

## Delivering a Baby in Japan

It's helpful to have a general concept of the differences between the U.S. system and the Japanese system to maximize your understanding and minimize surprises when you deliver a baby in Japan. For more information, you can also read the English Guide For Foreign Parents and Parents-to-Be.

### Choosing a Hospital

You should identify a doctor and a hospital early in your pregnancy to ensure you receive adequate prenatal care and screening. Due to significant cultural differences between Japan and the United States, the standard of prenatal and postnatal care for new mothers and newborns may be different than what you may expect or may have experienced in prior pregnancies. Some facilities have more experience with and actually cater to Western patients and will allow their Western patients to observe different policies than the traditional Japanese patients will follow. Recommend that you look for hospital with an International Health Department which is setup to work more closely with and cater to Western clients.

If you have specific ideas of a birth plan (see examples below), you need to ensure your physician and facility can meet your needs. Begin asking questions at your initial appointment; it is important to discuss your expectations with the physician to see if they are able to support you. It may be necessary to transfer to a different facility if you discover you are having multiples, as some hospitals are not equipped for and decline to handle twins and some are not equipped for C-sections.

### Payment

#### Active Duty Service Members

If your military treatment facility (MTF) refers you out to a host nation facility for care because they do not have the capability or capacity to accept you as an OB patient, your health care costs will be covered by the MTF Supplemental Health Care Program. Generally, there are no up-front payments or cost shares when you are referred under the Supplemental Health Care program. In rare occasions, you may have to pay the costs up front and seek reimbursement from the MTF after your episode of care is complete. Some MTFs have an arrangement with the local host nation facilities and you will not have to pay any money up front.

#### Active Duty Family Members

If you are an active duty family member and choose to receive care at a Japanese facility even when the MTF has capability and capacity to accept you as an OB patient, you have two options.

Option 1: You may elect to receive care at the host nation facility while remaining enrolled in TRICARE Prime Overseas. You will have to pay a point of service charge for your care and will incur much higher cost (50% or allowable charges).

Option 2: You may elect to disenroll from TRICARE Prime Overseas and receive care as a TRICARE Standard Overseas patient, responsible for payment up front but eligible for some reimbursement (80% of allowable charges) after the episode of care is complete.

If you disenroll, you may have to remain a TRICARE Standard Overseas patient for a period of time before you can reenroll to the MTF, which means you will have a lower priority for any medical care at the MTF for that period of time. If you are covered by Japanese Health Insurance,

your policy and payment amounts may vary depending on where you live. Visit [http://www.mofa.go.jp/policy/human/econo\\_rep2/article9.html](http://www.mofa.go.jp/policy/human/econo_rep2/article9.html) for more information about Japanese Health Insurance. Maternity benefits are provided by the Japanese Government, but you will most likely pay up front for prenatal care.

### **Communication Issues**

Many Japanese facilities employ English speaking doctors and clinics, and some even have specific translators to assist English speaking patients during their appointments. Some MTFs have a dedicated interpreter to assist you with interpretation as you are referred to civilian hospitals. If not, you may consider bringing an English speaking Japanese friend to assist you for the first appointment. There may be a great deal of paperwork and the extra assistance may be a big time and stress saver. Some Japanese physicians may be uncomfortable with their English skills, though they generally understand and speak English. Please be patient as you attempt to communicate and do not let a question go unanswered; if you feel as though you need additional assistance, ask for it. If you ever feel as though poor communication is interfering with your medical care, notify your MTF TRICARE representatives immediately.

### **Doctor's Orders**

At first glance, many traditional Japanese physicians may not seem as forthcoming with information or as open to answer questions as what you are accustomed to with Western providers. The health care system in Japan is traditionally more paternalistic, and follows a "doctor's orders" model that is not to be questioned. Some physicians may become irritated or offended when you ask them questions or project your expectations or ideas to them during your visit. Japanese physicians who are accustomed to working with American or international patients are more likely to be open to communication with you and to answer your questions without taking offense. Once again, seek out hospitals with International Departments if possible.

Some facilities employ mid-wives, but their role in deliveries may vary greatly than what you are used to in the US. For the most part, midwives handle a lot of the prenatal care, but almost always, the physicians handle deliveries. Please keep in mind that the choice to utilize a midwife may represent a more holistic style of birth experience in the US, but that expectation does not necessarily translate to the use of a midwife in Japan. Again, it is important to discuss your delivery expectations with both the midwife and the physician early in your care.

### **Cultural Differences in Pre/Postnatal Care**

#### Prenatal Appointments

Though many facilities will have a scheduled appointment time for each prenatal appointment, some facilities may see you on a walk-in basis at various increments during your pregnancy. You may see the doctor with relatively little wait or you may need to wait for a longer period.

There may not be a lot of discussion or advice dispensed during your actual OB appointments – even the most basic advice – but the facility will usually have separate prenatal educational classes for new mothers; please enquire with the clinic staff to see if these are available in English. Questions during the actual appointment may not seem welcome and the doctor may tell you not to worry about things or "everything is fine or will be okay" without actually addressing your questions. It is important to have your concerns addressed, so please be persistent and continue to inquire until your question is answered adequately.

### Diet

Japanese doctors may have different views on weight gain than the American recommendations with which you are familiar. Many Japanese doctors tend to discourage mothers from gaining much weight during pregnancy and some do not recommend the use of vitamins during pregnancy. It is important to do your own research about weight and nutrition guidelines and to discuss your beliefs with your physician. Regardless of a magic number, it is important to remember basic nutritional principles of a healthy and balanced diet, including adequate hydration, during pregnancy. These requirements increase if you are expecting multiples.

