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Study on role of maternal and child health coordinator: Consideration for "Continuous support for mothers and children prenatal and after childbirth"

Atsuko Hiraoka , Keiko Shimada*

Abstract

Countermeasures against the declining birthrate in Japan have attracted increasing attention in recent years. The role of a maternal and child health coordinator was established in 2014 as a measure to utilize these professionals effectively. In this study, we clarified the role of a maternal and child health coordinator to provide continuous support to mothers and their children after childbirth. This qualitative inductive study used a semi-structured questionnaire among 10 people receiving maternal and child health coordination activities. For the characteristics of [Diverse users exist] and [The experience of receiving support promotes the use of support] regarding maternal and childbearing before and after childbirth, it is necessary to not only provide information but also [Professional care provision] and [Coordination] collaboration among multiple positions and user support. [Existence with tolerance] for building [Relationship with an appropriate sense of distance] and putting into practice [The need for implementing women-centered care] are required. The maternal and child health coordinator serves as a gatekeeper to mothers before and after their childbirth with little experience of receiving assistance in the health field. A coordination role that enables a continuous connection with mothers and children, who are not experienced in using assistance is required. It was suggested that there is a need to have an appropriate sense of distance that is an essential to the existence of individuals to support various uses of mothers, especially in social high risk and various complications.

KEY WORDS

maternal and child health coordinator , role , user support , continuous care/ support

Introduction

In recent years, interest and concern in maternal and child health support after childbirth in maternal and child health is high. The declining birthrate and increasing child abuse, which have not been improving for some time, have been raised as problems related to maternal and child health in Japan[1), 2),3)]. Since these issues were originally treated as social welfare problems[4)], with clear contributions from the health problems of women and their families, measures targeting maternal and child health care were taken[5), 6), 7)]. To mothers in early postpartum period, specially, it could be difficult to select care and support properly from the situation of isolation, anxiety, postpartum fatigue of mothers before and after childbirth, there is clear relevant between less connection to necessary support and less female birth and child abuse occurrence[8),9)]. In order to solve the problem, improvement of providing support to mothers and children during this period is sought[4), 5), 7)].

Maternal and childbirth before and after childbirth are characterized by mothers in the modulation period of many health problems after pregnancy to childbirth and children who are unstable in maintaining life in the process of adaptation to fertility after childbirth.

Division of Health Sciences, Graduate School of Medical Science, Kanazawa University,
* Formar Graduate School of Medical Pharmaceutical and Health Sciences, Kanazawa University

Regarding support for mothers and children before and after childbirth, it is desirable to support mothers according to their needs, to address their growth issues and support them when necessary, and enable users to live safely and securely, both for mothers and children during the adaptation process after birth[8]. Furthermore, in order to provide continued support, it is necessary to make advocates as closely as possible to the mothers and their children. Consequently, a mechanism has been set up for "strengthening seamless support through pregnancy, childbirth, and child rearing." Supporting mothers and their families from the pregnancy stage is an important issue and the country is strongly anticipating its achievements[9), 10)].

In addition to the existing support services that have been carried out so far, various parenting support projects including the "Maternal and Child Health Consultation Support Project," "Maternity and Postpartum Support Project," and "Postpartum Care Project," etc. have been started[11)]. As a one-stop hub for providing project expansion and comprehensive consultation support from various fields, including the user support project, a goal has been set to open "Child-Rearing Generation Comprehensive Support Centers" throughout the country by the end of 2020. By doing this, a system is being built up to offer medical, health, and welfare support for various needs in the child-rearing period[12)].

On the one hand, the increase in support has raised the problem of users being unable to select and use services. The problem is considered to associate with to low knowledge and experience of mothers using maternal and child health service, and low participant awareness of problems. The government established a maternal and child health coordinator as part of the "User Support Project," legislated by the Child and Child Care Support Act in 2014, with the aim of supporting users[13)]. The government has high expectations for this user support project. Maternal and child health coordinator positions were established with the aim of providing continuous support to mothers and children before and after childbirth[14)]. The problem is considered to associate with to low knowledge and experience of mothers using maternal and child health service, and low participant awareness of problems.

