



Japanese Nursing Association (JNA)

the largest nursing professional organization in Japan, consisting of and operated by voluntary individual members who are licensed nurses. In collaboration with 47 prefectural nursing associations, JNA resolves, with an organizational force, issues that surround nursing that cannot be handled by individuals and contributes to society through the development of nursing.



JNA's official website



Japanese Midwives Association (JMA)

established in 1925 as a professional organization consisting exclusively of midwives. Members work in local communities, medical institutions and more, in cooperation with prefectural midwives associations to improve the quality of midwives, and promote maternity care and women's healthcare of women, mothers and children, and their families.



JMA's official website



Japan Academy of Midwifery (JAM)

established in 1986 as an academic organization consisting exclusively of midwives as regular members. JAM's main activities include the holding of annual academic congresses, publication of academic journals, and development of midwifery guidelines. JAM contributes to the generation of evidence related to midwifery, the implementation and dissemination of evidence-based interventions, and policy proposals through collaboration among midwives involved in midwifery practice, education, and research.



JAM's official website

To date, 2 Regional Representatives and 3 Regional Board Members have been selected from Japan

1955: JNA and JMA joined the International Confederation of Midwives (ICM)

1989: JAM joined the ICM

2025: Number of members (JNA: 23,334, JMA: 7,397, JAM: 870)

Midwifery in Japan is jointly formed by the three Japanese member associations of the ICM (JNA, JMA, and JAM)

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生きるを、ともに、つくる。

公益社団法人 日本看護協会

Midwifery in Japan



Continuous care of midwives

Since 2008, JNA has been collaborating with the government to promote a model of continuous midwife-led care from pregnancy through the postpartum period in hospitals and clinics. In 2018, guidelines were issued to further strengthen the quality and safety of this model, which has been implemented nationwide.



Midwifery competency development

In 2012, JNA established CLoCMiP®, a tool designed to develop standardized competencies nationwide. Based on CLoCMiP®, midwifery-related associations introduced a 5-year re-certification system to objectively assess midwives' competencies. This contributes to strengthening midwives' expertise and promoting high-quality clinical practice. Hospital nursing managers recommend this certification at a rate of 90.3%.

*Number of Advanced Midwives: 9,060 (2024)



Midwives in preconception care

JNA and JAM participated in a government meeting on preconception care and emphasized the importance of midwives' roles. As a result, the government's 5-year plan clearly stated the importance of the role of midwives in disseminating accurate knowledge about sexual and reproductive health.



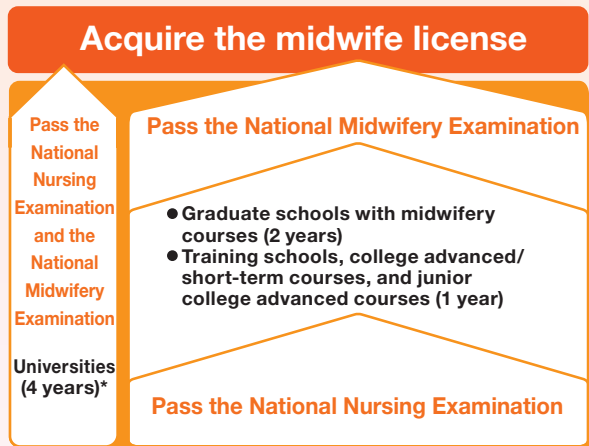
Disaster preparedness

Disaster preparedness is also incorporated into CLoCMiP® to establish a system through which midwives nationwide can strengthen their disaster response capabilities. JNA has developed disaster preparedness manuals for childbirth facilities, and JMA and JAM are also working to disseminate relevant information. JNA's unique system of training and dispatching disaster relief nurses has been highly evaluated and was incorporated into the national legal framework in 2024.

*CLoCMiP®: Clinical Ladder of Competencies for Midwifery Practice

Historically, as early as 1765, the term “midwife” was used to describe midwives. By 1868, midwives were recognized as a socially responsible profession and midwifery education began.

How to become a midwife?



* Obtain eligibility to take both national exams in the 4-year university course

Regulation

The term "midwife" as used in Act on Public Health Nurses, Midwives, and Nurses, means a woman who has acquired a midwife license from the Minister of Health, Labour and Welfare to practice midwifery or provides health guidance for pregnant women, puerperal women, or newborn babies, as a profession.

• No person other than a midwife may engage in specified midwifery practice, except medically qualified doctors.

• No person other than a midwife may use the title of midwife or any other similar or misleading title.

Perinatal Care & Maternal and Child Health

Social welfare systems

Maternity leave

Working mothers take a leave for 6 weeks before and 8 weeks following their childbirth. During this leave, they are still entitled to an amount equivalent to 2/3 of their wages.

Childcare leave

Mother or/and father may take leave in order to take care of a child who is less than 1 year of age.

Childcare leave benefit

During the leave, mother or/and father may receive 67% of their wages for the first 6 months, and 50% thereafter.

Maternal and child health handbook

This handbook supports the health management of the mother and the baby. It can be kept a record from pregnancy to school age (6 years old).

