

日本の保健医療を学ぶ 外国人研修生向け教材集 (母子保健編)

- Maternal and Child Health in Japan -

最終更新：2024年3月11日
Last updated: March 11th, 2024





概要

- 第2次大戦後、妊産婦と乳幼児の衛生に関する取組が進んだ。その結果、妊産婦・乳幼児死亡率が激減した。その一方、少子化の進行、晩婚化・晩産化と未婚率の上昇、育児不安・ストレス、育児の孤立化、児童虐待、子どもの貧困など新たな社会課題が生じている。
- 「健やか親子21」（2001年～）では、21世紀の母子保健の活動、方向性、目標および指標を示した。思春期の健康、安全な妊娠と出産、子どもの健康管理に関連する多くの問題が改善した。
- 日本は少子高齢化社会であるが、母子保健対策で培われた地域密着型の取組が高齢者分野にも応用されようとしている。

Summary

- After World War II, efforts related to maternal and child health advanced in Japan. As a result, the maternal and infant mortality rates have decreased dramatically. At the same time, new social problems are emerging, such as declining birthrates, late marriages, late childbearing, and rising rates of unmarried. Another challenge is to address childcare anxiety and stress, childcare isolation, child abuse, and child poverty.
- "Healthy Parents and Children 21" (2001-) set the direction, goals, and indicators for maternal and child health care in the 21st century. Many issues related to adolescent health, safe pregnancy and childbirth, and child health care have improved.
- Japan is an aging society with a declining birthrate, and the community-based approach fostered in maternal and child health care is being applied to the field of elderly care.



日本の母子保健の特徴

1. 地域密着型

- 地域保健センター中心に、自治体保健師や助産師が母子の健康管理や支援を実施
- 地域住民への定期健康診査や健康相談、育児教室などが提供

2. 予防的な健康管理

- 健康診査や予防接種プログラムが国・自治体によって定期的の実施され広く普及
- 妊娠期から乳幼児期までの健康管理が包括的に行われている

3. 家族の支援と地域との結びつき強化

- 母子の健康管理において、家族や地域の支援体制を重要視
- 保健師・助産師が家庭訪問を通じて、家族のニーズや健康状態を把握し、地域住民や関係機関との結びつきを強化
- 母子のみならず、家族全体の健康や福祉にも配慮された支援が提供

4. 高い普及率

- 母子保健サービスは、ほぼ全国的に普及しており、ほとんどの家庭が利用可能
- 健康診査や予防接種などのサービスへのアクセスが容易

Characteristics of Maternal and Child Health Care in Japan

1. Community-based

- Municipal public health nurses and midwives provide health management and support for mothers and children, mainly at community health centers.
- Regular health check-ups, health consultations, and childcare classes are provided to local residents.

2. Preventive health care

- Health screening and immunization programs are regularly implemented and widely carried out by the national and local governments.
- Comprehensive health care from pregnancy through infancy in each community.

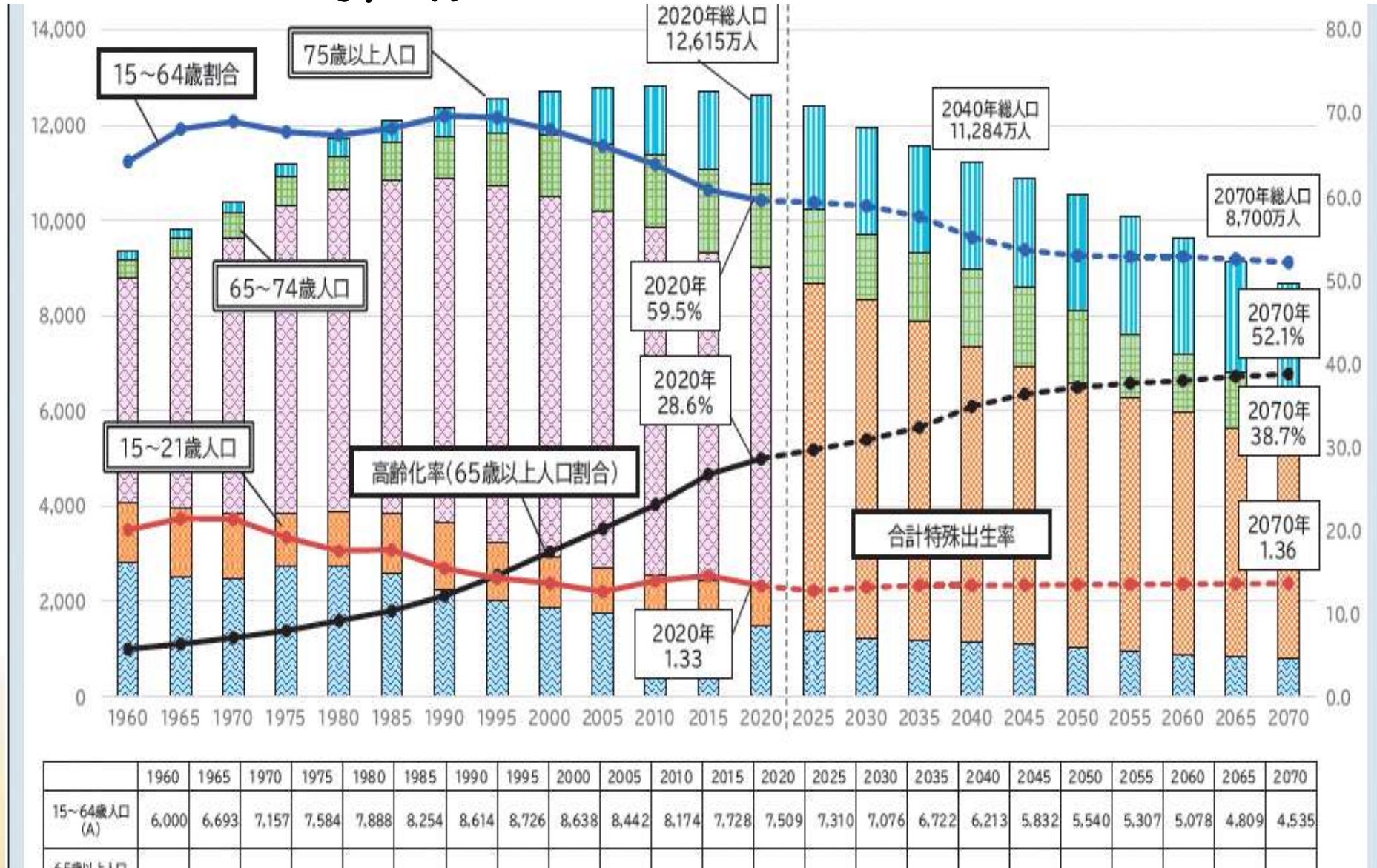
3. Supporting families and strengthening ties with the community

- Family and community support systems are important in the health management of mothers and children.
- Public health nurses and midwives are visiting families to understand their needs and health status through home visits, and to strengthen family ties with local residents and related institutions.
- Support that takes into account the health and well-being of the entire family, not just the mother and child.

4. High Penetration Rate

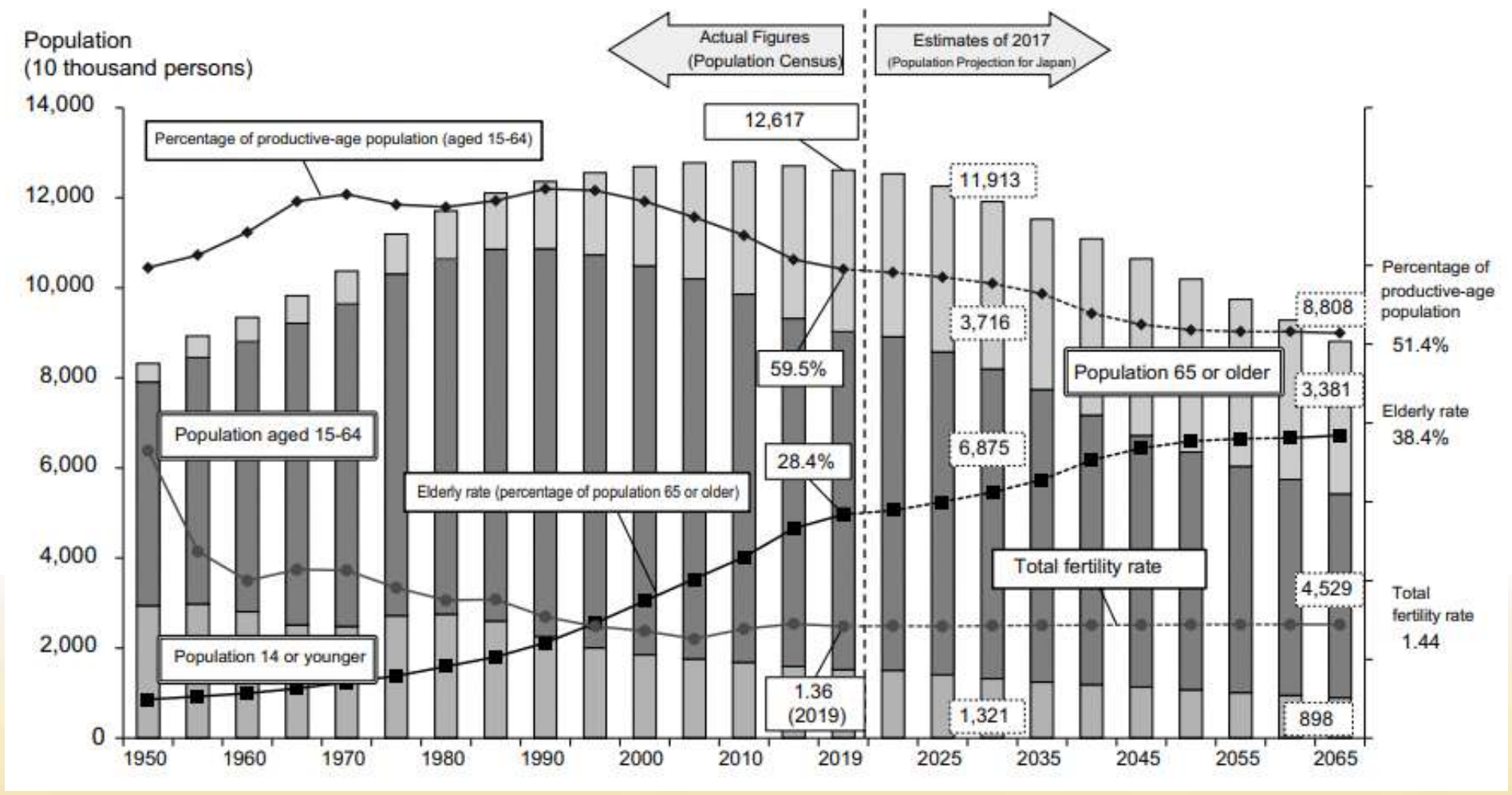
- Maternal and child health services are almost universal and accessible to most families.
- Health check-ups and vaccinations are easily accessible.

日本の人口の推移









Population Trends of Japan

The population of Japan has been entering a declining phase in recent years. In 2065, it is estimated that the total population will fall below 90 million and the aging rate will be in the 38% range.



Vital Statistics in Japan

(preliminary data of 2020)

Live births	Deaths	(Regrouped) Infant deaths	Foetal deaths	Marriages	Divorces
					
840,832 1 in every 38 sec.	1,372,648 1 in every 23 sec.	1,512 1 in every 5 hours 48 min. 34 sec.	17,286 1 in every 30 min. 29 sec.	525,490 1 in every 60 sec.	193,251 1 in every 2 min. 44 sec.