Following the establishment of the child and child rearing support system in 2015, the User Support Project was newly institutionalized in the form of establishing regional child and child care support projects[15)]. However, due to rapid changes in the system, there was insufficient consideration of the project's operation, as well as confusion and opinions being raised by local governments when introducing the system, such as "the difference with existing consultation aid and other projects is unclear"[16)], inadequate conform to the actual circumstances of each local government concerning the operation of the project, and the examination of concrete roles of maternal and child health coordinator. Even in the model project concerning the establishment of the maternal and child health coordinator, which started in 2012, it focuses on casework, focuses on improving prenatal care and post-natal care, places to focus on information management, etc. Due to the combined project establishment, its form was also varied due to various conditions such as manpower of each municipality and resources such as facility. How viewpoints of both health and welfare are positioned Mother and Child Health Activities are newly adopting forms, and it is positioned as a key point for user support activities. Moreover, the development of these operations, including maternal and child health coordinators, is still under development[17), 21)].

In addition, the role of the coordinators, as has been pointed out in relation to the purpose of user support projects, is that they "will grasp the needs of individual pregnant women and others and offer extensive support, so that the use of appropriate support is possible"[18)], and going beyond the original coordination function, such as provision and contact, is expected. Role means to assign required like duty, also means a social role established by expectation from society. Maternal and child health coordinator is responsible for information provision, support coordination and follow-up. On the other hand, the social role of the maternal and child health coordinator expected by society has not yet been clarified.

Role means to assign required like duty, also means a social role established by expectation from society[22)]. Maternal and child health coordinator is responsible for information provision, support coordination and follow-up. On the other hand, the social role of the maternal and child health coordinator expected by society has not yet been clarified. For the support of mothers and children before and after childbirth, in fact, maternity and child health has been supported with traditional medical aspects properly,

there is a need for new movements that amend the services provided by including child welfare elements[17]. From now on, it is necessary to consider the viewpoints of both health and welfare from the perspectives of both maternal and child health activities and the role of the maternal and child health coordinator, which is positioned as the key to user support activities. In order to provide support without interruption, actually roles other than the role indicated by the government are also required, such as careful attraction and support for advocate users of support.

Purpose of this research

In order to provide continuous support for mothers and children before and after childbirth, this research clarifies and examines the role required of maternal and child health coordinators involved in support coordination of services for mothers and children before and after childbirth.

Method

1. Research design

In this study, qualitative inductive research using a semi-structured interview method was used to clarify the role of maternal and child health coordinators that is being promoted from the context of coordination issues.

2. Research participants

Study participants, was made the subject of coordination of maternal and child health coordinator. This is, it is a person who supports and is supported, excluding those who do coordination. The government is supposed to be a maternal and child health coordinator for public health nurses, midwives and other people who is the supporter for mothers and children, basically left to the decision of the local government. As a result, there is a possibility that cooperation by the maternal and child health coordinator - may be a person involved in maternal and child health and support (such as those who support maternal and child health before and after childbirth). It received referrals from those working in medical institutions, including those engaged in maternal and child health administration, such as those who support maternal and child health before and after childbirth, as support users, and called for research cooperation. In fact, there are municipal officials who have adopted maternal and child health coordinators, municipal officials who are not yet established but are currently under consideration, perinatal medical personnel, those belonging to persons and organizations involved in women's support after childbirth and postpartum, supportive use experienced pregnant women and mothers were introduced. There were no exclusion conditions for municipalities and industries. Those that do not actually support assistance by municipal office worker as a job category were excluded.

3. Data collection method

We conducted semi-structured interviews, based on the interview guide, with those individuals who consented to participate after receiving a full explanation regarding the research. Only those participants who gave consent were recorded with an IC recorder. The interviews covered the (1) background of the study participants (age, role in maternal and child health policy measures, mother-child support experience), (2) knowledge about maternal and child health coordinators, (3) expected role of maternal and child health coordinator, (4) what type of person the maternal and child health coordinator should be, and when appropriate, participants were asked to talk freely about what they thought. After inquiring (2), whether participants know about maternal and child health coordinator, regardless of whether or not they know, for the definition of maternal and child health coordinator shown by the government every time, such as system or role, was mentioned.

The individual interviews lasted 48 to 107 minutes each and were conducted at places where privacy was respected and that were convenient for participants. The data-collection period was from November 2015 to May 2016.

4. Analysis method

The recording data were serialized and transcribed word-by-word. I repeatedly read the transcriptions and focused on the feelings that the research participants expressed about the provision of support to mothers and children before and after childbirth, their feelings regarding coordination to participate in supportive relationships, and their narratives about the role of the coordinator, and interpreted the context. I encoded data from those contexts, interpreted the meanings, and identified themes, so that the meanings that the research participants wanted to convey were not changed. In the thematic analysis of the codes, those with similar contexts were consolidated and subcategories were extracted.

Furthermore, while respecting the expressed wording by confirming the context and returning to data to confirm the relationship and contents of the subcategories and codes, I carefully extracted the category while raising the abstraction level.

