Emergency Preparedness in Maternal and Child Care
– Reconstructing by creative collaboration with community medicine and public health care system

Lecture 1: How we can support safe child delivery to build a community with hope

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1. Immediate Aftermath of the Great Tohoku Earthquake—Crisis in Childbirth

(1) Pregnant women and nursing mothers

" Pregnant women could not get information on the state of disaster and/or operational status of the hospitals at which they had planned to deliver their babies, and did not know where to go to consult a doctor."

"Even if they wanted to go to hospitals, they had no means of transportation."

"After arriving at shelters, pregnant women did not have a chance to talk about their pregnancy."

"The nursing mothers were at a loss for how to get essential supplies for their children."

"They were worried about the influence of the harsh environment, such as lack of healthy meals, sleep deprivation, stress and concern over the safety of their separated family members, on their children."

(2) Institutions with Delivery Services

Two of the institutions with delivery services in Ishinomaki City had completely collapsed, and several others could not provide such services because of complete destruction of the first floor, disruption of essential utilities, and damages due to the aging of the structure. The institutions that survived the disasters caused by the earthquake became desperately overloaded. The child delivery system in Miyagi Prefecture faced an unprecedented crisis. According to the statistics, the number of prehospital deliveries was 23 per year, and the number of expectants rushed to hospitals was 807 per year. During the first two months after the earthquake disaster, 217 pregnant women were evacuated or transported to other locations and delivered their babies in unplanned medical institutions. 13 pregnant women were transported by helicopter to university hospitals per day.

2. Research Outcomes and Issues Identified by the Study Group: the Ministry of Health, Labor and Welfare:

- Lack of coordination among obstetrical, disaster and emergency medical services. The staff in charge of perinatal care was not informed of the situation in shelters and communities"
- There is a need for establishing means for communicating information to pregnant women and nursing mothers, as well as for systems for backing up obstetrical information (maternity record book, etc.)".

· There is a significant difference among local governments in terms of their disaster preparedness in obstetrical medical service".

3. Sure to happen again! Preparations for disasters

(1) Train personnel so as to save the lives of pregnant women and nursing mothers right after the occurrence of a disaster.

⇒ Coordination between the Disaster Medical Assistant Team (DMAT) and perinatal care institutions.

(2) Information is the most important support factor in disaster situation.

⇒ Establish specific means for communicating critical information to pregnant women and nursing mothers (preparation of manuals, etc.)

(3) Provision of necessary assistance in evacuation.

⇒ Aid to pregnant women and nursing mothers in shelters; coordination with local governments.

(4) Relevant parties must maintain a high-level disaster preparedness at all times, by continuously studying and examining ways of disaster management.

⇒ Disaster drills within communities; Institutionalization to improve disaster preparedness of local governments.

Lcture2: Effective plans to collect and transmit information to expectant and nursing mothers

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Japanese Midwives Association.

1. Introduction

Ordinary information flows are delayed and necessary information constantly changes at the time of disaster; it is needed to obtain accurate information in an urgent manner. It is important for expectant and nursing mothers as well as mothers and children, who are vulnerable to disaster, to strive to obtain information necessary for themselves. Moreover, supporters such as local government must provide appropriate information to them.

On the premise that disasters occur unexpectedly, this presentation introduces the important points in sharing information that have been identified as the result of considering the following: preparation of information at ordinary times on disasters for expectant and nursing mothers, mothers and children, and their supporters such as local governments; and effective ways to understand and transmit information on expectant and nursing mothers as well as mothers and children in each phase after disasters.

2. Details of work

The following three points were considered in preparing the manual.

1) The manual is to be prepared at action level

Simple expressions were used so that everyone who reads the manual will take the same actions on the premise that disasters occur unexpectedly. The announcements at a shelter in phase 0 ask concrete questions, such as “Are there any women who are pregnant or after birth?” and “Are there any families (mothers) with children?”

2) The contents are divided for ordinary times and each phase after disasters and respond to changes in situations

The manual shows actions to be taken by expectant and nursing mothers as well as local governments and mentions actions for understanding and transmitting information respectively at the time of disaster in the five phases defined by the Disaster and Medical Care Council of the Tokyo Metropolitan Government.

3) Matters to be considered in each phase are mentioned

While the manual mentions actions to be taken in each phase, it also states ways of thinking that accompany such actions and matters to be considered as “points of attention.” For example, it states in phase 1, “Because expectant and nursing mothers as well as mothers and children find it difficult to raise their voice, it is important to individually check the situations of shelters and conduct interviews with them (paying special attention to whether or not they are enduring difficult situations).”

3. Remaining issues

There are various issues on how to protect expectant and nursing mothers as well as mothers and children at the time of disaster. As for expectant and nursing mothers, appropriate triage should be carried out for symptomatic persons; because mothers without symptoms are also considered to have a certain degree of risks, it is desirable to consider them clearly as people vulnerable to disaster. Professional associations in the field of obstetrics and gynecology are expected to produce proposals in this regard. In the aftermath of the Great East Japan Earthquake that took place in 2011, it was observed that enough support was not necessarily provided for women and children due to traditional norms on gender roles. Associating support for all women with support for expectant and nursing mothers at ordinary times contributes to support provided at the time of disaster, which cannot be predicted.

4. Conclusion

It is desirable to prepare manuals that instruct expectant and nursing mothers, mothers and children, and all supports to take concrete actions at the time of disaster in each local government and area, depending on their circumstances. I would be delighted if the content of this presentation was referred to in preparing such manuals.

Lecture 3: Positive efforts by maternal and child-rearing generations after the earthquake.

Yumi Ogawa,
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After the Great East Japan Earthquake, supporters for child–rearing generation learned that “urgent support” and “long term compassion” are inseparable even in ordinary time. In this forum, I’ll report experiences of support for 4 years and the important truth that regional supporters should walk with child-rearing generation.

1. Difficult situations in mothers and small children after the disaster

Regional support base for child rearing generation, “Nobisuku IzumiChuo, Sendai City” has been established by Sendai City Government for mothers and small children. Six thousand (/ month) mothers and children access this facility. In 2011, after the disaster, over three hundred requests for advice (/year)were received from nursing mothers including refugees from Fukushima prefecture. We continuously supported recoveries for mothers and children with midwives, public health nurses and childcare workers.

2. Necessities for long term mental health care and education for disaster preparedness in mothers and children.

After the disaster, we experienced frequently that mothers could not stop vague uneasiness after childbirth. Therefore, we continued seminars, for mothers who did not experience the earthquake and who could not afford to prepare, to learn more about disaster reduction as a part of daily life.

3. Regional cooperation and multifaceted support network for parent and child

To save parent and child from the disaster, it may be necessary that supporters should be in touch with parents and children and introduce specialists, reliable base and personnel. Furthermore, it would be effective for disaster prevention that establishment of network between each supporters, regional assistance for expectant and nursing mothers and continuous activities to build up a face-to-face communication in each regions.