

Maternity and child health clinic services and family benefits in Finland

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A long history of Finnish maternity and child health care

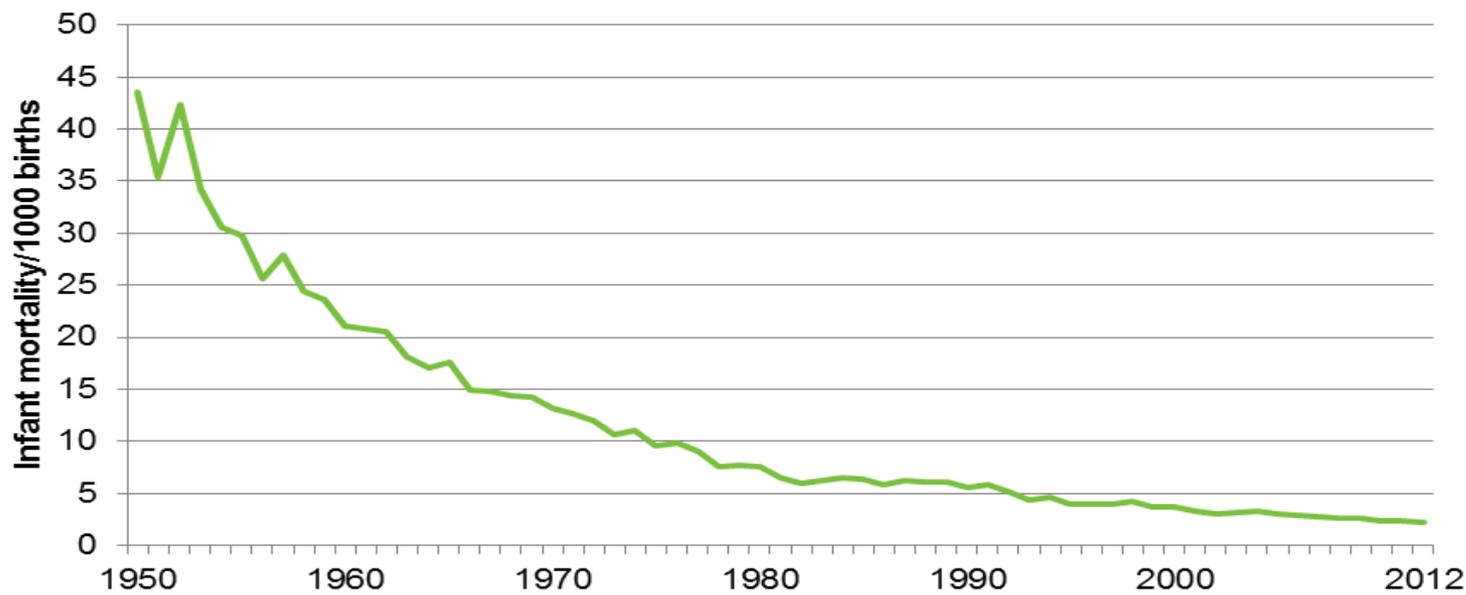
- First maternity and child health clinics were established in 1920's
- Act on Child Care Clinics in 1944
 - Municipalities had a legal obligation to provide maternity and child health clinics services



Maternal and infant deaths are rare

- Maternal mortality: 2.8 deaths per year and 4.8 per 100 000 live births in 2005-2010
- Infant mortality rate is among the lowest in the world; 2.2 per 1,000 live births in 2014

Infant mortality in Finland 1950-2012



The majority of Finnish children and families are doing well



STUDIOPSY



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Family policy in Finland

- **The aim** is to create a safe environment for children to grow up and to provide parents with the material and psychological means to have and raise children
- **Support for families**
 1. **Services:** health care, social welfare, education
 2. **Financial support**
 - Maternity grant: maternity package or cash lump sum
 - Maternity, paternity and parental allowances
 - Child benefits, housing support etc.
 3. **Family leave system**

How preventive services are organized?

