

Policies of the 1,000 days maternal and child care in Taiwan

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Outline

- Maternal and Child Health Profile In Taiwan
- Maternal Care and Services
- Prenatal and Child Care and Services
- Future perspectives

1,000 days



- The 1,000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to build healthier and more prosperous futures.
- Nutrition during pregnancy and in the first years of a child's life provides the essential building blocks for brain development, healthy growth and a strong immune system.

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Maternal and Child Health Profile In Taiwan

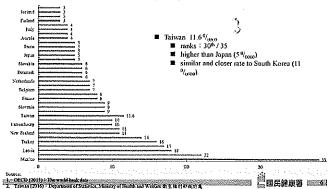


Population and Health Profile

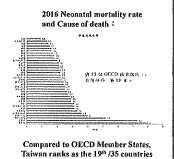
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76,8 (2016)	71,6 (2016)	
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3.9 (2016)	10.5 (2016)	1
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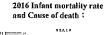
Maternal Mortality Rate, 2016 Taiwan vs. OECD countries

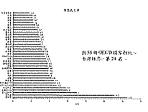
Maternal mortality ratio (per 100 000 live births)



Neonatal and infant mortality rate







Compared to OECD Member States, Taiwan ranks as the 24th

Data Source: 1:0ECD (2016): The world burk, data: OECD(2016): WHC-2016 World Health Statistics

Maternal, Infant and Young Child Targets in Taiwan

Category	Baseline	2025
Maternal Mortality Rate	11.7%/000 (2015)	< 11.60/0000
Infant Mortality Rate	4.2%(2011)	< 2.0%
child mortality rate under 5 years of age	9.6%(1990)	< 4.2%a
Prevalence rate of anemia among women of reproductive age(15-49years)	28%(2013)	< 14%(2014-2017; 19.54%)
Rate of low birthweight Infant	8.4%(2012)	< 8%
Exclusive breastfeeding rate under 6 months	45.8%(2014)	50%
Coverage rate in baby-friendly institutions	76.6%(2014)	80%
Prevalence of developmental delay children under 5 years of age	3.0%(2012)	<3.0%
	5%(2012)	no increase
Wasting(Height and weight) ratio of children under S	S%(2012)	Maintain at 5%

Neonatal, infant and child mortality rate (1-4 years), 1995-2016, Taiwan

Strategy for Women and Child health

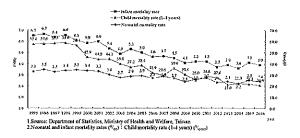
□ Evidence-based maternal and child

□ Coordinated research and innovation

□ Surveillance and advocacy
 □ Comprehensive and integrated interventions and services.
 □ Supportive environment

□ Reduce health inequality

care strategy



2030 Agenda for SDG Goal 3.(3.2) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per

1000 live births and under-5 mortality to at least as low as 25 per 1000 livebirths

educe inequality

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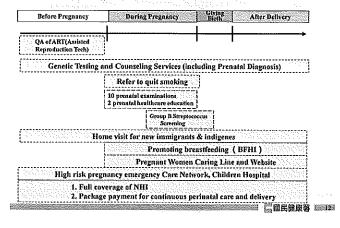
Safe pregnancy

Evidence based

Maternal Care and Services

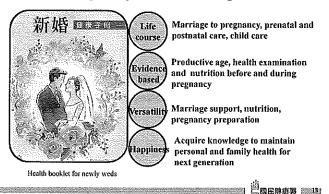
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Comprehensive Maternal Care

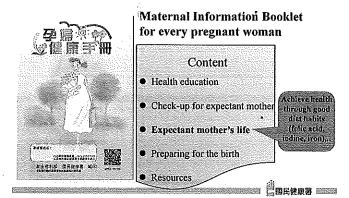


Health Booklet for Newly Weds.

