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Neonatal health care delivery system in Japan



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Japan tops the world as the country with the lowest rate of newborn mortality in 2016, followed by Iceland and Singapore, while Pakistan is the riskiest place to be born according to a new UNICEF report launched on Tuesday.

"Japan, Iceland and Singapore are the three safest countries in which to be born, as measured by their newborn mortality rates," the report, called **"Every Child Alive,"** said."Babies born in Japan stand the best chance of surviving," it said, reporting a 1 in 1,111 risk of death for newborns in the country, followed by Iceland with a 1 in 1,000 risk and Singapore at 1 in 909.

Keys to success

- Distribution of maternal and child health (MCH) handbooks to all pregnant women since 1942
- Development and maintenance of system to provide perinatal medicine since 1996
- Spread of neonatal cardiopulmonary resuscitation (NCPR) program since 2007
- Japanese cultural aspect of caring well for things that are small and weak.

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Outline

- > Backgroud of neonatal medicine in Japan
- Current status of neonatal health care delivery system in Japan
- Our history of Establishment of Perinatal Transfer and Referral System

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Backgroud of neonatal medicine in Japan

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Our history of Establishment of Perinatal Transfer and Referral System

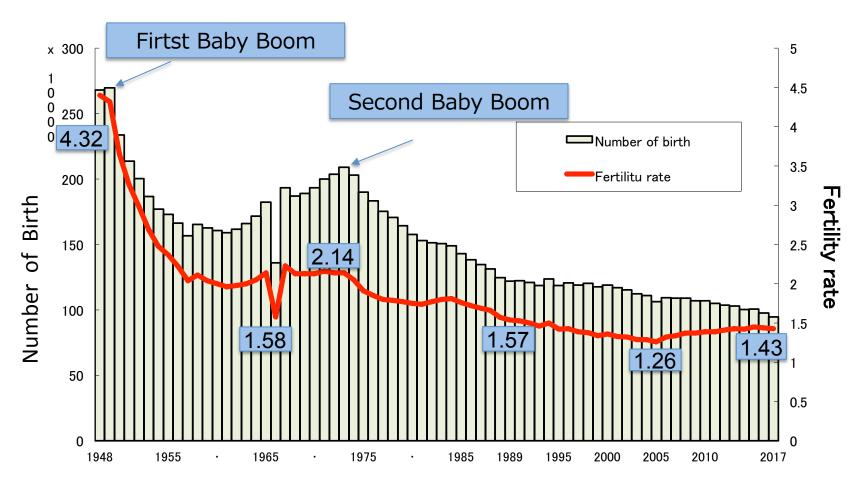
Basic Birth Statistics in Japan 2017

- ✓ Population
- ✓ Total fertility rate
- ✓ Total live birth
- ✓ LBWI
- ✓ VLBWI
- ✓ ELBWI
- ✓ Neonatal Mortality Rate

124.8 million 1.43 946,065 99,353 (10.5%) 6,903 (7.2%) 2,660 (0.28%) 1.0

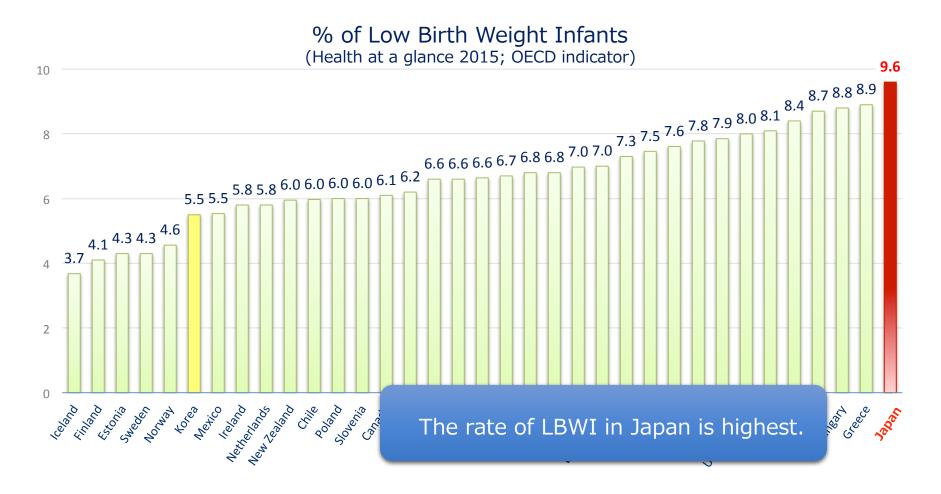
Overviews

Trends in Low Birth Weight Infants in Japan



Ministry of Health ,Labor and Welfare : Japan "Population statistics"

