
The English Guide
For Foreign Parents and Parents-to-be



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Preface

This booklet was prepared for foreign parents-to-be living in and around Nagoya. How many worries and difficulties they may experience when they decide to have a baby in Japan. Unfamiliar to the Japanese healthcare system where to go, everything is written in Japanese only! The language is a big obstacle.

Who will be the closest person when you give birth? The Japanese midwives association consist of about 10000 members. In Aichi prefecture, we have about 500 members; they work for hospitals, clinics and also independent midwives run their own maternity homes.

This original booklet was published In 2003 .During 17 years, as the systems and services has been changed ,the contents have to be checked . Now you can see it on our website, so that more updated information will be available. This booklet is created to help you get useful information and advice about having a baby here. We hope this booklet will be a great help not only for foreigners but also for Japanese caregivers.

We hope you will find a good birthplace, and nice doctor and midwives!

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Early Pregnancy

1. Pregnant or not?

Having unusual symptoms such as absence of your monthly period, nausea, heavy breasts, fatigue and sleepiness could be an indication of pregnancy.

Most women try a urine-based, home pregnancy test to find out if they are pregnant. These tests ("NINSHIN HANTEIYAKU" in Japanese) are available at any drugstore.

The test will show a result within few days after you missed your period. Since the official start of a pregnancy starts at the first day of your last period, this means that you could already be 5 to 6 weeks pregnant at the time of the test.

However, be careful: an ectopic pregnancy and even a miscarriage can also trigger a positive result. Therefore, it is a good idea to have your pregnancy confirmed around 8-12 weeks by an obstetrician and gynecologist.

There are two reasons for not having your pregnancy confirmed in the initial weeks: around 10-12 weeks, you have a significantly smaller risk of miscarriage; this is also a good moment to more accurately calculate the estimated due date, depending on the fetus size.

2. Medical confirmation of pregnancy

A doctor diagnoses your pregnancy from the fetus size and the heartbeat around 6 weeks. After 2 weeks, you should visit the doctor or midwife again to receive the results of the NINSHIN TODOKE or pregnancy registration form and your pregnancy certificate (see appendix A).

If you are pregnant before coming to Japan, you still need to have the official pregnancy registration form and pregnancy certificate, obtained via a doctor or a midwife. However, it is usually not necessary to repeat the tests already performed. So, bring all data you have to show your doctor.

3. Do you want to keep your baby?

Many foreign pregnant women are confused, upset or even offended when they are asked whether or not the baby is desired. Here in Japan, this might even be a standard question to fill out on a questionnaire during your first visit.

In Japan, the word abortion is usually used for both miscarriage (such as spontaneous abortion "Ryuzan") and abortion (artificial abortion "Chuzetsu").

The reason behind this question is that Japan has an extremely high rate of induced abortions: Abortion is still a "standard" procedure of birth control. That is very shocking for people who rarely hear the word 'abortion'.

4. Registration of pregnancy and Boshi techo

The pregnancy registration form (filled out by the medical staff) and the pregnancy certificate filled out by yourself, (for both see appendix A) is necessary to register your pregnancy at your local ward public Health Center. Most centers are located in the vicinity of the ward office building.

The Maternal and Child Handbook (also known as the Mother and Child Handbook) is available in 7 languages: Japanese, English, Spanish, Portuguese, Chinese, Korean and Tagalog.

Your health and the progress of your pregnancy will be recorded in the BOSHI TECHO, so be sure to keep it in a safe place. You must bring this booklet with you whenever you receive medical care or register with a medical institution. Even if you have plan to give birth in another country other than Japan, the Boshi techo is very handy, since it's an up to date medical record of you and your child.

5. Vouchers: Attached to Maternal-Child handbook

14 vouchers are available for the pregnancy checkups and this includes the cost of the tests.

- General examination:
- Blood test: blood type, blood cells (number of white cells, number of platelets, hemoglobin level).
 - syphilis screening
 - hepatitis B screening
 - hepatitis C screening
 - rubella titer
 - toxoplasmosis
 - HIV (optional)
 - HTLV-1
- Mucus test:
 - GBS
 - chlamydia
- Ultra sound examination: The coupons are used for 4 times

6. Nine or ten months?

It's becoming more and more common to describe the duration of the pregnancy in weeks and no longer in months. In the West, '9 months' means 36-40 weeks pregnant, while in Japan, the same length of pregnancy is described as '10 months'.

In the Japanese medical system, a month is exactly 4 weeks: 10 months make up for 40 weeks. The counting of the length of the pregnancy starts at the first day of your last period, and not on the day of conception. This first day of your last period is week 0, day 0. The due date is week 40, day 0.

When you talk about the length of your pregnancy to Japanese people, try to use 'weeks', to avoid misunderstanding or confusion.

Birthplan

7. Introduction

Once your pregnancy is "official", it's a good time to think about the months ahead: try to read about what's is happening to your body, talk to friends and try to determine what you expect of the coming months, the delivery and the first months after.

8. Writing a Birthplan

A birth plan is a written statement of your wishes for your pregnancy, childbirth and the next few weeks, made beforehand and discussed with your midwife or doctor. It describes your general approach to giving birth, stressing the things that are important to you. Ideally, a birth plan not only includes the "wished for" situation, but also if things are not going according to "plan".

While in the Western world, the use of a birth plan is very common, in Japan it is not, especially in the big hospitals. Some caregivers can be very anxious about birth plans. You can explain that you are flexible, will accept intervention if you consider it necessary and would be glad to get some advice, even if your conclusions may be different from those your doctor would come to.