Source: "Vital Statistics", Vital, Health and Social Statistics Office to the Director-General for Statistics,

我が国の人口動態

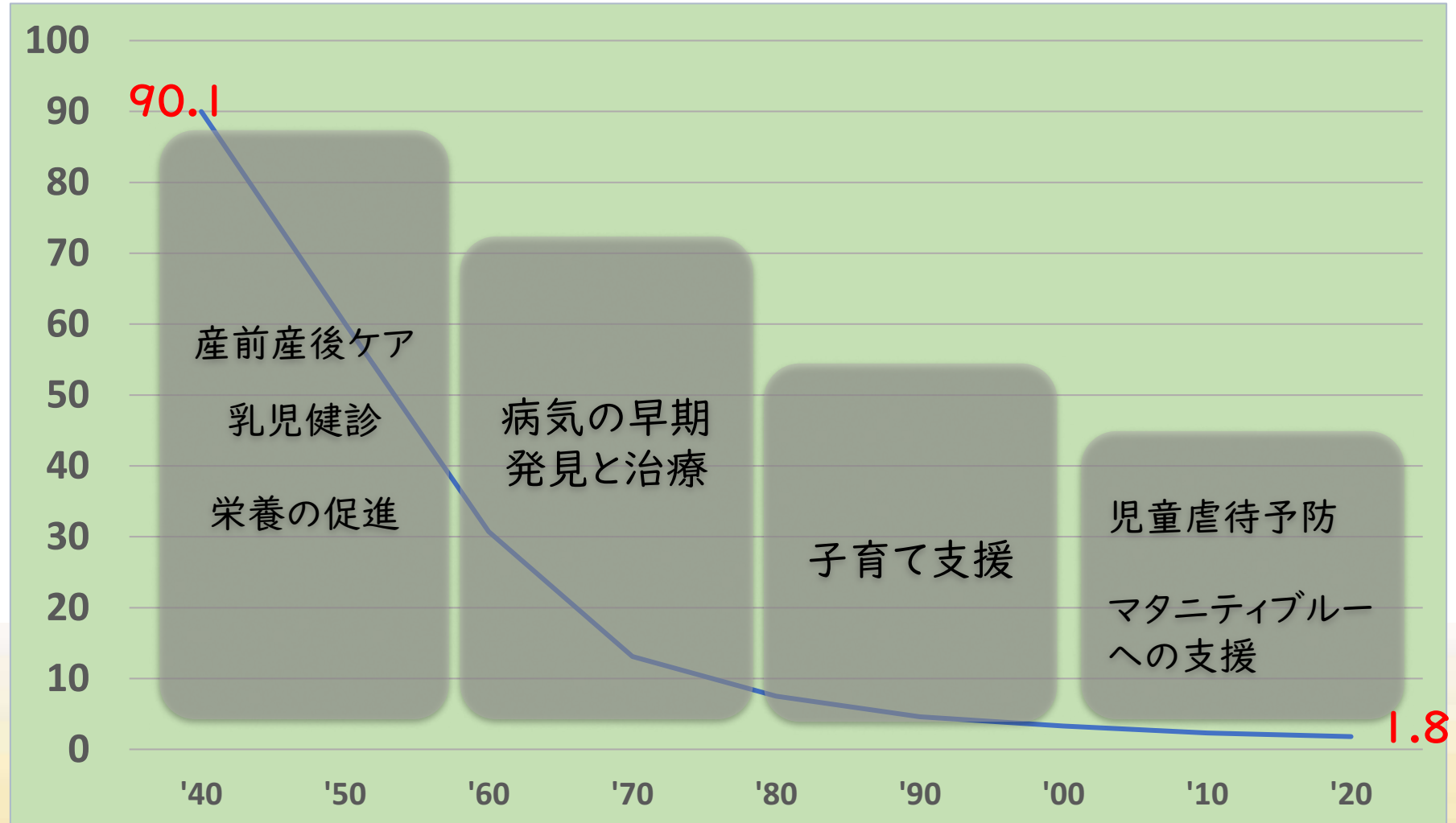
(令和4年概数)

出生	死亡	(再掲) 乳児死亡	死産	婚姻	離婚
					
770,747人 41秒に1人	1,568,961人 20秒に1人	1,356人 6時間27分37秒に1人	15,178胎 34分38秒に1胎	504,878組 1分2秒に1組	179,096組 2分56秒に1組