In order to improve the reliability of the data, I consulted with clinical psychologists, midwives familiar with psychology, experienced qualitative researchers, midwifery researchers, and public health researchers during the analysis process.

5. Ethical consideration

Interviews were conducted only with those research participants who gave their consent after verbal and written explanations regarding the research purpose and research method were provided. I tried to ensure that the participants could stop at any time and that this would not lead to any disadvantage. Later on, the verbatim transcription of the interviewer and research subjects was checked by a psychological researcher and a careful confirmation work was carried out, looking back to see whether any part was disadvantageous to the research participants. Handling of data, such as the recordings, word-of-mouth record, and other records, was conducted to ensure anonymity so that individuals could not be identified; we also endeavored to use locked storage. This research was conducted with the approval of the Kanazawa University Ethics Review Board (approval number 634-1).

6. Definition of terms

The maternal and child health coordinator, which is the research subject of this paper, is an occupation established by the government to connect mothers and their children during the period before and after childbirth and their families to the necessary social resources[16),17)]. Its main roles are these: (1) providing information based on the support needs of mothers and family members; (2) using multiple services and coordinating with relevant organizations to provide necessary support, if continuous support is needed; and (3) following up on a regular basis as necessary. In this paper, "maternal and child health coordination" in order to connect mothers and their families during the period before and after childbirth and their families to the necessary social resources, and those who practicing maternal and child health coordination are "maternal and child health coordinators." It is an approach[23)] for making a convenient organizational structure, and the subjects of coordination are diverse professional workers and their users[24),25)], in order to eliminate duplication of participants and efficiently utilize coordination for various kinds of professional workers to meet together and collaborate.

The support is to assist the person who uses it, and this support can be carried out indirectly or through practical action[26)].

Results

1. Outline of research collaborators (Table 1)

Research consent was, in fact, hardly obtained because of "We have been considering the establishment of a maternal and child health coordinator, but not started yet", "I never heard of that system", "We just started and is difficult to answer because the system is insufficient".

When extracting similar categories was repeated while carefully analyzing the data of subjects who agreed to participate under supervision, this time it was considered that the theoretical sampling number has been reached and the investigation was ended. As a result, the number of subjects to be surveyed was finally set to 10 people.

There were 1 man and 9 women for a total of 10 research subjects who consented to participate in the research. The ages ranged from 1 person aged 20–29, 4 people aged 30–39, 1 person aged 40–49, and 4 people aged 50–59. By occupation, the participants included 1 physician, 1 nurse (hospital ward manager), 3 midwives (1 practicing midwife, 1 general hospital worker, 1 clinic worker), 2 mothers currently raising children, 2 mothers who are child rearing support staff and who are raising children in early childhood, and 1 mother with one child experience who works at a child-rearing support NPO. At this time, these ten participants had sufficient experiences of maternal and child support and parenting experience. However, they had no experience of coordination by the maternal and child health coordinator, they also had knowledge about the maternal and child health coordinator such as "I had heard of it", "I knew the process of the system discussed in my home town".

2. Continuous support before and after childbirth and maternal and child health coordinators (Table 2)

From the data, researchers extracted 115 codes, 21 subcategories, and 7 categories, which were then divided into three classifications: (1) attitudes expected for maternal and child health coordinators; (2) characteristics

Table 1. Background of the survey subjects ①

No.	Age	Occupation	Affiliation
1	50s	Physician, clinic director	Obstetrics and Gynecology Clinic
2	50s	Nurse　head nurse of ward	Obstetrics and Gynecology Clinic
3	50s	Midwife	Practicing midwife
4	30s	Midwife	General hospital
5	40s	Midwife	Obstetrics and Gynecology Clinic
6	30s	Temporary worker, mother raising a child	Temporary worker office
7	30s	Mother raising a child	None (seeking employment)
8	20s	Childrearing support volunteer, mother raising a child	Volunteer group
9	50s	Representative of a childrearing support NPO	Childrearing support NPO
10	30s	Staff of a childrearing support NPO, mother raising a child	Childrearing support NPO

of mothers and children who use support; and (3) expected roles for maternal and child health coordinators. In (1) 14 codes, 4 subcategories, and 2 categories were extracted; in (2) 44 codes, 11 subcategories and 3 categories were extracted; in (3) 57 codes, 6 subcategories and 2 categories were extracted.

The text in " " indicates what a research participant said; [ ] indicates the category; ( ) indicates the text supplementing the summary of what the research participants tried to communicate; 《 》 indicates the subcategory; and < > indicates the code.