■ Provided through the Department of Household Registration

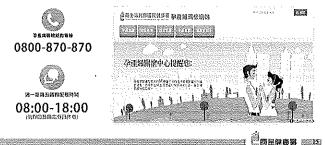


Establish a comfortable pregnancy and childbirth environment



Maternal care consultation

- Free Maternal care hotline: 0800-870-870
- Pregnancy-care website and Cloud pregnancy app (android, iOS)



Establish a comfortable pregnancy and childbirth environment

- HPA provides 10 free prenatal examinations (including 1 ultrasound examination, 1 Group B Streptococcus screening, and 2 health education guidance).
 - ☐ The frequency of utilization of 10 prenatal examination in 2016 was 18.77 million and the average utilization rate was 94.8%.
 - □ 1 ultrasound service and early fetal disorder diagnosis: a total of 195,823 services was used in 2016 and the utilization rate is 93.0%
- I Group B streptococcus examination to reduce perinatal infection: In 2016, a total of 182,032 people were subsidized and the screening rate was 87.3%.

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Prenatal Care Services

- Provide to all pregnant women including new immigrants
- Funded by Government Budget, and Tobacco Health and Welfare Surcharge

1 ,	3 4 5	6 7		0	10
Prior to 2 weeks 16 weeks	20 nocks 28 needs 32 weeks		eks 38 weeks	39 weeks	10 wee
1ª trimester	2 nd frimester	20	trimester	1	
ncludes Anemia	CIA DATUM I PROMOTE PROMOTE AND A STATE OF THE PARTY OF T	tal examinatio . • Physical examin	n atlon • Lab test	s)	
ncludes Anemia st (Hb • Het • (Incl	Routine prena	tal examinatio Physical examin I Sti	n	s }	

Prenatal genetic diagnosis for high risk pregnant

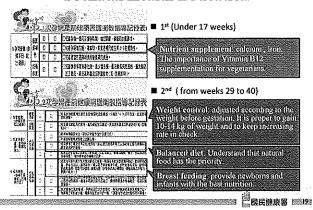
■ 34 years or above , history of genetic disorder or child with abnormality, serum screening of pregnant women suspected with risk of chromosomal abnormality greater than 1/270, Ultrasound indicating fetus with abnormality, Fetus suspected with genetic disorder) of pregnant women, will be subsidized for amniocentesis (fully subsidy for low income and residents of 80 districts lacking in medical resources on genetic measures).



 Cases with abnormality results are referred to Health Bureaus for follow up, genetic information services or proper medical treatment in medical institutions.



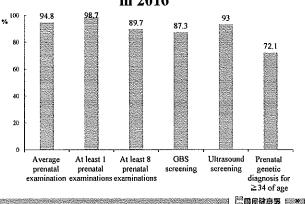
Prenatal Health Education



To establish a comfortable pregnancy and childbirth environment

- Creating a national "good pregnancy emblem"
- ☐ To create a unified national "good pregnancy emblem" for a better pregnancy environment.
- Implementation of High risk maternal health care pilot program.
- Six counties were selected to provide the integrate services, providing health education, follow up care and referral services to high risk pregnant women with health risk factors and socio-economic factors.

Utilization Rate of Prenatal Examination in 2016



nancy and New Immigrant Women Healthcare

- Providing comprehensive reproductive health consultation and inspection card management
 - For new immigrant women married to national spouses, we provide health education that includes new immigrant women and family related reproductive program, prenatal, postnatal and reproductive health services. In 2016, inspection card management rate reached 99.5%.
- Providing Maternal and child health booklet in multiple languages
- The booklets are published in English, Vietnamese, Indonesian, Thai and Cambodian languages, which are distributed to medical institutions via health bureaus. The booklets are provided to new immigrant women for use during pregnancy tests and child preventive healthcare services.



Promoting breastfeeding

- 1. Implement breastfeeding-related Regulations (Governing the Management of Infant and Follow-up Formula Advertisement and Sales of Promotion, 2014).
- Proactive implementation of accrediting baby-friendly institutions (2001)
- Establish breastfeeding-support network
 Construct breastfeeding environment at workplace
- Strengthen the knowledge and skills of breastfeeding for medical personnel
- 6. Strengthen the public's breastfeeding concept (Public Breastfeeding Act, 2010).



