

# KICCE POLICY BRIEF

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## A Review of Maternal and Child Health Policies in South Korea<sup>1</sup>

### I. Background

**Korea is experiencing an increase in both low birth rates and the average age of mothers giving birth.**

- According to data released by the Ministry of Health and Welfare in 2023, the number of deliveries among women in their 20s decreased by 63.5%, from 105,931 in 2013 to 38,685 in 2022. Conversely, the number of deliveries among women in their 40s increased by 43.3% during the same period, from 13,697 to 19,636.

**The increase in maternal age is resulting in a deterioration of the maternity health index.**

- According to the National Statistical Office, the caesarean section rates compared to the total births has been increasing every year, with 45% in 2017, 47% in 2018, 51% in 2019, 54% in 2020, and 58.7% in 2021.
- The proportion of infants born < 1.5 kg has also risen from 0.69% in 2015 to 0.78% in 2021.

**Accordingly, the importance of policies focusing on the health of infants and expectant mothers is being emphasized.**

- The health of infants and expectant mothers has a significant impact on their lifespan, and early intervention or support has proven effective.  
Therefore, numerous proactive and supportive interventions are being implemented to enhance the health of children under three years of age.
- Recently, the Korean government has also emphasized on reducing the burden of medical expenses during pregnancy and childbirth when couples have difficulties, and strengthening support for infants in their early lives.

**This paper aims to conduct a comprehensive review of the maternal and child health support policies being implemented in South Korea, based on the World Health Organization (WHO) classification to identify areas of improvement.**

1. This paper is based on the Child Care Policy Forum manuscript (Diagnosis and development plan of maternal and Child Health Policy, Vol. 75, pp. 7-18) described by M. Kwon.

## II. WHO Classification for Maternal and Child Health Support

In 2018, the WHO published a set of guidelines titled *Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential*.

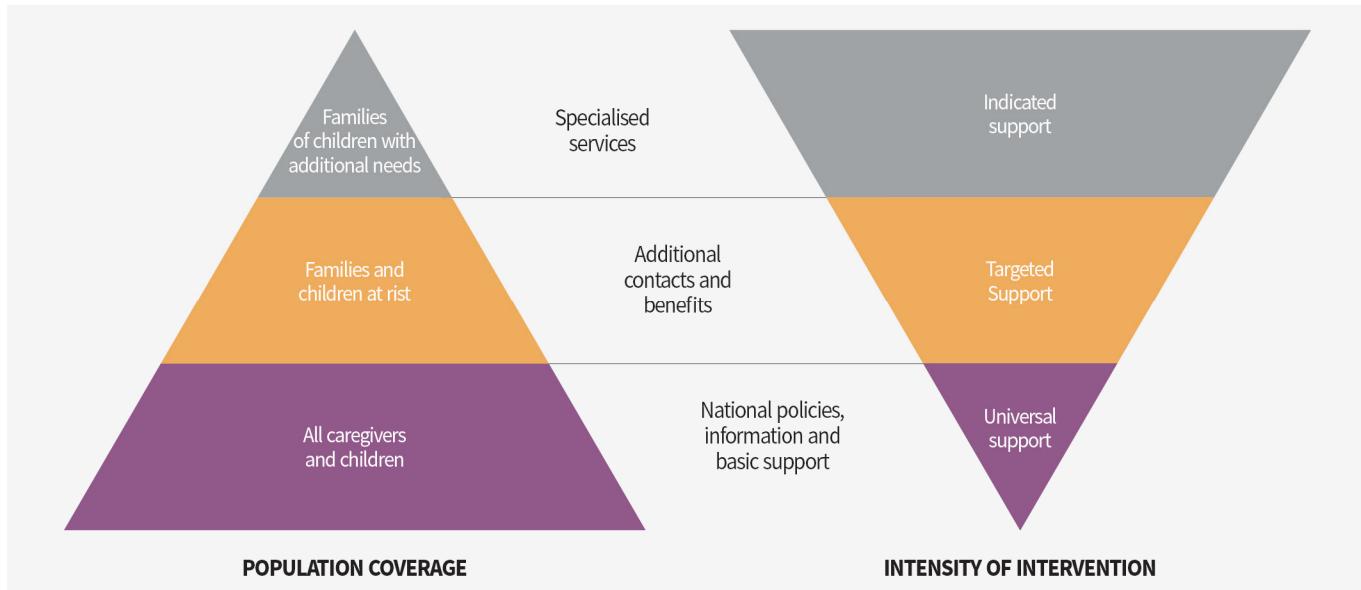
- The guidelines emphasize that although every family requires a certain level of support, the intensity and extent of support and service provision should be designed based on the specific needs of individuals and families while recognizing that these needs may vary.