The 7 extracted categories were divided into 3 subcategories: (1) the attitudes expected for maternal and child health coordinators were divided into [relationship with appropriate distance], [women-centered care practitioner], and [presence of tolerance]; (2) the characteristics of mothers and children who are support users are [existence of diverse users], [the experience of receiving support promotes the use of support]; and (3) expected roles for maternal and child health coordinators are [being a specialized care provider] and [ability to coordinate].

(1) Attitudes required of maternal and child health coordinators

[Presence of tolerance]

It is difficult to grasp the support needs of mother and children before and after childbirth, such as <taking an attitude of not saying what they want, which makes it difficult to understand>. Therefore,《tolerance and empathy to <listen and let people speak out> is required. Attitudes that are《receptive》and《do not blame the person》are needed for any emotions, so that parental emotions can appear on the table. Also, it is required to have an attitude of being an《presence as a psychological support》<having certainty of being connected> and being a [presence of tolerance].

[Women-centered care practitioner]

During the postpartum period there are an increased number of occasions where <the "mother" become the center of attention, and not the "person">, and it is necessary to go beyond the change in roles imposed by society where <during pregnancy the person '(individual)' is seen as a "mother"in postpartum >. As a result, if 'I' am more likely to be given priority as a mother than as myself, then《'I', who will give birth, am not the subject》, so is easy to fall into specific problems regarding women's health issues such as《Need for approval/ state of one's own desires not being satisfied》. After understanding the characteristics of "wanting the changes in my children and me to be understood," an attitude of being a [women-centered care practitioner] who is able to face mothers and children is required.

[Relationship with an appropriate sense of distance]

An attitude that understands a [relationship with an appropriate sense of distance] with that includes a《closeness prioritizing the individual》in an《equal relationship》such as it < isn't a relationship of forcing > and <listening to one-to-one> is required. Specifically, this means keeping the《proper closeness》between the support user and the maternal and child health coordinator, expressed in ways such as saying "even if I am reading a book, they watch me over like a grandma." It is guaranteed the right to support that distance by the support user herself, so that people see

Table 2. Role required for maternal and child health coordinator and the characteristics of the subject ②

Code	Subcategory	Core category	Classification
To know a lot by undergoing	The experience of receiving support to promote the use of support	The experience of receiving support promotes the use of assistance.	Characteristics of users (mothers)
Difficult feelings about support use			
Imaging by receiving support by being involved			
Consultation becomes easier after longer-term engagement			
A relationship of trust aiming for the postpartum is built as much as possible from the time of pregnancy			
I realized that support could be received by being heard early in the postpartum period			
It was difficult until becoming accustomed to the system	Difficulty in familiarization		
Difficulty of understanding explanations immediately			
Not talk about myself or what I myself want			
I'd better not to say if this much, but meet with the benefits experienced support received a phone call	From hesitation to support		
It takes time and effort for a person to recognize their problems and difficulties as problems and difficulties			
There are people with social backgrounds that are uneven	Diverse subjects	Diverse users exist	
Due to circumstances, I don't/can't hope for support			
There are many people with social weaknesses and are tiresome psychologically, physically, or environmentally			
An incomprehensible attitude that do not tell what own self wants	Tolerance and empathy	Presence of tolerant	Attitude expected of a mother-child health coordinator
To enable to hear of troubled feeling when in trouble			
A person who is able to properly listen to and elicit what is troubling me than one having specific credentials			
Watch over a grandmother like			
Is able to listen to my feelings of guilt	Receptiveness		
Can accept the mind changes			
Understood everything that I (mother) face to			
Listens to my painful experiences without denying them at all			
Eliminates worries			
Listens to feelings			
Even if I am reading a book, has the appearance of a grandma playing with a grandchild			
A place where a mother can say, "I am in hard"			
Parents can express their feelings	Doesn't scold		
Can engage without being strict attitude			
Shows a response of, "Let's work together" when there is a problem			
Want passivity for a variety of discussions			
Become to go outside because of wanting engagement with others	Presence as a psychological support		
Want an atmosphere promoting safety mind			
Want to be able to think "this is the right person" for dealing with a situation			
Want to have the certainty that a connection will absolutely be made			
Want the person to be by the user's side instead of ever acting superior			
A reliable supporter was a lifeline			
Can have the certainty that a connection will absolutely be made			
I can think of, "being here"			
Supports my inner mind			
Will be by my side immediately			
Want to be looked after			
Want this person to be with me for the future			
An existence that I can consider myself connected to			
Will listen to me at any time and watch over my growth and my child's growth	Need for approval/state of one's own desires not being satisfied	The need for implementing women-centered care	
Want special treatment			
Important to talk to someone else			
Being able to eliminate responses forced on mothers like, "You can't cry here. Endure it," or "That's because she's a mother"	Avoiding care that does not fulfill the desires of the mother herself		
Always pays attention not to "me" but to "the mother"	After birth, "I" am not the main entity		
The way of viewing her changes from "this person" during pregnancy to "that mother" postpartum			
Isn't a relationship of forcing	Appropriate closeness	Relationship with an appropriate sense of distance	
An SOS can be sounded if there is a problem			
No fear			
Allows spending time such that "Even if I am reading a book, I am viewed as a grandma would"			
Can come close without ever acting superior			
Doesn't have an attitude of instruction	An equal relationship		
When making an unexpected consultation, I often can't take the first step forward	A relationship of being able to consult when desired		
Supports are always there and I can go and reach			
Can be listened to one-to-one	Closeness prioritizing the individual		

