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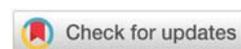
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Research Article

Regional Development of Postpartum Care Services and Centers Utilizing Institutional Features of the Japanese-style Neuvola System: A Comparative Analysis of a Metropolitan, a Mid-sized, and a Small Municipality

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Abstract

Purpose: This study comparatively analyzes postpartum care programs in three municipalities of different sizes from the perspective of the Japanese-style Neuvola to examine ideal regional support systems.

Research method: A comparative policy study through a literature review based on official and public documents from each municipality.

Results: City A features an advanced multidisciplinary and public-private collaborative model, City B focuses on early intervention from pregnancy, and City C utilizes home-visit support and ICT. However, institutional weaknesses in the "assigned system" and "continuity" of support emerged as common challenges across all cities.

Conclusion: For practical development, it is essential to flexibly design four pillars according to regional characteristics: (1) institutionalizing the assigned system, (2) continuous support, (3) a one-stop consultation window, and (4) universal access.

Introduction

Japan's declining birthrate is becoming increasingly serious, with the number of births decreasing year by year. In 2023, the number finally fell below 800,000, marking a record low [1,2]. Behind this trend lie factors such as unstable employment among young people, anxiety about the economic future, insufficient child-rearing support, and high psychological hurdles regarding "having children." In particular, the reality of the heavy physical and mental burden of childbirth and childcare further reduces the desire of the younger generation to give birth.

The postpartum period is a very delicate time for mothers, both physically and mentally. In addition to rapid changes in hormonal balance, various stressors overlap, such as breastfeeding, nighttime childcare, lack of sleep, a sense of isolation from society, and lack of support from partners. It is reported that 10% - 15% of mothers in Japan develop "postpartum depression" due to these causes [3]. Furthermore, suicide during the postpartum period is cited as one of the leading causes of death for women in their 20s and 30s, making its severity a social problem [4].

In this context, the "Neuvola" system, which has been implemented in Finland for many years, is attracting attention.

Neuvola is a support system in which public health nurses continuously take charge of families from pregnancy until the child starts school, providing health checkups, childcare consultation, and psychological support free of charge. It is characterized by comprehensive support targeting the entire family, and early intervention can prevent abuse, child neglect, and overlooking of developmental disabilities. Additionally, support is provided not only to mothers but also to fathers and other family members, and it is evaluated as a mechanism for supporting child-rearing involving the entire community [5].

Referencing this successful example from Finland, the introduction of the “Japanese version of Neuvola” is proceeding in Japan. Officially called the “Child-rearing Generation Comprehensive Support Center,” it aims to respond to all consultations regarding pregnancy, childbirth, and child-rearing, and to provide integrated maternal and child health, childcare support, and economic support. The goal is to establish these centers in all municipalities by the end of fiscal year 2025 [5].

A particularly important pillar of this is “Postpartum Care.” This is support to ensure that women after childbirth can rest their bodies and minds with peace of mind and receive necessary support, and it is a crucial initiative directly linked to the mother’s recovery and the healthy growth of the baby. Specifically, there are accommodation-type care, home-visit care, and day-care type care at facilities staffed by midwives and nurses. Through breastfeeding guidance, childcare consultation, and support for securing sleep, the burden on mothers can be reduced, and confidence in child-rearing can be fostered [6].

Furthermore, since interaction between mothers is promoted in postpartum care settings, it also leads to the prevention of isolation. In modern Japanese society, where nuclear families are becoming more common, childbirth and childcare are often carried out in a state of separation from extended family and the community, but opportunities for such interaction often serve as emotional support for mothers. In addition, support that considers fathers’ participation in childcare and mental health is required, and postpartum care is expected to contribute to the stability of the entire family.

On the other hand, there are many challenges to making the “Japanese version of Neuvola” and postpartum care function effectively. Issues such as a shortage of specialized professionals like public health nurses and midwives, service disparities between municipalities, a lack of information dissemination, and complicated reservation and usage procedures have been pointed out. Also, due to the cultural background of “hesitating to receive support,” a situation exists where support is difficult to reach those who need it most [6].