Writing a birth plan, with your partner or with the help of your maternity caregiver, can be a good way of preparing yourself for the coming events. Items to consider might include:

- tests done during pregnancy like ultrasound scan, and internal examinations;
- would you like to be told the sex of your baby or discover it yourself;
- support available during birth;
- positions and ways to relax during birth;
- pain relief options during birth;
- plans if complications arise during the birth (induction, episiotomy ,emergency caesarian birth);
- will health professionals allow the baby to be checked while at your side;
- length of stay in hospital / clinic after giving birth;
- Information on and help with breast-feeding / bottle-feeding.

Remember, flexibility is the key when writing a birth plan: it is not so much a rigid plan as a list of preferences and desires. It can serve as a good starting point for discussions between you and your maternity caregiver.

Even if not all of your wishes are possible, it is good to be well informed beforehand, rather than finding out when your contractions are three minutes apart.

Oftentimes we hear remarks regarding birth plans such as: "Do not plan ahead. Wait and see what happens". Although it is a very good idea to keep an open mind, most women like the feeling of having control in making decisions herself.

The whole process of writing a birth plan (finding the information, discussing it with your partner and medical caregiver, considering advantages and disadvantages) is a very important step into facing the realities of giving birth and of growing self-confidence.

Since you are expecting a baby, you may also want to take into consideration the distance of the hospital to your house. If the hospital close to your home has a different policy, try some negotiating, by discussing your birth plan. The closer the distance to the hospital, the better. However, if the gap between

your wishes and their options is too wide, look for another hospital: it will be too stressful for you and your baby especially during the first couple of days after birth.

9. Examples of birth plans

The following real-life examples give you some idea of what to think about when writing your own plan.

Example 1

During labor and delivery

- I'd like to have my husband and mother with me during labor;
- I want to move around as much as I can during labor and not be confined to a bed;
- I'd like to bring music into the labor and delivery room with me to use as relaxation technique;
- I'd like to have pictures/video taken immediately after the baby is born;
- I hope not to have an enema;
- I don't want to be shaved in the pubic area;
- I do not want to have an episiotomy unless absolutely necessary;
- I hope to move around as soon as possible.

Postpartum:

- I want to hold my baby and try breast feeding immediately after birth;
- I want the baby to stay with me in my room;
- I want to fully breast feed my baby, therefore I don't want any formula or glucose water to be given to him/her at all;
- I hope to stay in the hospital for only 2 days as my mother will come to help me;
- As I am a vegetarian, I'd like to ask for vegetarian meals only.

Example 2

Before 40 weeks:

- have none or a very limited number of ultrasounds;
- only induction of labor if there's an urgent medical reason or more than two weeks overdue.

During labor

- having husband available all the time;
- being allowed to move around, walk, be on hands and knees: complete freedom in my labor position;
- if shower / bath is available, like to have the option of using it during labor;
- prefer a cozy, home-like environment with only a limited number of people around me (preferably only my husband and the midwife);
- no intervention as long as labor is progressing normally;
- if caesarian needs to be made, I prefer to be conscious during the operation. when baby is born:
- I'd like to hold my baby directly after giving birth. If this is not possible due to complications, I'd like to have the baby as soon as examinations have finished;
- I'd like to breastfeed soon after giving birth;
- I do not want antibiotic eye drops given to the baby the first days;
- Visits by husband and daughter allowed.

Example 3

Caesarian Birth Plan

- I wish to be conscious during surgery;
- I would prefer not to have an enema;
- I would like my husband to be present throughout the procedure;
- My partner would like to cut the umbilical cord, if possible;
- I would prefer a horizontal "bikini" cut;
- I would like my baby to be placed on top of me after delivery;
- I don't want to be separated from my baby for any longer than is absolutely necessary;
- I would like to commence breast feeding straight away;
- I do not want the baby to be given any supplementation or formula;
- I would like to go straight to my room after surgery;
- I would like the baby to room in with me, and my husband too, when he wants;
- If the baby and I are well enough, I would like the option of leaving sooner than 8 days;
- I would like a private room, preferably with shower and toilet, telephone, fridge, bed with a firm mattress and a window that can be opened.

10. Where to give birth

- Place of birth: at home, in a midwifery clinic or in a hospital

From the statistics of 2010 in Japan, 51.8% of babies were born in the hospitals with 20 beds and over 47.1% in the clinics, 0.9% in the maternity homes run by a midwife, 0.1% at home and other locations.

In Aichi prefecture, there are about 50 hospitals, 85 clinics and 19 independent midwives.

- Giving birth in your home-country

Some people decide to give birth in their home country. This can be done for a number of reasons, but one of the most heard ones is the availability of a bigger support-group, to take care of the new mum and / or older siblings. When planning to give birth in your home country, be aware of the restrictions your airline might have regarding pregnant women. Generally speaking, flying after 32 weeks requires special permission, but check with your airline.

When planning to give birth in your home country, it makes sense to have a "back-up plan", in case of unexpected complications

11. Typical birth places in Nagoya

There is a vast range of places to give birth in Nagoya and the surrounding area. You might find that the set-up and number of staff is quite different per clinic and also from what you are used in your home country. Finding one that suits your wishes best is important, reducing a lot of unnecessary stress.

The following overview is made to give you some idea of all the different options for antenatal and post-natal care in Nagoya. Several typical hospitals and clinics have been described:

(1) General hospitals in Nakamura-ku

There are 1400 births in a year and 180 out of them are at the birth center (natural deliveries conducted by midwives only).