- Guidance: the Ministry of Social Affairs and Health
- Public health care services
 - Primary health care and specialized hospital care
- Municipalities have legislative responsibility to arrange health care services for their residents
 - in addition to basic education and social services
- The major part of public health care services is funded by municipal tax revenues
- Municipalities can decide rather independently how services are provided and their scope
 - legislation gives only general outlines



New legislation on maternity and child health care

- **The Health Care Act 1326/2010**
- **Government Decree 338/2011** on maternity and child health clinic services, school and student health services and preventive oral health services for children and youth
- **Child Welfare Act 417/2007**
- **Social Welfare Act 1301/2014**
- Health promotion and empowerment
- Early intervention: targeted support to those who need it
- Services should be equal in quality and take the needs of families at large into account

Guiding and supervision

- National Institute for Health and Welfare (THL)
 - Supports municipalities and monitors the implementation of legislation
- National Supervisory Authority for Welfare and Health
 - Supervises health centres and implementation of legislation
- Regional State Administrative Agencies
 - Supervise services provided in their respective districts



National guidelines and recommendations on maternity and child health care

- Child health clinics in support of families with children. A guide for staff (MSAH 2004)
- Action plan to reduce violence against women 2010-2015 (MSAH 2010)
- National recommendations for maternity clinics (THL 2013)
- Extensive health examinations - A guidebook for staff (THL 2013)
- Promotion of sexual and reproductive health. Action programme 2014-2020 (THL 2014)
- Breastfeeding Promotion - Action programme 2017-2021 (THL 2017)



Primary health care is mainly provided in municipal health centres (157 in 2016)

- Family planning
- **Maternity and child health care clinics**
- School and student health care
- Primary mental health services
- Dental care
- Outpatient medical care
- Home nurse services
- Etc.



Core personnel working in health centres

- **Core team in maternity and child health clinics**
 - Public health nurses (or midwives in maternity clinics)
 - Physicians
 - Family workers (social work)
- **Other professionals in health centres**
 - Psychologists, physiotherapists, speech therapists, nutritionists, dentists
- **Multiprofessional and multisectoral collaboration within the municipality**
 - Day care
 - Social welfare: child protection, family counselling
 - Specialized health care provides

Access to the primary health services

- Free of charge within easy reach of clients in every municipality
- **Universal** for all social groups, voluntary
- Widely used and accepted regardless of social class

- **Maternity clinics:** Around 60 000 births per year
 - 99,8 % of families use these services
- **Child health clinics:** Around 420 000 children under school age (0-6 years)
 - 99,5 % of families use these services



Maternity and child health clinic services

- **Goals**

- to promote the health and wellbeing of the pregnant mothers and their families/children and their parents and to prevent illnesses
- to reduce health inequalities between population groups

- **Objectives**

- to monitor and support healthy pregnancy/growth and development of children and to empower parents in caring and rearing of their children
- to identify any need for special support as early as possible
- to provide support and assistance and to refer clients to examinations and treatment when needed



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Maternity and child health clinic services

- Regular health examinations
 - Mothers are screened for hepatitis B, syphilis, HIV
 - Ultrasound scans
 - Observations of growth in height and weight etc.
 - Immunization of children in accordance with the national vaccination programme
- Counselling
- Home visits
- Family training and parent groups
- Close cooperation with maternity hospitals and specialised health care

At least 8-9 visits during the normal course of a pregnancy and 2 after the delivery



At least 9 health visits during the first year of an infant's life and 6 between the ages of 1 and 6



Extensive health examinations

- Assessment of the health and well-being of parents and the entire family, introducing earlier support and strengthening empowerment of families
- At least one extensive health examination for each family expecting a baby
- Three extensive examinations for child-rearing families at the ages of 4 and 18 months and 4 years
- Both parents are invited along
- Jointly conducted by a PHN/midwife and a physician
 - Source: Government Decree 338/2011



Five main themes of discussions and assessment of support needs

- Parents' health and wellbeing
 - Major health problems, couple relationship, home atmosphere
- Family members' interaction
 - Interaction of parents and children, child rearing practices, security
- Living conditions and social support
 - Parents' income and employment, availability of support
- Child's health and wellbeing
- Siblings' health and wellbeing