Purpose

This study aims to clarify the ideal state of support systems tailored to regions by comparatively analyzing the initiatives of postpartum care businesses and postpartum care centers in a large city in Kinki (City A), a medium-sized city in Chubu/

Koshin (City B), and a small city in Hokuriku (City C), utilizing the institutional features of the Japanese version of Neuvola.

Definition of terms

In this study, “Japanese version of Neuvola” is defined as a mechanism that consistently supports parents and children from the pregnancy period to the child-rearing period. Based on Finland’s “Neuvola” system, it is established by local governments, where professionals such as public health nurses stay close to pregnant women and child-rearing families to provide consultation and support, offering seamless support [7].

Research method

Research design: Literature review using information such as official websites, public relations magazines, and policy introduction pamphlets of each municipality.

Literature review and search method; Focus on postpartum care in the three target cities.

Analysis method

Qualitative inductive analysis was used. We comparatively analyzed contents such as consultation windows, procedures, consultation systems, targets, provided contents, fees, and actual usage conditions in each city.

This study is comparative policy research through a literature review based on official and public documents of each municipality. Therefore, the limitation of this study is that it cannot fully clarify aspects in the field, such as the actual state of policy operation, cooperation among supporters, specific operational situations, and user evaluations and experiences. In the future, it is necessary to conduct interview surveys with relevant staff of each municipality and comprehensively analyze the Japanese-style Neuvola system by examining the gap between policy design and practice, as well as the substantive operational status.

Results

Characteristics of large city A and initiatives of postpartum care business/centers

City A is a historic port city with a population of 840,000, which has developed as a commercial city. Traditional crafts such as cutlery and tea ceremony culture are thriving, and traditional manufacturing industries coexist with modern industrial parks. There are many historical heritages, including ancient burial mounds (kofun), giving it an aspect of a cultural city. It has many logistics bases and is economically stable, with urban functions harmonizing with the natural environment and farmland. Industrial zones are spread in the south of the city, while residential and commercial areas are spread in the north.

In City A, the “Postpartum Care Business” is implemented as part of a seamless support system during pregnancy,



childbirth, and child-rearing. This business is established based on Article 17-2 of the Maternal and Child Health Act for the purpose of physical and mental care of mothers and childcare support. In October 2024, the guidelines were revised, and a review of the system is underway.

The target of the postpartum care business is mothers and their infants who have an address in City A and are experiencing childcare anxiety or physical/mental burdens, specifically focusing on families who have difficulty obtaining support from those around them. Services provided include maternal health management by midwives, guidance on breastfeeding and childcare techniques, psychological support, and rest support for mothers. Usage types include accommodation (short stay), day care, and home visit types, provided at hospitals and midwifery centers certified by the city [8].

In City A, "Postpartum Care Centers" and equivalent facilities are developed so that mothers and newborns can spend time with peace of mind after childbirth. These facilities provide services such as maternal physical condition management, breast care, individual consultation on breastfeeding and childcare, baby bathing, and weight management. A system has been introduced where users can choose from day care, accommodation, or home visit types and combine them flexibly as needed. Public subsidies are applied to the co-payment amount.

Staffing includes multidisciplinary specialized personnel centered on midwives and nurses, as well as nursery teachers, nutritionists, and clinical psychologists. This allows for integrated provision ranging from physical care to psychological support, childcare, and technical support. Midwives are responsible for breastfeeding support and responding to mothers' anxieties.

Additionally, City A's postpartum care business is operated in cooperation with medical institutions, health centers, and child-rearing support facilities. In addition to recommending visits to medical institutions according to the physical and mental state after childbirth, the system connects users to local public health nurses and child-rearing support bases after care is completed, leading to continuous support [9].