資料：厚生労働省政策統括官付人口動態・保健社会統計室「人口動態統計」

日本の乳児死亡率と主な母子保健対策

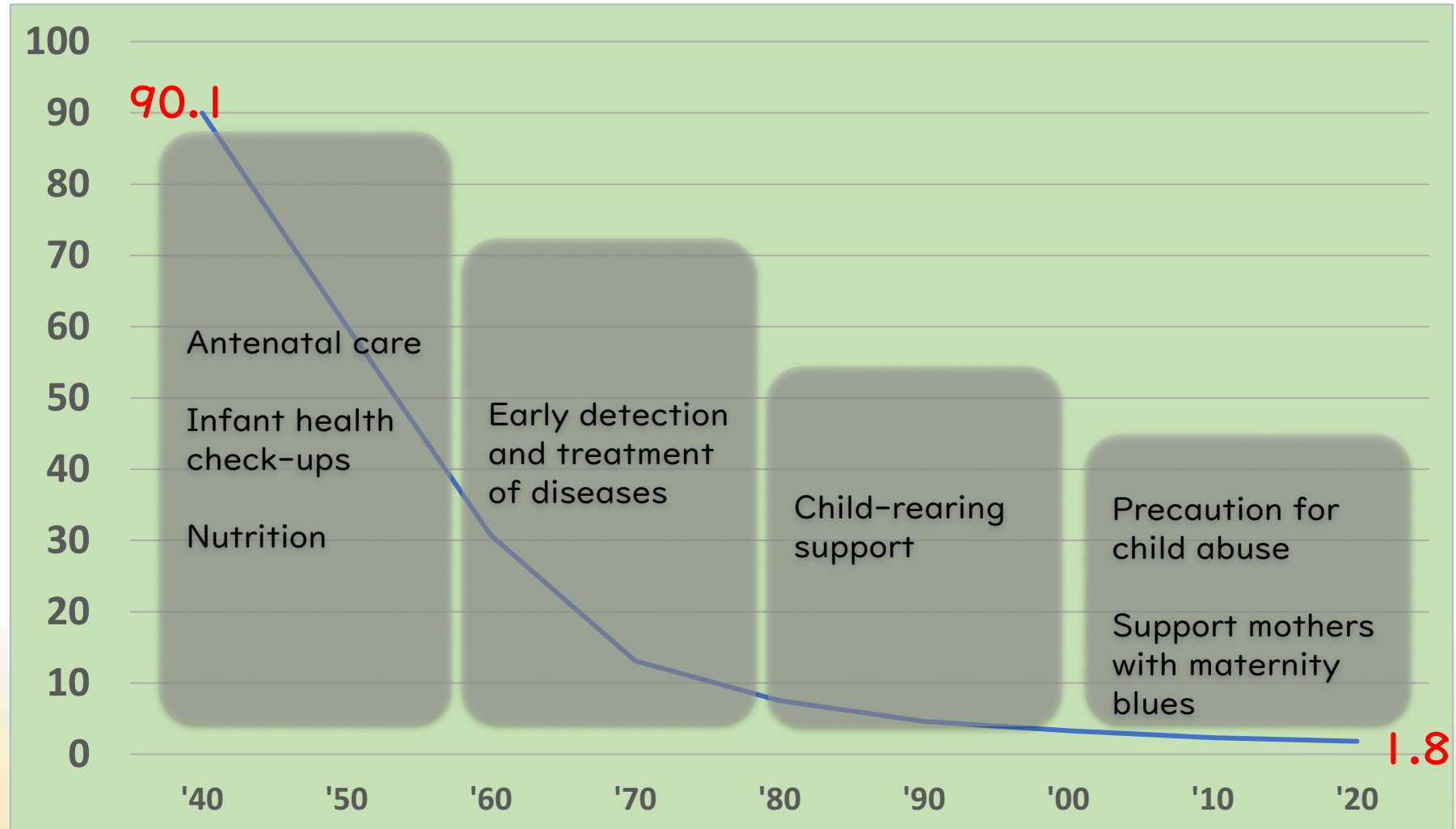
乳児死亡率



年代

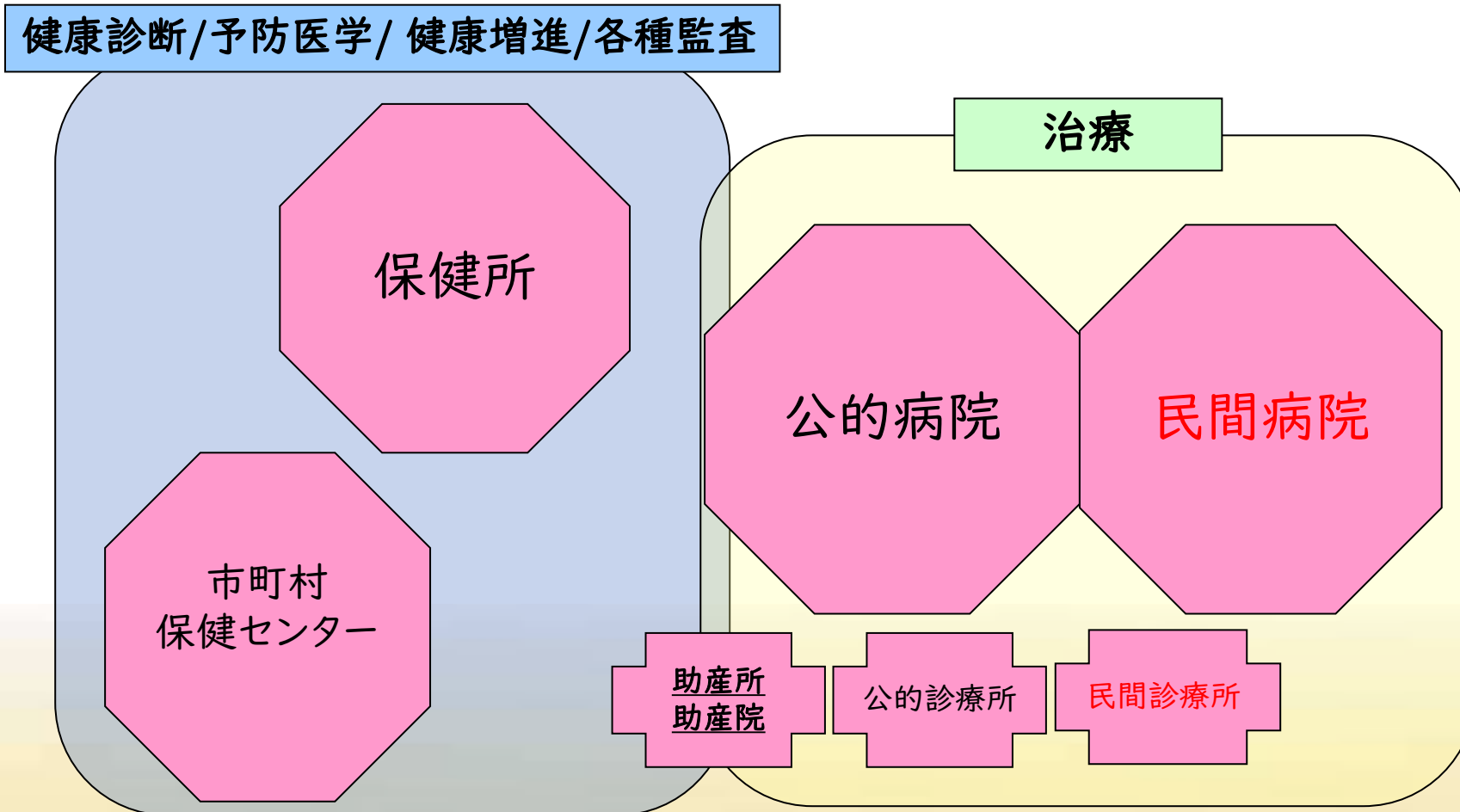
IMR in Japan and Major MCH measures

IMR

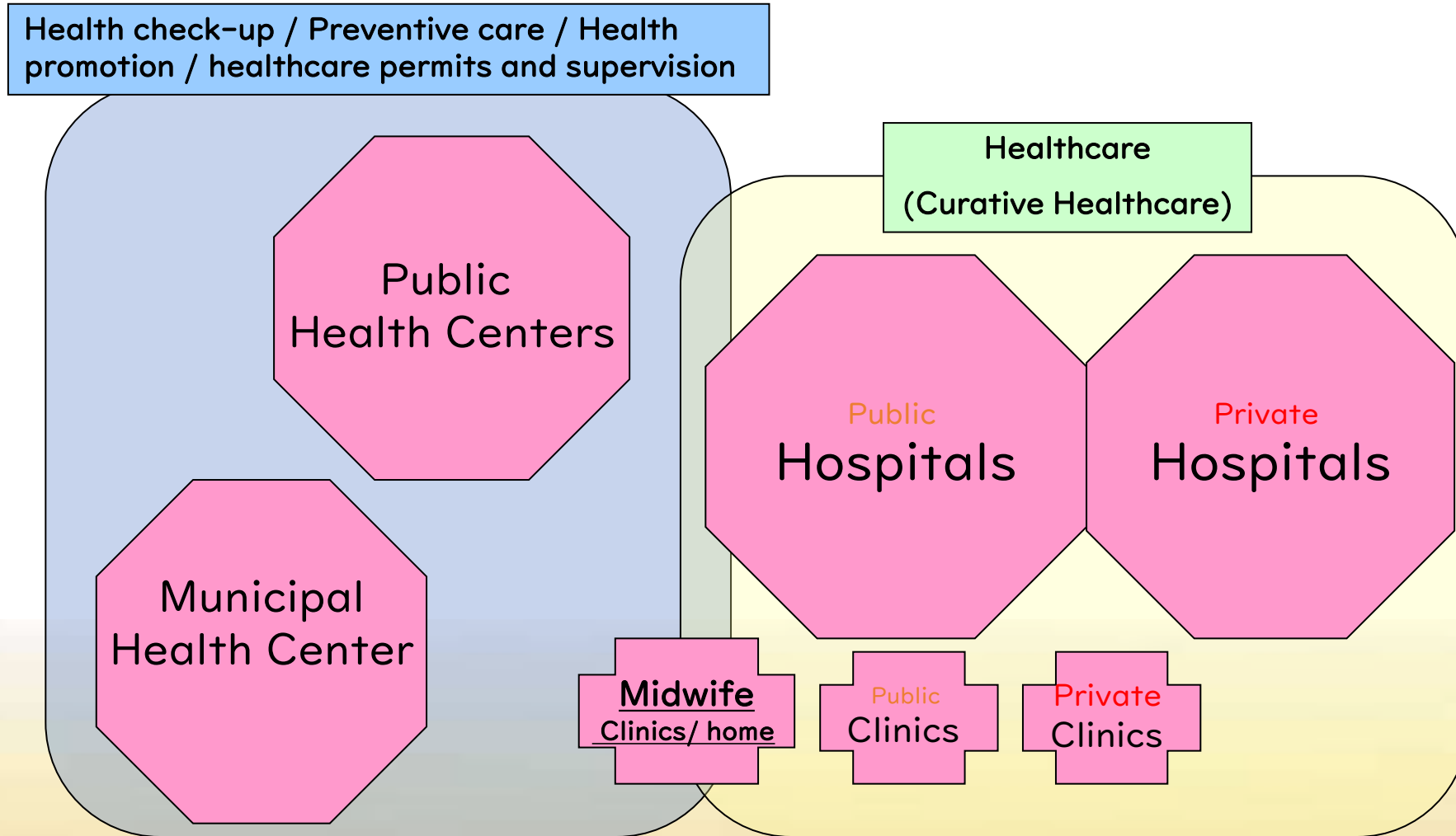


year

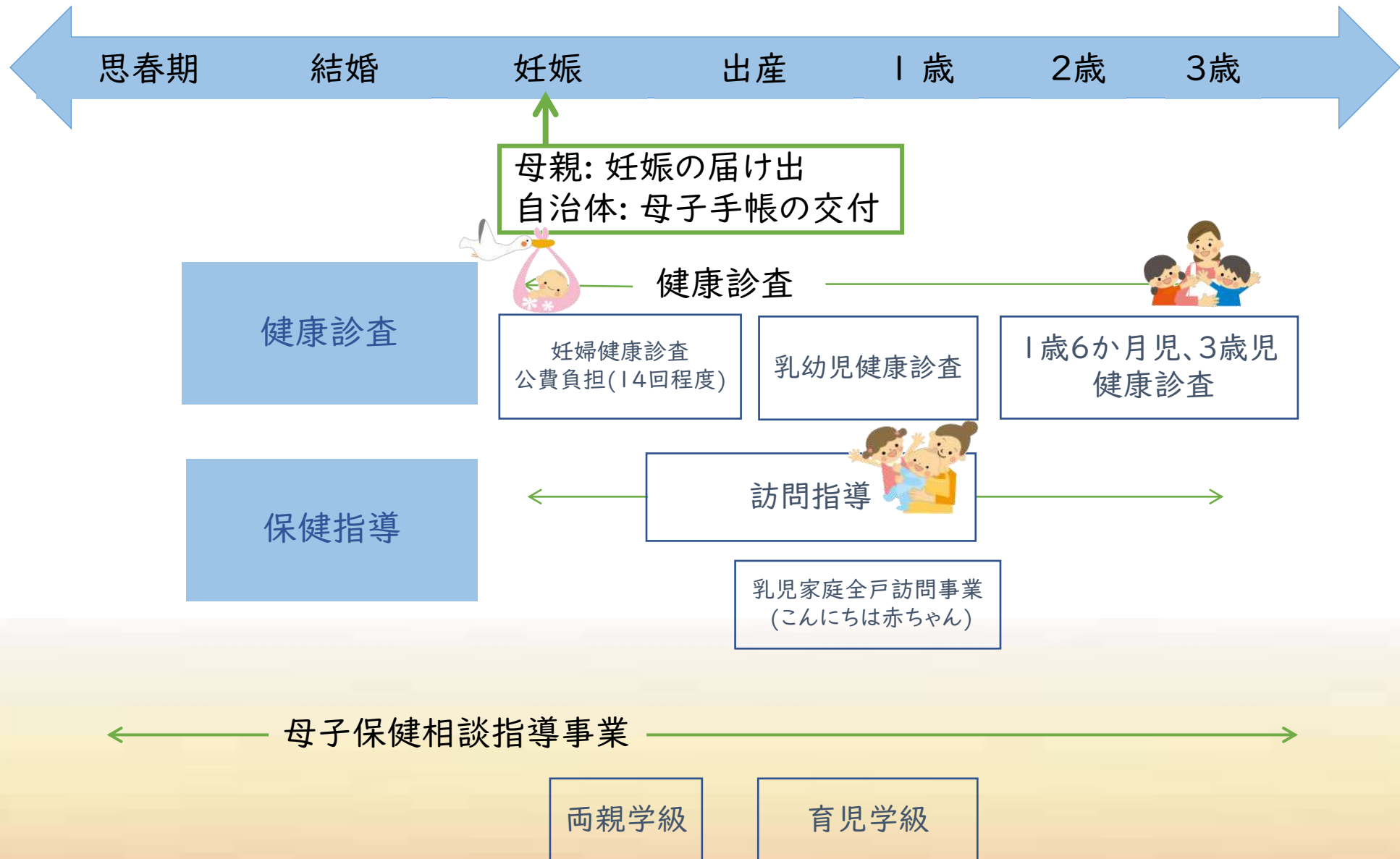
日本の公衆衛生サービスと医療サービスの関係



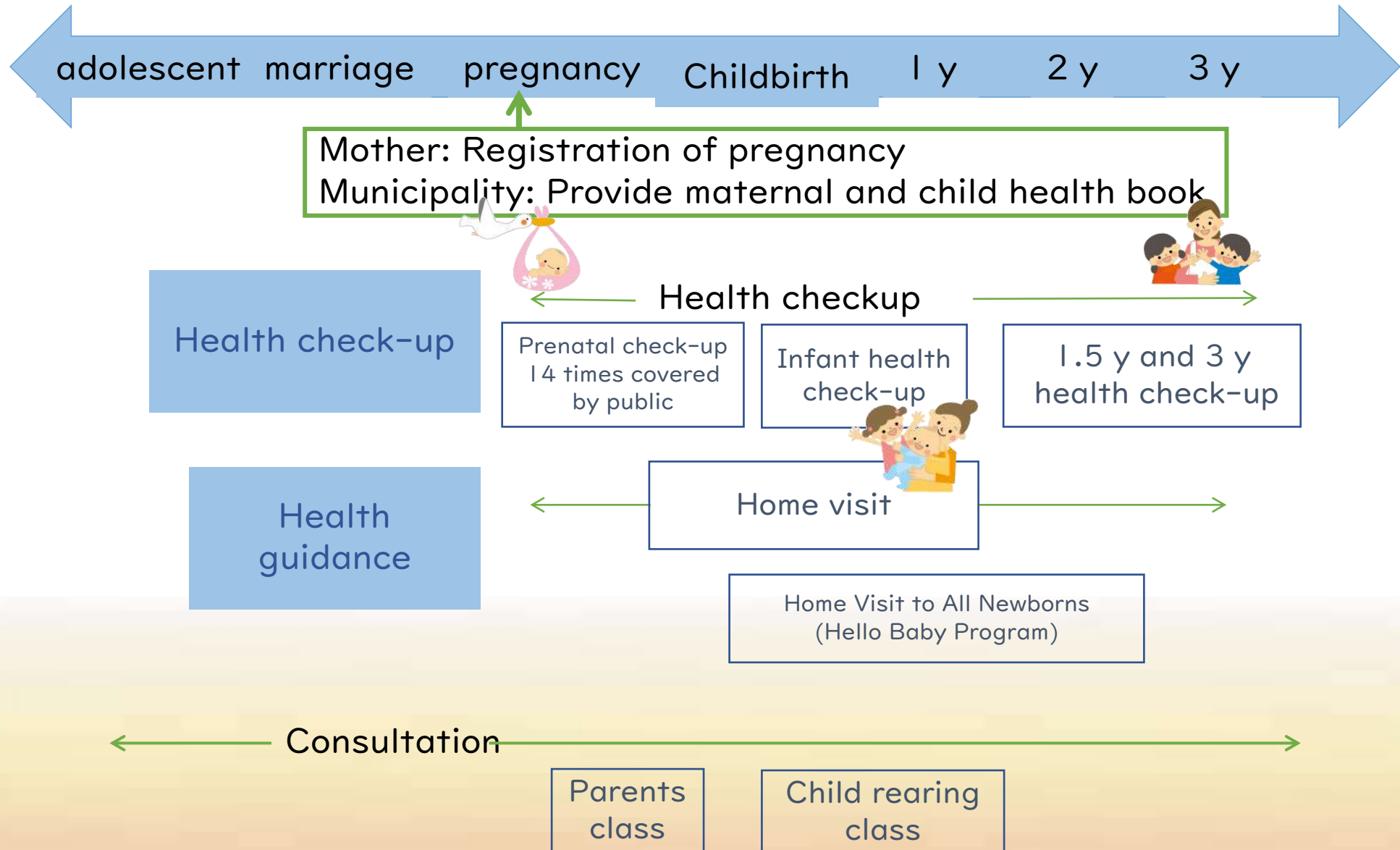
Public Health Services and Healthcare Provision