Early identification of support needs

- Regular health visits and health counselling enable early detection of needs for special support
- Co-operation and trust between family and PHN/midwife/physician
- Interviewing parents
- Taking up one's worries
- Use of questionnaire forms e.g.
 - Postnatal depression: EPDS
 - Alcohol use: AUDIT-test
 - Intimate partner violence: The risk assesment form for mapping violence

Early support in maternity and child health clinics

- Extra visits to the clinic
- Home visits and family work
- Peer support in parent groups, family training
- Pregnant mother is referred to a maternity outpatient clinic when needed
- High-risk pregnancies and deliveries are taken care in university and central hospitals
- Further examinations for example in the child upbringing and family counselling services or in specialised health care, at hospitals
- In adult services children's need of support should be considered

Indicators for extra visits and support

- Mother's chronic diseases e.g.
 - Asthma, mental health problems, diabetes
- Problems in pregnancy e.g.
 - Risk for preterm birth, gestational diabetes
- Concerns and problems of children e.g.
 - Psychosocial problems, learning difficulties, obesity
- Family problems and concerns e.g.
 - Domestic violence, substance misuse, mental health problems



What we know about identification of special health needs?

- Apr. 10-20 % of children and families have special health needs
- Regular health examinations make it possible for PHNs to identify the needs of children and families, thus enabling nurses to provide early support
 - Source: Poutiainen et al. 2014, 2015 and 2016

National follow-ups between 2004-2016

- The development of maternity and child health clinic services has been in line with regulations
- **Positive development** in extensive health examinations in a relatively short time
 - Almost all health centres have arranged examinations within the time frame prescribed on the regulations
 - The well-being of families has been assessed from a fairly wide perspective
 - Sources: Hakulinen-Viitanen et al. 2014, Wiss et al. 2016, Hakulinen et al. 2016 manuscript

Positive feedback from public health nurses and client families

- Extensive health examinations were useful as they provided an opportunity to discuss issues that would otherwise have gone unnoticed
- This allows responding to the child and family needs earlier, and providing support to those in need
- 62 % of families reported they got enough information and support to their parenthood
- 78 % reported visit was useful for the family

Sources: Hakulinen-Viitanen et al. 2014, Survey for families with children 2012/THL



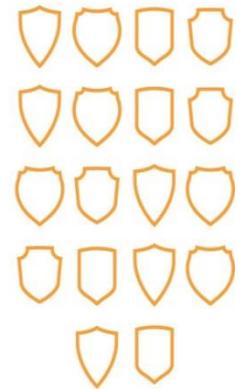
Healthcare and social welfare reform in Finland

Service structures are currently being reformed

- The aim of the social welfare and health care reform is to safeguard equal, client-centered and high-quality social welfare and health care services throughout the country
 - to guarantee equal access to services everywhere in the country
 - to reduce health inequalities
 - to promote health and well-being
 - to enhance cost-efficiency of services
- Full integration of all social welfare and health care services