The WHO presented a framework for categorizing the scope of support for infants and expectant mothers based on the following criteria:

**The range of support is categorized into three groups ranging from all infants and caregivers to cases requiring specialized assistance, with corresponding levels of intervention intensity explained accordingly.**

- The WHO distinguishes between universal support, which encompasses basic assistance such as national policies and information provision for all expectant mothers and infants; targeted support, involving additional contact and benefits for individuals and families at risk; and indicated support, including specialized services for individuals and families facing significant risks (Fig. 1).

[Figure 1] Meeting the needs of families and children<sup>2</sup>



## III. Korean Government's Maternal and Child Health Support Policies: An Overview

### Universal support program for all infants and parents (Table 1).

- Current policies in Korea include the provision of standardized maternal and child health record books, folic acid and iron supplements, assistance in pregnancy and childbirth medical expenses, support for expenses for childbirths outside medical institutions, national childhood vaccination programs, and infant healthcare projects.

2. WHO (2018). Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential, p. 22 (figure) Meeting Families' and Children's needs. <https://apps.who.int/iris/handle/10665/272603> (2023. 3. 18).

**[Table 1] The Korean Government's Maternal and Child Health Support Initiative: Universal Support<sup>3</sup>**

Policy	Content	Eligibility
Production and Distribution of Standardized Maternal and Child Health Record Books	• Issuing a standard maternal and child health record book for pregnant women and infants	• Pregnant women and parents of infants aged 0 to 36 months
Folic Acid Supplement Support	• Providing three months' worth of folic acid before and after pregnancy (up to three months' supply per individual).	• Pregnant women registered at public health centers
Iron Supplement Support	• Provision of iron supplements for pregnant women who are more than 16 weeks pregnant (up to five months' supply per individual).	• Women who are at least 16 weeks pregnant registered at public health centers
Health Insurance Pregnancy and Childbirth Medical Expense Support (National Happiness Card)	• Financial assistance for medical expenses (co-payment), prescribed medications, and necessary treatment for pregnant women and children under two. • Financial assistance of 1 million won per pregnancy, 1.4 million won for multiple births, and an additional 200,000 won for childbirth in vulnerable areas	• Recipients of medical benefit who are pregnant, have given birth (including miscarriages and stillbirths), or have children under 2 years old from the date of birth.
Childbirth Expenses for Deliveries Outside Medical Institutions	• Provision of 250,000 won per individual for childbirth related expenses	• Individuals registered with national health insurance, or dependents of registered individuals who have given birth at locations other than healthcare facilities (medical clinics, maternity centers)
National Mandatory Vaccination Support Program	• Full coverage of costs for mandatory national immunizations	• Children under 12
Health Check-Up Program for Children	• Monthly specialized health check-ups, examinations, and physical measurements based on age • Provision of developmental assessments, counseling, and health education	• Children under 6

**Targeted support (Table 2) includes support for pregnancy and childbirth expenses, financial assistance for teenage mothers during pregnancy and childbirth, postpartum support, emergency welfare assistance for postpartum expenses, coverage of infant health check-up expenses for medical benefit recipients, provision of diapers and formula for low-income families, and the Nutrition-Plus Program.**