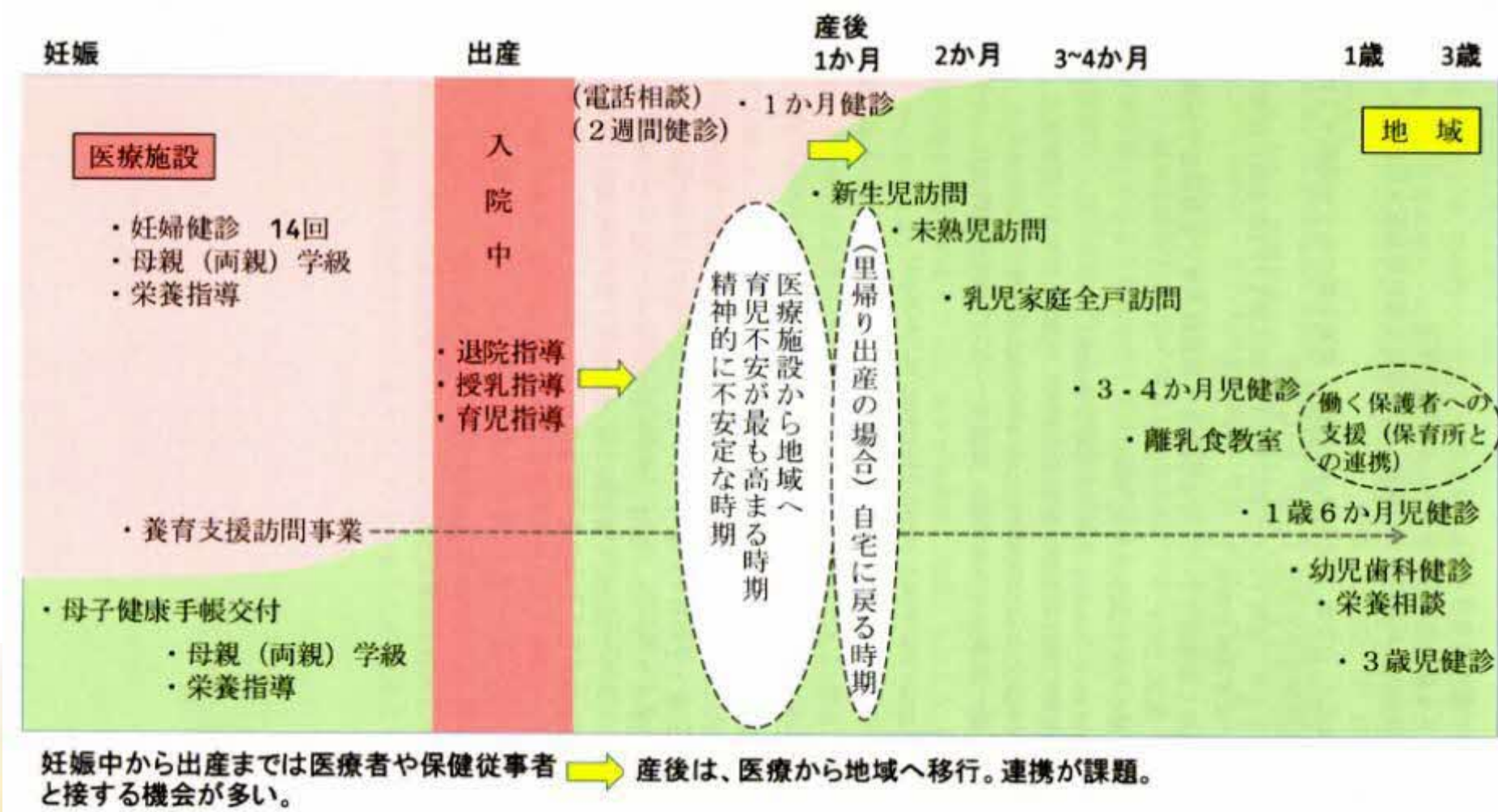
母子保健対策の主な体系



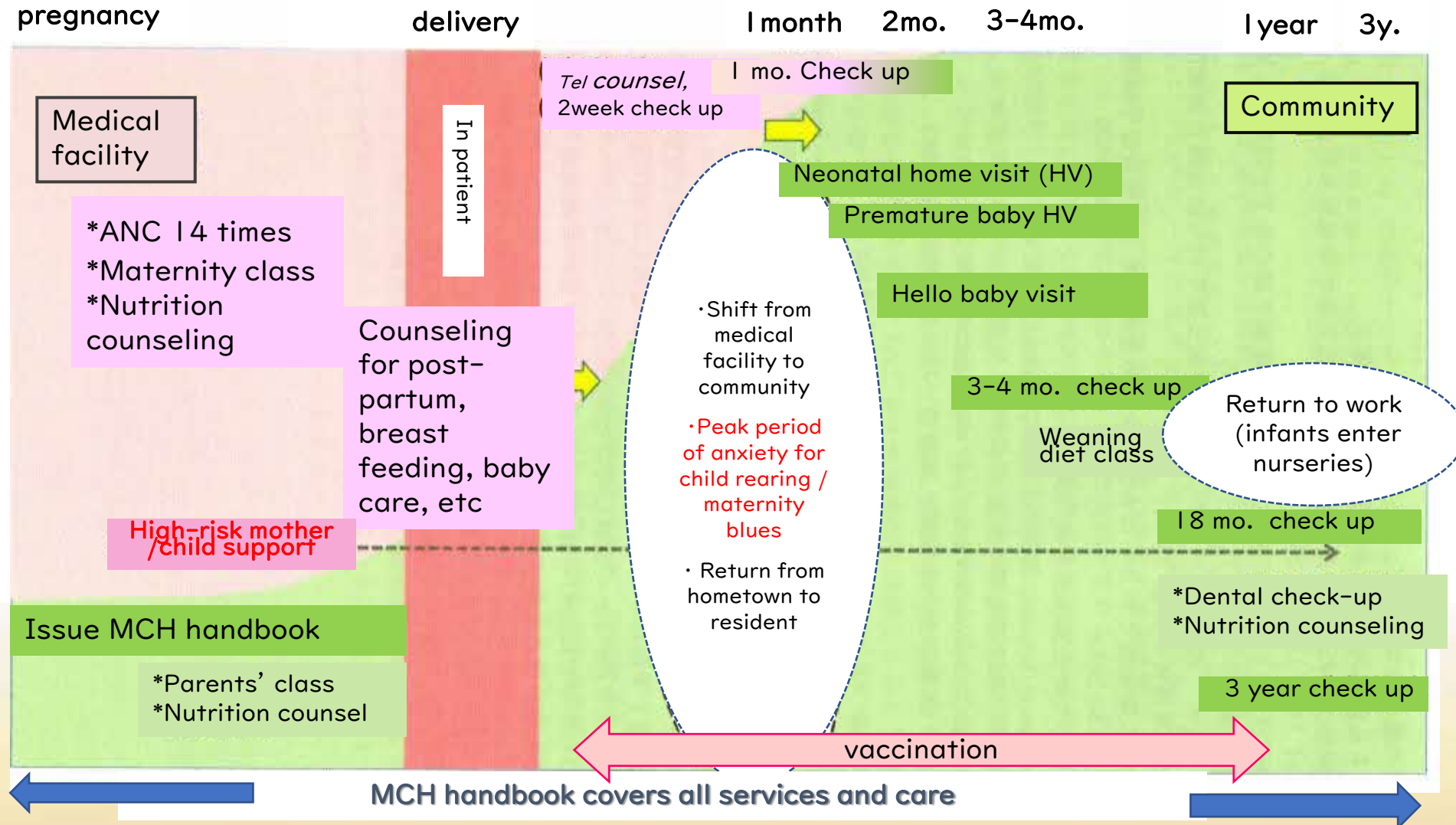
Major MCH Programs



医療機関と地域の多職種との連携

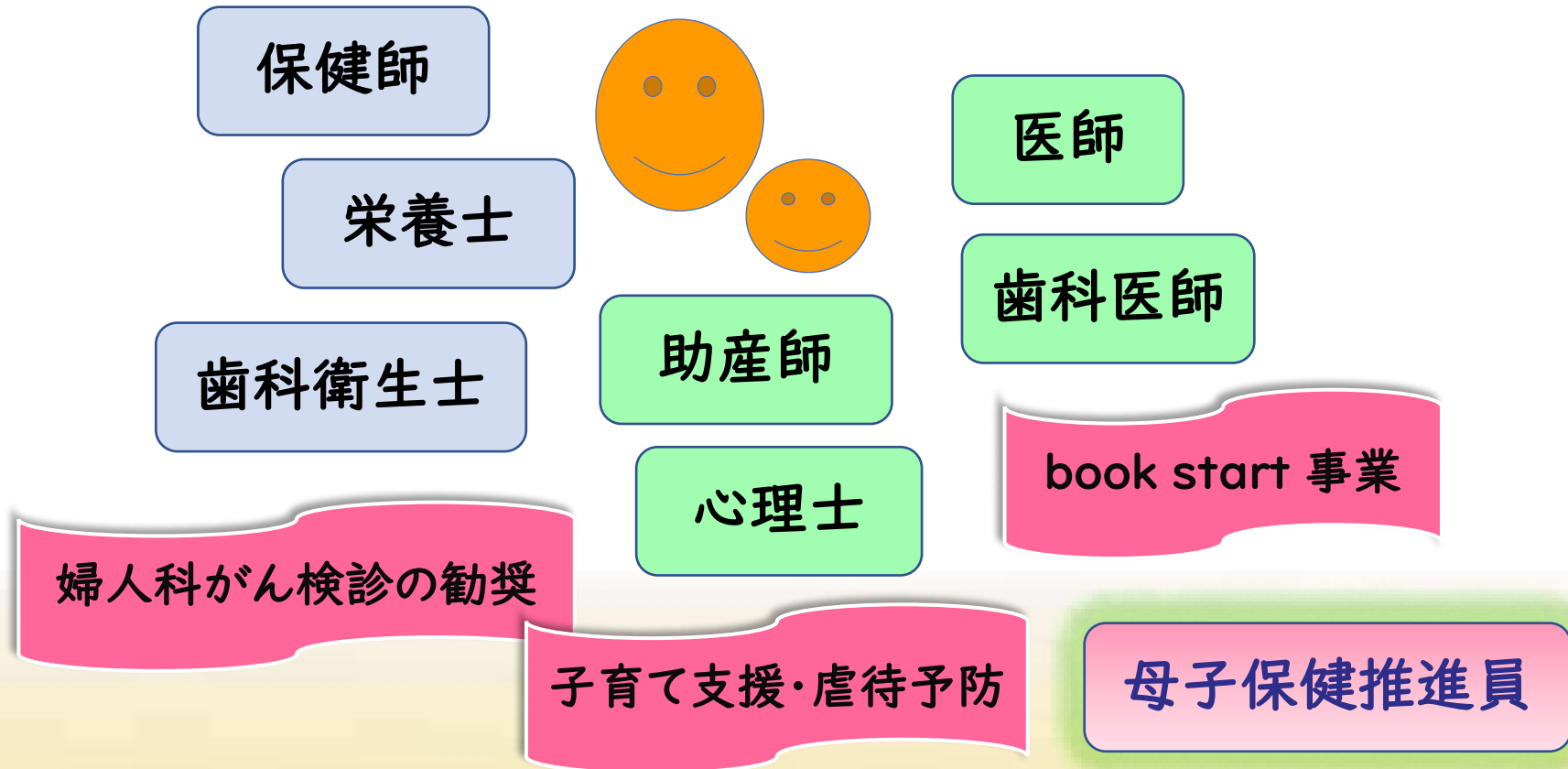


Cooperation between Clinical Institutions and Public Health Services as Continuum Care of Maternal, Neonatal, and Child Health