- C-section rate 25-30%
- VBAC 82% among trials
- Vaginal delivery of twins: 89% among trials
- MFICU and NICU accept all high-risk pregnancy and newborns
- Long time waiting for pregnancy check-ups are usual
- The birth attendants are very limited
- Persons are limited to enter the maternity ward to prevent infection.
- Hospital stay after birth is about 4-5 days
- Birth plans are negotiable

(2) Obstetric clinic in Midori-ku

- Waiting time is rather shorter than big hospitals
- Looking like a resort hotel with good amenities, delicious meals, mostly private room with toilet and shower.
- Husband and family attendance available
- Natural and smooth deliveries are conducted by midwives only
- Birth plan is mostly accepted
- Cost around ¥600,000 yen
- Stay 4-5 days

(3) Midwifery clinic/maternity home/Homebirth

- midwifery clinic is home-like house with not more than 9 beds. Family can stay with mom and baby for about 4, 5 days. Most desires you have will be granted.
- in and around Nagoya, there are about 20 midwives taking home birth. Most midwifery clinics also accept home births;
- your midwife visits your home for prenatal check-ups and gives suggestions about birth preparation. Once labor starts, a team of 2 or 3 midwives is ready to support you;
- a back-up hospital and NICU is arranged in advance, in case of an unexpected emergency. At least three times during your pregnancy (the first, middle and last week of the month) you are recommended to have a doctor's examination, during which your midwife will accompany you;
- Only 60-70 years ago, home birth was quite common in Japan. Then, hospitalized deliveries rapidly spread to 99%. However, in recent years, consumer awareness has changed and many women come to request more "home-like", natural births. The percentage of home births (0.1%) has been very small as the number of independent midwives is declining.
- The fee paid for midwives is covered with public/social medical insurance up to 420,000 yen

12. Pain relief during labor

Unlike the west, generally in Japan, pharmaceutical pain relief is rarely given, natural birth is most commonly practiced. However, throughout these years as clinics and hospitals have been remarkably increasing. Often foreigners are looking for the place where epidural-used, "natural" birth is available. If you have a strong desire for medicated pain-relief during labor, talk to your doctor in advance. In case you have serious complications during your pregnancy, which may result in a difficult delivery or problems with your newborn baby, you will be recommended to go to one of the larger hospitals with a newborn intensive care unit (NICU).

During pregnancy

13. Nutrition during pregnancy

There are many steps you can take to help yourself through pregnancy, including eating a variety of foods. Pregnancy is normal and no special diet is necessary.

To make sure your diet is balanced, eat foods from each of the following groups:

- bread, cereals, rice, pasta;
- milk products (e.g. milk, cheese, yogurt) and also products like tofu;
- meat, poultry, fish, eggs, beans, including dried varieties;
- fruits and vegetables

In Japan where eating raw fish is a common habit: there is no problem or restriction for pregnant woman to eat sushi or sashimi. Whereas in some other countries as stated in most pregnancy books, it is clearly specified that eating raw fish should be avoided. However, there is no clinical evidence that shows side effect in eating fresh raw fish. On the other hand, raw or not well-done meat should be avoided to prevent virus infection.

14. Supplements - folic acid, vitamins

As a general rule, vitamin and mineral supplements are not needed provided you have a balanced diet meal. An exception is the use of folic acid, before getting pregnant and in the first three months.

The supplementation of folic acid has been a small concern in Japan. However recently, the Welfare Ministry has begun to advice pregnant women to take folic acid to prevent neural tube defects. Green leaf vegetables such as spinach and natto are rich in folic acid.

Natto or fermented soybeans is considered an excellent traditional health food in Japan. It is rich in protein, low in calories and inexpensive. Regular intake of natto during pregnancy regulates the level of some factors in blood, which plays the same role as vitamin K. Vitamin K is often routinely given to newborns in hospitals or clinics to prevent stomach hemorrhage or cephalic hemorrhage.

15. Pregnancy sickness/morning sickness

Women with morning sickness may just feel slightly ill or may actually be vomiting. Usually morning sickness stops around 15 weeks of pregnancy. When you begin to feel fetal movement, this uncomfortable feeling stops and you can feel the continuity of pregnancy

During this time, it might help if you try:

- have biscuits or tea in bed before getting up;
- eat small portion, more frequent meals rather than 2 or 3 big meals a day;
- avoid greasy and / or spicy foods;
- eat cold or cool food;
- drink plenty of fluids

16. Antenatal check-ups

Most clinics and hospitals have the following schedule for antenatal check-ups, providing the pregnancy follows a "normal" pattern:

until 23 weeks - every 4 weeks
24-35 weeks - every 2 weeks
36-> - every week

A typical pregnancy will result in 15 check-ups: at 8, 12, 16, 20, 24, 26, 28, 30, 32, 34, 36, 37, 38, 39 & 40 weeks.

During a "standard" antenatal check up, the following might be checked:

- Basic check-ups:
- Body weight
- Protein and glucose in urine
- Blood pressure
- Measurement of tummy (uterine)
- Fetal heart beats
- Edema on legs and other findings
- Ultrasound scan every time use is common in Japan
- Non stress test (NST)

The standard checks performed during the antenatal check-ups might be different from the ones used in your home country. If a test is not routinely done, but is important to you, ask for this test and give your reasons.

17. Clinic procedures in Japan

Many procedures in hospitals and clinic might be quite different from what you would expect in your home country. It's good to know about these differences beforehand: this way it will be less confusing when it actually happens to you.

When asked, foreigners often mention the following items:

- long waiting times and not having the option to make an appointment for a fixed time;
- the number of internal examinations done during regular check-ups is usually higher than in many Western countries;
- having to wait at the internal exam table / chair with your legs open wide and a curtain to hide your face from the doctor;
- no privacy with the doctor: there will be several nurses around, and most likely also other patients;

-
- little time for discussion with the doctor: if you have questions, prepare them in advance;
 - no explanation of the bills to pay.

18. Weight gain during pregnancy

The strict weight control which most Japanese health care institutions also urge foreign moms-to-be to follow is a Japanese tradition. The women are asked to control their weight gain during pregnancy to at least within 10 kg, based on a typical non pregnant Japanese being 157 cm tall and weighing 55 kg. The reason given for this weight gain limit is supposedly to have easier deliveries.