(Table 2. Continued)

Code	Subcategory	Core category	Classification
Work according to the desires of the user	Mobility	Professional care provision	Roles expected of a maternal and child health coordinator
Has mobility			
Is in a place that can be visited at any time			
The region and hospital can provide close care			
Engagement that doesn't involve forcing	Expert care ability		
She needs to clearly know about pregnant			
One supporter can do various skills			
Can see a human being			
Can listen in-depth			
Can feel when something is off			
Instead of just following rules, is able to properly understand when something is needed			
Can provide psychological care			
Has information first on postpartum childrearing knowhow and on the types of support available			
Has the same ability as anyone else			
Without knowledge, not should do it			
Can properly understand the users			
Has insight into the relationship between power and control			
Can determine the necessity of following, and examine and implement the result			
Experience is necessary			
Can see both the physical and the psychological			
Can view from a broad perspective			
Knows that understanding one's difficulties takes time and effort			
Provides the necessary care			
Does what cannot be done at a hospital			
Save the lives of children			
Must be able to listen politely and thoughtfully			
Can help a little at a time	Consultation ability		
Can consult what I do not know also			
Indicate how to resolve a situation			
Can follow along with the problem			
Want advice and encouragement			
Can converse conveniently			
The frontage opens widely and accepts at any time			
Has a personal philosophy	Leadership		
Can properly correct course if an attempt is made and it was wrong			
Can use the necessary authority to heighten leadership and mobility			
Continues to have information			
Moves in an equal relationship			
Has a stance that presides and looks over the whole			
Can move systematically			
Can make it like a one-stop center	Cooperation and coordination	Coordination	
Can network mothers with indigenous support			
It is difficult to connect the other institutions to private clinics with multiple childbirth cases			
Link the region and the hospital			
Convey information to various experts			
Coordination with the psychiatric department is difficult			
Linking up as public health nurses can go out to general hospitals			
A bridge between the region and the hospital			
Given the bureaucratic runaround	Ability to coordinate		
Instead of just following rules, engages with the ability to properly understand what is necessary			
How to connect			
Is there together until a connection is made			
It is better for someone with a broad perspective to be the coordinator			
Would like to be able to make a connection when there are difficulties with cases for people returning to their hometowns for giving a birth			
Face-to-face cooperation is possible			
Don't understand where and how to make contact			
The ability to coordinate.			

that they are doing things by their own intention—in other words, without interfering, by <always being there and having to go by oneself> It is said that it is necessary for [a relationship with an appropriate sense of distance] where safety is maintained without involvement except when necessary. On the other hand, "people (with an attitude of) saying 'you have to do your best' are not desirable. That is, making support users feel that the problem is being left to them, and they are being thrown out" on their own before they feel fully aware of the coordination of support is not considered to be《closeness prioritizing the individual》and is not [a relationship with an appropriate sense of distance].

(2) Characteristics of support users

[Diverse users exist]

The people to be supported are《due to circumstances, I don't/can't seek to support》or《people with various social background》.《There are many people who are socially vulnerable and have many mental, physical, and environmental issues》; for this reason, the [Diverse users exist] was taken as a characteristic, including《young people who do not say anything, especially in their teens or twenties》. There is some mentally issue or needing consultation and support, "recent moms are difficult" because they do not want, or because their families did not want (accepting support is difficult), and it is thought that "it is okay for everyone to have support."

[The experience of receiving support promotes the use of support].