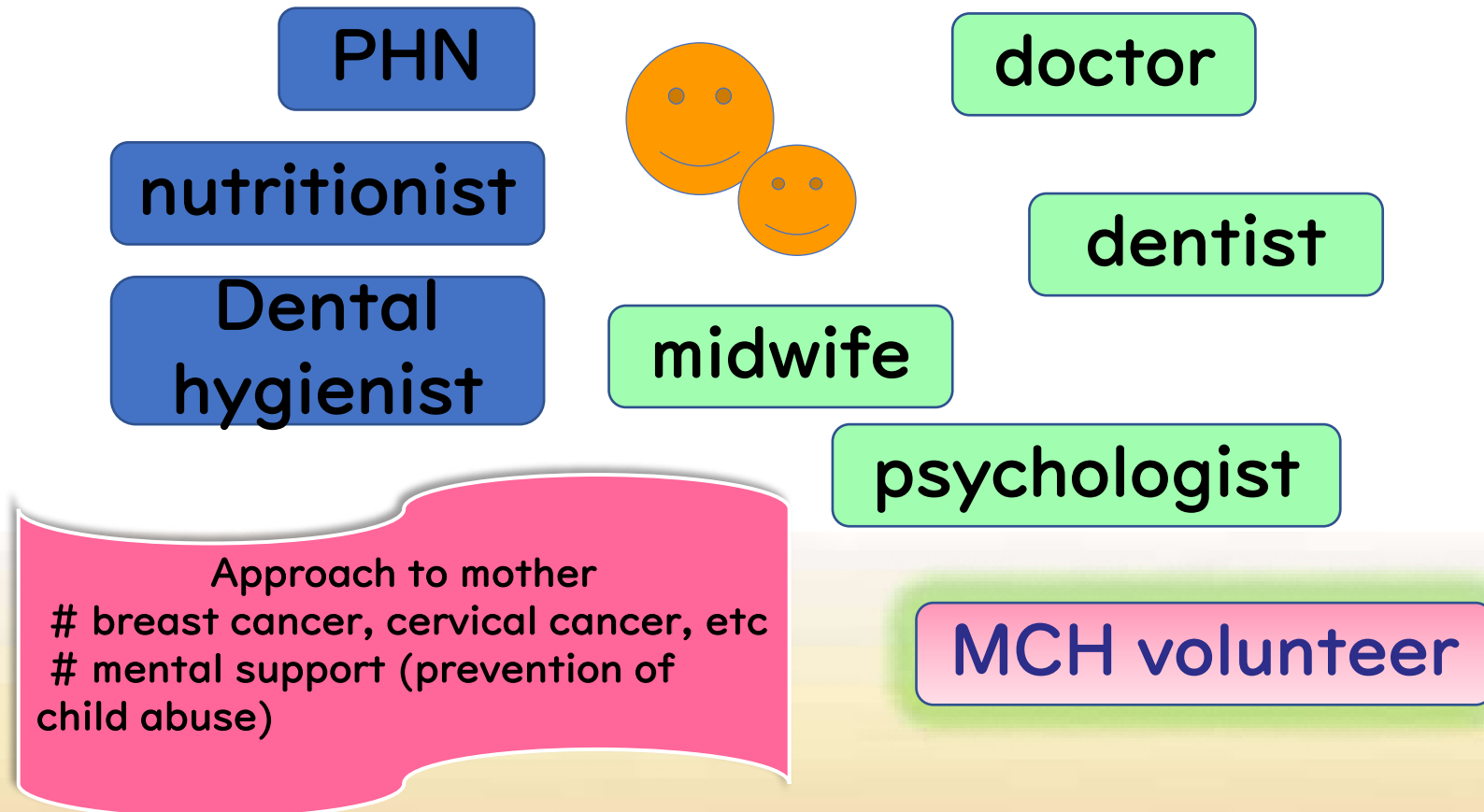
保健センターにおける集団乳幼児健診

多職種の従事者がワンストップのサービスを提供する

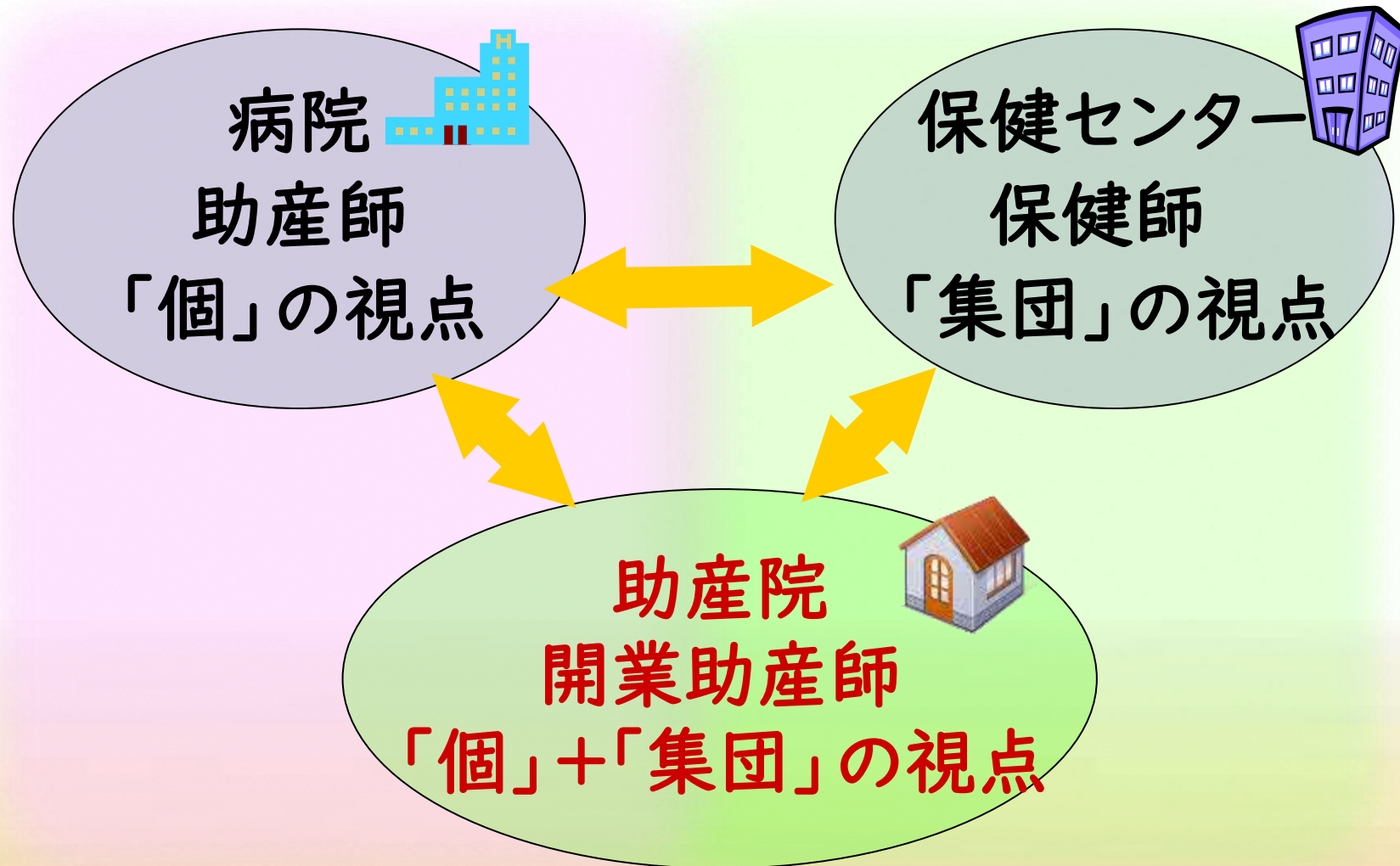


Group Check-up on Child Health in a Community Health Center

One stop services provided by multiple professionals

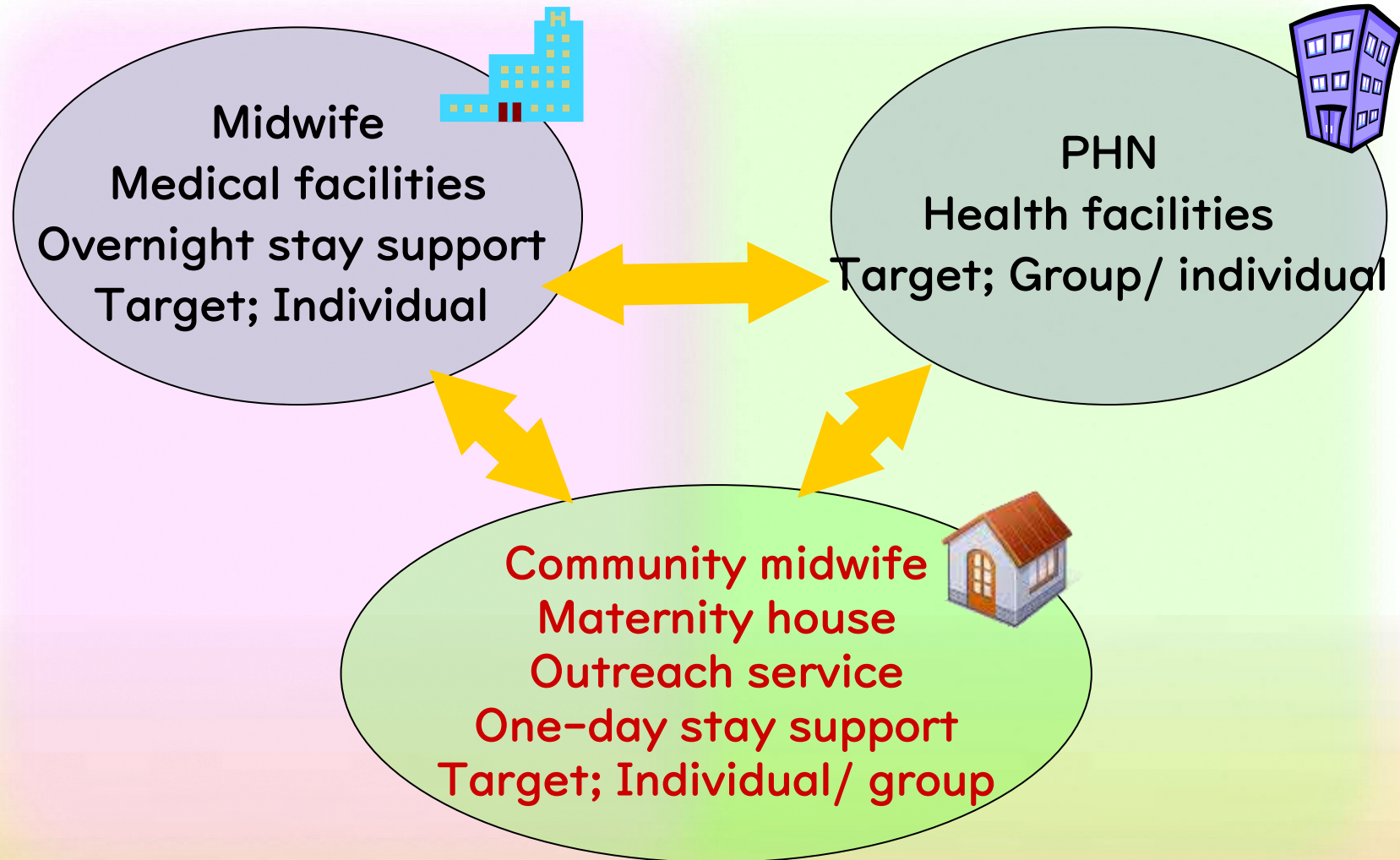


助産師と保健師の連携

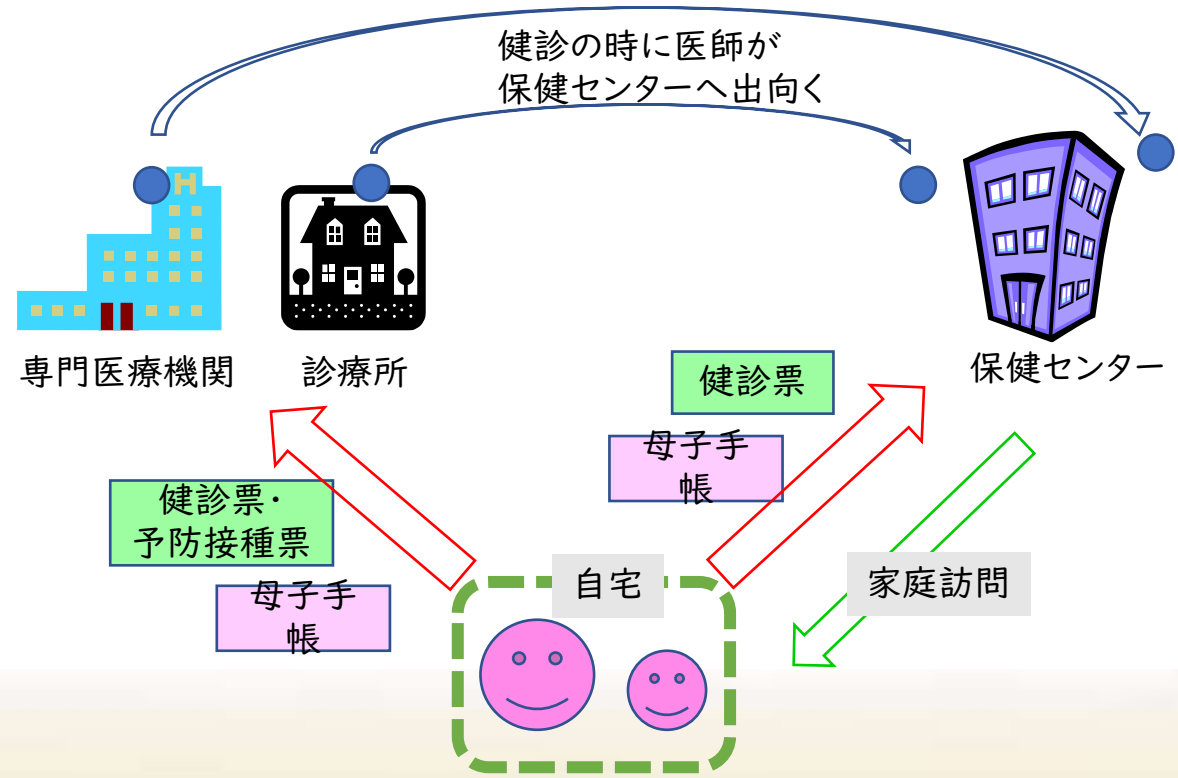




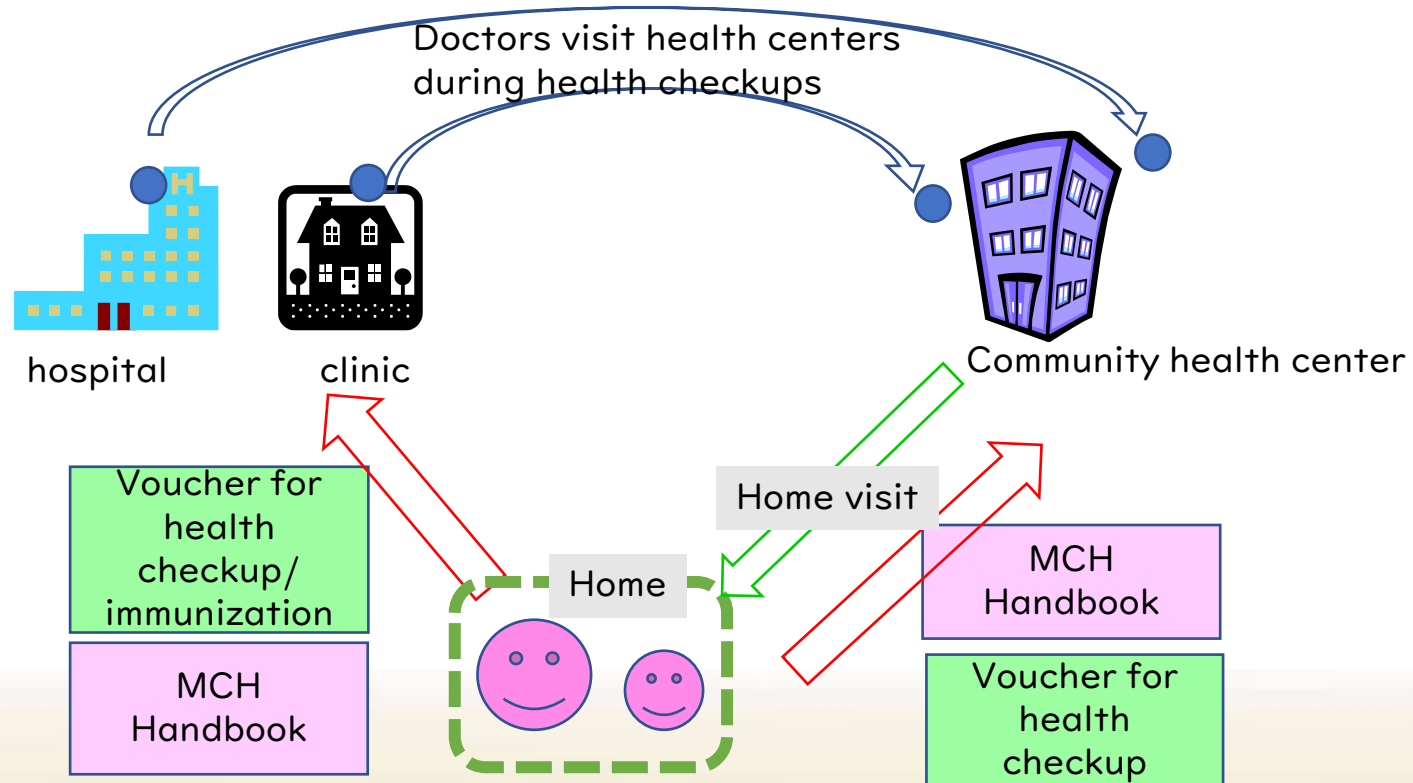
Cooperation among Midwife and PHN



母子保健サービスの実施場所



Implementation place on public MCH services



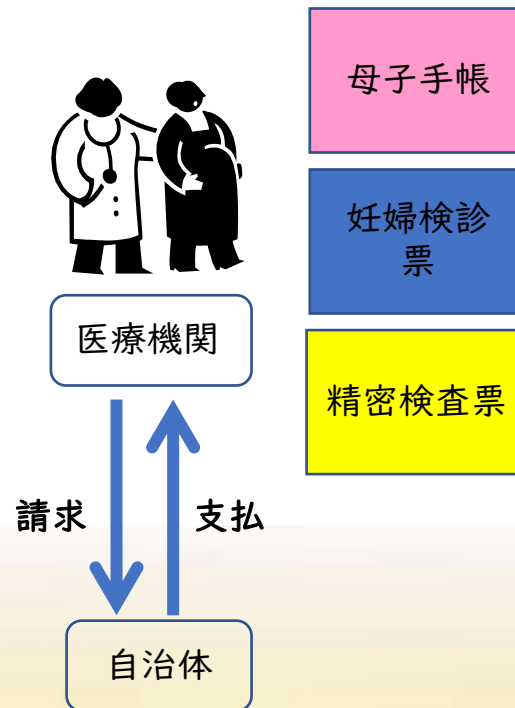
行政と臨床医との連携

地区医師会・歯科医師会

- 健診実施機関
- 集団健診時に保健センターに来所
- 保育園・幼稚園医

専門医療機関、専門医

- 精密検査実施機関
- 発達・療育相談に来所



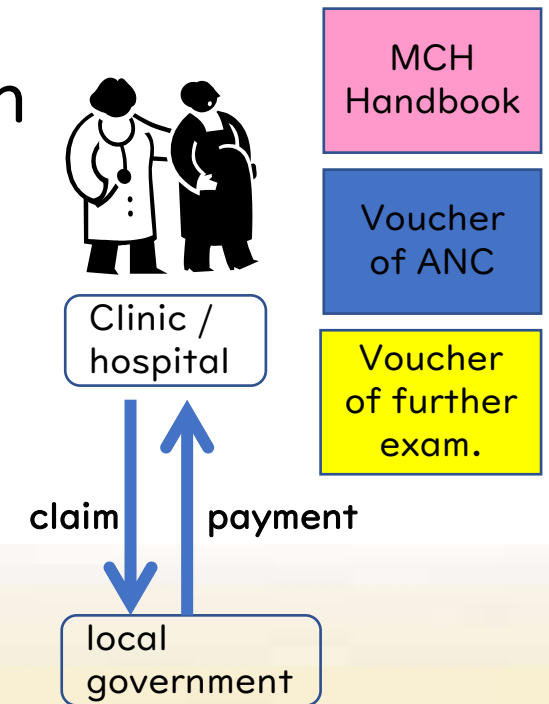
Cooperation between Local Governments and Medical Professions

Local association of medical doctors, dentists

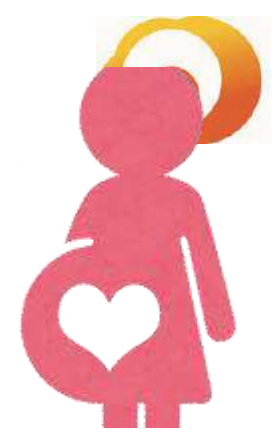
- As facilities for individual health check-ups.
- As a doctor/ dentist who attend the group health check-up held at community health centers.
- As a doctor / dentist in nursery, kindergarten, and school.

The 2nd / 3rd level hospitals, specialists

- As a referral facility for further examination.
- As a doctor who attend a special counseling at CHC.



妊娠期からの切れ目のない子育て支援



出産子育て応援事業

妊娠届出時の専門職による面接。妊産婦等の状況を早期に把握する取組

新生児・産婦訪問

専門職種（保健師又は助産師）が家庭訪問。赤ちゃんの身体測定、育児・産後の相談、母乳支援など。未熟児の場合は保健師が訪問。

「こんにちは赤ちゃん訪問」

生後4か月までの乳児のいる全家庭に訪問。母子に面会。生活環境の確認。近隣の子育て情報の提供。相談・助言。⇒家族の孤立化を防ぎ健全な育児環境の確保を図る。

産後健診

産後うつ、子育て不安への支援

生活支援

（産後ヘルパー事業など）

Seamless Childcare Support from Pregnancy

Childbirth and Child-Rearing Support Program

- Interviews by professionals at the time pregnancy is notified.
- Efforts to understand the situation of expectant and nursing mothers, etc. at an early stage.

Newborn and maternity visit

- Home visit by professionals (public health nurse or midwife)
- Baby body measurements, childcare and postpartum consultations, breastfeeding support, etc.
- Visits by public health nurses for premature infants.



“Hello Baby Visit”

- Visit all families with infants up to 4 months of age.
- Check living environment. Provide local childcare information in the neighborhood.
- Consultation and Advice⇒Prevent family isolation and ensure a healthy child-rearing environment.

Postnatal checkup

- Support for Postpartum Depression and Parental Anxiety

livelihood support
(Postpartum helper service etc.)

母子保健行政の主なあゆみ

➤ 第2次大戦とその後

- 保健所法 (1937) ⇒ 地域保健法 (1994)
- 妊産婦手帳(1942) ⇒ 母子手帳 (1947)
- 児童福祉法 (1947)
- 母子健康センター (1958)
- 新生児訪問指導 (1961)
- 母子保健法 (1965)
- 乳幼児の精密健康診査 (1969)

➤ 21世紀の母子保健

- 健やか親子21:第1次 (2000)
- 健やか親子21:第2次 (2015)
- 成育基本法 (2018)
- こども家庭庁 (2023)

Major Administrative steps in Maternal and Child Health