BMI is used to see the adequate weight gain. BMI less than 18, and more than 25 may cause some complications, such as poor growing of fetus, hypertension, difficult deliveries, etc. However, this should not alarm pregnant women because newborn baby's weight depends on the woman's size, height and race. The average size of Japanese newborns is 3000g

19. Use of ultrasound

In Japan, the use of ultrasound during pregnancy is widespread. Scans, which were originally intended for women with potential problems, are currently given to almost every pregnant woman during almost every antenatal visit and are part of routine care.

There is no adequate evidence that this is beneficial in low-risk pregnancies.

In 1993, the World Health Organization published a letter to the medical world, stating: "... It is fair to say that at the moment, the best research shows no benefit from routine ultrasound scanning and the real possibility of a serious risk. Added to this are questions of costs. We have data from Member States showing that they spend more money on ultrasound scanning during pregnancy than on all other health services for pregnancy combined. For all of these reasons, we urge you to reconsider all present policy with regard to routine ultrasound scanning during pregnancy."

In Western Europe and The United States, 2 ultrasound scans are routinely given, one around 12 weeks and around 20 weeks in low-risk pregnancies.

20. Amniocentesis and quatro marker test/ Prenatal diagnosis

Amniocentesis is a test done if there is an extra risk of conditions like Down's syndrome, spina bifida or hemophilia. In most Western countries this test is recommended for women over 36 years of age.

A fine needle will be put through the wall of the mother's tummy into the fluid surrounding the baby, to take a fluid sample. There is a small risk that the amniocentesis will cause a miscarriage. The quatro test is a blood test done around 10 weeks to detect the chromosome anomalies.

21. Antenatal classes

Most birth facilities hold their own classes. Although they are most likely in Japanese, it is a good chance to become familiar with the staff and also a good opportunity to show your enthusiasm and your desire to make the best of the given situation. The staff will talk to you after the class, making sure if you have other questions. Don't give up just because of language gap!

The local health centers (Hoken Center) hold classes as well every month. After your baby is born, you'll have more contact with the Hoken Center. So, this is a good opportunity for you to become familiar with your health nurses.

Aerobic and swimming exercises are available from 16th week of your pregnancy: before the 16 week-limit, too much exercise might result in a miscarriage.

Not all facilities that hold their own classes such as aerobic dancing and yoga, accept people from outside, so ask your doctor or midwife if you want to attend these classes.

Maternity swimming or walking in the water is good for pregnant women suffering from back pain. Alongside the swimming pool, there is always a midwife available, giving check-ups and advice.

Giving Birth

22. Being prepared

Nobody could tell when an emergency happens, so it is better to be prepared at all times. Have a memo of your hospital, doctor's name and phone number (include in your cell phone's speed dial list) together with some simple Japanese words and phrases that you think might be useful in emergency cases like

- your name;
- your hospital ID number;
- your due date;
- state your present condition;
- minutes interval;
- duration in seconds;
- water break, yes or no.

Don't panic and try to calm down.

Always be prepared: put everything you need in a bag from clothing to personal belongings, together with your hospital ID and the 'Boshi techo' that was issued to moms-to-be by the ward office.

23. When to go to hospital: real of false labor?

Contact your hospital or clinic in cases such as:

- when contractions of labor intervals like 5-10 minutes comes close to one another and getting stronger;
- when the contraction lasts for 40-50 seconds;
- when there's a membrane rupture (gush or water breaks);
- other worries such as bleeding, stomach hardening and no fetal movement. This problem is also known as 'abruptio placenta', which should not be taken lightly as this situation needs immediate attention.

Sometimes it is not easy to tell that it is really time to go, unless there is a water break. So the best way is to watch closely some important changes in your body.

In General Hospitals, please take note that when you get there during weekends or evenings where the office hours is finished, it may seem closed but they have emergency entrance which is usually located at the side of the hospital. The process of admission may also differ than that during the normal hospital hours: it's a good idea to check this out in the weeks beforehand!

24. Calling an Ambulance

In emergency situations such as pre-term delivery, a very quick delivery, heavy bleeding (placenta previa, abruptio of placenta), you have to give notice to your Doctor and ask some suggestions then dial 119. Speak slowly, tell your name and address and state clearly your situation when you are asked. The staff will then determine which hospital to take you.

In Nagoya, the hospitals that accept 24 hours emergency admission and have a neonatal intensive care unit (NICU) are:

- The 1st Red Cross Hospital (Daiichi Nisseki Byoin) in Nakamura-ku,
- The 2nd Red Cross Hospital (Daini - Nisseki Byoin) in Showa - ku,
- Seirei Hospital in Showa-ku
- Seibu Iryo Center in Kita-ku.
- Nagoya University Hospital (Meidai Byoin) in Showa-ku
- Nagoya City University Hospital (Meishidai Byoin) in Mizuho-ku

25. Non-stress test

A Non-Stress Test (NST) is not routinely done during prenatal visits but the doctor may suggest this test to see the variability of the fetus heart rates or fetal distress around your due date especially when you are overdue.

Most facilities apply this monitoring test upon admission to check the fetus condition and even after admission depending on the labor condition. In some busy hospitals and clinics, they have extensive use of this machine (BUNSEN KANSHI SOCHI) to monitor the whole process of delivery. In this case, the hospital staff is more likely to focus on the monitor rather than the woman in labor for safe delivery. You might include in your birth plan for them to minimize the use of this 'machine' so that you can move freely on and apart from your bed.

26. Enema / shaving

In Japan, routine procedure such as giving enema is declining because many women experience the need to go before the labor starts. So unless you have been constipated in the days before labor starts, you may refuse the use of enema.

Partial shaving around the lower perineum is performed in combination with an episiotomy. Shaving all pubic hair is rarely done in Japan.