Overviews Trends in Low Birth Weight Infants in Japan



Outline

Backgroud of neonatal medicine in Japan

Current status of neonatal health care delivery system in Japan

Our history of Establishment of Perinatal Transfer and Referral System Current status of perinatal System Guideline by goverment

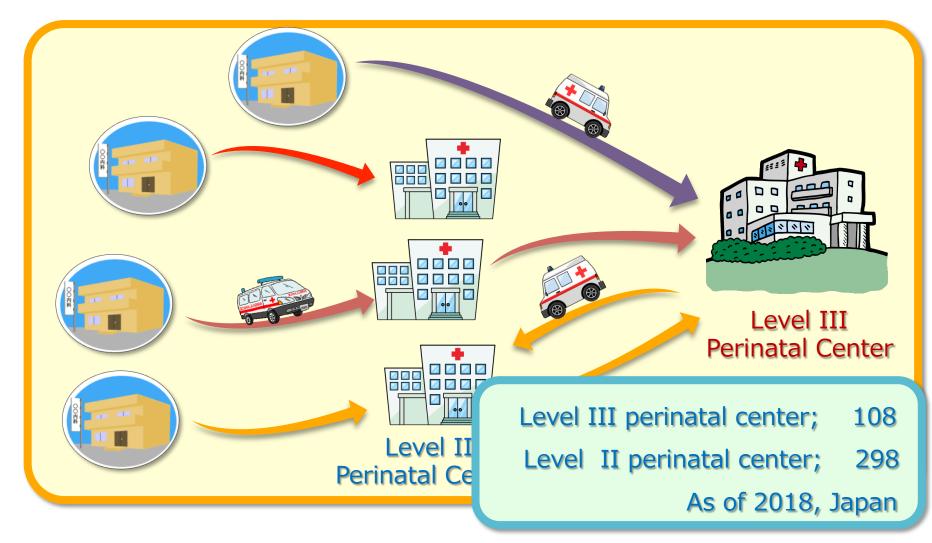
For 10 thousand births.. For all prefecture…

- ✓ One Level II perinatal center
- ✓ Several Level II perinatal center
- ✓ 25-30 NICU Beds

Major Contents of the "Guidelines for the Perinatal Medical Care System"

- Installation of a committee for perinatal medical care and its cooperation with the emergency medical care system
- Research and analysis concerning the perinatal medical care system
- Formulation of a plan to enhance the perinatal medical care system
 - An <u>NICU shall aim to be equipped with 25-30 beds per 10,000</u> <u>births</u>.
 - Local communities shall have institutions such as GCU, general pediatric ward and facilities for children with severe mental/physical disabilities depending on the actual needs in the community.
- Designation of general/local perinatal medical care centers
- Promotion of the perinatal medical care enhancement plan
- Survey ,Research, Education,,

Perinatal Transport Network since 1996 - for 1 million population, 10 thousand births -





doi: 10.1111/ped.12908

Brief Report

Nationwide survey of neonatal transportation practices in Japan

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Abstract Rapid resuscitation and appropriate transportation of sick infants can greatly improve infant survival and neurological prognosis. To gain an understanding of the status of neonatal transport in Japan, we conducted a survey of neonatal transportation capabilities at perinatal medical centers across the country. Survey content included the number of neonatal transportation cases and the method of transportation. Twenty percent of infants admitted to neonatal intensive care units were transported to the medical centers from other institutions. Half of the level III perinatal medical centers owned an ambulance specialized for neonatal transport. A total of 36% of sick newborns, however, were transported by fire department ambulances that are ill-equipped to care for infants. Thirteen percent of centers reported problems with the emergency transportation of newborns in fire department ambulances. Centers lacked specialized ambulances primarily because of financial constraints. Adequate medical insurance coverage is needed to increase the number of specialized ambulances at perinatal medical centers.

Key words ambulance, back transfer, neonatal transport.

Approximatory 15,000 newborns are transferred each year in Japan.

