

Specific Measures to Reduce Walk-in Deliveries in Japan

The Editor

Sir,

“Walk-in” deliveries have recently been reported by the media in Japan and represent a problem in medical settings. A large-scale study has yet to clarify the state of “walk-in” deliveries in Japan. The current study surveyed by mail a total of 73 medical facilities that are or will be designated as general maternal and perinatal care centres, *ie* facilities with advanced obstetrics capabilities in Japan, by mail; the survey asked about the number of “walk-in” deliveries by women who did not receive prenatal care from a medical facility in 2007 and the reasons why they did not receive prenatal care. Responses were reportedly received from 67 of those facilities. The survey found that 301 women had “walk-in” deliveries with no prenatal care in 2007 and the most frequent reason, given by 48.5% of these women was because of “financial difficulties.” In addition, the finding that 14.0% of pregnant women “did not think a check-up was necessary” was also surprising. On the basis of these findings, specific measures to reduce walk-in deliveries in the future have been discussed and examined, with a focus on medical, administrative and educational aspects.

Prompt administrative and medical measures are crucial to resolving “financial difficulties,” the most frequently given reason for a “walk-in” delivery. Specific measures to deal with this problem must include prenatal care for pregnant women, a reduction in the costs of care incurred during pregnancy and increased public expenditures to cover those costs and enhance administrative follow-up for pregnant women with serious financial difficulties. Medical and educational approaches are vital in helping pregnant women who “did not think a check-up was necessary.” Women who received no prenatal care had a relatively higher incidence of low birthweight infants than women who receive scheduled prenatal care and were more likely not to receive prenatal care in subsequent pregnancies (1). Infants of the former group were more frequently admitted to the neonatal intensive care unit because of problems like low birthweight, suspected infection, hypothermia and marked meconium staining. Based on medical factors, the increased risk for these problems when a woman fails to receive prenatal care must be conveyed not only to a pregnant woman but to the community, including her family. In terms of education, pregnant women must be further taught about the importance of continuous prenatal care.

Administrative bodies, the medical and the educational establishment must work together on measures to prevent “walk-in” deliveries, a serious problem in Japan.

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