➤ During and after World War II

- Health Offices Act (1937) ⇒ Community Health Act (1994)
- Maternal Handbook (1942) ⇒ Maternal and Child Health Handbook (1947)
- Child Welfare Act (1947)
- Maternal and Child Health Center (1948)
- Home visit for Newborns (1961)
- **Maternal and Child Health Act (1965)**
- Infant thorough health check-up (1969)

➤ MCH in the 21st Century

- Healthy Parents and Children 21: 1st Phase (2000)
- Healthy Parents and Children 21: 2nd Phase (2015)
- Basic Law for Child and Maternal Health and Child Development (2018)
- Children and Families Agency (2023)

第2次大戦後の母子保健の基盤構築



- 保健師助産師看護師法（原題：保健婦助産婦看護婦法）を1948年に制定し、母子保健の体系的な取り組みを開始。
- 同法に基づき、保健婦が地域に配置され、妊産婦や乳幼児の健康管理、予防接種、健康教育を担当。
- 母子保健の重要性が認識され、保健婦数が増加し、保健婦養成施設も設立。
- 母子保健活動は地域コミュニティの一部として根付き、地域住民の健康増進に寄与。

Building a Foundation for Maternal and Child Health Care after WW II

- Enacted the Public Health Nurse, Midwife, and Nurse Law in 1948, beginning a systematic approach to maternal and child health care.
- Based on the law, public health nurses are assigned to local communities and are in charge of health care, immunization, and health education for pregnant and nursing mothers and infants.
- The importance of MCH is recognized, the number of public health nurses increases, and public health nurse training facilities are established.
- MCH activities took root as part of the local community and contributed to improving the health of local residents.

母子保健法（1965年制定）

- 法で規定されているもの
 - 母子保健に関する知識の普及
 - 妊産婦と乳幼児を対象とした健康診査と保健指導
 - 妊娠の届出と母子健康手帳の交付
 - 妊産婦および新生児や未熟児への訪問指導
 - 低出生体重児の届出
 - 養育医療の給付
 - 母子保健センターの設置など

Maternal and Child Health Act (1965)

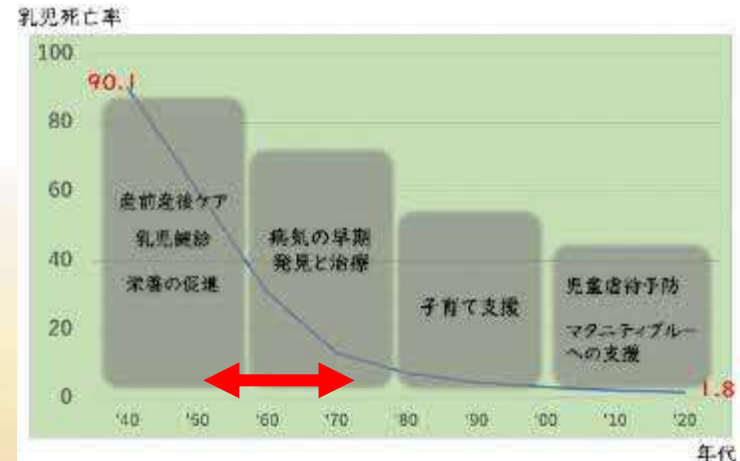
- As defined by law;
 - Spreading knowledge on MCH
 - Health check-ups and health guidance for pregnant women and infants
 - Notification of Pregnancy and Issuance of MCH Handbook
 - Home visit guidance for expectant mothers, newborns, and premature infants
 - Notification of low-birth-weight babies
 - Childcare medical benefits
 - Establishment of Maternal and Child Health Centers etc.

高度経済成長期における母子保健政策の展開と成果

- 高度成長期（1950年代後半から1970年代初頭）において、日本は産業の急速な発展を遂げたが、同時に保健政策も大きく発展した。
- 保健政策の展開：
 - 国民皆保険制度の導入（1961年）：医療費の負担を軽減し、健康保険制度を拡大。
 - 母子保健法の制定（1965年）：母子保健の重要性を強調し、健康診査や予防接種の充実を図った。
 - 子どもの健康診断の普及（1950年代後半から）：学校健康診断などを通じて、子どもの健康管理が強化された。

➤ 成果：

- 乳幼児死亡率の急激な低下
- 健康寿命の延伸：母子保健施策や予防接種の普及により、国民の健康寿命が延び、生活の質が向上した。



Development and Achievement of MCH Policies during the Period of Rapid Economic Growth

During the high-growth period (late 1950s to early 1970s), Japan experienced rapid industrial development, but at the same time, its health policy also developed significantly.