Half of level III perinatal centers has ambulances specialized for neonatal tranport.

One third of sick newborn were transferred by fire department ambulances.

Budget in Osaka, 2018

- Perinatal care center managementTotalOne Billion JPY
- Level III perinatal center :
 6 locations 250 million JPY
- Level II perinatal center :
 17 locations
 750 million JPY

In addition, the Osaka Medical Association provides 4 million JPY

Budget in Osaka, 2018

- Perinatal care center management
 Total
 One Billion JPY
 280 million TWD
- Level II perinatal center :
 6 locations 250 million JPY
 70 million TWD
- Level II perinatal center :
 17 locations
 750 million JPY
 200 million TWD

In addition,

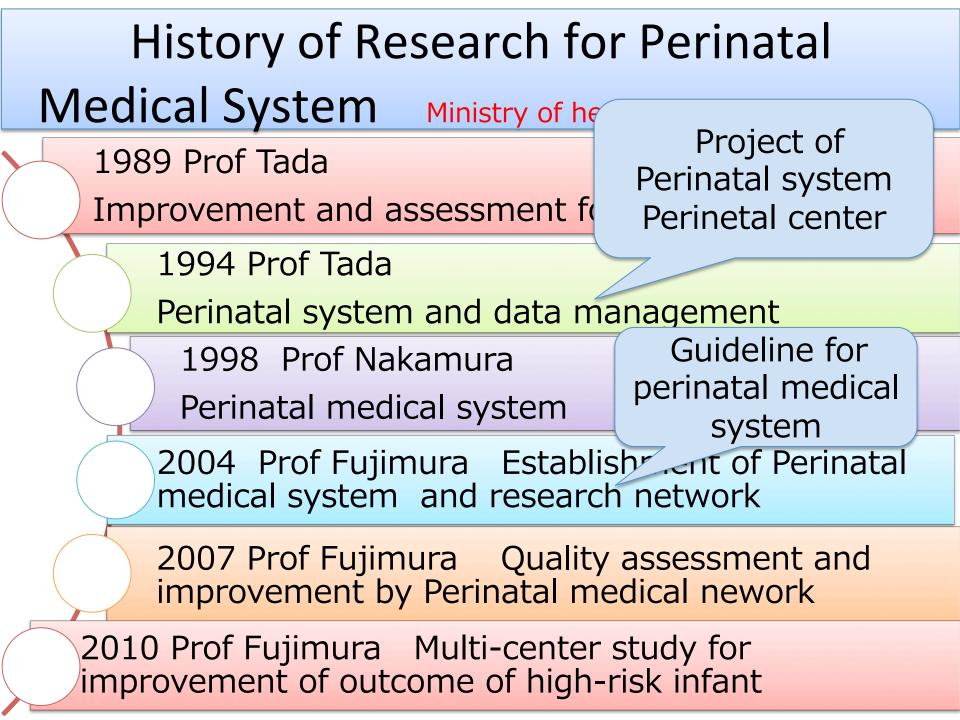
the Osaka Medical Association provides 1 million TWD

Outline

Backgroud of neonatal medicine in Japan

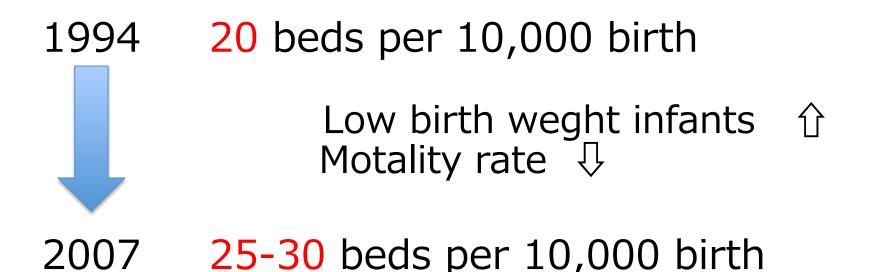
Current status of neonatal health care delivery system in Japan

