

Appropriate Simplified Items to be Checked to Detect 'Specified Expectant Mothers'

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KEY WORDS

specified expectant mothers, appropriate simplified assessment items, Japan

Dear Editors,

In Japan, 'specified expectant mothers (SEMs)' have been defined as pregnant women in need of extra support after birth because of some social problems such as unstable income, mental disorders, etc¹⁾. In 2021, to build the simplified standard items to be checked and correspondence for them, we reviewed the pregnant women managed at our institute from 2016 to 2019 and examined the actual situation evaluation them in some regions of Japan reported to be actively supporting as the test cohort^{2,3)}.

In our institute, midwives conduct three health consultations during pregnancy to support the healthy lives of pregnant women at approximately 8-11, 20-23, and 34-36 weeks' gestation. At each consultation, the social and economic information is also obtained from all pregnant women repeatedly as reported previously^{2,3)}. The consultations have been very important; however, they are not only a huge burden on midwives, but they are also not profitable for hospitals. Because, the consultations have been free and taken between 20 and 60 minutes per person. We understand that there have been various problems that SEMs have; however, if there are simple items those can efficiently extract SEMs, these burdens can be solved. Therefore, to confirm the reproducibility and effect of our simplified items to be checked, in this study we performed the validation cohort comprising those who managed at our institute in 2021.

The study protocol was approved by the Ethics Committee of the Japanese Red Cross Katsushika Maternity Hospital (K2022-26). Informed consent concerning retrospective analyses was obtained from all subjects.

In this study, we investigated how many pregnant women can be selected as SEMs from those evaluated as having even the slightest social or economic problems according to the 5 items built in the previous study as follows³⁾: (1) mental disorders, (2) younger age, (3) no consultation/late first visit, (4) poverty, and (5) multiple pregnancy.

With the 5 items, the selections have taken less than 1 minute. In 2016-2019, 969 (81.0%) of the 1,197 SEMs could be selected as SEMs by the 5 items. However, in 2021 only 240 (63.8%) of the 376 SEMs were evaluated as SEMs according to the 5 items ($p < 0.01$ vs. 2016-2019 by the χ^2 test). In 2021, the most common cause of SEMs was isolated foreigner who cannot speak Japanese or English (102/376, 22.7%), which was different from the 5 factors that stood out in 2016-2019^{2,3)}.

In Japan, the examinations of mental and physical problems are subsidized in the perinatal health checkups by the Japanese government; however, there is no incentive for the consultation of the social prob-

lems faced by the pregnant women. The current selections using the small number of items on the side of the consultations did not burden our midwives; however only 63.8% of the women to be cared for social problems could be selected. In addition, the extraction rate has been changed significantly from 2 to 3 years ago. Recent changes in social risk factors during pregnancy have also been observed in our previous study³⁾. Based on the current results, it was confirmed that we must carry out careful interviews again in line with the trends.

Care for pregnant women with social problems is extremely important, and it has been implemented with a strong sense of mission by obstetric facility staff mainly midwives in Japan. Based on the current results, it must not be possible to extract their social problems only by confirming several items. It has been presumed to take time, and that it might have been a burden on obstetric staff. At the moment, the care can rely on the strong sense of mission in obstetric staff; however, in the long run in Japan, it will be needed to compensate them.

CONFLICTING INTEREST

Nil

INFORMED CONSENT

Obtained

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