

Progress Report of the Pregnancy and Birth Survey

Reported on 5 June 2017

1. The Pregnancy and Birth Survey in FY 2016

1.1 Purpose

Our goal is to comprehend the mental and physical health status of expectant and nursing mothers so that we can alleviate their anxiety and provide them with necessary care. The survey also aims to improve perinatal care in Fukushima Prefecture by listening to their current situation, needs and expectations.

1.2 Survey population

- Those who received Maternal and Child Health Handbooks from municipal governments in Fukushima Prefecture between 1 August 2015 and 31 July 2016.
- Those who received Maternal and Child Health Handbooks from locations outside Fukushima during the above time period, and then returned to give birth in Fukushima.

1.3 Method

We sent out a survey questionnaire to participants three times from November 2016, based on the time when they received a Maternal and Child Health Handbook. Since the FY 2016 survey, we started a secure online response system for the convenience of respondents, and advised them to either return their paper survey form or respond online. Hereafter, we plan to resend the survey form at the end of June in order to provide another opportunity for those who overlooked their first chance.

1.4 Response rates

The response rate went up by roughly 2 points over the survey conducted around the same time in FY 2015. We continue to receive responses from participants.

Survey year	Number of surveys sent	Responses (Response rate)
FY 2016*	14,138	6,069 (42.9)
FY 2015	14,572	7,031 (48.3)
FY 2014	15,125	7,132 (47.2)
FY 2013	15,218	7,260 (47.7)
FY 2012	14,516	7,181 (49.5)
FY 2011	16,001	9,316 (58.2)

*As of 30 April 2017

1.5 Status of support provision

Survey responses were used to identify mothers in need of support, and to provide them with an opportunity to consult midwives and public health nurses through telephone counseling, regarding concerns about their health or childcare-related matters. We have also established a support system through e-mail and a special phone number to give advice to those in need.

a. Telephone counseling (As of 30 April 2017)

Survey year	Responses	Support		
		Participants requiring support (%) ¹	Type of response that prompted support	
			Depressive symptoms* (Proportion of support given) ¹	Free comments (Proportion of support given) ¹
FY 2016	6,069	782 (12.9)	461 (7.6)	321 (5.3)
FY 2015	7,031	913 (13.0)	549 (7.8)	364 (5.2)
FY 2014	7,132	830 (11.6)	645 (9.0)	185 (2.6)
FY 2013	7,260	1,101 (15.2)	744 (10.2)	357 (4.9)
FY 2012	7,181	1,104 (15.4)	751 (10.5)	353 (4.9)
FY 2011	9,316	1,401 (15.0)	1,224 (13.1)	177 (1.9)

1) Percentage of total responses.

* Participants who said they had depressive mood or had a hard time enjoying things.

b. E-mail counseling (As of 30 April 2017)

Survey year	Number of consultations (Participants)
FY 2016	12 (7)
FY 2015	25 (8)
FY 2014	26 (10)
FY 2013	3 (3)
FY 2012	6 (6)
FY 2011	13 (13)

c. Other matters

Special telephone sessions have been offered, with midwives and public health nurses providing counseling for those who call.

1.6 Interim results: Major survey items (concerning next pregnancy)

Data to be collected:

5,377 valid responses from 22 November 2016 through 31 March 2017

(The number is approximate due to ongoing data examination.)

(FY 2015 survey) 6,999 valid responses from 24 November 2015 through 16 December 2016

(FY 2014 survey) 7,085 valid responses from 20 November 2014 through 18 December 2015

(FY 2013 survey) 7,214 valid responses from 24 December 2013 through 26 December 2014

(FY 2012 survey) 7,139 valid responses from 14 December 2012 through 30 November 2013

Are you planning a next pregnancy?

Response	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012
Yes	2,977 (55.4)	3,730 (53.3)	4,044 (57.1)	3,811 (52.8)	3,775 (52.9)
No	2,338 (43.5)	3,197 (45.7)	2,928 (41.3)	3,292 (45.6)	3,239 (45.4)
No/invalid answer	62 (1.2)	72 (1.0)	113 (1.6)	111 (1.5)	125 (1.8)

Services requested by those who were planning a pregnancy (Multiple answers allowed)

Response	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012
Improved childcare facilities, extended-hours childcare, sick child care	2,272 (76.3)	2,807 (77.2)	2,866 (73.3)	2,577 (70.5)	2,435 (66.2)
Childcare-/pediatric medicine-related services	1,869 (62.8)	2,491 (68.5)	2,695 (68.9)	2,436 (66.6)	2,613 (71.0)
Improved maternity and parental leave systems	1,808 (60.7)	2,217 (61.0)	2,205 (56.4)	2,086 (57.1)	1,893 (51.4)
Information on radiation and its health risks	710 (23.8)	1,092 (30.0)	1,477 (37.8)	1,508 (41.2)	2,220 (60.3)
Other	251 (8.4)	333 (9.2)	406 (10.4)	259 (7.1)	247 (6.7)

*Denominator for data from FY 2012 through FY 2015 is the number of valid responses (3,635 in FY 2015; 3,909 in FY 2014; 3,656 in FY 2013; 3,681 in FY 2012), and that for FY 2016 is the number of people who responded *Yes* to the above questionnaire through 31 March 2017 (2,977).