27. Caesarian

Caesarian section (C-Section) rate in Japan is about 19 %, but 40-50 % are done in big hospitals. Some reasons why a C-Section is performed are big baby, being overdue, being pregnant with twins, breech position of first labor and other complications.

A scheduled CS is performed around 38 weeks. Obstetricians prefer to take out the baby in a good condition without labor and rupture of the membrane.

Vaginal birth after caesarian section (VBAC) is negotiable at most hospitals, depending on the reason. If you are going to challenge VBAC, you should carefully prepare for the delivery. Avoid breech position, a big baby and being overdue (since being overdue may cause induction of labor, which is taboo for VBAC).

Breast and bottle feeding

28. Reasons for breastfeeding

The advantages of breastfeeding are numerous. In short, your baby receives the most perfect food given in the most perfect way:

- breast milk is perfect food for babies;
- breastfed babies have lower tendencies to develop allergies, respiratory and intestinal diseases, dental problems and colic;
- colostrum, the first substance the baby receives from the breast, before the milk comes in, naturally flushes out the digestive system and provides the baby with the perfect transition to mother's milk;
- breast milk provides your baby with antibody protection;
- breastfed babies are less likely to get fat;
- breastfed babies are less likely to suffer Sudden Infant Death Syndrome (SIDS);

Breastfeeding also has advantages for the mother:

- physical benefits: the hormones secreted during breastfeeding stimulate the uterus to contract to its normal size more rapidly than in a non-breastfeeding mother, diminishing uterine bleeding after childbirth and lessening the chance of hemorrhaging;
- less effort once breastfeeding is established;
- less concern about the exact formula;
- it is cheaper than bottle-feeding

Discuss breastfeeding early in your pregnancy with your doctor or midwife. Read about breastfeeding and talk to other mothers who have breastfed to prepare yourself.

29. Some breastfeeding hints

Breastfeeding hints:

- a baby is very sensitive and alert for 30-60 minutes after birth. During this golden time, let your baby suck your nipples instinctively;
- it takes time for both mother and baby to establish a successful routine;
- breastfed babies need more frequent feedings than bottle-fed babies;
- breastmilk looks thin, bluish and watery because it has less fat content.
- frequent feedings help establish a better supply of milk;
- plenty of rest and relaxation are vital to breastfeeding;
- use both breasts at each feeding;
- always start each nursing session with the breast last used;
- it is common for newborns to go to sleep while nursing;
- your baby will go through growth spurts and needs more milk (usually around 3 weeks, 6 weeks and 3 months): it may take several days for your milk supply to catch up with your baby's increased needs and that's perfectly alright;
- loose, yellow, cheese-like stools are normal for the breastfed baby;
- do not take any prescribed medication yourself, unless it is from a doctor who knows you are breastfeeding;
- breastfeeding takes energy from the mum: take good care of yourself, for example by resting and drinking a lot.

30. First days of breastfeeding

In the beginning days, try to feed more than 8 times a day on demand. It doesn't matter whether you have enough colostrum or not: the feeding will stimulate your breasts and increase the milk-production.

Always remember that correct position in breastfeeding is very important to make you comfortable and avoid muscle pain and stiffness and for your baby to be able to suck your nipple properly. Using pillows or some cushions will be of great help.

In Japan, it is said that a baby is born with a lunch box and a water bottle to survive for three days. Some Japanese caregivers however are very concerned about baby's weight loss and jaundice that some hospitals and clinics give supplements (glucose water or formula) to the baby to prevent weight loss. Discuss with your doctor and his staff your wishes regarding breastfeeding and supplements.

The best way for babies to nurse from the very beginning is to allow your baby to nurse about ten minutes on each side. This allows the baby to nurse 2 or 3 minutes to promote let-down and then enough time for the baby to get the less rich foremilk and, more importantly, to reach the milk behind (or the hind milk) that contains the greatest richness and calories.

Do not pull your baby from the breast while he is sucking. When he is nursing, he sucks your nipple between his tongue and the top of his mouth, creating a tremendous vacuum, which, if you pull him away while he is still sucking, can be very painful for you.

To break suction painlessly, place your finger into the corner of his mouth between the nipple and his lips. This naturally breaks the created vacuum.

Feeding at both breasts during a nursing session accomplishes two important things: it ensures complete drainage of both breasts, and it stimulates the second breast. It is important that you begin the next feeding with the breast your baby used last at the previous feeding. The baby tends to empty the first breast more completely: the second breast is usually left only partially emptied.

Indications your baby is getting enough:

- maintaining a steady weight gain;
- produces plenty of wet diapers;
- is content most of the time.

31. Back home with your baby

This is the time that you will really feel free to nurse your baby anytime you want without the intervention of medical caregivers or the "3-hourly-hospital-feeding-routine". Take good care of yourself: an exhausted mother cannot supply good quality milk. Your baby knows about the warmth and taste of your breast milk, when he or she wants to nurse and for how long. If the baby refuses your nipples, don't give up; try to nurse your baby with confidence.

The breasts control the amount of milk you produce by the amount of milk and how often your baby sucks. If you squeeze the rest of the milk, the breasts will always overproduce.

If you encounter any problem or troubles in breastfeeding and you think you need some medical care, first, call a midwife.

However, there are some hospitals and most maternity- and midwifery clinics that are more flexible to mother's request like exclusive breast-feeding. In these facilities, the mothers don't have to worry about formula that might be given to their babies while they are sleeping in the nursery. In fact, they encourage and support early initiation of breast-feeding. Specifically, breast care is considered an art for Japanese midwives. New moms often call midwives in Japan whenever they encounter problems relating to breast-feeding such as mastitis (NYUSEN-EN) or having some difficulty in breast-feeding.