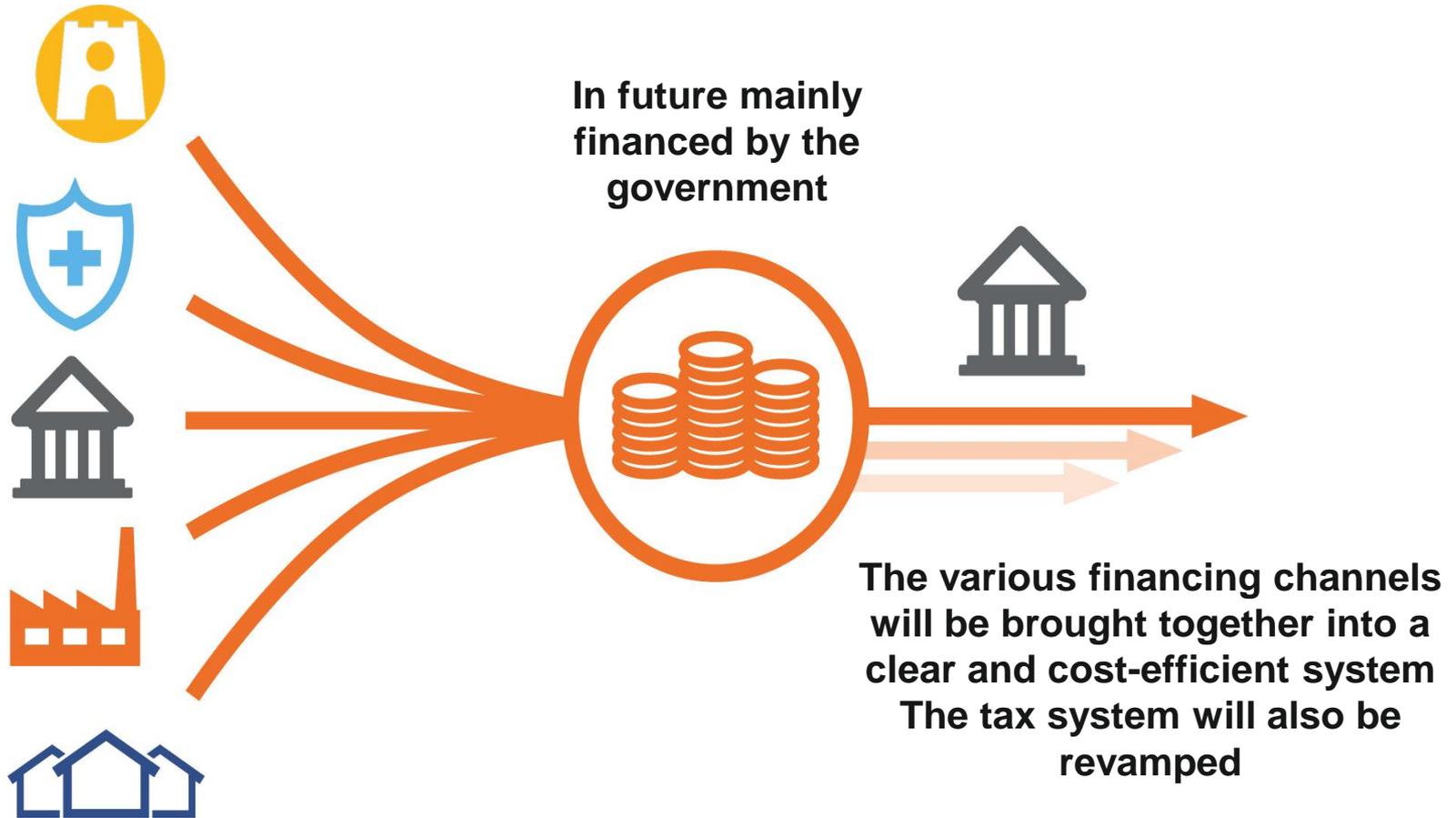
Health and social welfare services to broader shoulders

Current situation: Close to 300 municipalities are responsible for organising health and social services