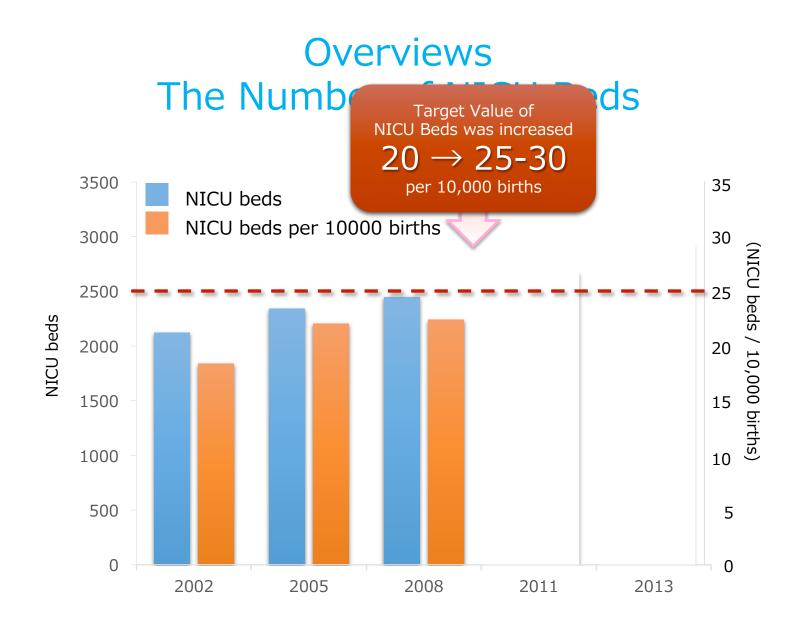
Our history of Establishment of Perinatal Transfer and Referral System



The number of NICU Beds required

Based on survey results.
 Number of high risk infants.
 Duration for hospitalizasion.





History of Research for Perinatal	
Ministry of health ,Labour and Welfare	
1989 Prof Tada	
Improvement and assessment for perinatal system	
1994 Prof Tada	
Perinatal system and data r Neonatal research	
1998 Prof Nakamura Network Japan	
Perinatal medical system	
2004 Prof Fujimura Establishment of Perinatal medical system and research network	
2007 Prof Fujimura Quality assessment and improvement by Perinatal medical nework	
2010 Prof Fujimura Multi-center study for improvement of outcome of high-risk infant	

Neonatal research network Japan http://nponrn.umin.jp/



Information

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特定NPO法人新生児臨床研究ネットワークのホームページへよう こそ。

わが国の新生児医療レベルは国際的に高い水準を過去20年以上維持しております。その結果、新生 児死亡率は先進国のなかで一番低くなっています。しかしながら、新生児医療に関する臨床研究の レベルは必ずしも世界のトップではありません。むしろ後進国の状態です。その理由は、わが国の 新生児医療現場では、目の前のハイリスク児を救命することに多くの時間を取られ、臨床研究を行 う時間的余裕が無かったことがあります。さらに、わが国には新生児の臨床研究を継続してサポー トする組織が存在していなかったことも大きな理由です。わが国の臨床研究を継続してサポー トする組織が存在していなかったことも大きな理由です。わが国の臨床研究を継続してサポー トする組織が存在していなかったことも大きな理由です。わが国の臨床研究を総続し、マサポー トする組織が存在していなかったことも大きな理由です。わが国の臨床研究をは、 一部の大学あるい は病院の新生児科医が個人的に努力することによって維持されてきました。一方、欧米では、新生 児の臨床研究を継続して支援する組織があり、個々の医師の努力ではなく、組織的に大規模な臨床 研究を実施する素地が整備されています。その結果、欧米のハイリスク児の予後は急速に改善し、 わが国との差は着美に縮まっている状況です。そこで、わが国でも、新生児の臨床研究を欧米並み の水準に維持できるように、平成16年に組織されました新生児臨床研究ネットワーク(NRNJ: Neonatal Research Network Japan)を、特定非営利活動法人として再編成し、今後も運営して いきたいと考えております。是非本法人の活動にご協力をお願いしたいと思います。 平成26年4月 理事長:楠田 聡



iNeo

International Network for Evaluation of Outcome of Neonates

• A quality improvement project via collaborative comparison of population-based international health services for neonatal care

Australia & New Zealand (ANZNN) Japan (NRNJ) UK (UKNC) Canada (CNN) Israel (INN) Spain(SEN 1500) Sweden(SNQ) Switzerland (Swis NeoNet) Short Communication

Neonatology 2017;112:92-96

DOI: 10115

Neonatology

Evacuation Centre: Less Eartho

Osuke Iw

^aCentre for De Kurume Universit ^cDepartment of Peon Pediatrics, Osaka Univ

Transfer and referal system Can help sick babies In disaster!