### Pain Control

Some Japanese facilities have very conservative views of pain control during labor and many lean toward totally natural childbirth using only breathing techniques for pain management. Barring complications, in a normal delivery most Japanese patients deliver without the use of medications stronger than mild sedatives. It is important to discuss the type of birth plan you imagine so your expectations are made known and agreed upon by the physician. If you want an epidural you must ask the facility if they will support your desires early in your pregnancy, long before the need arises; many facilities do not offer epidurals for vaginal deliveries. Sometimes it will help to indicate that TRICARE will pay for epidurals. If you have a C-section, the pain management post delivery is conservative as well. Once again, seek out hospitals with International Departments.

### Dad in Delivery Room

Traditionally, fathers are not permitted to be in attendance at birth. Some facilities will allow the father in the delivery room and some may expect him to have a seat in the waiting room and then take a peak through the nursery room glass. This may be very disappointing for some couples who wish for the father to participate in the birthing process. It is important to discuss your desires to have the father present if this is important to you, as some facilities do allow and encourage this participation.

### After the Delivery

In most Japanese hospitals, the primary focus for new mothers after delivering is to rest and regain strength. The typical length of stay for an uncomplicated delivery is 5 days or more. For the first three days the baby may be kept in a nursery with the majority of care provided by the nursery staff, though some hospitals will allow rooming in with the mother. Some facilities encourage or allow breast feeding immediately while others may feed the baby formula while waiting for the mothers milk supply to increase.

The typical length of stay after a C-section is approximately 10-14 days. Immediately after the C-section, it is common for babies to be kept separate from the mother and other babies after the birth to monitor their condition. Short visits may be allowed for breast feeding.

In some facilities, primarily in the Yokosuka area, families are expected to provide their own diapers, baby wipes and other items that are usually provided in a Western facility. Surgical patients are also asked to purchase items such as abdominal binders, adult diapers, wound dressing materials etc. These items can either be purchase at their gift-shop, or brought from home. Please check with your facility to ensure you are prepared to provide these items if necessary.

TRICARE does allow coverage for a semi-private room, if available. If not, it is common to be in a "bay" type room with several other mothers. Culturally, it is important to remain very quiet and not impose on your neighbors with loud noises or talking. Visiting hours are limited as are the number of visitors allowed.

Developing realistic expectations and making adequate preparations will help you to have a safe and satisfying experience. Communicating your expectations and discussing your options are key to having a positive experience. Good Luck!

## **Birth Plan Examples**

### Example 1

During Labor and Delivery:

- I'd like to have my husband and mother during labor
- I'd want to move around as much as I can during labor and not be confined to a bed
- I'd like to bring music into the labor and delivery room with me to use as a relaxation technique
- I'd like to have pictures taken with a camera and video camera immediately after the baby is born
- I hope not to have an enema
- I don't want to be shaved in the pubic area
- I do not want to have an episiotomy unless absolutely possible
- I hope to move around as soon as possible

Postpartum:

- I want to hold my baby and try breast feeding immediately after birth
- I want the baby to stay with me in my room
- I want to fully breast feed my baby, therefore I don't want any formula or glucose water to be given to him/her at all
- I hope to stay in the hospital for only two days as my mother will come to help me
- As I am a vegetarian, I'd like to ask for vegetarian meals only

### Example 2

Before 40 weeks:

- Have none or a very limited number of ultrasounds
- Only induction of labor if there's an urgent medical reason or more than two weeks overdue

During labor:

- Having husband available all of the time
- Being allowed to move around, walk, be on the hands and knees, complete freedom in my labor position
- If shower/bath is available, I would like to have the option of using it during labor
- Prefer cozy, home-like environment with only a limited number of people around me (preferably only my husband and the midwife)
- No intervention as long a labor is progressing normally
- If caesarian needs to be made, I prefer to be conscious during the operation

When baby is born:

- I'd like to hold my baby directly after giving birth. If this is not possible due to complications, I'd like to have the baby as soon as examinations have finished
- I'd like to breastfeed soon after giving birth
- I do not want antibiotic eye drops given to the baby the first days
- Visits by my husband and daughter allowed

Care afterwards:

- I'd like to go home as soon as possible (home help is available)
- I'd like to have the baby with me or really close by. If this is not available I'd like unrestricted access to my baby
- I'd like to breastfeed "on demand," not giving formula, water, or water with sugar or something similar
- I'd like all the baby's tests and results written down in English and added to the boshi techo

### Example 3: Caesarian Birth Plan

- I wish to be conscious during surgery
- I would prefer not to have an enema
- I would like my husband to be present throughout the procedure
- My partner would like to cut the cord if possible
- I would prefer a horizontal "bikini" cut
- I would like my baby to be placed straight onto me after delivery
- I don't want to be separated from my baby for any longer than is absolutely necessary
- I want to commence breast feeding straight away
- I do not want the baby to be given any supplements or formula
- I would like to go straight to my room after surgery
- I would like the baby to room with me, and my husband too, when he wants
- If the baby and I are well enough, I would like the option of leaving sooner than eight days
- I would like a private room, preferably with shower and toilet, telephone, fridge, bed with a firm mattress and a window that can be operated