Updated Japan Academy of Midwifery evidence-based guidelines for midwifery care during pregnancy, childbirth and postpartum in Japan: 2020 edition

Yuko MASUZAWA*1, Hiromi ETO*2, Eri SHISHIDO*3, Kaori BABA*3, Mariko IIDA*4, Yaeko KATAOKA*3, Kana SHIMODA*3, Yuriko TADOKORO*1, Yukari YAJU*3, and Shigeko HORIUCHI*3

Abstract

The Japan Academy of Midwifery provides an update to guidelines for midwifery care during pregnancy, childbirth and postpartum in 2020 to guide the practice of evidence-based, comfortable care. With the goal of “midwifery care for all pregnant women”, the guideline was first published in 2012 and first updated in 2017. The expected roles for these midwifery guidelines include: in clinical practice, as an information tool for midwives to use when making decisions with women; in education, as a tool to understand the evidence base for care and the level of quality of that evidence; and in research, as a tool to recognize the evidence gap.

The second update for the evidence-based midwifery guidelines – pregnancy, childbirth and postpartum 2020 has just been published. In this guideline, clinical questions (CQs) were collected from the public and the guideline committee members judged them for importance. A search for evidence about CQs was conducted by worldwide guidelines and using the three databases (MEDLINE, the Cochrane Library, Ichushi-Web) in January 2018.

Ten new CQs (five pregnancy CQs and five postpartum CQs) were added to the 2020 edition of the midwifery guidelines, and existing CQs were reviewed for additional evidence and reexamined for their importance in relation to the 2016 edition. As a result of this review, 14 CQs (one pregnancy CQ and 13 intrapartum CQs) had their wording changed and 11 CQs (five pregnancy CQs and six intrapartum CQs) had their recommendations added to or changed. “What is involved in medical treatments” is limited to “evidence and commentary” instead of recommendations.

The purpose of this English-language publication is to introduce and disseminate Japan’s midwifery care guidelines to the rest of the world, and to help researchers and others cite the content of the midwifery guidelines in English. This paper was translated from the originally published Japanese version of the 2020 evidence-based guidelines for midwifery care by the Guidelines Committee of The Japan Academy of Midwifery (Tokyo, 2020, 194p, https://www.jyosan.jp/uploads/files/journal/JAM_guideline_2020_revised20200401.pdf)

Key words: midwifery, guidelines, pregnancy, intrapartum, postpartum

Introduction

Midwives are required to implement and promote evidence-based midwifery care and women-centered care (Horiuchi et al., 2006); however, methods that have been shown to be effective, such as the randomized controlled trial (RCT), have not been implemented in actual care. It has created the “evidence-practice gap” and it is a challenge to provide appropriate care for women. The Japan Academy of Midwifery (JAM) has developed guidelines to document evidence-based midwifery care guideline since 2012 (Guidelines Committee: Japan Academy of...
Midwifery, 2012) with the primary goal of “midwife care for all expectant and parturient women”; these were first updated in 2017 (Iida et al., 2018).

The expected roles of these midwifery guidelines include: in clinical practice, as an information tool for midwives to use when making decisions with women; in education, as a tool to understand the evidence base for care and the level of quality of that evidence; and in research, as a tool to recognize the evidence gap. This guideline focuses on midwives involved in perinatal care and is not a descriptive guideline for use in all related facilities (e.g. hospital, clinic, birth center). It is intended to be used to provide evidence of care in each area of practice and to support midwives in their decision-making by providing information to women and their families. In addition, the guidelines are described for low-risk women and healthy newborns.

The JAM published the “2020 evidence-based guidelines for midwifery care in pregnancy, childbirth and postpartum” recently (Guidelines Committee: Japan Academy of Midwifery, 2020). The 2020 guidelines added a new postpartum section that included five clinical questions (CQs) about uterine reconstruction and perineum care, and perinatal loss. In addition to the pregnancy and childbirth section, five new CQs were added. Other CQs that were added into the 2020 guideline included: 18 CQs in the pregnancy section, 31 CQs in the childbirth section, and 5 CQs in the postpartum section.

The reason of publishing this guideline in English is to make midwives in other countries more aware of the recommendations for midwifery care in Japan, and so that they are able to cite the recommendations in research papers. The main focus of this study is to describe: (1) the new CQs added into the 2020 version; and (2) the recommendations revised from 2016 to 2020.