In recent years, private postpartum care facilities have also been increasing around City A. These facilities provide services incorporating relaxation menus such as private rooms, aroma massage, pelvic correction, and hot baths. There are many options for accommodation periods and programs, and some facilities can accommodate staying with family. By collaborating with public support and private services, a system is being built to respond to the diverse needs of users [10].

Characteristics of medium-sized City B and initiatives of postpartum care business/centers

City B has a population of 234,000 and is located almost in the center of the prefecture, a region blessed with nature such as mountains and rivers. It is characterized by beautiful scenery utilizing natural terrain and water resources, and is a

culturally rich city with a history of trade through highways. Multiple industrial parks are developed within the city, and high-tech industries such as electrical machinery, precision machinery, and software are developing. The convenience of a city and proximity to nature are close, creating a comfortable living environment, and since education, medical care, and public services maintain a certain standard, it is popular as a destination for relocation and settlement.

City B's postpartum care business is implemented for the purpose of recovering the mother's mind and body and reducing childcare anxiety. Support provided includes accommodation/day care services, home visit support for housework/childcare, and consultation support, based in midwifery centers and medical institutions within the city. A cost subsidy system is established for using the service, and by meeting certain conditions, it is available with a 20% self-payment. At the "Postpartum Care Center" established in the city, services combining medical care and life support are provided. Midwives and nurses are stationed to provide breastfeeding guidance, childcare consultation, and maternal health management, and a system is in place to promote the recovery of the mother's mind and body through accommodation. These supports target mothers and children within 120 days after childbirth [11].

On the other hand, institutionally, support during pregnancy and the late infancy period is not clearly positioned. However, there are facilities in the region, such as the "Prenatal and Postpartum Care House Manmaru," providing consultation support from the pregnancy period and a place for interaction among mothers. This facility provides continuous support and information from pregnancy through the postpartum period.

In City B, at the time of pregnancy notification, individual interviews with public health nurses are conducted for all pregnant women, providing information on pregnant woman support benefits and childcare. After childbirth, support regarding childcare and maternal health is provided through newborn visits and telephone consultations. At the child-rearing support center "Kodomo Plaza," childcare courses and parent-child exchange events are held, providing support to build connections with the community. Also, at the "Child and Child-rearing Safety Room," professionals such as public health nurses, midwives, and nursery teachers are stationed to conduct childcare consultations, guide administrative services/systems, and provide support through collaboration with other organizations. Furthermore, as home-visit support, there is the "Childcare Mom Help Service," where midwives visit homes to provide consultation and technical support regarding breastfeeding and childcare. In addition, it supports multilingual needs and various households such as single-parent families and families with multiples [12].

In City B as well, accommodation, day care, and home visit type postpartum care businesses are conducted for the purpose of reducing the physical and mental burden on mothers and supporting childcare. Breastfeeding support, childcare consultation, maternal health management, infant weight measurement, and bathing guidance by midwives are provided at midwifery centers and medical institutions in the

city, and application and self-payment according to income are required for use. At the Postpartum Care Center, care content is adjusted according to the mother's condition and wishes through individual interviews, and even after support ends, it coordinates with local public health nurses to connect to continuous child-rearing support.

Characteristics of small City C and initiatives of postpartum care business/centers

City C is a core city with a population of 112,000 located in the central-southern part of the prefecture, characterized by a vast city area and a diverse natural environment. It has terrain with elevation differences ranging from the coast to the sacred peak Mt. Hakusan, and lifestyles vary across plains, foothills, and mountainous areas. Forests occupy about 73% of the city area, and agriculture centered on rice cultivation is developed in the alluvial fan. Tourism resources such as mountain climbing, hot springs, and historical landscapes are abundant, and expectations are high for sustainable tourism, such as ecotourism. Agriculture, manufacturing, and tourism are developing in a balanced manner [13,14].