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The trend of exclusive breastfeeding rate and International Comparison

■ The exclusive breastfeeding rate for infants under 6 months of age has increased from 24% in 2004 to 44.8% in 2016, which has exceeded the global average of 38% and is approaching the goal of 50% by 2025 set

by WHO.

Globally, Taiwan's exclusive breastfeeding rate for infants under 6 months of age is below in comparison to North Korea (65.1%), Chile (58.1%) and India (46.4%).

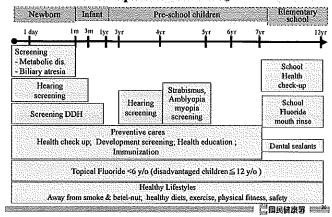
Compared to WHO Member States, Taiwan ranks as the 4th highest and is higher than developed countries.



Child Care and Services

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Comprehensive Child Care



Neonatal Screening for Metabolic Disorders

Servened diseases (III)

- ✓ Congenital hypothyroidism
- √ Phenylketonuria
- ✓ Homocystinuria
- ✓ Galactosemia
- ✓ Glucose-6-phosphate dehydrogenase deficiency (favism)
- ✓ Congenital adrenal hyperplasia
- ✓ Maple syrup urine disease
- ✓ Glutaric aciduria type I
- ✓ Medium chain Acyl-CoA
- dehydrogenase deficiency √ Isovalerio academia
- ✓ Isovalerio academia
 ✓ Methylmalonic acidemia

System

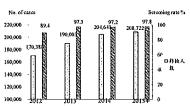
- Specimen Collecting System within 48 hours of birth
- 2. Screening and Examination
- Follow-up and Re-examination
 System
- 4. Diagnosis and Treatment





Newborn Hearing Screening

- Newborn infants will undergo primary hearing screening in 24-36 hrs after birth in specialized institutions; if tested positive, will undergo re-screening before discharge (36-60 hrs.).
- In 2015, a total of 208,722 cases were subsidized with a screening coverage of 97.8% and 795 newborns were diagnosed with hearing defect.





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Preventive Health services for Children

- Child Health Booklet
- Provides 7 times preventive healthcare services to children < 7 y/o.
- The services includes:
 physical examination (height,
 weight, head circumference,
 nutritional status, general
 health check, hip screening,
 cryptorchidism, eye
 examination, heart murmur,
 oral examination etc.) and
 developmental examination.





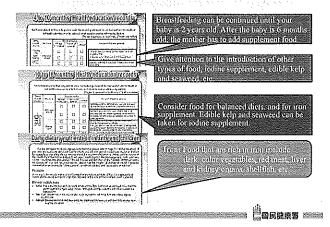
Child Health Education Guidance

- 7 times child health educations
- Child health guidance covers:
 - ☐ Breastfeeding and infant food
 - ☐ Infant Sudden Death Syndrome Prevention
 - □ Oral hygiene
 - □ Feeding habits and vision care
 - □ Accidental injury prevention
- Educated by doctors
- Subsidy by government

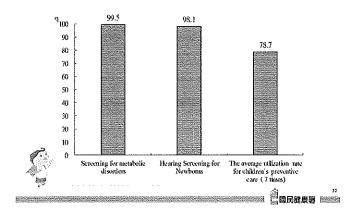




Child Health Education for nutrition



The Coverage of Child Health Services, 2016



Preterm Child Care

- Prenatal examination during 16-20 weeks: Provide "Preterm prevention health education", and preterm evaluation.
- Through birth notification system report gestational weeks and birth weight of preterm infants.
- Implement "Extremely low birth weight preterm child follow-up care pilot program" in 2017, which focuses on preterm infants with birth weight <1,500 g through phone interview to follow up and provide health education.
- Provides online training courses for medical personnel,
 'Digital Preterm Health Booklet' to parents



Children's Development Assessment Centers

- Implementing "Service Quality Upgrade Plan for Children's Development Assessment Centers" within Hospitals.
- In order to offer accurate, accessible and comprehensive services for developmentally delayed children, from 2010 onwards the HPA has established Child Development Assessment Centers.
- By 2016, Children's Development Assessment Centers have reached 51 distributed in all the 22 counties/cities.