In some cases, moms visit a breast-feeding clinic that is run by a midwife or they call the midwives to come over to their place. Midwives then use hot towels to massage the breasts gently to remove plugged milk ducts, assist and give advice as to the proper way of breast-feeding, positioning and other related matters.

For some who are in trouble and choose to visit a gynecologist, they are then given antibiotic pills and sometimes they recommend going to breast surgeon to make a small incision.

Breastfeeding clinic midwives help not only in breast massage, or teaching how to breastfeed properly, but also teach moms how to do the hand expressing of milk, which is important to prevent mastitis. The cure of mastitis is covered by medical insurance at gynecologist but breast care by midwife is not insurance covered. The cost is 5000 to 7000 yen.

32. Bottle-feeding

Breastfeeding is best for your baby, but there are occasions when bottle feeding works out better for mother and / or child, for example with medical reasons or if the mother has to return to work full-time very soon after giving birth.

Modern formulas are nutritionally balanced and, if used correctly, provide your baby with good nourishment. It is important to get advice when choosing the type of formula and learning the right hygiene precautions and how to mix it up exactly right.

If you make an informed choice about bottle-feeding your baby, don't feel guilty about this decision: only you can decide what works best for you and your baby!

First months with a new-born baby

33. Taking care of yourself

After the birth, you will find that if you take good care of yourself, you are more able to care for and enjoy your baby. Rest is important, especially during the first few weeks. Try to have a daytime nap as soon as your baby settles to sleep. Take advantage of any offers from friends and family to assist with household chores, preparing food or shopping. Even with extra rest, tiredness is often a problem because most new mothers do far too much. It's up to you to decide which important job worth taking or which you can happily leave.

34. Visits from Hoken center

In your Boshi techo, you will find a post card for your local health center. Fill out the necessary information such as your baby's name, mom's name, address, phone number and other relevant information about your delivery and mail it. After receiving your post card, the hoken center will give you a call and arrange a day to visit you and your baby.

Generally, if the mom and baby are healthy, the midwife from the hoken center will pay a visit within 3 months after birth. It is normal for the mother to have a lot of minor problems and questions, especially if it's her first baby. The midwife then checks the baby's weight and general condition. You may request them to visit you twice within 3-4 months for free. A public health nurse of your area will visit you on demand if you still have some problems. This is a good opportunity to become friends with hoken staff.

One month check-up: after 4 to 6 weeks, moms usually go back to the clinic or hospital where they gave birth. Busy clinics or general hospitals usually designate a specific day of the week.

A one-month-old baby gains on average 200 grams a week. Buying a baby weighing scale is not necessary. If you worry about the weight gain, a rental weighing scale is available. If you have your own weighing scale, all you have to do is weigh yourself together and subtract your own weight and the difference would be your baby's weight.

35. Check-ups at health centers

Set, periodic medical check-ups of infants are administered at the health centers for infants and children aged 3 months, 1.5 year and 3 years. In addition to these services, assistance with medical costs is available until they reach the age of 18.

You will be notified by a letter. This will be written in Japanese, so please ask any of your Japanese friends or neighbors to translate or explain the information to you otherwise you will miss important checkups.

36. Immunizations

Moms from the west are confused because they have different vaccination schedule and some of them are opposed to the idea of having their babies have BCG. But widespread tuberculosis among infants, the elderly and even young adults has been a big health problem in Japan.

Together with the boshi-techo, you are given a supplementary booklet, including vouchers for various services provided by Nagoya City. Please make sure to bring the boshi techo and the filled-out cards and questionnaire in Japanese beforehand.

Japanese Encephalitis: It's a mosquito-borne viral infection and the leading cause of viral encephalitis in Asia. Vaccination has not been recommended since May 30, 2005 because of the strong side effects, If you are going abroad where contracting infection is concerned, vaccination is available at Daido clinic in Minami ward. Meitetsu Hospital in Nakamura-ku.

Health insurance / finances

37. Costs

The cost of delivery and hospital stay is a big concern for many foreigners. In Tokyo, the costs are higher, but there's a wider range of options. Some "brand" hospitals with deluxe facilities cost 800.000 — 1.000.000 yen.

In Nagoya, the hospitals and clinics, public and private alike are more competitive and reasonable. The usual costs vary around 500.000 — 600.000 yen, including the fee for 4-5 days postpartum stay. Since normal pregnancy and birth is not considered an illness, Japanese public health insurance does not cover the cost of normal maternity and obstetric care. Complicated procedures such as Caesarian birth are covered.

Most people here have national health insurance but overseas, there are many different insurance systems and they are not always obligatory. In the west, private insurance is very common, and it covers all the costs from prenatal check ups to birth. However, Japanese hospitals always ask you to show them a national health insurance card at reception and they get totally confused if you don't have one.

The delivery allowance (SHUSSAN IKUJI KIN) is paid from the medical insurance plan of you or your husband. If you apply 420.000 yen through direct payment system (CHOKUSETSU SIHARAI SEIDO) in advance, you only have to pay the exceeding of that amount.

38. Medical insurance

If you have the Japanese health insurance plan (national or company), please register your child soon after birth. Submit the 'National Health Insurance Enrollment Form' to the Insurance and Pension division in the nearest ward office. The Insurance and Pension division will accordingly process your child's health insurance and mail you a "Medical Card", as a certificate for subsidy. As for the company health insurance, please ask your company.

To claim an allowance for a dependent child, you must be registered as a foreign resident of Nagoya City. Only people below a certain income level can claim this. Please ask at the Social Welfare Division in your nearest ward office for more information.

Legal items

39. Registering the birth

When you have given birth, obtain a birth certificate from your doctor or midwife and submit it to your local ward office within 14 days after the baby is born, which will issue an official birth certificate (usually about a week later). Since you need this certificate for several procedures, it's a good idea to ask for several certificates at once. Bring the following items:

- Boshi techo;
- insurance booklet/paper;
- birth certificate issued by the doctor or midwife (see appendix B);
- seal (HANKO) if you have one.