In City C, various child-rearing support measures are implemented with the aim of providing seamless support from pregnancy to childbirth and child-rearing. Among them, the postpartum care business targeting postpartum mothers and children aims to recover the mother's mind and body, reduce childcare anxiety, and prevent isolation, providing support in diverse forms such as day service (day trip), accommodation (short stay), and home visit types. The target for use is mothers residing in City C raising infants under 4 months old who have physical/mental upsets or childcare anxiety, and it can be used with a self-payment according to income [15].

Facilities functioning as "Postpartum Care Centers" are established based in midwifery centers and medical institutions within the city. There, midwives and nurses provide support such as maternal health checks, breast care, breastfeeding guidance, childcare consultation, infant weight measurement, and bathing guidance. In the accommodation type, private rooms for resting the mind and body, and meals are provided, creating an environment where one can stay with peace of mind. In the home visit type, midwives and others visit the home to provide support tailored to daily life. Also, in City C, interviews and consultations by public health nurses and midwives begin from the time of pregnancy notification, and support such as newborn visits and infant health checkups continues after childbirth. Utilizing the Maternal and Child Health Handbook App, it is also possible to receive information and make consultation reservations from the pregnancy period via smartphone, creating a highly convenient support environment.

At the city's child-rearing support center "Genkikko," a plaza where pre-kindergarten children and their guardians can spend time freely is opened, aiming to reduce childcare anxiety through parent-child interaction and childcare consultation. Local child-rearing plazas are also established in various places, serving as venues to promote connections among child-rearing families in the region [16].

Furthermore, City C implements a Family Support Center business, establishing a mechanism where residents who want to help with child-rearing and guardians who want to receive help become members and support each other. This business enables flexible child-rearing support utilizing regional cooperation (Tables 1,2) [17].

Discussion

In this study, we compared postpartum care initiatives in three cities with different urban scales, regional resources, and social structures. As a result, it was found that there are differences in the content of services provided and initiatives depending on the scale and resources of each region. Below, we discuss the postpartum care initiatives of the three cities from the perspective of Neuvola.

Initiatives of postpartum care in City A

City A has established postpartum care businesses in the forms of accommodation, day care, and home visits, conducting care with a multidisciplinary system including midwives, nurses, nursery teachers, nutritionists, and clinical psychologists. Also, through cooperation with medical institutions, health centers, and child-rearing support facilities, it takes a system to connect to public health nurses and regional support bases after support ends. Furthermore, in recent years, the enhancement of private facilities has been seen, with movements to expand comfort and options.

From the perspective of the Neuvola philosophy, that is, "providing seamless, face-to-face support from pregnancy to child-rearing," City A's initiatives can be said to incorporate the Neuvola perspective relatively strongly. In particular, the introduction of a multidisciplinary system, flexible combinations of different support forms, continuous connection after support, and the coexistence of public support and private services match the integrated support model aimed for by Neuvola.

However, from the Neuvola perspective, "continuity," where an assigned supporter (e.g., public health nurse, midwife) is involved through one mother and child from pregnancy to child-rearing, is emphasized. The extent to which City A's current status institutionalizes this assigned system and continuous follow-up is not clearly stated, leaving room for examination. Also, while ease of consultation/proximity of access (regional hub nature) and "one-stop window nature" are important in Neuvola, information on how City A realizes these is insufficient. In addition, how the requirements for eligible targets and the scope of subsidy systems (income limits, self-payment amounts, usage period limits, etc.) align with fairness and inclusiveness from the Neuvola viewpoint is also a focus.

Also, in Neuvola, interview and consultation support from the time of pregnancy notification, continuous monitoring, and integration with regional support networks are emphasized. To what extent City A institutionalizes these, and the clarity of role division and cooperation routes with non-institutional support (private facilities, exchange/consultation windows, etc.), will be key to approaching a more Neuvola-like model.



Table 1: Comparison of Postpartum Care Services in 3 Cities.

