

Early Detection of Families Needing Support and Actions for Parenting: The infant health program of Mie Medical Association

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Introduction

With the future of social conditions uncertain, the birth-rate has been generally declining in Japan. We see parents struggling to raise their children in isolation and the children under the care of such parents. There is an urgent need to provide parenting support in the practice of pediatric medicine and child health services in communities. Health check-ups as well as daily medical practice are good opportunities to provide child-rearing support. The national vision for maternal and child health emphasizes a shift in focus from treating disease to maintaining health and advocates collaboration among health, welfare, medical, and educational professionals in providing parenting support. The Mie Medical Association (MMA), aiming to provide appropriate health guidance addressing the entirety of a person's life span and considering physical, mental, and social development and changes, has developed several survey forms designed to promote the sharing of common understanding and strengthen collaboration among various vocations involved in maternal and child health.

The Timeline of Infant Health Guidance

(1) In 2003, we, MMA, revised the items in the

4-month and 10-month health examination and added the items to check for anxiety about parenting. (2) In 2005, we developed the Growth Recording Table for the effective utilization of health examination by preschool doctors. (3) In 2006, we developed the Questionnaire for the Mother to provide health examination doctors with the data for better understanding anxiety about parenting. (4) Since 2007, we have been conducting the Mie Program for Parent and Child Support from the Perinatal Period (hereinafter referred to the Mie Program) as part of the early followup of postpartum depression. The development of these survey forms has helped the effective utilization of medical and social resources in the prefecture and the correction of disparities within the prefecture.

The Questionnaire for the Mother

The questionnaire for mothers^{1,2} is not intended to identify mothers with problems, but is aimed at exposing anxiety and difficulty in child rearing which every parent may potentially have, providing appropriate support before a serious problem develops, preventing children from becoming the potential victims of child abuse, and enjoying parenting. The basis for affection formation is a good mother-child relationship. Although this

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questionnaire form intentionally uses the term “mother,” it is intended to be answered by the main caretaker. It includes 7 questions, which are explained briefly in the following.

(1) “How are your physical and mental conditions during parenting?” The condition of the mother is evaluated by a question with 6 choices. (2) “Do you feel love for your baby?” This question with 3 choices evaluates affection formation and the sense of burden in parenting. (3) “What is your life like with a baby?” The degree of the sense of burden and the feeling about parenting are assessed using 7 choices and a free-range answer.

If the answers to these questions are negative, the doctor addresses the mother’s sense of burden by asking further questions. (4) “Do you become bewildered or worried in parenting?” This question with 9 choices and a free-range answer ask about the worries in parenting. By giving concrete counsel on these matters, the doctor helps eliminate or abate the mother’s anxiety and gives a sense of assurance. (5) “Do you become irritated, depressed, or mentally unstable?” This question addresses mental instability and depression. In particular, a depressive state needs to be assessed early for the severity of the condition and the need for specialist care. (6) “Is there a person or organization you can ask for help or counsel when you are troubled?” This question checks for the availability of support. (7) “Are you worried about anything?” The free-range answer to this question provides a starting point for further guidance.

This questionnaire form is used at the 4-month and 10-month health examination. According to the Osaka Report, the anxiety about parenting and the needs for support show a large peak in the period from shortly after birth to the second month, decrease for a while, and increase again in the period after the third month, reaching the second peak after the tenth month. Therefore, using this questionnaire at the 4-month and 10-month health checkup and providing appropriate support are regarded as an invaluable opportunity to reduce the anxiety in parenting. In addition, a comparison between the answers obtained on the 2 occasions may provide important information for better parenting support.

A survey concerning utilization of the Questionnaire for the Mother was conducted in the third year of its use, targeting maternal and

child health officials in 29 municipalities in the prefecture. It was used for proactive support in 16 municipalities and for individual actions in 7 municipalities, and was found to be popular. When asked “if it was useful for collaboration between health examination doctors and public health nurses,” 14 municipalities (about 50%) answered “it helped understand the mental aspects of mothers and facilitated continuous followup.” Although the questionnaire was initially developed for the main purpose of providing parenting support during the health examination, the answers from local governments in the prefecture indicated that it was used more widely for the provision of public support beyond the scenes of health examination. Developing common understanding between health examination doctors and maternal and child health officials is expected to contribute to the provision of individualized support.