➤ Health Policy Development:

- Introduction of universal health insurance system (1961): Reduction of medical cost burden and expansion of health insurance system
- Establishment of the Maternal and Child Health Law (1965): Emphasized the importance of maternal and child health care and strengthened health check-ups and vaccinations.
- Widespread health check-ups for children (from the late 1950s): Health care for children was strengthened through school health check-ups.

➤ Outcome:

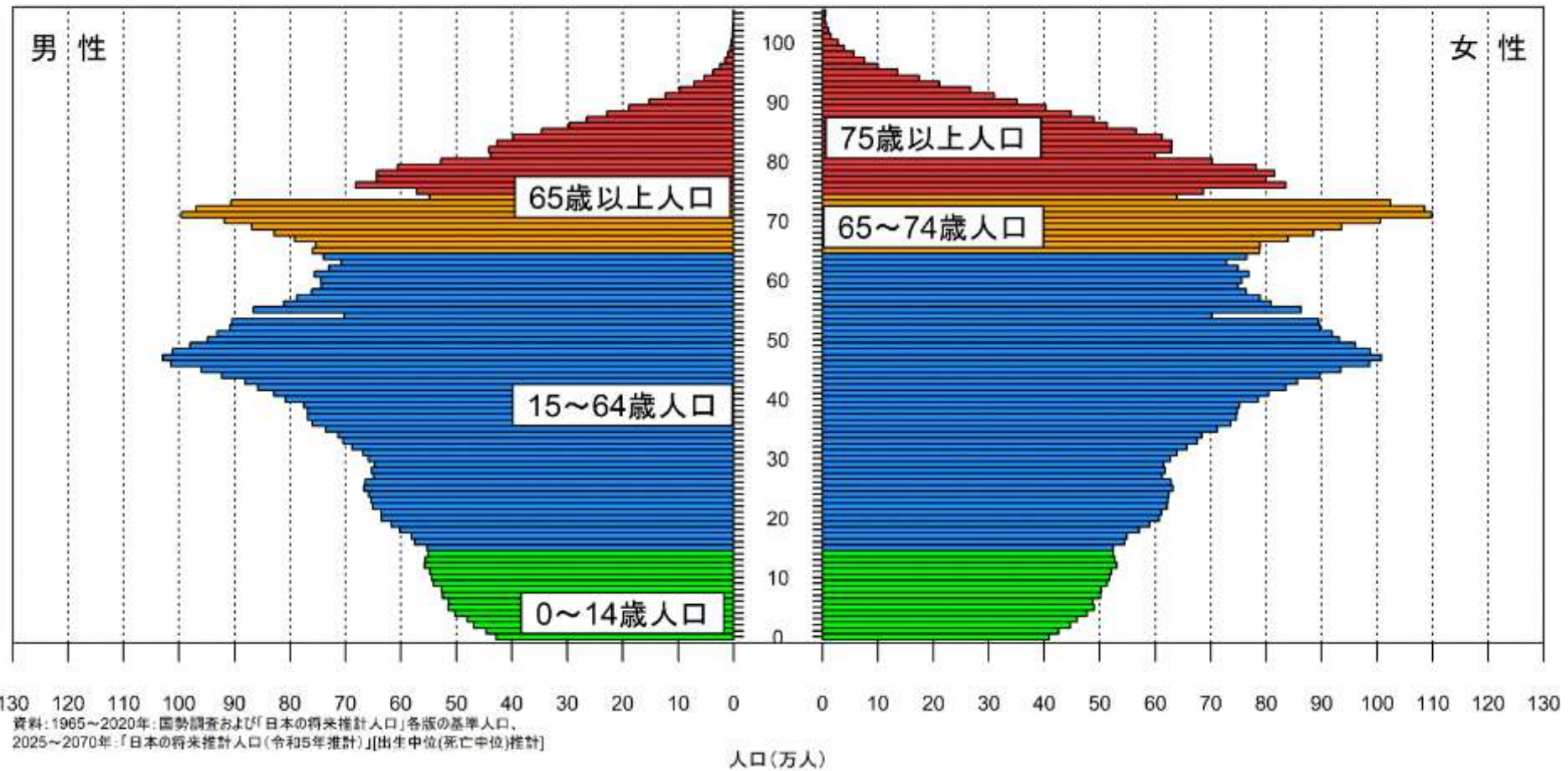
- Sharp decline in infant mortality rate
- Extension of healthy life expectancy: The spread of MCH measures and vaccinations has increased the healthy life expectancy of the population and improved their quality of life.



日本の人口ピラミッド 2020年

2020年

国立社会保障・人口問題研究所

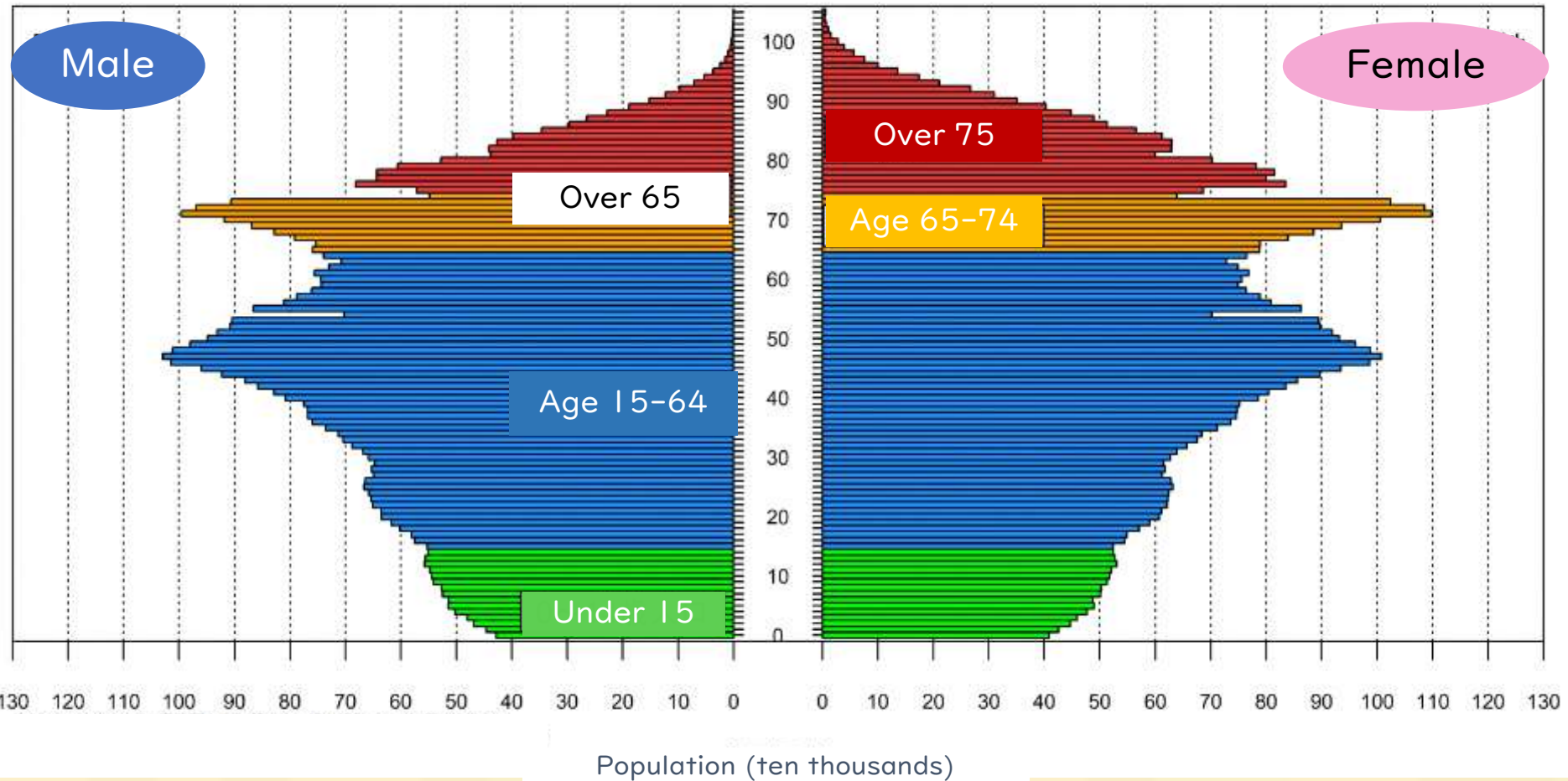


Population Pyramid 2020 in Japan

2020年



National Institute of
Population and Social Security
Research



<https://www.ipss.go.jp/>
(by national census)

社会変化に伴う母子保健政策への 新たな視点と対応(1990-)

- 出生率の低下と高齢者人口の増加が進み、社会構造が変化している。
- 核家族化や高齢化社会における介護問題の増加など、家族の役割や構造が変化している。
- 女性の社会参加が増加し、核家族化や働く母親の増加に伴い、子育て支援や保育サービスへの需要が高まり多様化している。
- 高齢出産リスクや妊産婦の健康管理の重要性が増している。
- 保育施設の増設や育児休暇制度の見直しなど、働く親の子育て支援策が強化されている。

New Perspectives and Responses to MCH Policies in the Context of Social Change (1990-)

- The social structure is changing with a declining birthrate and aging population.
- Family roles and structures are changing, including the shift to nuclear families and increasing caregiving issues in an aging society.
- Demand for childcare support and childcare services is expanding and diversifying as more women work, nuclear families increase, and the number of working mothers increase.
- The risks of older childbearing and the growing importance of maternal health care.
- Measures to support working parents in raising their children are being strengthened, including the establishment of more childcare facilities and a revised parental leave system.

健やか親子21（第1次）

- 2000年からの国民運動計画
- 4つの主要課題ごとに設けた69指標

<4つの主要課題>

1. 思春期の保健対策の強化と健康教育の推進
2. 妊娠・出産に関する安全性と快適さの確保と不妊への支援
3. 小児保健医療水準を維持・向上させるための環境整備
4. 子どもの心の安らかな発達の促進と育児不安の軽減

Healthy Parents and Children 21 (1st phase)

- National Campaign Programme since 2000
- Healthy Parents and Children 21 had 69 indicators under 4 targets.
 1. Strengthen adolescent health measures and promoting health education
 2. Secure safety and comfort concerning pregnancy and delivery and support those with infertility
 3. Develop an environment to maintain and improve healthcare standards for children
 4. Promote peaceful development of children's mind and mitigate parental child-care anxiety

健やか親子21(第2次)



すべての子どもが健やかに育つ社会

子育て・健康支援



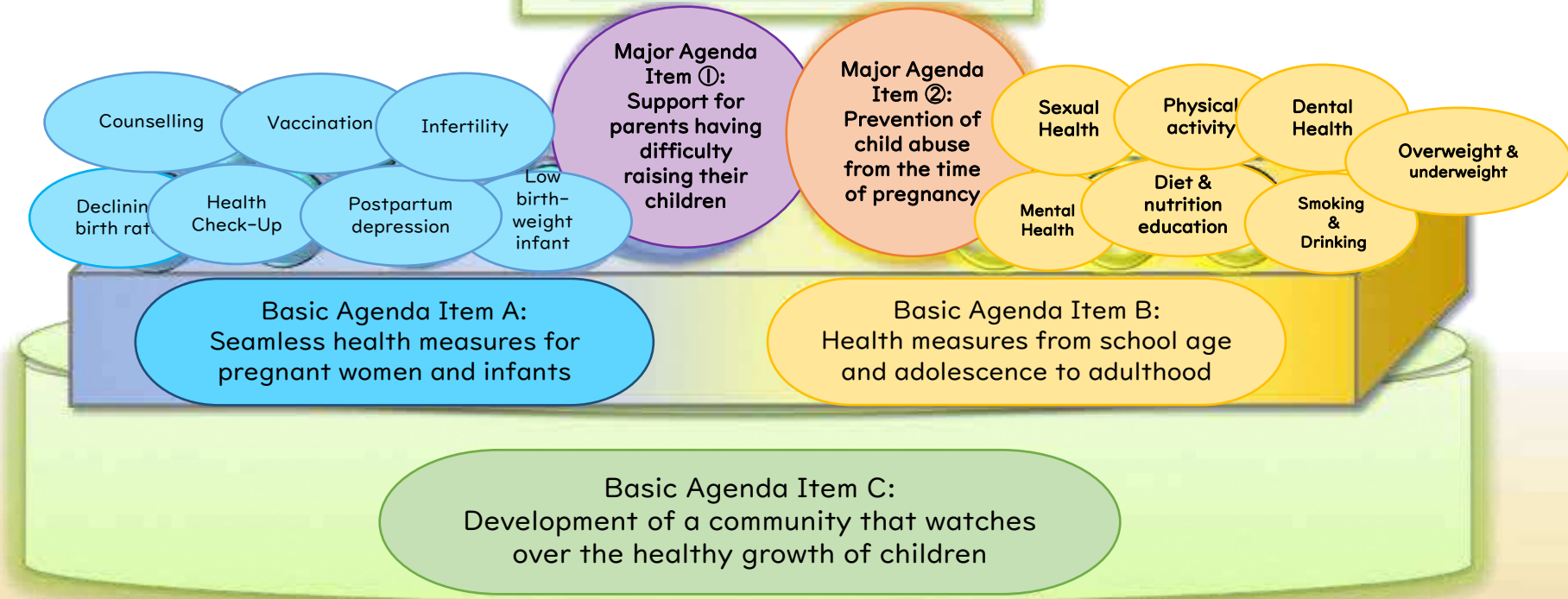


Healthy Parents and Children 2 I (Second Phase 2015-2024)