Category	City A (Large City)	City B (Medium City)	City C (Small City)
Implementation Body	City A	City B	City C
Consultation Window	Child Rearing Support Division	Children and Families Division	Child-rearing Generation Comprehensive Support Center
Facilities	- Hospitals/clinics with OB/GYNs in City A - Midwifery centers in City A (Specified as Postpartum Care Centers)	- Hospitals, midwifery centers - Contracted midwifery centers	- Medical institutions and midwifery centers
Target Audience	- Mothers and infants <6 months old - For home visits: Mothers and infants <1 year old - Those with no supporters nearby, feeling anxious/tired	- Mothers and infants <1 year postpartum - Within 120 days after discharge	- Mothers and infants <1 year postpartum (Acceptable age varies by facility)
Application & Procedures	- Interview at Ward Office Child Rearing Support Div. - Decided by screening - Appointment adjustment with facility	- Contact facility directly for reservation - Apply to Health Promotion Div after reservation confirmed - Discharge certificate may be required	- Advance application required - Consultation with city public health nurse regarding postpartum health and childcare
Eligibility	Citizens	Citizens with no tax arrears	Citizens
Service Type	- Day care (Day trip) - Accommodation- Home visit	- Day care (Day trip) - Mainly Accommodation	- Day care (Day trip) - Accommodation - Home visit
Duration / Age Limit	- Accommodation/Day care: <6 months - Home visit: <1 year	- Within 120 days post-discharge - Accommodation/Day care: Up to 7 days (Accommodation is 6 nights 7 days)	- <1 year postpartum (Acceptable age varies by facility)
Subsidy / Cost Reduction	- Accommodation: 5,200 JPY/night - Home visit: approx. 3,500 JPY/visit (Reductions for tax-exempt households)	- City subsidizes 80% with a cap - Accommodation cap: 24,000 JPY/day - Day care cap: 8,000 JPY/day - Add-on subsidy: 2,500 JPY/day	No specific figures listed; consult the municipality when applying.

Table 2: Comparison of Postpartum Support Centers in 3 Cities.

Category	City A (Large City)	City B (Medium City)	City C (Small City)
Care Implementation Body	Hospitals, clinics, and midwifery centers	(Not explicitly summarized in this row, implies the same facilities)	(Not explicitly summarized in this row, implies the same facilities)
Service Content	- Physical/mental care for mothers - Breastfeeding guidance - Childcare consultation	- Physical/mental care for mothers, rest support - Breastfeeding guidance - Childcare consultation - General childcare care - Mental anxiety consultation	- Physical/mental care for mothers - Mental health management - Breast care - Breastfeeding guidance - Infant health management - Childcare care
Staff	- Public Health Nurse (Interview) - Midwife (Accommodation, Visit)	- Public Health Nurse (Application, Visit) - Midwife (Accommodation, Visit) - Medical staff (Hospitals, etc.)	- Public Health Nurse (Visit) - Midwife (Accommodation, Day care, Visit) - Medical staff (Hospitals, etc.)
Visible Cooperation	- Facilities are hospitals/clinics/midwifery centers accredited by City A	- Medical involvement built into application process - "Childcare Mom Service" by visiting midwives - Health Promotion Div handles applications involving City B institutions	- Medical institutions/midwifery centers listed as facilities - "Baby Visit" system where nurses/midwives visit for consultation, cooperating with the municipality
Cooperation with Support Centers	No materials showing specific cooperation or referral routes with Child Rearing Support Centers	(Same as left)	(Same as left)
Other Features / Notes	- Limited facilities for multiple births - No use if infected with contagious disease - Not applicable if hospitalization is needed	- Some facilities do not accept multiple births - Multiple facilities available; ages vary by facility - Subsidy amounts/caps clearly stated	- Multiple implementation facilities exist - Age limits and acceptance conditions vary by facility

Therefore, the postpartum care business/centers in City A can be evaluated as “candidates for an advanced model with many constituent elements” from the Neuvola perspective, but further strengthening and clarifying mechanisms that institutionally back up the core Neuvola requirements, such as continuity, assigned system, one-stop nature, and fairness, will be future challenges.