Responsibility to 18 counties

Simplifying the multisource financing in healthcare and social welfare

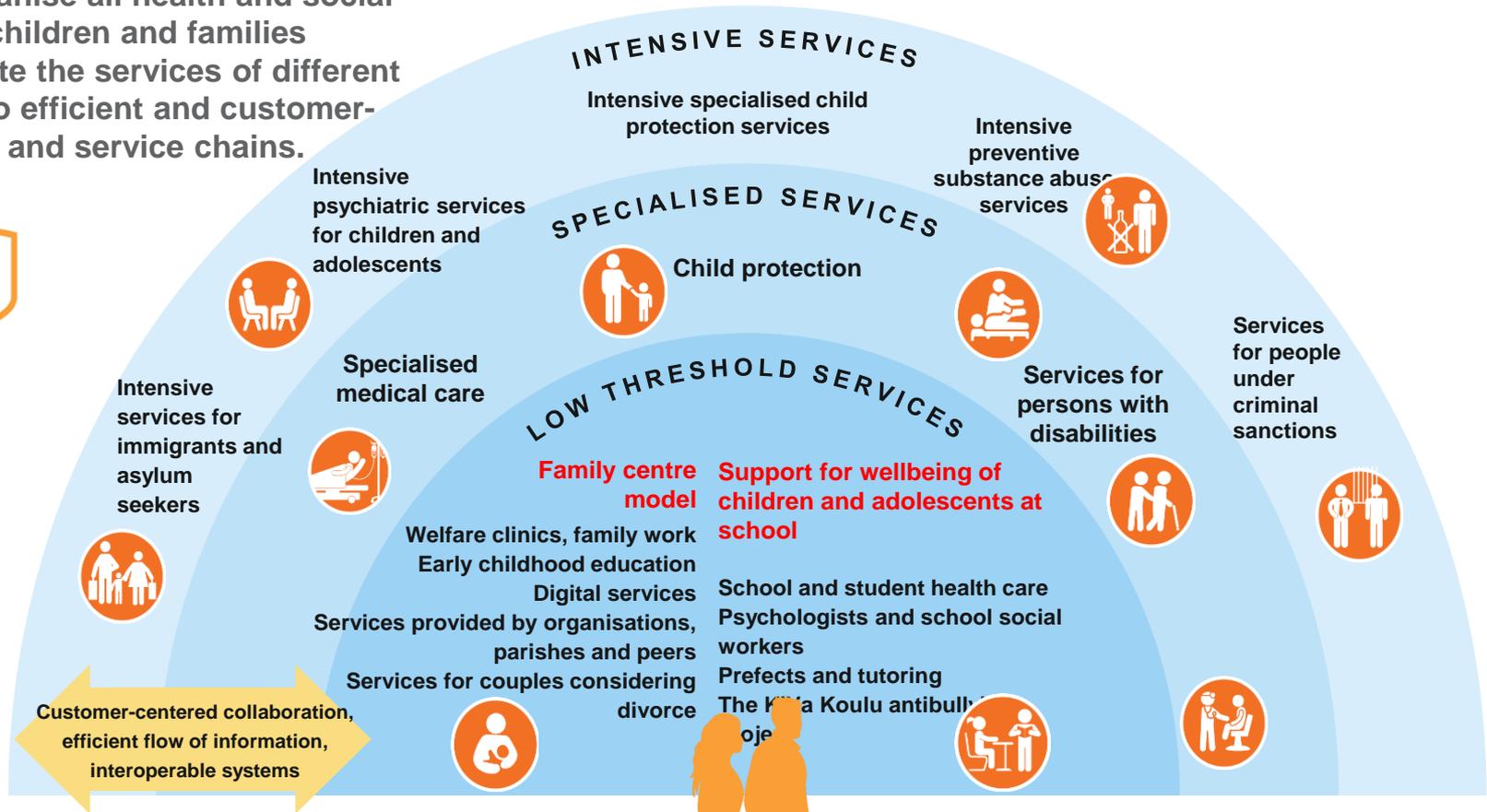




Programme to address reform in child and family services 2015-2018

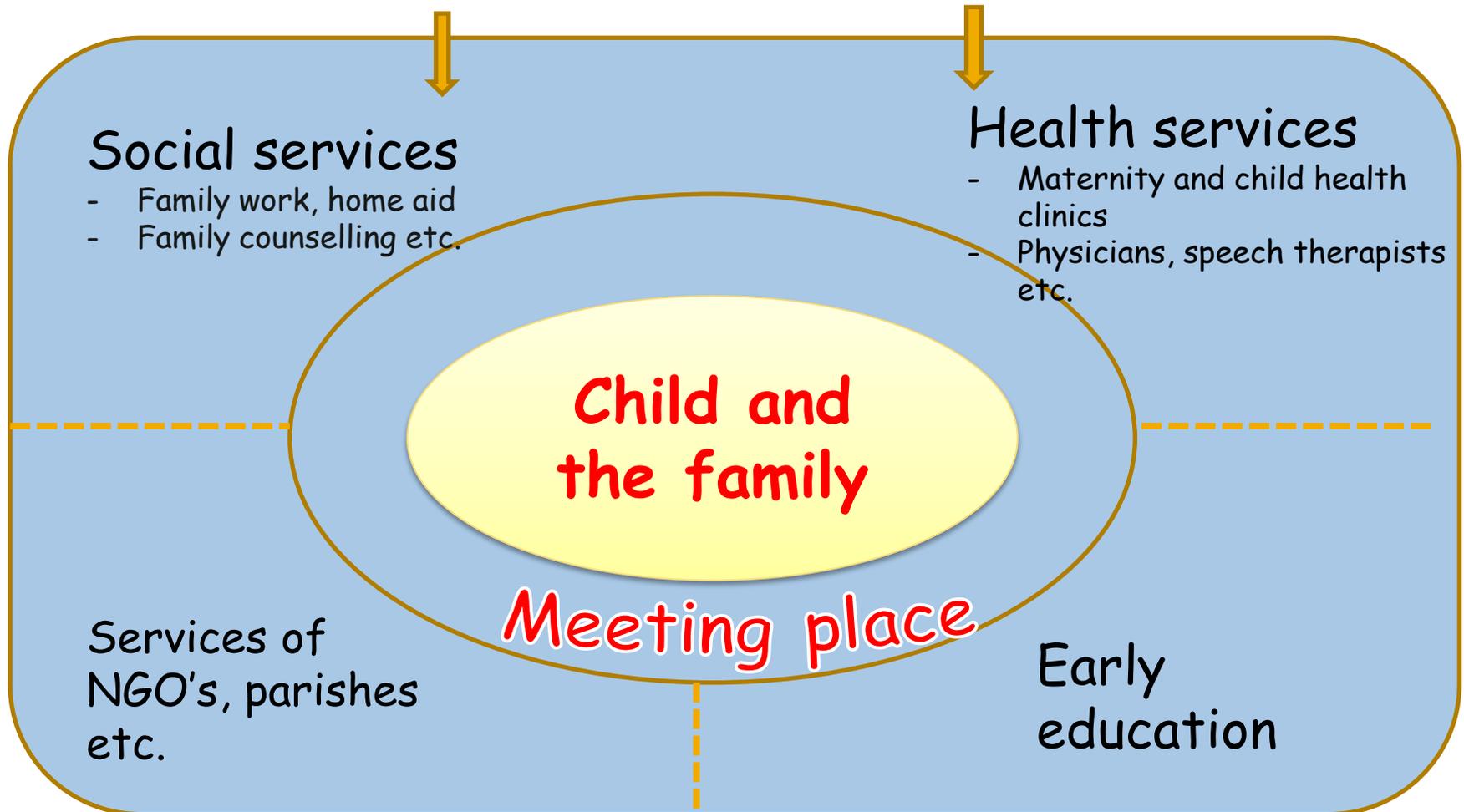
Integration of services for families with children

Counties organise all health and social services for children and families and coordinate the services of different providers into efficient and customer-oriented care and service chains.



Family centre: a network of services

Support from specialised services



Benefits for families with children by KEELA

- Parents are entitled to maternity, paternity and parental allowances
 - You can get benefits from Kela if you are covered by The Finnish social security system and you live in Finland permanently
- **See Social Insurance Institution (KEELA)**
<http://www.kela.fi/web/en/families>

Family benefits in Finland

- **Universal child benefit**
 - Aims to cover in part the expenses involved in bringing up children under the age of 17
 - Benefit increases according to the number of children
 - Varies between € 95,75-174,27 /month/child
- **Income-related parental leave benefit (70-90 % of income)**
- **Flat-rate home care allowance (341,27 €/ month)**
- **Housing allowance**
 - Aims to ensure reasonable housing standards and to decrease housing costs for people with low income
 - Amount depends on size of family, incomes, housing expenses
- **Child maintenance when the parents do not live together**
 - Parents are responsible for maintenance until the child turns 18
 - If a parent fails to provide for maintenance, a child can receive maintenance support (full maintenance € 154,77 /month/child)

