet this need. In many developing countries, women's right to care is neither acknowledged nor respected.
 - In many developing countries, a significant drain on emergency obstetric care facilities relates to managing complicated induced abortion. Such abortions continue to kill many, many women where family planning is not available and safe abortion services lacking or illegal. Japan has virtually eliminated the tragedy of abortion-related death, and emergency obstetric care resources can thus now be focused on women suffering complications that can never be totally prevented, such as massive haemorrhage.

References & sources:

Japanese Nursing Association (<http://www.nurse.or.jp/jna/english/midwifery/statistics.html>)

Makimoto K, Tsukasaki K. Variations & inconsistencies in maternal & child health indicators in Ishikawa Prefecture, Japan. *Nursing & Health Sciences* 1999;1; 7-11

Nagaya K., et al. Causes of maternal mortality in Japan. *JAMA* 2000; 283 (20): 2661-2667

Ogawa N. 2003. Japan's changing fertility mechanisms & its policy responses. *Journal of Population Research* 2003; 20 (1): 89-106

Vital Statistics Division, Ministry of Health, Labour and Welfare (<http://www.mhlw.go.jp/english/database/db-hw/index.html>).

Statistical Handbook of Japan (<http://www.stat.go.jp/english/data/handbook/c15cont.htm>)

Watts J. Dispatches: Maternal mortality data causes concern in Japan. *Lancet* 2000; 355: 1977.

WHO Japan regional website (<http://www.wpro.who.int/NR/rdonlyres/CAC2FAEA-DE84-4811-9AF8-6FD41013DC4E/0/15finalJPNtab07.pdf>)

WHO Mortality Country Fact Sheet (http://www.who.int/whosis/mort/profiles/mort_wpro_jpn_japan.pdf)