### Methods

#### Overview of the guideline

**Title**

This guideline was titled “Japan Academy of Midwifery: 2020 evidence-based guidelines for midwifery care”.

**Purpose**

The purpose of this guideline is to provide practice guidelines for midwives to provide independent uncomplicated birth care. Furthermore, a guideline is provided for midwifery practice based on the most up-to-date evidence for midwifery care during pregnancy, childbirth, the postpartum period and the neonatal period; a description of the tests and treatments associated with medical procedures is also provided. The recommendations are intended to represent “good practice” at the present time.

**Target audience**

The guideline is intended for use by midwives who are primarily involved in perinatal care in hospitals, clinics and birth centers.

#### The process of making recommendations

**Determining the new clinical questions**

We set the new CQs for the clinical issues that were deemed important by the members of the guideline committee from among those public voices at the Japan Academy of Midwifery conferences. The CQs established in the 2016 Midwifery Guidelines were reexamined for their importance and the wording was changed for some CQs. A CQ is determined using the PICO (patient, intervention, comparison and outcome) format.

**Identifying the evidence**

The preceding clinical practice guidelines used in Japan were searched for in the Medical Information Distribution Service (Minds) database. The guidelines of the National Institute for Health and Care Excellence (NICE) were searched and represented the overseas’ guidelines. Furthermore, other prominent guidelines related to CQ were searched.

We searched the literature by using three databases, MEDLINE (via PubMed), the Cochrane Library, and Ichushi-Web. The search was conducted throughout January 2018. However, for RCTs and systematic reviews (SRs), we hand-searched and assessed these for inclusion until January 2019.

**Reviewing articles and writing the recommendations**

Each member of the JAM guideline committee was assigned some CQs. All committee members discussed the contents after each member had reviewed the articles and summarized the recommendation and expository. Prior to publication, the draft was made available for 2 months for public comments before revisions were made.
Contents of the guideline

There are a total of 54 CQs, including 18 in the pregnancy section (Preg-CQ), 31 in the intrapartum section (Intra-CQ) and five in the postpartum section (Post-CQ), and the recommendations for each CQ are introduced.

For the seven CQs about medical treatments in the intrapartum and postpartum section, the evidence statements, but not recommendations, were described for the following: Intra-CQ201 – Induction of labor; Intra-CQ202 – Membrane sweeping; Intra-CQ207 – Epidural anesthesia; Intra-CQ221 – Episiotomy; Intra-CQ226 – Perineal repair; Intra-CQ228 – Prophylactic uterotonic; and Post-CQ301 – Methylergometrine for internal use.

The new clinical questions

Ten new CQs (five Preg-CQs and five Post-CQs) were added to the 2020 edition of the midwifery guidelines, and existing CQs were reviewed for additional evidence and reexamined for their importance in relation to the 2016 edition. As a result of this review, 14 CQs (one Preg-CQ and 13 Post-CQs) had their wording changed and 11 CQs (five Preg-CQs and six Post-CQs) had their recommendations added or changed. “What is involved in medical treatments” is limited to “evidence and commentary” instead of recommendations.

Pregnancy section (five CQs)

CQ101. Is continued care by a midwife during pregnancy and the postpartum period recommended? [Recommendations]
Midwife-led continuity of care for low-risk pregnant women is recommended; however, a system of care must be in place and fully functioning, with the ability of a midwife to work with the physician promptly if necessary.

CQ105. How do we screen for individuals who are at a high risk of committing child abuse? [Recommendations]
It is recommended that a relatively accurate tool (e.g. Family Stress Checklist, which has a Japanese version) be used during pregnancy to screen for individuals who could potentially be at high risk of committing child abuse.

CQ106. What interventions are effective for parents who are at high risk of committing child abuse? [Recommendations]
For parents at high risk of committing child abuse, we recommend that at the beginning of pregnancy or in the early postpartum period or when the child is at least 6 months of age, a trained professional visits the home once a week. If the abusive high-risk parent has a specific problem, such as substance abuse or anger management difficulties, it is recommended that a short-lived parenting program be offered.