Maternity grant

- when pregnancy has lasted for 5 months
 - Certification on pregnancy is needed; given by maternity clinic or medical doctor/private sector
- Cash maternity grant (140 €) OR maternity package
- After the enactment of the Maternity Grants Act in 1937, the first maternity grants were provided in the following year
- At first, they were intended for low-income mothers only
- In 1949, the maternity grant was made available to all mothers

Maternity package

- Each year, Kela awards around 60,000 maternity grants, of which about 40,000 are provided in the form of a maternity package
- Nearly all first-time mothers now choose the maternity package
- Only a third of all expecting mothers opt for the € 140 cash benefit

Maternity package

- It is updated yearly in response to feedback from clients
- The tendered products are evaluated by an advisory council
- The products are selected with a view to their significance for promoting the health and well-being of the mother and the child
- The maternity package contains baby clothes as well as care products and materials
 - There are altogether 50 different items in the box

Maternity package 2016 (KELA)



Benefits for families with children by KEELA

- **Maternity allowance**
 - Maternity leave starts at least 50-30 working days (about 5 weeks) before the estimated date of delivery
 - Maternity allowance is paid for the first 105 working days (about 4 months) during the maternity leave
- **Paternity allowance**
 - The paternity leave can last up to 54 working days or about 9 weeks
 - Fathers can choose to stay at home for 1 to 18 days at the same time as the child's mother while she is paid maternity or parental allowance
 - The rest of the leave can be taken after the parental allowance has ended

Benefits for families with children by KEELA

- **Parental allowance**
 - Either the mother or father can take parental leave, also in turns but not at the same time
 - KEELA pays parental allowance for 158 working days (about half a year)
 - Child will be about 9 months old
 - Certificate on postnatal examination is needed; given by child health clinic or private medical doctor
- **Child benefit for each child who is permanently resident in Finland**
 - A monthly tax-free child benefit for each child up until the age of 17

Leave schemes in Finland

<u>Scheme</u>	<u>Duration</u>	<u>Benefit</u>
Maternity leave * for mothers	17,5 weeks	9,5 weeks: 90 % 8 weeks: 70 %
Paternity leave * for fathers	3+6 weeks*	4 weeks: 70 % 5 weeks: 75 %
Parental leave * for both parents	26 weeks	5 weeks: 75 % 21 weeks: 70 %

Minimum benefit during maternity/paternity/parental leave
23,93 € /day (about 595 € / month)

Average benefit in 2014: mothers 61,8 €/day and fathers
83,6 €/day

* father's month 2003-2011

Benefits for families with children by KELA

- **Child home care allowance**
 - Can be granted after the parental allowance period when a child under 3 years of age is looked after at home
 - The caregiver can be
 - the mother, the father or other guardian
 - married or cohabiting spouse of the parent or guardian
 - a hired caregiver or other person who looks after the child
 - Child home care allowance is not available if the child is in municipal day care
 - See KELA's brochure Home and Family
 - http://www.kela.fi/documents/10180/1978560/2015_Home_family2.pdf