For the participants, "it takes time and effort to recognize problems and difficulties as problems and difficulties by themselves (when being involved with the users)," " (when having a difficulty), and I thought that it would be better not to say, but I understood (that in this way) they receive support by calling, and before receiving support, there is a process of recognizing that the person is eligible for support, and during that time I have experienced hesitation. During the process <from hesitation to acceptance> reluctant support users passively receive support from outreach-type maternal and child health services, such as telephone visits, noticing the existence of the problem in the present situation of the person, and accepting that the person becomes the subject of support for the first time. That is, they understand that they are experiencing assistance and receiving assistance. People feel <difficulty in familiarization> until they receive support continuously.

However, experiencing the process of《hesitation to acceptance》in receiving assistance leads to [experience of receiving support to promote the use of support].

Until assistance is provided and used by users and settled, "maternal and child health coordinators are involved without taking their eyes off users," such as staying together until they are in contact (with necessary supporters)" and "this may lead to a continuous support."

(3) Role required for maternal and child health coordinator

[Coordination]

This refers to the《collaboration of cooperation》by supporters of various professions such as "holding up the feeling of being in trouble and shaking it somewhere" and "eliminating limitations and frames."

"Adjusting the surroundings" involves the coordination of ability to use the support of users themselves, such as "I will be coordinated." <It is not an established routine, but I should get involved so that my needs are understood>; the relationship《coordination ability》between support providers and users is required.

[Professional care vision]

In order to be able to <provide the necessary care> < have information first on postpartum childrearing knowhow and on the types of assistance available > and <it is necessary to know about pregnancy properly>. "You can dig up and listen" about the support that the user needs in the scene of consultation by having < examine both the physical and the psychological >. In addition, it is also desired that response be possible with《mobility》when support is needed on the spot. This《mobility》is also required to demonstrate collaborative cooperation for <a bridge between the region and the hospital >. It is necessary to have a《professional care ability》to recognize the possibility of child abuse and the need for support such as <having insight into the relationship between power and control>. In addition, there are highly specialized abilities combined with《consultation ability》tailored to the subject and《leadership》necessary for coordination, and the practice of [professional care provision] is necessary as a role in coordination of support.

In summary, the flow the coordination expected by the subjects of coordination of maternal and child health coordinators is shown in Figure. 1 as a conceptual diagram using extracted categories.

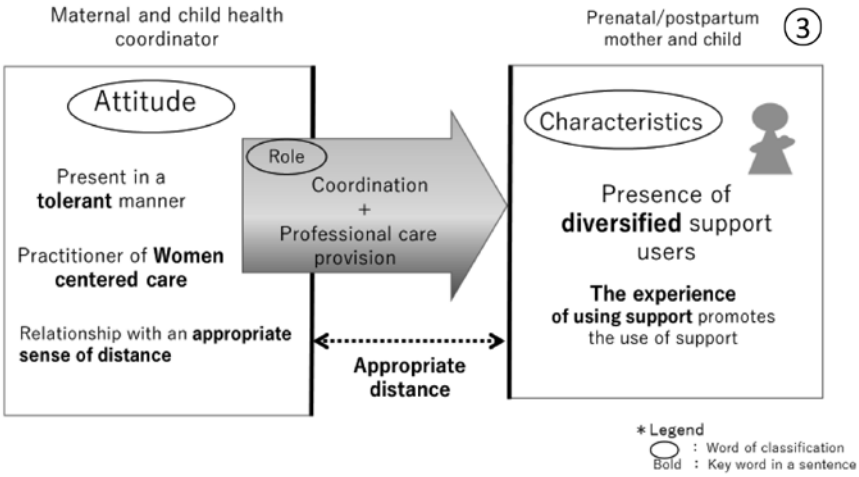

Figure 1. Conceptual diagram of the role of a maternal and child health coordinator

※Annotation: Characteristics of mother and child in prenatal/ postpartum are a period of rapid change in social role, physiological / psychological state, and diverse users exist. Many of those are in need of support, and inexperienced in their experience of using and using support. These have the characteristic that experiencing receiving support promotes the use of the support also. The maternal and child health coordinator is required to add professional care to the role adjustment that is basic role of the coordinator. As its attitude, a practitioner of women centered care, presence of tolerate and to have mobility were required. In order to promote this relationship, it is necessary for the maternal and child health coordinator to have an "appropriate distance" between them.

The coordinator coordinates the possibility of use by providing coordinated support to mothers and children who are users of support. At this time, the coordinator is required to have professional care provision role when coordinating (as shown in bold arrow), in order to encourage subjects of features that are very diverse and less experienced in support. To those subjects with such characteristics, coordination of support is required with attitudes that embodies "female central care" with "tolerance". The response comes back to the coordinator from the targeted mothers and children toward realization of use, and interaction, or "adjustment" is repeated. During coordination, it is required to respect "appropriate distance" between the coordinator and the target (as shown in dotted arrow).