CQ107. How do you assess pregnant women at risk of perinatal mental health problems? [Recommendations]
Risk assessment of depression and anxiety disorders is performed at an initial examination and during the early postpartum period. For depression, a comprehensive two-item questionnaire is used as the primary assessment, and high-risk patients are assessed by using a secondary assessment. It is recommended that the Edinburgh Postnatal Depression Scale (EPDS) be used. Anxiety disorders are assessed using the Generalized Anxiety Disorder Assessment Questionnaire (GAD-2) as a primary assessment, and the seven-item Generalized Anxiety Disorder Scale (GAD-7) is recommended as a secondary assessment for high-risk individuals.
The mental health of perinatal women should be continuously monitored up to 1 year postpartum.

CQ118. What are some safe sleep environments for preventing SIDS and other sleep-related deaths? [Recommendations]
For a safe sleep environment, it is recommended that the child sleeps in a supine sleeping position, sleeps in an environment of high resilience (i.e. on a high resilience foam mattress), sleeps in the same room as the parents and in a cot that does not use bedding (i.e. no pillows or loose coverings), and has a suitable room temperature (not too hot or too cold).

Postpartum section (five CQs)

CQ301. Does medication with methylergometrine stimulate the involution of the uterus? [Evidence and commentary]
There is no evidence that oral methylergometrine is
effective in promoting uterine recovery or preventing excessive postpartum hemorrhage in women without risk factors for excessive postpartum hemorrhage (e.g. first-time mothers, obesity, giant babies, twins, excessive amniotic fluid, prolonged deliveries, accelerated labor, short deliveries, instrumented deliveries, pregnancy hypertension, clinical chorioamnionitis, or preterm labor).

CQ302. Are cold compresses effective in relieving pain in the perineum area due to perineum injuries?

[Recommendations]
Cold compresses are recommended for the relief of perineal pain caused by perineal injuries.

CQ303. Would healthcare professionals encourage to offer all mothers, fathers and the family members option of seeing, holding, and creating memories their stillborn baby?

[Recommendations]
It is recommended that the feelings of mothers and fathers be considered and that one or more of the following activities be suggested and discussed: seeing, holding, photo-taking, or memorials-making so they can make informed choice.

CQ304. What are some ways to support the subsequent pregnancy and birth after perinatal loss?

[Recommendations]
Having a second child after a doctor’s diagnosis of fertility requires physical and emotional support, but also requires referrals to specialists and consultation services in hospitals and health centers that are responsible for the care of mothers after stillbirth. Pregnancy-related health guidance is recommended. In post-pregnancy care, the parents’ intentions should be confirmed and, if desired, the number of antenatal checkups should be increased. It is recommended that support be provided to help women prepare for childbirth; for example, an increased number of antenatal visits.

Regarding childbirth, because the experience of stillbirth can traumatic, it is recommended that mothers be encouraged to review and support their birth plans. It is also recommended that the support as needed with an assessment of their mental status should be provided after the birth.

CQ305. Would all midwives recommend to have training in empathic communication skills in order to improve the quality of care?

[Recommendations]
All midwives who worked with bereaved parents should have adequate training in empathic communication skills.

Revisited recommendations

Pregnancy section (five CQs)

CQ108. What is the most effective way to prevent perineal lacerations?

[Recommendations]
For primiparas, perineal massage after 34 weeks of pregnancy may help prevent perineal tears. Perineal massage in multiparas, pelvic floor muscle training and vaginal extensor use in primiparas and multiparas, are not recommended.

CQ113. What treatment is effective in improving symptoms of varicose veins and edema during pregnancy?

[Recommendations]
There is no confirmed benefit of any treatment for the improvement of symptoms of varicose veins during pregnancy. Reflexology and standing water immersion may be possible options to effectively improve the symptoms of edema, but there is no evidence to support this.

CQ114. What is the most effective way to improve constipation during pregnancy?

[Recommendations]
Pregnant women can be advised that fiber intake may increase the number of bowel movements.

CQ115. What is the most effective way to improve hemorrhoid symptoms during pregnancy?

[Recommendations]
Pregnant women can be advised that fiber intake during pregnancy may help with pain, itching and bleeding caused by hemorrhoids.

CQ117. Should caffeine intake be avoided during pregnancy?