Furthermore, the expansion of diverse options in City A, such as aroma massage, pelvic correction, and private room care, due to the increase in private postpartum care facilities, is

noteworthy. On the other hand, some of these services are not covered by public subsidies, and out-of-pocket expenses may be incurred. Therefore, differences in available service contents may arise depending on economic conditions. The Neuvola philosophy is based on “universalism,” which provides equal support to all mothers and children regardless of their socio-economic status. Therefore, careful consideration in system design is required to determine whether the expansion of private services remains merely a role to supplement public support. Moving forward, it will be important to build a system that balances the diversity of options and equity of access by

clarifying the scope of public subsidies and implementing consideration measures for low-income households.

Initiatives of postpartum care in City B

City B is a medium-sized city that has built a continuous support network from pregnancy to the child-rearing period by combining diverse support, such as interviews with public health nurses from the time of pregnancy notification, provision of benefits/childcare information, newborn visits/consultations after childbirth, Kodomo Plaza, Child and Child-rearing Safety Room, and Childcare Mom Help Service. As a postpartum care business, it implements accommodation, day care, and home visit support, usage fee subsidies, and breastfeeding guidance/health management/childcare consultation at postpartum care centers, with “within 120 days after childbirth” being the institutional usage limit. Exchange/consultation bases such as Prenatal and Postpartum Care House Manmaru also exist in the region.

From the Neuvola perspective, City B’s initiatives have a mix of strengths and challenges. First, as strengths, “early intervention” starting support from the pregnancy notification interview, a cooperation structure with multiple support organizations (health, child-rearing support centers, consultation offices, etc.), diversity of support forms, and institutionalization of public subsidies are elements that serve as the foundation for realizing the “seamless support” which is the Neuvola philosophy. Furthermore, having community-rooted facilities like “Care Houses” can be said to partially meet the Neuvola requirements of ease of consultation and regional hub nature.

However, challenges to note from the Neuvola perspective can also be pointed out. The setting of the support period within 120 days after childbirth does not necessarily align with the “long-term support throughout the child-rearing period” aimed for by Neuvola. A system design that can continue support into late infancy and early childhood is desired. Next, it is not clear how much the assigned support system—that is, a system where the same public health nurse or midwife is involved with the mother and child from pregnancy through postpartum—is institutionalized.

There is a risk that the consistency of support may be lost due to the replacement of supporters or handover between departments. In addition, a support window (one-stop consultation window) for delivering support comprehensively, an information centralization system, expansion of support targets (relaxation of income limits, extension of target periods, etc.), and improvement of support visibility are essential for realizing Neuvola in City B. Furthermore, institutional design approaching the Neuvola ideal is required while considering realistic constraints such as local human resources (midwives, public health nurses, etc.), budget allocation, and system operation load.

In summary, City B aims for Neuvola-like support while utilizing resources as a medium-sized city and has already incorporated many Neuvola elements, but further institutional brushing up in terms of support period, consistency, hub nature, and institutional development will be the future focus.

Initiatives of postpartum care in City C

City C is a small city with a large city area and a diverse natural environment, having a city structure with large regional differences. Aiming for support spanning from pregnancy to child-rearing, it has developed the child-rearing support center “Genkikko,” child-rearing plazas, and Family Support Center businesses. The postpartum care business is provided in diverse forms, including day care, accommodation, and home visit types, possessing requirements for target mothers and children, income-linked self-payment systems, cooperation with midwifery centers/medical institutions, and home visit support systems. Furthermore, interview/consultation systems from the time of pregnancy notification and information provision functions via the Maternal and Child Health Handbook App have also been introduced [18].

The Maternal and Child Health Handbook App, introduced by City C, is equipped with functions such as providing information from the pregnancy period, managing health checkups and consultation reservations, notifying vaccination schedules, and centralizing administrative service information. This enables continuous access to information while reducing the number of visits to the city office, even in mountainous areas or regions where residences are dispersed.

