# KICCE POLICY BRIEF

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# **Public Postnatal Care Service for Mothers and** Newborns in South Korea: Demands and Challenges

### **Background**

The general timing of women's first childbirth is postponed in line with the low birth rate phenomenon in South Korea.

 According to the "2019 Birth Statistics" from the National Statistical Office, the proportion of mothers aged 35 or older was 33.4%, which was more than double from 15.4% in 2009.

As the age of the first childbirth increases, the probability of premature delivery and Caesarean section increases, along with the possibility of prenatal complications.1

• Therefore, the importance of prenatal and postnatal care has increased remarkably to secure the health of mothers and newborns.

Mothers and newborns who did not receive proper prenatal and postnatal care were observed to have lower health levels than those who received it.2

In South Korea, pre-birth support policies, such as those that target pregnancy medical expenses and iron and folic acid intake, are systematically well designed, while after-birth support policy(e.g., support with childbirth medical expenses) is insufficient.3

In this brief, we would look at demand, current status, and improvement tasks focusing on South Korea's post-birth public maternal policy.

## **Public Postnatal Care Services for** Mothers and Newborns in South Korea

#### Postnatal voucher services for women and infants

- The healthcare support project for mothers and newborns is a system that involves assigning health managers to families of women who have given birth to support their postnatal recovery and the raising of newborns.
- Voucher Recipient: The voucher is received by families where the mother or spouse is living, medical, residential, educational benefit recipients, next-higher class, or the total amount of the household's health insurance premium, is 120% or less of the standard median income.
- Service timing and duration: Vouchers are valid for up to 60 days from the date of birth of the child and are supported for up to 5 to 25 days depending on the type of fetus (single, twin, three or more) and birth rank (first, second, third, or more) (for 8 hours a day, except holidays).

<sup>1.</sup> Kirz, D. S., Dorchester, W., & Freeman, R. K. (1985). Advanced maternal age: the mature gravida. American Journal of Obstetrics and Gynecology, 152(1), 7-12.

<sup>2.</sup> Song, Y., Shin, J., Yoon, Y., Jung, H., Im, H., Choi, B., Lee, J., Kim., H., Hong., Y., & Song., J. (2010). Perinatal complications of mothers and neonates resulting from inadequate prenatal Care. Korean Journal of Perinatology, 21(4), 347-355.

<sup>3.</sup> Lee, S. (2014). Policy challenges for pregnancy after the age of 35 years. Health and Welfare Policy Forum, 213, 24-35.

- Service contents: Standardized services provided by the government to users are maternal health care, neonatal health care, maternal information provision, domestic activities support, and emotional support.
- Service Cost: The user is required to pay the difference from the service price minus the government subsidy, which is differentiated according to the fetal type, birth order, income range, and service period selected by the user (e.g., 87,000 won per day standard service, 29,000 won).

#### Public postnatal care center

- In South Korea, local governments can establish public postnatal care centers based on the Mother and Child Health Act.
- Since the Seogwipo Public Postnatal Care Center was first opened in March 2013, a total of 11 public postnatal care centers (as of December 2020) have been installed and are operating. Other local governments are preparing to establish public postnatal care centers.
- The establishment and management of public postnatal care centers is jointly funded by the South Korean central and local governments.
- Period of use: Mothers can use public postnatal care centers for one to two weeks after childbirth.
- Service content: There are no differences between public and private postnatal care centers regarding services. They both offer maternal and newborn healthcare services. However, the public postnatal care center encourages mothers to keep rooming-in(staying mother and baby together).
- Service costs vary by local government, but the cost range of public postnatal care centers is 1.54 million to 1.9 million won, which is less than three -quarters of the 2.2 million won(based on two weeks) of the private postnatal care centers. Furthermore, vulnerable and multi-child households can receive 50 to 70% additional discounts.

#### **Seoul Healthy First Step Program**

- The Seoul Baby Health First Step Project was introduced by the Seoul Metropolitan Government by benchmarking Australia's Maternal and Early Childhood Sustained Home Visiting (MECSH) program.
- Target: Families who reside in the Seoul Autonomous Region and are 20 or more weeks pregnant and/or have infants under two years of age can apply for the program after registering.
- Services are divided into universal and continuous visits.
  - Universal visits take place within four weeks of childbirth.
     In this type of visit, a nurse with a professional degree and experience visits the home of mothers and newborns to examine their health and provide counseling on baby care.
  - Continuous visits are made to families with children with a vulnerable health development. At least 25 home visits are provided by nurses during pregnancy and two years after childbirth to educate the families regarding child care and monitoring and counseling on the health of children.

# Current Status and Demands of the Postnatal Care Services

To check the use of the above-mentioned postnatal care services and demands from mothers and newborns after childbirth, 426 women within a year of childbirth were surveyed.

- A total of 79.0% and 83% of mothers and newborns were examined within three months after childbirth, respectively.
- The average postnatal care period for mothers was 4.25 weeks, and the average response to the reasonable postnatal care period was 6.37 weeks.
- A total of 49.8% of mothers, answered that their preferred and a reasonable place for help regarding postnatal care for two weeks after giving birth is a postnatal care.
- A total of 48.3% of mothers, answered that their preferred and a reasonable place for help regarding postnatal care from three weeks to four weeks after giving birth is their home.

- The utilization rate of mothers' postnatal health care workers was 5.6% in the first week, 5.4% in the second week, 11.6% in the third week, and 10.0% in the fourth week.
- According to a survey to comprehend the reasons for not using the healthcare support service for mothers and newborns, 35.8% of the total sample replied they were not eligible due to exceeding the income standard, 11.6% due to additional costs, and 7.7% due to lack of professionalism in the program.
- According to survey on the improvement of maternal and healthcare support services, 31.0% of healthcare providers, 27.8% of service extension, 21.6% of service improvement, 14.1% of service cost, and 5.5% of resident health care providers.
- Postnatal care center utilization rate was 53.0% in the first week and 38.3% in the second week of the postnatal period.
- The average number of days that the postnatal care centers were used was 14.5 days.
- The average financial amount of postnatal care center use was 2.54 million won.
- Postnatal care education, such as care for newborns and health care for mothers was found to be the most received at postnatal care centers.
- A total of 89.8% of mothers replied that postnatal care centers need to be evaluated to enhance the level of infection and quality of service in postnatal care centers.

## **Policy Suggestions**

The registration of pregnant women must be established to build a systematic policy framework of government support for maternal and newborn health care and to strengthen the connection between various maternal and postnatal management policies.

• Based on the registration of pregnant women, health care in the initial stages of their lives (the first step in the health of babies in Seoul) should be developed into national projects. Health care support services for mothers and newborns need to improve the overall quality of services provided by improving the evaluation system of training and consignees.

- Major postnatal care services, such as maternal and newborn health care support services and postnatal care centers, need to provide vouchers that can be commonly used for households with women who gave birth. This will expand the country's postnatal care support and strengthen the rights of service users.
- To improve the overall quality of the mother and newborn health management project, it is necessary to consider introducing a certification system and strengthening job education. This will improve professionalism for managers.

Since the utilization rate of postnatal care centers has increased and the use of postnatal care centers has been established, a universal postnatal care voucher system for maternity households is needed.

A postnatal care center evaluation system needs to be established to enhance the safety, infection prevention, and quality of services of postnatal care centers.

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