It is shown in the Figure. 1 as a result of the above.

Discussion

Recently, the increase in measures against declining birthrate in maternal and child health plan has been remarkable. To solve these problems, the position of Maternal and Child Health Coordinator was established—a full-time practitioner who holds the very key of user support in the field of maternal and child health, which is undergoing new developments. The role is divided into "support" for user support coordination, child abuse, connection to providing support, and support for professional care to mothers who feel child abuse, and "distance" between support users and support providers. Below I discuss the maternal and child health coordinator.

(1) User support coordination

The fact that people who wish to use support effectively receive support depends on how suitable the encounter with support and supporter[24]. Coordination of choosing supporters and support will lead to better support and will be more beneficial for users[25),26)]. To efficiently and effectively provide support in terms of time and economy requires mutual coordination and relationships among multiple occupations and diverse users[23),25),26)]. Because the vertical division administration is still rooted in health care activities[27], it is difficult to practice multioccupation collaboration, and users of "getting a bureaucratic runaround" at the administrative window are constant[28)]. Those providing support need to feel motivated to do so[26),28),29)], and those requiring and accepting support need to advocate clearly and consistently to request and receive proper support. Sometimes interventions are necessary.

Women from pregnancy until their youngest children are at least 3 years old are generally in a state of high anxiety and fatigue. It is often necessary for them to receive specialized support related to breast feeding, child development, and child rearing[29]. However, in

recent times, first-time mothers have more often used the Internet and magazines and less often consulted with professionals[30), 31)]. They have reported a growing tendency of finding it difficult to get in contact with supporters, which makes it difficult to obtain assistance for breastfeeding guidance, mental and emotional support, and other postpartum care.

Socially high-risk pregnant woman with mental health problems are less likely to receive social support, and the risks are easily amplified through pregnancy delivery[32), 33), 34)]. Sometimes, it is a risky situation is made more difficult when a person or her family refuses the coordination for the support recommended by professionals[35)], and high expertise is required for support coordination[36)]. If the person desires to receive the professional assistance and receive the appropriate care, various risks before and after childbirth clearly decrease[37)] . Maternal and child health coordinators are required to coordinate support and use of various users.

In addition, maternal and child health coordination was expected to play a role as a bridge over multiple occupations and multiple institutions. In particular, the maternal and child health coordinator is required to implement the practice support coordination. The existence of such a professional makes it disappointing that this study should have had some of the findings it had—especially regarding medical facilities and the need for multioccupational collaboration, such as "there are plenty of facilities and systems, so I do not know where to check or how to apply," and continuous support for difficult cases, such as "I want to get in contact with an expert, but I can not do it because I do not have enough time (until the identity is obtained) only during hospitalization." This is particularly likely to happen in maternity hospitals in recent perinatal circumstances in Japan where the management of pregnancy and childbirth facilities are increasing. Collaboration of interfacility coordination in this case is a part that is highly expected as a role of maternal and child health coordinator in order to provide continuous support.

(2) Providing professional care to mothers who experienced child abuse and child rearing difficulties and then connecting them to a support system

It can be said that a maternal and child health coordinator has the role of standing at the gate (gateway) of a different path, watching over the place, being the first person who visitors encounter (gatekeeper) , and showing these visitors the path. The meaning and expression of a mother's thoughts and events evolve along with her knowledge, information, and experiences, which also change depending on her growth during the process of maternal role attainment[38)] . To understand the intention of a mother's consultation, from the context of her complaint, < listen in-depth > and <listening carefully> are necessary. It is easy to use trivialized expressions, such as "nothing serious" or "other people are like that too," because of a mother's lack of confidence and anxiety that are likely to occur during this period of maternal role attainment[39)] . Understanding the contents of what the individual wishes to solve and the state of cognition from the context requires highly trained professionals with specialized skills. An appropriate interpretation of not only parenting but also expressing one's own disorder will be the first step to provide professional care to mothers experiencing difficulties, thereby supporting them appropriately. At this time, the maternal and child health coordinator must make a professional judgment on whether the mother's remarks are signs of a DV damage, mental health disorder, or a maternal role attainment process[4)].

Understanding the relationship of control is an important professional ability to judge whether violence exists in relationships[40), 41)]. It is no exaggeration to say that such professional act of understanding will prevent the risk of domestic violence and child abuse beforehand, which is regarded as an important issue, to enable early detection and response. The maternal and child health coordinator, who has a gatekeeper role, is expected to be particularly effective; his/her role requires effort.