Japanese officials don't issue birth certificates in languages other than Japanese.

40. Alien registration card

Within 60 days of the birth, apply for an alien registration card for your child at your local ward office or branch of your ward office. Documents to submit:

- passport of new-born baby;
- completed application form for alien registration (available at the counter).

41. Public Health Center

Present the official birth certificate at your Public Health Center and bring with you the Boshi techo. In the Boshi techo the 'Certificate of Birth Registration' will be filled out when you register your child's birth at your ward office.

42. Non-Japanese parent(s)

If either or both of the parents are not Japanese citizens, you must report the birth to the embassy or consulate of the non-Japanese parent(s). In several countries, it's possible to have your baby's Japanese birth certificate also registered in your home-country: this could be handy when your child needs a valid copy of the birth certificate, for example to get married or starts studying at university. Ask your own embassy or consulate for details.

If both parents are non-Japanese, you have to apply for a visa within 30 days of giving birth if your child is born in Japan and will reside for more than 60 days following the date of the birth. Documents to submit:

- visa application form;
- infant's passport;
- alien registration card (only if already registered);
- official infant's birth certificate;
- certificate of guarantee from supporting person;
- inquiry sheet (available at counter);
- passport of supporting person. It is possible to apply for a multiple entry permit at the same time.

43. National Health Insurance

Requirements for joining the National Health Insurance plan:

- fill out an application form for your baby to join the National Health Insurance;
- fill out an application form for government financial assistance worth 420,000 yen issued by the National health insurance office;
- bring your passport and proper visa;
- bring your alien registration card

Appendix A: translated version of official form for registration of pregnancy

Personal part

REGISTRATION OF PREGNANCY

To Public Health center of ward		Year	Month	Day
Name of pregnant woman		Age	years old (year month day)	
Profession		Week of pregnancy	Number of weeks	
Address	(TEL -)			
Name of doctor / midwife who diagnosed your pregnancy	(doctor • midwife)			
Did you have a test done for sexual transmitted diseases?	yes • no	Did you have a test done for tuberculosis?	yes • no	
Husband's name	Husband's profession			
Planned birthplace				
For blind women, special Boshi techno are available.				

CERTIFICATE OF PREGNANCY

Doctor / midwife's part

Name of pregnant woman		Week of pregnancy	
Due Date	(year month day)	Last period	(year month day)
Pregnancy first • consecutive pregnancy	primipara • multipara times	History of miscarriage	pre-term stillbirth miscarriage induced abortion number of times
r e s u l t s	morning sickness	slight • mild • severe	Blood type A • B • AB • 0 • Rh ()
	edema	- • +	Hemoglobin level
	urine protein	- • +	Blood pressure upper / under
	glucose	- • +	
pelvis size	normal • abnormal (narrow / other)		

Date (year month day)
Address
Name of doctor / midwife

Seal

Appendix B: translated version of official form for registration of birth (2 pages)

Registration of Birth

B a b y	Baby's name	Family name	First name	Relation- ship between baby and parents	<input type="checkbox"/> parents: married male <input type="checkbox"/> female <input type="checkbox"/> <input type="checkbox"/> parents: unmarried (<input type="checkbox"/> male <input type="checkbox"/> female)	
	Time of birth	year month day AM (hour) (minute) PM				
	Address of place of birth					
	Address where newborn will live					
P a r e n t s	Parents' name and birthday	Father's name		Mother's name		
		Father's birthday year month day (age)		Mother's birthday year month day (age)		
	Nationality	if non-Japanese, nationality only only for Japanese				
	Marriage or living together	year month				
	Head of the family works for...	1. agriculture 2. private business 3. employee 4. other employee 5. other job 6. no job				
		Father's profession		Mother's profession		
O t h e r s	Usually nothing filled out here!					
Person who	1. parent 2. legal representative 3. family 4. doctor 5. midwife 6. other birth attendant 7. public officer					
	Current address					
	Original address: usually nothing filled out here					

Signature	Seal	Birthday	year	month	day
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Birth Certificate

(to be filled out mostly by doctor / midwife, except your baby's name)

Baby's name		Sex	1.male 2. female
Date and time of birth	(year) (month) (day) AM (hour) (minute) PM		
Birth facility's details	Place of birth	1. hospital 2. obstetrician clinic 3. midwifery clinic 4.home 5. others	
	Address of place of birth		
	Name of facility		
Baby's measurement	Weight	grams	Height centimeters
Single baby or multiple	1. single 2. multiple		
Mother's name		Gestation (length of pregnancy)	weeks days
Number of babies given birth to by mother	number of 'living' babies number of abortions / still born after 22 weeks		
Birth attendant	date (year) (month) (day)		
1. doctor	address		
2. midwife	name		
3. others		seal	

Although this booklet is prepared with the greatest care, the information provided is for informational purposes only and is not a substitute for professional medical, financial or legal advice.

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: 'I have felt happy most of the time' during the past week.
- No, not very often. Please complete the other questions in the same way.
- No, not at all.

In the past 7 days:

1. I have been able to laugh and see the funny side of things.

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

5. I have felt scared or panicky for no very good reason

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

2. I have looked forward with enjoyment to things

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

6. Things have been getting on top of me

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been hoping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

3. I have blamed myself unnecessarily when things went wrong

- Yes, most of all the time
- Yes, some of the time
- Not very often
- No, never

7. I have been so unhappy that I have had difficulty sleeping

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

4. I have been anxious or worried for no good reason

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

8. I have felt sad or miserable

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

9. I have been so unhappy that I have been crying

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

10. The thought of harming myself occurred to me

- Yes, quite often
- Sometimes
- Hardly ever
- Never

Administered/Reviewed by: _____

Date: _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987, Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

²Source: K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression *N Engl J Med* vol. 347, No 3, July 18, 2002,

Users may reproduce the scale without further permission providing they respect copyright by quoting the name of authors, the title and the source of the paper in all reproduced copies.