Growth Recording Table and 5-Year-Old Check Sheet

Developmental support as seen from preschool doctors

The care and support to children with disability at nurseries and kindergartens begin with the “finding” by nursery workers and kindergarten teachers. Who identifies the needs, when and how is an important factor, as well as how the child’s condition is assessed, parents are informed of the fact, decisions are made, support measures are planned, individualized teaching plans are prepared, and coordination with elementary schools is established to ensure a seamless continuation to special-support education. To perform these functions, nurseries and kindergartens are supported by systematic measures including staff training, establishment of a committee within each institution, appointment of special-support education coordinators, and consultation by visiting specialists. However, the activities of preschool doctors in this prefecture are not sufficiently effective. We are striving to improve the quality of preschool doctors making use of the survey form described below.

Health examination and Growth Recording Table

The Growth Recording Table has been developed for the purpose of helping preschool doctors in the observation of mental development,

Preschool		Name of Child ()	Date of Birth: Year ____, Month ____, Day ____ (Age ____)		
Item No.	Category	Method	1	2	Criteria for score "1"
1	Conversation	What is your name?			Says the full name
2		Which class are you in?			Answers correctly
3		Who is the teacher of your class?			Answers correctly
4	Concepts	Please raise your right hand.			Raises the right hand
5		Please raise your left hand.			Raises the left hand
6	Coordination	Finger tapping (right)			No mirror movement
7		Finger tapping (left)			No mirror movement
8		Pronation and supination of forearm (right)			Correct pronation and supination
9		Pronation and supination of forearm (left)			Correct pronation and supination
10	Imitation	Supination of both forearms elbow flexion			Imitates correctly
11	Coordination	Hopping on one leg (right)			Able to repeat 5 times or more
12		Hopping on one leg (left)			Able to repeat 5 times or more
13	Concepts	What is a hat for?			For wearing on head
14		What are shoes for?			For wearing on feet
15		What are chopsticks for?			For eating a meal
16		What is a book for?			For reading
17		Play a paper-rock-scissors game (3 times)			Able to understand who has won correctly three times
18	Play a word-chain game (3 exchanges)			Able to perform 3 exchanges correctly in the game (last and first)	
19	Behavior control	Please keep your eyes shut until I say "OK."			Able to continue for 20 seconds or more
20		Please keep your eyes shut until I say "OK."			No self-stimulation
21	Conversation	Clarity of pronunciation			Speech is clear and there is no need to ask again
<Preschool doctor's comments>					

(Prepared by Preschool Doctors Subcommittee, Infant Health Committee, MMA.)*

Fig. 1 Five-year-old check sheet

which tends to be incomplete in their daily practice, and assisting in parenting. The objectives are (1) providing support to parents with compromised parenting ability, (2) ensuring early detection of abused children, and (3) ensuring early detection of mild developmental disability recognized as maladjustment and supporting parents in recognizing the disability. This survey provides invaluable information for nursery workers, guardians, and preschool doctors to discuss using a common yardstick, and also gives them a clue to understand the parents' problems in child rearing. The Preschool Doctors Subcommittee has been promoting the use of the Growth Recording Table in the prefecture through the preschool doctors subcommittees of municipal

medical associations since Fiscal Year (FY) 2004. At the health examination by preschool doctors in FY 2009, this form was used at 32% of private authorized nurseries and kindergartens in the prefecture. Many preschool doctors who used this form highly appreciated it as being useful and necessary.

Five-year-old health examination by preschool doctors

The five-year-old health examination is attracting nationwide attention due to the background situation that children showing no particular problems by the time of the 3-year-old health examination are often found to have problems in group living at nurseries and kindergartens, such as restlessness, difficulty in following instructions,