The reasons for not planning a pregnancy (Multiple answers allowed)

Response	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012
No desire	1,138 (48.7)	1,659 (52.1)	1,830 (62.6)	1,774 (54.4)	1,690 (52.6)
Age- or health-related issue	773 (33.1)	1,235 (38.8)	889 (30.4)	1,173 (35.9)	1,012 (31.5)
Busy with ongoing childcare	791 (33.8)	1,104 (34.7)	834 (28.5)	1,195 (36.6)	1,153 (35.9)
Lack of financial stability	545 (23.3)	803 (25.2)	511 (17.5)	772 (23.7)	828 (25.8)
Lack of support with housework or childcare	247 (10.6)	329 (10.3)	273 (9.3)	343 (10.5)	310 (9.7)
Lack of childcare facilities/services	233 (10.0)	325 (10.2)	183 (6.3)	219 (6.7)	222 (6.9)
Worried about radiation effect	26 (1.1)	51 (1.6)	114 (3.9)	183 (5.6)	475 (14.8)
Living away from family members	54 (2.3)	62 (1.9)	56 (1.9)	59 (1.8)	78 (2.4)
Living as an evacuee	7 (0.3)	9 (0.3)	20 (0.7)	32 (1.0)	78 (2.4)
No desire	370 (15.8)	123 (3.9)	214 (7.3)	81 (2.5)	81 (2.5)

*Denominator for data from FY 2012 through FY 2015 is the number of valid responses (3,184 in FY 2015; 2,924 in FY 2014; 3,263 in FY 2013; 3,212 in FY 2012), and that for FY 2016 is the number of people who responded *No* to the above questionnaire through 31 March 2017 (2,338).

2. Follow-up survey (As of 30 April 2017)

2.1 Purpose

The Pregnancy and Birth Survey is a cross-sectional study that collects data of different groups every year. In order to assess the need to provide continued support, we continue to conduct the survey for participants of the FY 2012 Pregnancy and Birth Survey. Also, we assess mental and physical health issues, especially, related to child-rearing, and offer appropriate support.

2.2 Survey population

Respondents to the Pregnancy and Birth Survey for FY 2012 who delivered babies and were confirmed to be alive at the time when the survey forms were sent out (5,602).

2.3 Survey period

We sent survey questionnaire on 21 November 2016, and continue to receive responses from participants.

2.4 Method

We referred to municipal registers for participants' information to confirm that the mothers and their children were alive, and sent them the questionnaire. As to the method of participating, we advise them to either return the paper questionnaire or respond online. Midwives and public health nurses are providing telephone counseling sessions to those who are deemed to be in need of support based on their answers.

2.5 Response rates.

Survey year	Number of surveys sent	Responses (Response rate)	
FY 2016	5,602	2,007 (35.8)	Follow-up for survey population in FY 2012
FY 2015	7,252	2,554 (35.2)	Follow-up for survey population in FY 2011

2.6 Status of support provision

a. Telephone counseling

Survey year	Responses	Support		
		Participants requiring support (%) ¹	Type of response that prompted support	
			Depressive symptoms* (Proportion of support given) ¹	Free comments (Proportion of support given) ¹
FY 2016	2,007	255 (12.7)	208 (10.4)	47 (2.3)
FY 2015	2,554	375 (14.7)	299 (11.7)	76 (3.0)

1) Percentage of total responses.

* Participants who said they had depressive mood or had a hard time enjoying things.

b. Other matters

Special telephone sessions have been offered, with midwives and public health nurses providing counseling for those who call.

2.7 Interim results

Roughly 10% of the participants had low self-reported health (not so healthy or not healthy), and nearly a quarter of the respondents tended to have depressive symptoms. These results stayed almost the same as the follow-up survey results of FY 2011. The most frequently mentioned issue in the free comment section of the FY 2011 survey concerned the effects of radiation on the fetus and child. In contrast, free comments in the FY 2012 survey were predominantly positive, expressing gratitude for the survey and telephone support services. Other mentioned issues included requests for adequate parenting support services.

3. Implementation plan for FY 2017 survey

3.1 Pregnancy and Birth Survey for FY 2017

3.1-1 Purpose

The response rate of the survey started from FY 2011 has been around 50%, which is high for a postal survey, showing a high public interest in the health of mothers and children. We will continue to conduct the

survey to improve perinatal care in Fukushima Prefecture by addressing the anxiety of pregnant women and mothers, and providing necessary support through assessing their physical and mental health.

3.1-2 Survey population

A: Those who receive Maternal and Child Health Handbooks from municipal governments in Fukushima Prefecture between 1 August 2016 and 31 July 2017.

B: Those who receive Maternal and Child Health Handbooks from locations outside Fukushima Prefecture during the above time period, and then returned to give birth in Fukushima.

3.1-3 Survey period

We plan to send out the questionnaire to those mentioned above (A) three times from November 2017 through March 2018, depending on the time when they receive the Maternal and Child Health Handbook.

3.1-4 Method

To those mentioned above (A), we will refer to 59 municipalities for current information, and mail the self-completed survey questionnaire, excluding stillbirth and miscarriage, for which we will receive only their numbers. For the survey population (B), the survey form will be distributed at obstetrics clinics in Fukushima Prefecture. As to method of answering, we will advise participants to either return the paper survey or respond online. Midwives and public health nurses will provide telephone counseling sessions as well as online and dedicated phone number support services to those who are deemed to require support.

3.2 Follow-up survey

3.2-1 Purpose

We will continue to conduct the survey for respondents of the FY 2013 survey to provide continued support. We will also monitor the physical and mental health of the participants or their child-care situation to offer appropriate care.

3.2-2 Survey population

Respondents of the Pregnancy and Birth Survey for FY 2013 who delivered babies and are confirmed to be alive at the time when the survey forms are sent out (approximately 6,700).

3.2-3 Survey period

January 2018 (TBA)

3.2-4 Method

We will refer to municipal registers for the participants' information, to confirm that the mothers and their children are alive, and send them the questionnaire. As to method of answering, we advise them to either return the paper questionnaire or respond online. Midwives and public health nurses will provide telephone counseling sessions as well as online and dedicated phone number support services to those who are assessed to require support based on their answers.