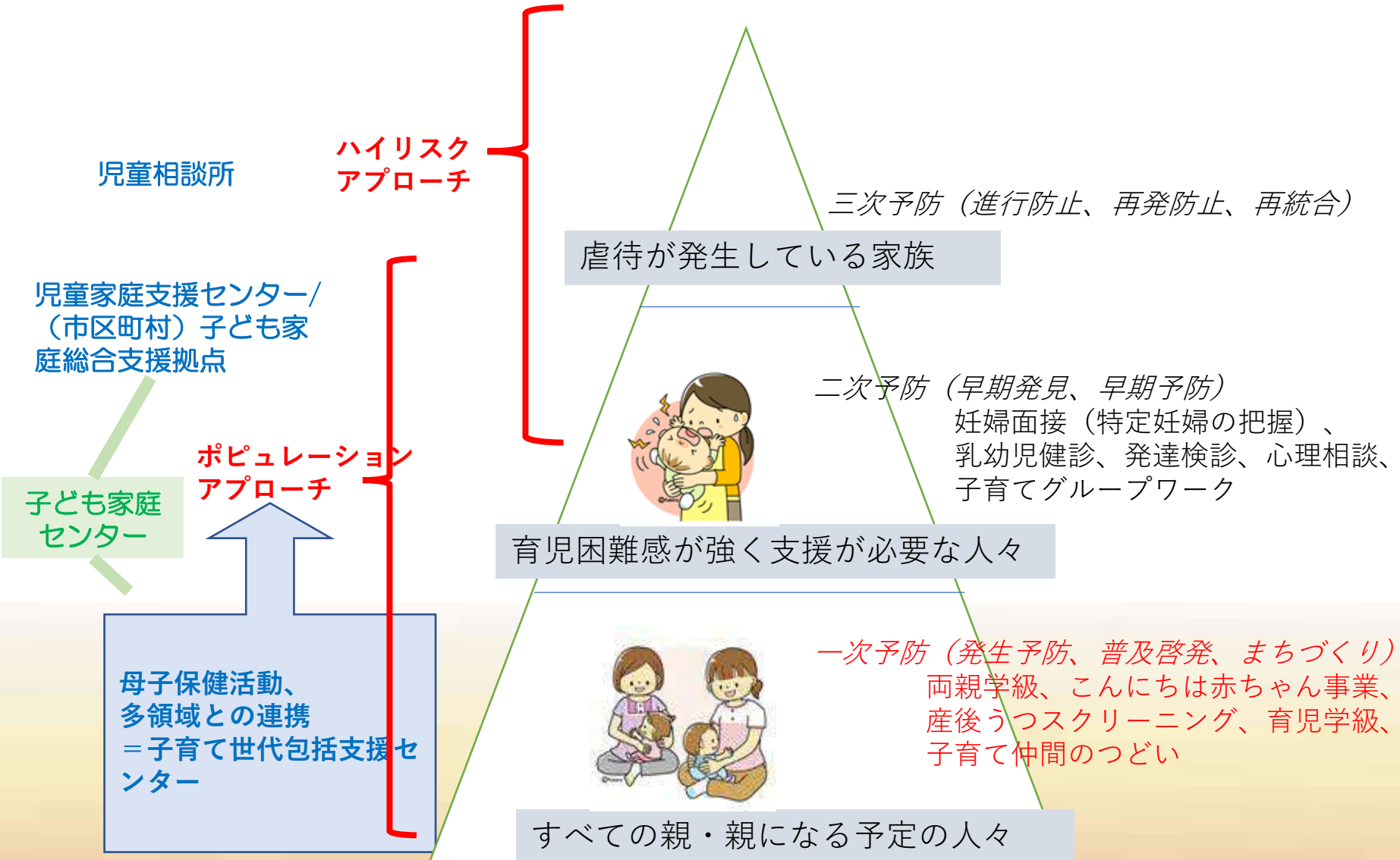


A society where every child grows up healthy

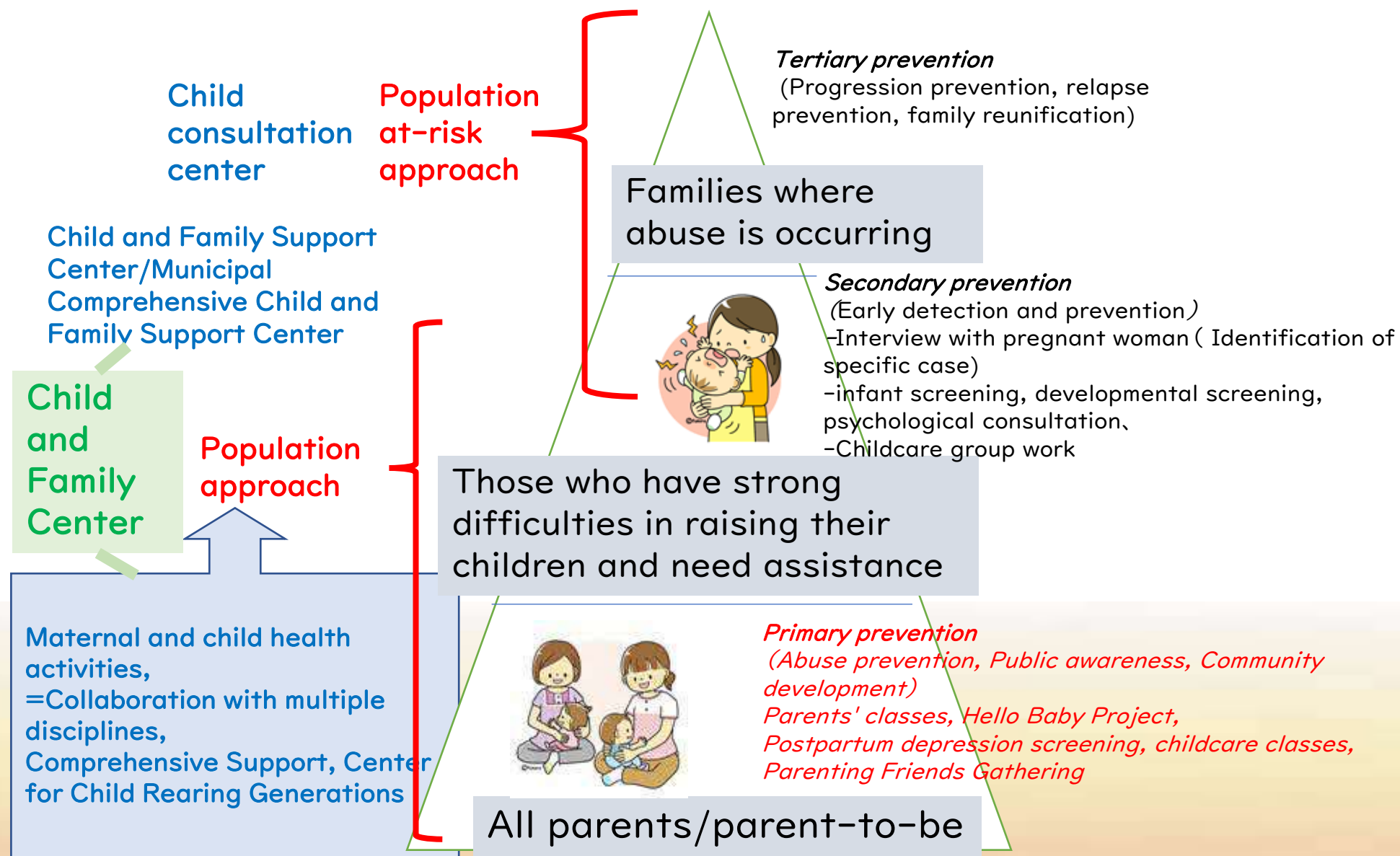
Child-raising and health support



健全な子育て・虐待の発生予防の 視点からの母子保健活動



Maternal and child health activities from the viewpoint of sound child rearing and abuse prevention



少子高齢化がもたらす社会的課題



1. 労働人口の減少

少子化により労働人口が減少し、生産年齢人口の減少が経済活動や社会保障制度に影響

2. 財政負担の増大

高齢者人口の増加に伴い、年金や医療などの社会保障費用が増大し、財政負担が増加

3. 地域コミュニティの弱体化

地域社会の高齢化が進むことで、コミュニティの結束が弱まり、孤立や社会的孤立が増加

4. 医療・介護人材の不足

高齢化により医療や介護の需要が増加する一方、医療・介護人材の不足が深刻化

5. 経済活性化の阻害

少子高齢化が進むと、消費労働市場の縮小が進み、経済活性化が阻害される可能性がある

Social Challenges posed by Declining Birthrate and Aging



1. Decrease in working population

The working population is declining and the decrease in the working-age population is affecting economic activities and the social security system.

2. Increased financial burden

The increase in the elderly population has increased social security costs such as pensions and medical care, increasing the financial burden.

3. Weakening of local communities

Aging communities are weakening community cohesion and increasing isolation and social isolation.

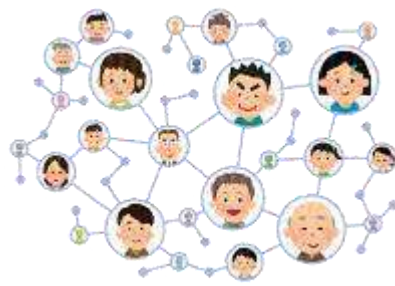
4. Shortage of medical and nursing personnel

While the aging of the population increases the demand for medical and long-term care services, there is a growing shortage of medical and long-term care personnel.

5. Hindering economic vitality

A declining birthrate and aging population may lead to a shrinking consumer and labor market, hampering economic revitalization.

母子保健政策の進化（2020-）



全国保健所長会
Japanese Association of
Public Health Center Directors

社会の変化やニーズに対応しながら、より包括的で効果的な支援体制の構築を目指して以下のように進化している。

- ICTの活用とデジタルヘルスケアの導入：スマートフォンアプリやウェブサイトを通じて、妊産婦や子育て世帯への情報提供や健康管理が行われている。
- 健康格差の解消と地域包括ケアの推進：地域における保健・医療・福祉の連携強化により、地域住民全体の健康格差の解消を図っている。
- 女性の就労支援とワーク・ライフ・バランスの促進：育児休業制度の見直しや保育施設の拡充など、働く女性の子育てと仕事の両立を支援する政策が展開されている。
- 男性の家事・子育てへの参加促進：育児に伴う休暇の取得促進制度の啓発活動が行われている。



Evolution of MCH Policy (2020-)

It is evolving to create a more comprehensive and effective support system, responding to social changes and needs.

- Use of ICT and introduction of digital health care: information and health management for expectant mothers and their families through smartphone applications and websites.
- Eliminating health disparities and promoting comprehensive community care: Strengthening the coordination of local health, medical care, and welfare services to eliminate health disparities among local residents.
- Support for women's employment and promotion of work-life balance: Policies are being developed to help working women balance work and child rearing, such as revising the childcare leave system and expanding childcare facilities.
- Promotion of men's participation in housework and childcare: Workplaces and others are conducting educational activities to promote the use of paid leave for childcare.