(3) "Distance" between the support user and provider

Research results indicate that to provide uninterrupted support to mothers and children after childbirth, it is important to properly maintain the "distance" between the person who provides support and that who receives it. Such distance is an important element in deciding to receive and maintain support. In "Neuvola" in Finland, which is a model of user support project, there is a concern in establishing a trusted relationship and taking a distance between supporters and users through dialogue with each individual[42)].

Here, what is "distance"? It can be interpreted as a state of being able to be in touch with a person when you want

to be in touch, but not having an intimate attachment, such as "I will take care of you like a grandma," as the distance to the person you can be controlled. The phrase <an existence that can be said to be connected> means that even if the actual distance is far away, such distance can be decided by one's own will, such that "you can always be there and go by yourself." Being able to use support independently is an important feeling when reusing becomes necessary[43].

This distance can also be defined from the boundary line, where safety and security are protected, to the supporter. The distance varies from time to time, but you can decide and make adjustments with your own will, when you feel secured and you want security to be maintained[12]. Peace of mind during pregnancy and child rearing leads to the stability of one's mental health. It was considered that carefulness and respect for maintaining it properly must be emphasized to build a continuing involvement in support use adjustment, such as the maternal and child health coordinator.

(4) On the issue of maternal and child health coordinator for mothers and children after childbirth

It can be said that a maternal and child health coordinator has the role of standing at the gate (gateway) of a different path, watching over the place, being the first person who visitors encounter (gatekeeper), and showing these visitors the path. To coordinate the necessary support for users, it is required to make professional judgments based on a broad perspective. In addition to the activities of a maternal and child health coordinator under the maternal and child health field, its role also contains welfare elements, but the possibilities are still unknown given that a short time has passed since its implementation.

Even after providing support, it will take time and effort to watch over and readjust to acquire the necessary support. In a country aiming to enable a mother and child health coordinator to work for all mothers and children, ensuring the expertise of a coordinator and securing manpower will its issues. There are also reported municipalities that feel it is unachievable to carry out maternal and child health coordinator activities because of a recent increase in the number of pregnant women and mothers who need support[44),45]. However, as everyone has the right to receive assistance and become subject to risk prevention, the situation is only the beginning; however, a project plan is required to continue.

Conclusion

In the project providing seamless maternal and childbearing support before and after childbirth, it has been suggested that the role required for the maternal and child health coordinator is to adjust the support (coordination), including the element of providing specialized care that maintains a proper distance from the user to the mother, who is able to choose independently the necessary support and use it.

Research limitations and Future studies

The limit of this research is that there are constraints to the opinion of those concerned with maternal and child rearing after childbirths, because the perinatal medical professionals occupy a large proportion of the work history of the subjects to be studied. As the research time of this research was still short from the date of establishing the maternal and child health coordinator role, the data was not based on practice, but the perspective was based on the desirable role.

From the word "continuous support", it is said commonly that the necessity of closer involvement with mothers and children as support users. However, according to the result, the subject of the coordination requested not only to close to subjective user, also distance between coordinator and mothers and children as support users should be properly considered. In this research, although the specific content of "appropriate distance" was not clarified, therefore, it will be necessary to continue as a future research subject.

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母子保健コーディネーターのコーディネーション役割に関する研究「産前産後の母子の切れ目ない支援の実践」のための検討

平岡　敦子 , 島田　啓子 *

要　　旨

近年のわが国における少子化対策は、制度の充実化に伴い支援事業が増加傾向にある。それらを有効に利用するための対策として 2014 年母子保健コーディネーターが設置された。本研究では、その支援対象である産前産後の母子が切れ目ない支援を受けるために、母子保健コーディネーターが役割として求められる要素を明らかにした。研究方法は半構成的質問紙による質的期帰納的研究により、母子保健コーディネーションの対象となる者 10 名とした。産前産後の母子の【多様な利用者の存在】、【支援を受ける経験が支援利用を促進する】といった特徴に対して、情報提供にとどまらない【専門的ケアの提供】もしつつ、多職種連携と利用者支援の【調整（コーディネーション）】をすることが求められている。それは、【適切な距離感を持つ関係性】が築け【Women-centered care を実践】するために【寛容性をもって存在すること】が態度として求められた。母子保健コーディネーターとは、保健分野での支援を受ける経験がまだ少ない産前産後の母子にとって、ゲートキーパー的な存在である。また、支援利用経験の浅い母子を、本人が求める支援に必要とされる時期まで継続的に繋がることができるように調整する役割であることが求められている。多様な母子、特に社会的ハイリスクや各種合併症などを有する場合の支援利用を支えるには、その個々人の存在を尊重した適切な距離感を持つ必要性があることが示唆された。