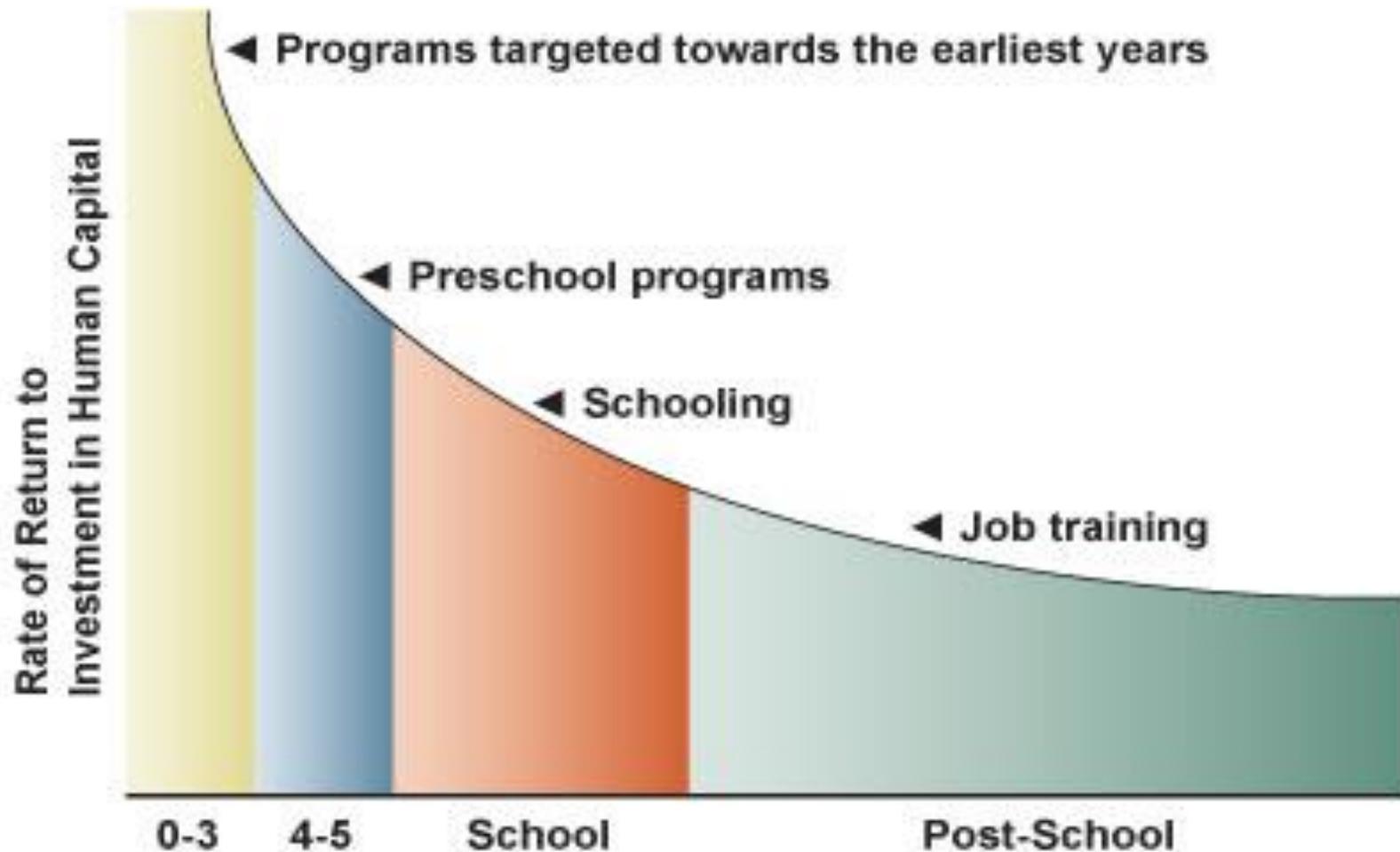
<u>Scheme</u>	<u>Duration</u>	<u>Benefit</u>
Home care leave * for both parents	until the child turns three, if not using the 20 h right to to public daycare	Home care allowance 341 €/ month + 65-102 € for siblings + means-tested addition 183 € + local extra
Partial home care leave * shorter working hours (30 h/week)	until the end of second school term (1 & 2 class)	Partial hca 98 €/month
Flexible care leave * shorter working hours	child under 3	243,28 €/m (22,5 h/w) 162,19 €/m (30 h/w)
Temporary care leave * when a child under 10 is sick	2-4 days at a time	often full pay (depends on collective agreement)

Conclusion and future challenges

- New regulations, follow-ups and supervision have improved the functions of maternity and child health clinics to better meet the needs of children and families
- However: challenges remain
 - Earlier and stonger interventions are needed to assist the families
 - Health promotion and prevention are public priorities (e.g. Government programme) but not always taken into account in municipal decision making



The earlier the investment, the greater the return



How to get your message through to policy makers - Finnish experience



Long-term development

Research evidence

International models and networks

Networking and working together for a common goal

Speaking the language of policy-makers, figures and euros