**[Table 2] Korean Government's Maternal and Child Health Support Initiative: Targeted Support**

Policy	Content	Eligibility
Medical Benefits Pregnancy and Childbirth Medical Expense Support	• Financial assistance of 1 million won per pregnancy, 1.4 million won for multiple births, and an additional 200,000 won for childbirth in vulnerable areas	• Recipients of medical benefit who are pregnant, have given birth (including miscarriages and stillbirths), or have children under 2 years old from the date of birth.
Teenage Mother Pregnancy and Childbirth Medical Expense Support (National Happiness Card)	• All medical expenses and costs for medication and treatment for pregnant women and infants under 2 years old, including infants born within the past year (within the range of 1.2 million KRW per pregnancy)	• Women under the age of 19 whose pregnancy and childbirth have been confirmed
Postpartum Support	• A cash payment of 700,000 KRW per individual (1.4 million KRW for twin births)	• Recipients of livelihood, medical, and housing support who have given birth (including expected births)
Emergency Welfare Postpartum Expense Support	• Support for necessary treatment after miscarriage and childbirth (700,000 KRW for individual, 1.4 million KRW for twin births)	• Household members of those who have given birth receive emergency assistance (main assistance)
Health Examination Expense Support for Children of Medical Beneficiaries	• Key targeted screenings (growth and developmental disorders, obesity, accidents, sudden infant death syndrome, hearing and visual impairments, dental issues, etc.) • Screening and counseling for 24 items in 5 fields	• Children under 6

3. Kwon, M., Lee, J., Lee, J., Eom, J., and Lee, S. (2022). Evaluation and development plans of infants, young children, and pregnant women health support project, KICCE, p. 119 (Table III-2-2)..

Policy	Content	Eligibility
Diaper and Formula Support for Low-Income Households	<ul style="list-style-type: none"> <li>Diaper support (64,000 KRW per month) and formula support (86,000 KRW per month) for infants (0-24 months) in low-income households</li> </ul>	<ul style="list-style-type: none"> <li>Children under 2 years old from families receiving basic livelihood support, low-income families, and single-parent families</li> </ul>
Maternal and Newborn Health Management Support Program	<ul style="list-style-type: none"> <li>Provision of vouchers for health management professionals to visit households and provide support to postpartum mothers and newborns</li> </ul>	<ul style="list-style-type: none"> <li>Maternal/spouse receiving livelihood, medical, housing, or educational support, or low-income family</li> <li>Families with an income of 150%, or lower, of the median income threshold based on the total amount of health insurance (including miscarriage and stillbirth that occurred after 16 weeks of pregnancy)</li> </ul>
Nutrition-Plus Program	<ul style="list-style-type: none"> <li>Provision of customized nutritional education and support for vulnerable pregnant women and infants to nurture the ability to manage their own dietary habits</li> </ul>	<ul style="list-style-type: none"> <li>Children (under 6 years old, within 72 months after birth), pregnant women, women who have given birth or breastfeeding</li> <li>Income below 80% of the median income threshold</li> <li>Presence of one or more nutritional risk factors (anemia, underweight, stunted growth, poor nutritional intake)</li> </ul>

**Indicated support (Table 3) includes support for childbirth expenses for women with disabilities, medical expense support for high-risk pregnancies, provision of medical expenses for screening and other necessary support for premature infants and infants with congenital disorders, congenital metabolic disorders, or congenital hearing loss, as well as projects to prevent blindness among preschoolers.**

[Table 3] The Korean Government's Maternal and Child Health Support Initiatives: Indicated Support