To expectant mothers and their families,

Effective January 2015

Guide to The Japan Obstetric Compensation System for Cerebral Palsy

What is The Japan Obstetric Compensation System for Cerebral Palsy?

In addition to promptly compensating for the economic burden affecting families with children who developed severe cerebral palsy, this system seeks to avoid conflict and reach an early resolution, and strives to improve the quality of obstetric care by analyzing the cause and providing contributory knowledge to prevent the recurrence of similar cases.

Persons Eligible for Compensation

Children born after January 1, 2015 under the management of birth facilities participating in this system, and those who meet all the following three criteria, are eligible for compensation.

1. Gestational week at **32nd week** or later and birth weight of **1,400g** or more, or **28th week or later fulfilling specified requirements.**
2. Cerebral palsy which is **not caused by congenital or neonatal reasons.**
3. Disability **nearly equivalent to 1st or 2nd degree** in physical disability certificate.

* This system does not cover children who died before the age of 6 months.

- ◎ Children with severe motor impairment whose main cause cannot be clearly attributed to congenital or neonatal reasons are eligible for compensation.
- ◎ Approval of compensation is carried out based on the assigned physician's certificate and eligibility criteria of this system.
The certification criteria are not necessarily identical to those of the national physical disability certificate.

Compensation Details

Once certified for compensation, a lump-sum payment for preparation and installment payment totaled of 30 million yen.

To provide the foundation expenses for nursing care

Lump-sum payment for preparation:
6 million yen



To provide nursing care expenses

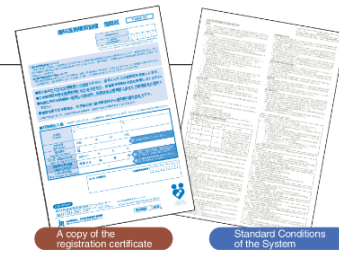
Installment compensation payment:
total **24 million yen**
(1.2 million yen, 20 time-installments)

Application Period for Compensation

Applications for compensation are accepted from the child's first birthday **until his/her fifth birthday.** However, in cases where physical disability may be severe enough for diagnosis earlier than the first birthday, application for compensation may be allowed from 6 months after the birth.

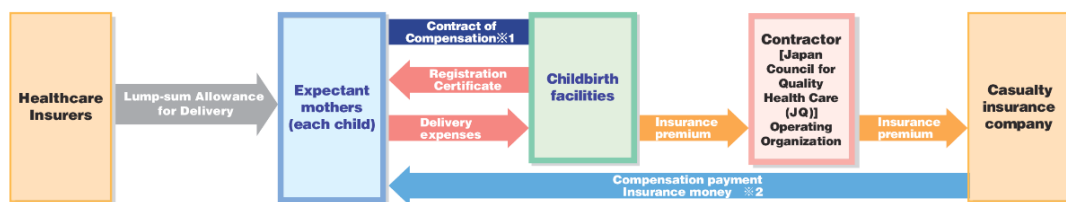
Reminders for Expectant Mothers

- ① The childbirth facility issues a "Registration Certificate" to all expectant mothers under the management of the facility identifying as eligible for this compensation system. Please fill in the certificate (the Standard Conditions of the System is printed on the back).
- ② Please keep a copy of the registration certificate with your maternal and child health handbook for 5 years after birth.



Monetary flow for compensation

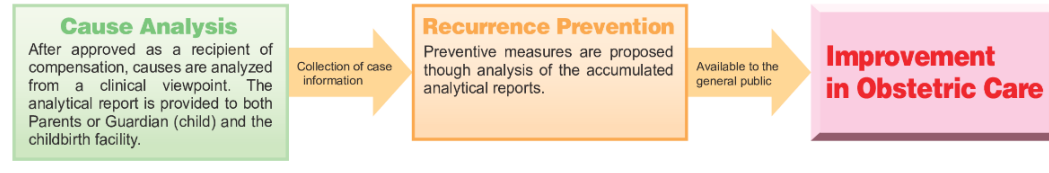
Compensation



- ※1 The compensation is contracted under the Standard Conditions of the System regulated by the operating organization.
- ※2 Once approved as a recipient of compensation by the operating organization, the operating organization applies to the insurance company for compensation payment as a deputy of the affiliated childbirth facility. Then, the insurance company provides compensation payment.

- ① It is the childbirth facility that in this system, so insurance premium for compensation is paid by the childbirth facility.
- ② For children born at an affiliated childbirth facility (deliveries after the 22 gestational weeks), an equivalent amount of insurance premium is added to the insurer's lump-sum payment for delivery expenses.

Cause Analysis and Recurrence Prevention



Notes

- ① Eligibility criteria for children born on Jan. 1, 2015 or later has been altered from the one on Dec. 31, 2014 or earlier.
- ② If you accept payment for damages due to malpractice from the childbirth facility, double payment of compensation (i.e. compensation payment and liability payment) is not allowed.

Please contact the childbirth facility where delivery occurred or the contact address below for details regarding compensation standards and specific procedures.

For inquiries regarding the "The Japan Obstetric Compensation System for Cerebral Palsy"
Japan Obstetric Compensation System for Cerebral Palsy Special Call Center

☎ 0120-330-637 Hours : 9:00a.m. - 5:00p.m. (closed Saturday and Sunday)

Website of The Japan Obstetric Compensation System for Cerebral Palsy

<http://www.sanka-hp.jcqh.c.or.jp/>

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