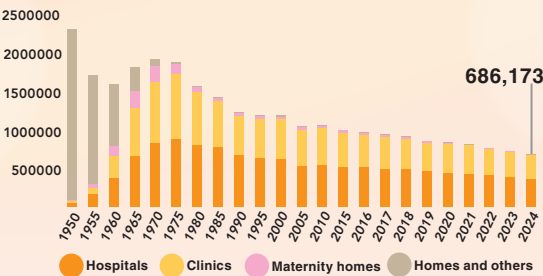
Maternity mark

The mark is aimed at ensuring safety and comfort concerning pregnancy and childbirth. Expecting mothers to put on this mark when they use public transportation, etc. so that others can be considerate.

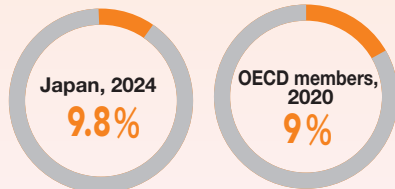


Maternal and child health statistics

Numbers and places of birth

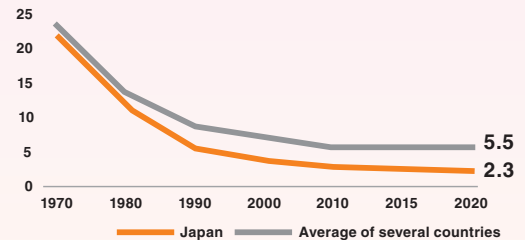


Low birth weight infants rate

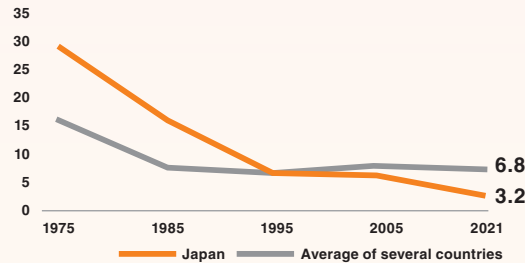


Source: Ministry of Health, Labour and Welfare "Vital Statistics in Japan 2024"

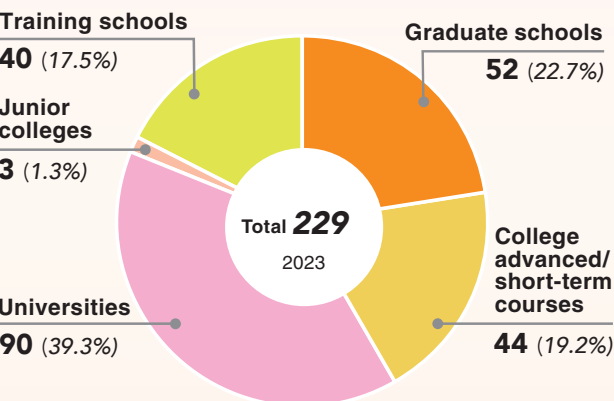
Perinatal mortality (≥28.0 wks-7 days) (per 1,000 live births)



Maternal mortality (per 100,000 live births)



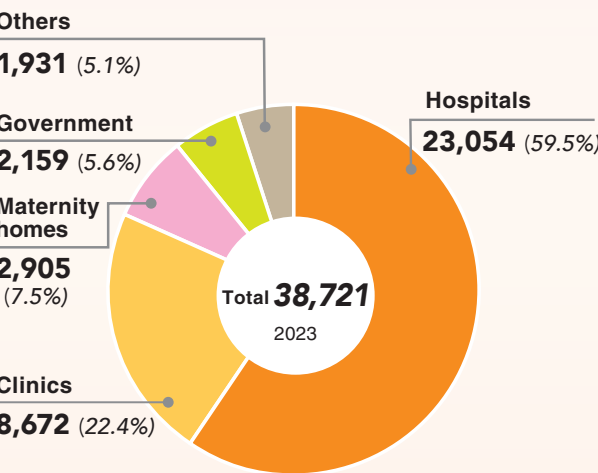
How many schools are there?



In 2025, 2,027 applicants passed the National Midwifery Examination.

Source: Japanese Nursing Association Publishing Company "Statistical Data on Nursing Service in Japan 2023"

Where do midwives work?



Source: Ministry of Health, Labour and Welfare "Report on Public Health Administration and Services(Practicing health professionals)2024"

Activities of midwives

Childbirths at the age of 35 years or older and high-risk childbirths are increasing. Midwives' care includes but is not limited to delivery and related maternal care to SRMNAH*.

*Sexual, Reproductive, Maternal, Newborn and Adolescent Health



Always by your side

The Japan Obstetric Compensation System for Cerebral Palsy

A system that compensates for the financial burden when a child born after 28 weeks or longer of gestation develops severe cerebral palsy

Objectives

1. Compensation for the financial burden on the families of children with severe childbirth-related cerebral palsy
2. Analyzing the cause of cerebral palsy and preventing recurrence
3. Dispute prevention, early detection, and quality improvement in obstetric care

Source: Japan Council for Quality Health Care

