

Pregnant Women of Foreign Nationality as One of Specified Expectant Mothers at a Japanese Perinatal Center

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ABSTRACT

Backgrounds: Pregnant women with foreign nationality have been recognized as one of 'specified expectant mother's especially those cannot speak Japanese or English. Because not all foreign pregnant women need extra support, it is important to examine the characteristics of them.

Material & Methods: To examine the characteristics of them by nationality, we retrospectively examined the records of the health consultation for foreign pregnant women who delivered from 2018 to 2019 at our institute.

Results & Conclusions: Support for foreign pregnant women seems to vary greatly depending on nationality. As internationalization progresses further of Japan, it is necessary to establish the support system in collaboration with multiple occupations.

KEY WORDS

Japan, foreign nationality, pregnancy, specified expectant mothers

INTRODUCTION

In 2010, 'specified expectant mother's have been defined as pregnant women at high risk of abuse and as in need of extra support after birth because of unstable income, mental disorders, etc. by the Japanese Ministry of Health, Labor and Welfare¹⁾. Pregnant women with foreign nationality have been recognized as one of specified expectant mothers especially those cannot speak Japanese or English¹⁻⁴⁾. Japan is a mono-ethnic islands country, and foreigners may not be easily familiar with living in Japan. Because not all foreign pregnant women need extra support, it is important to examine the characteristics of them.

Our institute is one of the main Japanese perinatal centers (about 1,700 deliveries per year) located in a downtown of Tokyo. At our institute, at least 200 per year specified expectant mothers had been managed their pregnancies and deliveries⁵⁾. Therefore, in this study we examined the characteristics of them by nationality.

METHODS

The study protocol was approved by the Ethics Committee of Japanese Red Cross Katsushika Maternity Hospital. Informed consent concerning retrospective analyses was obtained from all subjects.

In our institute, the midwives who can speak English and/or French carry out health consultations during pregnancy to support the healthy lives of pregnant women^{3,5)}. The presence or absence of economic problems and social support requiring were evaluated by their interview during the consultations based on our previous reports^{3,6)}. They also provide the information on the various social resources needed for childcare. Social support means other childcare support from the local government agencies and the private aid organizations. In this study, we retrospectively examined the records of the health consultation for foreign pregnant women who delivered from 2018 to 2019 at our institute, and we compared their problems with those of Japanese.

Data are presented as number (%). Statistical analyses were per-

formed SAS version 8.02 (SAS Institute, Cary, NC, USA). A *P*-value < 0.05 was considered to be statistically significant.

RESULTS

About 30% of the pregnant foreign women needed interpreters as shown in Table 1. In most of them, the pregnant woman's partners had job in Japan and were able to speak Japanese and/or English; however, the women of full-time housewife often spoke only their mother's language. The foreign pregnant women required more social support than the Japanese pregnant women.

The Chinese pregnant women sometimes needed an interpreter; however, fewer had economic problems than the Japanese women. The pregnant Filipino women had more economic problems and were more likely to need social support for childcare than the Japanese pregnant women. The pregnant women from Bangladesh, Mongolia and Vietnam were more likely to need social support for childcare than the Japanese.

DISCUSSION

The Japanese government has established a social welfare system without discrimination against foreign pregnant women such as lump-sum birth and child allowance. However, in foreign women there seem to be still problems of difference cultures, barriers of family support and psychological impact on them other than the language problems. They cannot be grouped together as foreign pregnant women, and seem to vary from country to country and even from individual to individual⁷⁾.

In Japan, communication difficulties between health-care providers and pregnant women have been reported to obstacle to establishing good rapport with the women and to providing spiritual support⁸⁾. Although same language may not be important, it may be important to get to know the women from diverse cultures in order to develop a positive relationship⁹⁾. If there is initiate partner violence, they may not be

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Table 1: Characteristics of pregnant women by nationality.

	Number	Requiring interpreters	Economic problems	Requiring social support for childcare
Total	3,395	106 (3.1)	150 (4.4)	113 (3.3)
Japanese	3,055	0 (0)	137 (4.5)	84 (2.7)
Foreigners				
Total	340	101 (29.7)*	13 (9.5)	29 (8.5)*
Nationality				
China	156	13 (8.3)*	0 (0)#	1 (0.6)
Philippines	41	18 (43.9)*	5 (12.2)*	8 (19.5)*
Bangladesh	36	31 (86.1)*	4 (11.1)	7 (19.4)*
Vietnam	34	14 (41.2)*	2 (5.9)	4 (11.8)*
Mongolia	21	8 (38.1)*	0 (0)	4 (19.0)*
Nepal	16	10 (62.5)*	0 (0)	1 (6.3)
Korea	15	1 (6.7)*	0 (0)	0 (0)
Others	21	6 (28.6)*	2 (9.5)	4 (19.0)*

Data are presented as number (%).

*# $P < 0.05$ vs. Japanese women.

able to tell the truth in the presence of their partner¹⁰). To provide foreign women with the same level of care as those provided to Japanese, systematic assistance from medical interpreters may be needed at all times.

In this study, Chinese pregnant women were wealthier than Japanese, and had no major problems other than language problems. Some regional surveys have observed that Chinese mothers are more interested in childcare, education and financial success than Japanese^{2,11}). Our results may suggest the background of the difference in the trends.

The Filipino and Bangladeshi pregnant women had the problems with high rate. We have to provide the best of care to the pregnant woman and defend the human rights. To date, there have been no reports that Filipino women in Japan are poorer than other foreigners^{2,12}); however the tendency may vary depending on the region surveyed. In order to ensure comfortable and safe pregnancy, delivery and childcare for Islamic women, it is necessary to provide the care so that it is not visible to men; however, it the medical care system cannot ready always at almost obstetric facilities in Japan^{2,13}). At the first visit of our institute, we always explain and obtain consent that male doctors may respond them at night. We should make efforts to confirm the habits and intentions about childbirth in advance and accept them; however, if it is difficult to accept them, it may be important to search for facilities that can meet their hope.

Support for foreign pregnant women seems to vary greatly depending on nationality. In addition, it is necessary to consider the personality and individuality of each woman. As internationalization progresses further of Japan, it is necessary to establish the support system in collaboration with multiple occupations in order for the safe and comfortable pregnancy, delivery and childcare of foreign women.

ETHICAL STATEMENT

The study protocol was approved by the Ethics Committee of the Japanese Red Cross Katsushika Maternity Hospital (K2020-17).

INFORMED CONSENT

Patients' informed consent for publication of this report was obtained.

CONFLICT OF INTEREST

The author declares no conflict of interest relevant to this article.

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