In particular, the push notification and reservation management functions contribute to promoting health checkup visits and early securing of consultation opportunities, which are considered to play a role in complementing the “early intervention” and “continuous follow-up” emphasized by Neuvola.

However, at present, functions up to telemedicine and individual health monitoring have not been institutionalized, and ICT is positioned as a supplementary measure rather than a substitute for face-to-face support. In the future, improving the quality of support through ICT utilization and further mitigating geographical constraints will be challenges.

From the Neuvola perspective, several positive elements are seen in City C’s initiatives. First, the consultation system starting support from pregnancy notification, development of regional support centers and child-rearing bases, and information provision via apps are elements contributing to “early intervention, accessibility, and information integration” emphasized by Neuvola. Furthermore, the multi-form provision of postpartum care businesses guarantees flexibility to respond to the diverse needs of mothers and children, having a high affinity with the Neuvola philosophy. The fact that home visit support is deployed starting from the home is an important strength in City C, where residential dispersion is large.

However, there are challenges to consider from a Neuvola perspective. First, it is unclear to what extent City C’s system design emphasizes “assigned support.” In Neuvola, nurturing relationships by having the same supporter continuously follow the mother and child is key, so how the allocation and placement system of supporters (rotation of public health nurses/midwives, transfer systems, etc.) is positioned institutionally is



questioned. Next, whether the setting of support periods/target scopes (e.g., under 4 months old, or within 1 year postpartum) and expandability to longer-term childcare support are being examined institutionally becomes important. Also, in terms of support hub nature, considering City C's large city area and geographical dispersion, establishment of consultation windows in regional hubs (towns/villages, mountainous areas, etc.), transportation support, and strengthening mobile consultation/visits are essential. Also, clarifying the one-stop consultation window and coordinator functions for support adjustment to establish a support system where consulters can have a clear outlook on where and how to connect is desirable from the Neuvola perspective.

Furthermore, how to manage practical constraints such as securing human resources, budget allocation, operational load, and regional support disparities will be the key to making Neuvola-like support sustainable in City C. Overall, City C can be viewed as being in a stage of challenging system design, incorporating Neuvola support viewpoints as much as possible while harboring geographic and population constraints. Future improvements, conscious of assignment, support sustainability, hub networks, and institutional strengthening, will be the direction to embody the Neuvola philosophy in the field.

Conclusion

This study compared the initiatives of postpartum care businesses and postpartum care centers in three cities with different urban scales and regional resources, and examined them from the perspective of the institutional features of the Japanese-style Neuvola. As a result, while all three cities aimed for seamless support from pregnancy to the child-rearing period, differences were seen in their stages of institutionalization and priority areas. City A is forming an advanced urban support model through multidisciplinary cooperation and collaboration with the private sector, but the institutional clarification of the continuous assignment system and universal access is a future challenge.

City C is advancing home-visit support and ICT utilization corresponding to geographical constraints, but strengthening hub functions and institutionalizing the assignment system in a widely dispersed municipality are required.

Overall, for the substantive development of the Japanese-style Neuvola, it is essential to clearly design four institutional pillars: (1) institutionalization of the assignment system, (2) continuous support from pregnancy to early childhood, (3) clarification of a one-stop consultation window, and (4) guarantee of universal access unaffected by socio-economic conditions.

Advancing the development of a system that guarantees the equity and sustainability of support, along with flexible institutional design tailored to regional characteristics, will be the key to developing the Neuvola philosophy into effective regional child-rearing support. From the comparative analysis of this study, it became clear that all three cities have partially

implemented the philosophy of the Japanese-style Neuvola and are in the stage of institutionalization. City A is forming an advanced urban model through multidisciplinary cooperation and private collaboration, while the institutional clarification of the continuous assignment system remains a challenge.

City B has established an early intervention system from the pregnancy period, but the limited support institutions and consistency in system design will be future focuses. City C is advancing home-visit support and ICT utilization in response to geographical conditions, but the institutionalization of the assignment system and the strengthening of regional hubs in a widely dispersed municipality are required.

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