[Recommendations]
It is recommended that caffeine intake be avoided during pregnancy.
Intrapartum section (six CQs)

CQ209. Is acupuncture and acupressure effective in relieving birth pain?
[Recommendations]
Pregnant women can be advised that acupuncture and acupressure can be an option for birth pain relief.

CQ214. Does acupuncture and acupressure promote labor?
[Recommendations]
Pregnant women can be advised that acupuncture and acupressure can be one way to promote labor.

CQ216. Is the supine position recommended for the second stage of labor?
[Recommendations]
Explain the advantages and disadvantages of each delivery position to the birthing woman and the different options available to her. Allow the mother to choose the position she feels most comfortable in. Also, during the second stage of delivery, it is advisable that the woman should not be left lying supine or in a position similar to supine.

CQ218. Can vulvar massage in the second stage of labor prevent perineal lacerations?
[Recommendations]
Perineal massage by health-care providers during the second stage of labor has no evidence that perineal lacerations can be prevented and is not recommended.

CQ222. If abnormal rotation (posterior occipital position) occurs during delivery, is the hands and knees position effective in correcting the abnormal rotation?
[Recommendations]
Positioning on all fours is not recommended to improve abnormalities of rotation during the progress of delivery.

CQ224. Which is the better time for cord ligation, early cord ligation or delayed cord ligation?
[Recommendations]
In Japan, early clipping of the umbilical cord is recommended.

Conclusion
This guideline provides recommendations for important midwifery care practices based on current available evidence. There was a total of 54 CQs, including 18 in the pregnancy section, 31 in the intrapartum section and five in the postpartum section, and the recommendations for each CQ are introduced. This article was translated from the originally published Japanese version of the 2020 evidence-based guidelines for midwifery care by the Guidelines Committee of The Japan Academy of Midwifery (Tokyo, 2020, 194p, https://www.jyosan.jp/uploads/files/journal/JAM_guideline_2020_revised20200401.pdf)

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Conflicts of interest
The authors have no conflicts of interest to declare.

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2020年更新版 エビデンスに基づく助産ガイドライン
—妊娠期・分娩期・産褥期の概要

増澤祐子*1, 江藤宏美*2, 尹戸恵理*3,
馬場香里*3, 飯田真理子*4, 片岡弥恵子*3, 下田佳奈*3,
田所由利子*1, 八重ゆかり*3, 堀内成子*3

抄録

すべての妊産婦に助産師のケアをいう目標を掲げて10年、日本助産学会はエビデンスに基づいた
快適なケアの実践指針を示すべく、助産ガイドラインを作成している。
この助産ガイドラインに期待する役割には、臨床の場では助産師が女性と共に意思決定を行う際に使
用する情報としてのツール、教育の場ではケアの根拠とそのエビデンスの質の程度を知るツール、研究
の場ではエビデンス・ギャップを認識するツールとして活用されことがあげられる。この度、2回目の
改訂版となる「エビデンスに基づく助産ガイドライン—妊娠期・分娩期・産褥期2020」を刊行した。
この助産ガイドラインは、公募した臨床的課題の中から、重要であると判断した課題をクリニカルク
エスション (Clinical Question: CQ) として設定した。CQに関連するエビデンスについて、国内外のガ
イドライン、MEDLINE, The Cochrane Library, 医中誌Webのデータベースを使用し、2018年1月まで
の期間で網羅的検索を行い、まとめ、推奨を決定した。
2020年度版の助産ガイドラインには、2016年版に新たなクリニカルクエスションCQを10項目 (妊娠
期CQ5項目、産褥期CQ5項目) 追加し、既存のCQについて、エビデンスの追加や臨床課題の重要性の
再検討を実施した。この再検討により、表現の変更を行ったCQは、14項目 (妊娠期CQ1項目、分娩期
CQ13項目)、推奨内容の追加や変更を行ったCQは、11項目 (妊娠期CQ5項目、分娩期CQ6項目) で
ある。2016年版と同様、産科領域で広く実践されているケアであるものの、医行為に関わるものは、推
奨ではなく「エビデンスと解釈」にとどめている。
本稿は、日本語で出版されている助産ガイドラインをもとに作成したものであり、世界に紹介・普及
させ、英語で引用可能となることを目的に出版する。
キーワード：助産、ガイドライン、妊娠、分娩、産褥

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