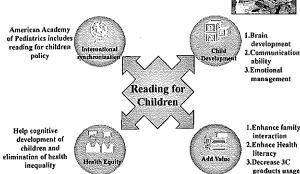






Reading for Children program







2016 Infant mortality rate and Cause of death

Cis-position	Cause of death	*
-1	Congenital malformations, deformations and chromosomal abnormalities	20.5%
2	Respiratory and cardiovascular disorders specific to the perinatal period	14.4%
3	Disorders related to length of gestation and fetal growth	6, 9%
4	Accidents	5, 7%
5	Congenital viral diseases	5.2%



Accidental Injury Prevention

Fetal life	Infancy& early child	Childhood Ac	lolescence	Adulthood	Elder life
	Kindergarten Accidental Inju Prevention Propag	ny I			
	Provided pr healthcare serv				
		Health Promotin	g Schools		
			Drowning Prev	ention Propaganda	

- 2.Inter-departmental co-operation for accidental injury prevention:
- 1. Ministry of Transportation and Communications R.O.C.: Promote the prevention of traffic accidental injury

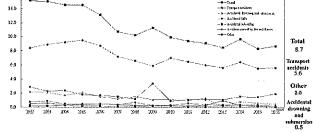
 2. The Council of Indigenous Peoples: Promote the prevention of accidental injury
- for safe tribal community
 3. Ministry of Health and Welfare Children and Adolescents Injury Prevention
- Coordination Meeting: Promote Children and adolescent safety programs (Including security for individual, home, traffic, campus, game and other six areas)

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2016 had decreased. (Mortality rate: 15.1 persons/10⁵ in 2002, 8.7 persons/10⁵ in 2016) 14.0 122 16.0

The long-term trends in mortality of accidents in

0-19 years old children and adolescents from 2002 to 2016 ■ Mortality of accidents in 0-19 years old children and adolescents from 2002 to



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Childhood Obesity Prevention and Managing Strategies

- Regulations Governing Advertisement and Promotion of Food Products Not Suitable for Long-term Consumption by Children.
- "Nutrition standards and food contents for school lunches", "Campus beverage and snack-selling policies" and "Nutrition standards, food contents, and recipe examples for kindergarten meal".
- Health promoting school program
- ☐ All elementary and junior high schools are doing "healthy weight management".
- Promoting the "Population Nutrition Act (Draft)".
- Developing Child Empirical Guideline and Exercise Empirical Guideline
- Create a comprehensive smart health city to live smart (ICT).
- Media & Website : http://obesity.hpa.gov.tw
- Guidebooks for hospital, workplace, local health bureau and school
- ☐ Handbooks and brochures for the public

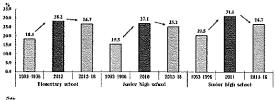






Prevalence of overweight and obesity in Taiwan

- The growth in the prevalence of over-weight and obesity in Taiwan has been
- Set of 9 voluntary global NCD targets for 2025 (WHO 25 by 25) -- Obesity 0% increase

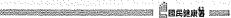


Conclusion

- We provide comprehensive maternal and child health services and child health promotion, enhance health literacy, ensure prevention of accident and obesity.
- Decrease the disparities: Provide special programs for disadvantaged groups, such as: life skills education and guidance, Provide new residents with children's health booklet in different languages.
- However, the neonatal and infant mortality rate still ranks 19 and 24, respectively among the 35 OECD countries. The obesity of children ranks 6th among the Globe. There are still disparities among the different

Future perspective

- Expanded the "High Risk Pregnancy Health Management Program"
- Expanded preterm and low birth weight infant care.
- Establish "Pilot child death review program".
- Continue to promote injury prevention.
- Continue to promote maternal, child nutrition, breastfeeding, healthy diet, increase physical activity to decrease the obesity.
- Expand the field to promote parent-child reading program.
- Reduced the inequality.



Give every child the best start in child life



Promotion.
Prevention.
Protection.
Participation.
Partner/hip!

Taiwan
Health
Promotion
Administration

Ministry of Health & Welfare