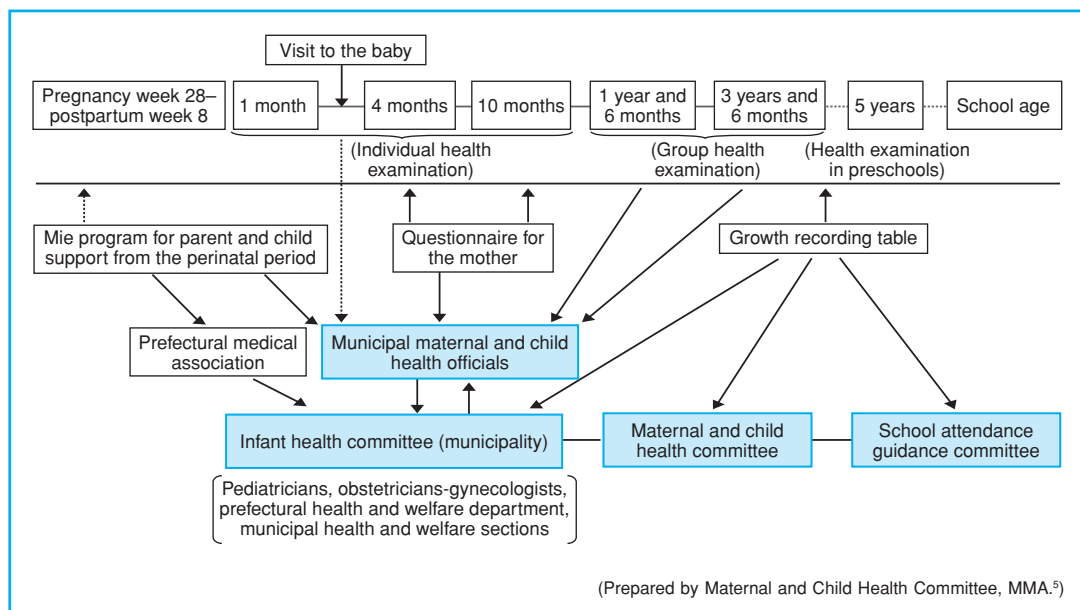


Fig. 2 The flow of systematic support from MMA

and the inability to act in a group. Unless motor development or speech development is impaired, it is difficult to identify a behavioral problem such as the difficulty in interaction with friends at the 3-year-old health examination. Such problems are considered undetectable until the child reaches the age for group living. The Preschool Doctors Subcommittee therefore decided to attempt health examination of 5-year-old children attending nurseries and kindergartens, focusing on the items relevant to group living (speech ability, development of sociability, development of self-control, etc.). Modifying the 31-item check sheet for 5-year-old children developed by Dr. Koeda, et al.³ from Tottori University, we prepared a 21-item check sheet for use in this survey (Fig. 1).⁴

The Mie Program for Parent and Child Support from the Perinatal Period (The system for early follow-up of postpartum depression)

The deterioration of parenting environment is a factor underlying the recent increases in the anxiety about parenting and the cases of infant abuse. This includes the increase in the number of married couples with little experience in deal-

ing with children, the shift to nuclear families, the lack of experience and the anxiety about parenting after discharge from childbirth facilities, and a gap in the provision of support during the period of mental instability that many mothers experience shortly after childbirth. This program aims to fill this gap through collaboration between obstetricians and pediatricians, so that the parent may rest assured that they can always consult a pediatrician.

The survey on the number of “pregnant and childbearing women requiring support” as recognized by obstetrics-gynecology institutions in FY2008 showed that the need for support was considered high for (1) persons with mental disorders; (2) young pregnant women (in their teens); (3) single parents, unmarried parents, and remarried parents with stepchildren; and (4) pregnant women with a history of repeated abortions. It was found that pregnant women with potential risk factors for anxiety about parenting and infant abuse must be provided with some effective support measures in the perinatal period as well. The Mie Program was therefore launched in this prefecture as a means of promoting collaboration between obstetricians and pediatricians.

Shortly after the launch of this program, the treatment of mother with marked postpartum

depression (maternity blues), which is a key item of observation after birth, surfaced as a problem. The collaboration between obstetricians and pediatricians alone was not expected to be effective in stabilizing the disorder, and physicians asking for the support of the maternal and child health officials in municipalities encountered bewilderment of front-line healthcare providers. In FY2009, the MMA therefore constructed a system for early collaboration with psychiatric institutions in the prefecture for pregnant and childbearing women requiring psychiatric support. At the same time, a clinical data sheet providing information in a unified format was developed to facilitate the referrals to psychiatric institutions. As for the case where collaboration with local government is necessary relating to guidance items, a system for providing information to maternal and child health officials of municipalities based on the individual's consent was established.

Conclusion

Since 2003, MMA has been working to develop a support system encompassing the stages from the prenatal period to reaching school age in its infant health program. Survey forms standardized on a prefectural basis have been developed for use at baby health examination (4-month and 10-month), infant health examination (18-month and 3.5-year), and preschool health examination and these are used effectively as an information source for providing parenting support (**Fig. 2**).⁵

These survey forms are intended to develop

common understanding and strengthen collaboration among various vocations involved in maternal and child health, and are used in accordance with actual local situations under the core leadership of the Infant Health Examination Committee organized by municipal medical associations in the prefecture. The Mie Program was launched in 2007 as the prenatal/perinatal program covering the period around childbirth. In the following year, a system for collaboration with psychiatric institutions was established in each healthcare region in the prefecture for the purpose of providing early followup of postpartum depression. In the Hello Baby Program (visits to all families with babies) and the Child Rearing Support Visit Program, which both started in February 2007, some municipalities have been conducting case studies in the Infant Health Examination Committee since 2009. Mie Prefecture, working towards better parenting support and aiming to develop common understanding among various vocations, has established a systematic flow of parenting support from the perinatal period to reaching school age through the use of several survey forms, and is operating this system effectively.

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