Keywords

Natural disaster · Hospital evacuation · Tra. Newborn infant

Abstract

Backaround: Newborn infants hospitalised in the neonatal intensive care unit (NICU) are vulnerable to natural disasters. However, publications on evacuation from NICUs are sparse. The 2016 Kumamoto Earthquakes caused serious damage to Kumamoto City Hospital and its level III regional core NICU. Local/neighbour NICU teams and the disaster-communication team of a neonatal academic society cooperated to evacuate 38 newborn infants from the ward. **Objective:** The aim of this paper was to highlight potential key factors to improve emergency NICU evacuation and coordination of hospital transportation following natural disasters. Methods: Background variables including clinical risk scores and timing/destination of transportation were compared between infants, who subsequently were transferred to destinations outside of Kumamoto Prefecture, and their peers. Results: All but 1 of the infants were successfully evacuated from their NICU within 8 h. One very-low-birth-weight infant

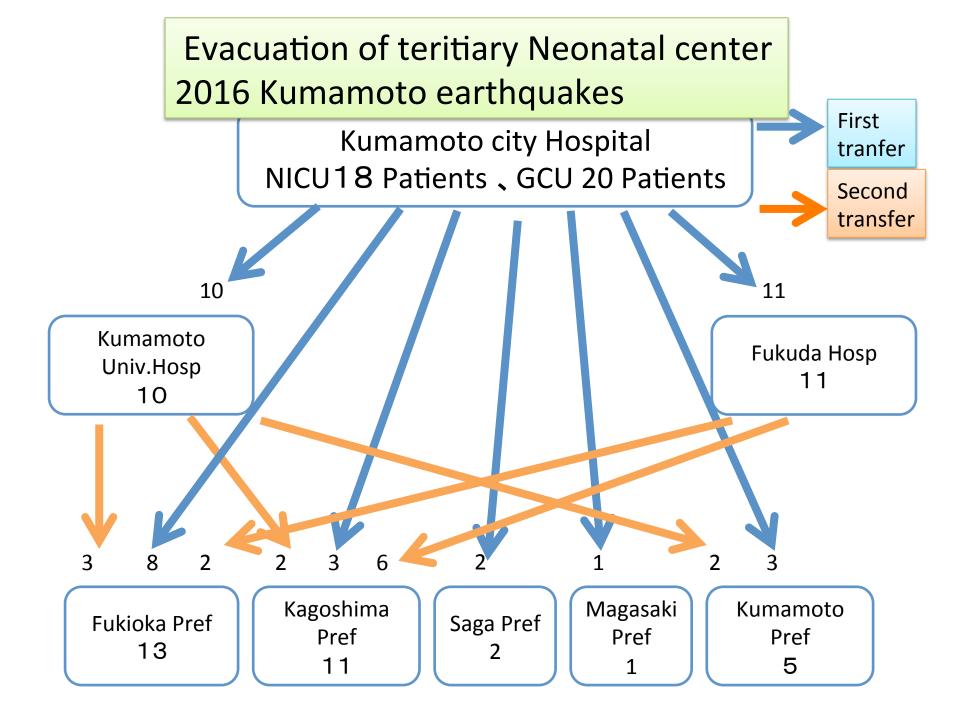
on because the c cop Disa ssistance Team had requisitioned most air ances and only helped arrange ground for 13 low-risk infants. Transportation for all k infants (risk scores greater than or equal to the uartile) was arranged by local/neighbour NICUs. u **Conclusions:** Although the overall evacuation process was satisfactory, potential risks of relying on the adult-based emergency transportation system were highlighted. A better system needs to be developed urgently to put appropriate priority on vulnerable infants. © 2017 The Author(s) Published by S. Karger AG, Basel

ure. There

Introduction

decis

Japan is subject to frequent earthquakes, which have caused serious damage to hospitals [1-3]. Newborn in-



Take Home Message

- Japan's superior perinatal care is supported by perinatal system.
- Our perinatal system have been systematically built and improved through research.
- Our system has developed into a research network and is useful for international research.
- Transfer and referral system is also beneficial in disaster.

Thank you for your attention !