Policy	Content	Eligibility
Medical Expense Support for High-Risk Pregnancies	<ul style="list-style-type: none"> <li>90% of the total out-of-pocket and uncovered medical expenses (excluding room charges and specialized meals) related to inpatient treatment for high-risk pregnant women (Up to 3,000,000 KRW per person)</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant women from households with a total family income below 180% of the median income threshold, diagnosed with high-risk pregnancy conditions during the 19th week of gestation or later</li> </ul>
Childbirth Expenses for Women with Disabilities	<ul style="list-style-type: none"> <li>1,000,000 KRW per individual for childbirth (including miscarriages and stillbirths).</li> </ul>	<ul style="list-style-type: none"> <li>Registered women with disabilities who have given birth or experienced miscarriages/stillbirths of fetuses at 4 months or further into gestation</li> </ul>
Support for Congenital Metabolic Disorder Screening and Infant Care	<ul style="list-style-type: none"> <li>Partial coverage of out-of-pocket expenses for screening for congenital metabolism abnormalities of newborns and confirmatory tests after initial screening (up to 70,000 KRW).</li> <li>Special diet and medical expense support based on screening results</li> </ul>	<ul style="list-style-type: none"> <li>(Screening) Income below 180% of the median income threshold</li> <li>(Confirmation assessment) No income criteria</li> <li>Children under 18 years of age diagnosed with congenital metabolic disorders, rare diseases, and other conditions</li> </ul>
Support for Congenital Hearing Loss Screening and Hearing Aid Provision	<ul style="list-style-type: none"> <li>Partial coverage of out-of-pocket expenses for hearing loss screening of newborns (possible provision of single additional support based on re-examination)</li> <li>Partial support for out-of-pocket expenses for confirmed hearing-loss after retesting</li> </ul>	<ul style="list-style-type: none"> <li>Income below 180% of the median income threshold</li> <li>Infants from households with two or more children</li> </ul>
Medical Expenses for Screening and Other Necessary Support for Premature Infants and Infants with Congenital Disorders	<ul style="list-style-type: none"> <li>Surgical and treatment expense support for premature infants and infants born with congenital abnormalities (premature infants: up to 1,000,000 KRW; infants with congenital abnormalities: up to 5,000,000 KRW)</li> </ul>	<ul style="list-style-type: none"> <li>Premature infants or infants with congenital abnormalities from households with income below 180% of the median income threshold</li> <li>Infants from households with two or more children</li> </ul>
Preventive Program for Preschool Children with Visual Impairment	<ul style="list-style-type: none"> <li>Comprehensive eye examinations for children from medically vulnerable areas and marginalized groups</li> <li>Support for low-income families in need of eye surgeries</li> <li>Management of children with eye diseases and low vision</li> <li>Promotional activities for preventing childhood visual impairments</li> <li>Consultation on eye diseases and eye health-related issues in children</li> </ul>	<ul style="list-style-type: none"> <li>Children of preschool age</li> </ul>

## IV. Limitations and Policy Improvement

### Limitations of maternal and child health support policies in Korea

- Most programs in Universal Support operate as one-time cash assistance methods. Thus, Continuous care is not available for mothers or infants in vulnerable groups.
- Few beneficiaries exist in these programs because the eligibility requirements for receiving the indicated support are stringent.
- The quality of face-to-face care services (maternal and newborn health management support programs) for mothers and newborns is poor and there is a severe lack of coordination with other support projects.

### Directions for Improving Future Policies

- The Korean government should focus on improving the delivery of necessary services to support vulnerable groups.
    - The focus should be on providing continuous monitoring and service support for mothers and infants, rather than one-time assistance, especially for vulnerable groups.
  - The Korean government should ease its criteria for providing targeted assistance. Specifically, programs and services should be interconnected, to ensure that individuals in need of professional support receive appropriate treatment and assistance by clearly identifying the services they require.
  - Although not extensively covered here, Korea's maternal and child health support programs are structured using various delivery systems. When pursuing health support projects to ensure the health rights of infants and pregnant women, it is necessary to establish common objectives and plans.
- In addition, it is essential to formulate and implement methods for effective cooperation and monitoring of the collaboration between the central government, local governments, and various delivery systems.

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