The Mother and Child Health Handbook in Japan as a Health Promotion Tool: An Overview of Its History, Contents, Use, Benefits, and Global Influence

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Abstract
Background. The Mother and Child Health Handbook (MCHH), a tool used by almost all parents in Japan, serves as a record book shared by parents and health providers to monitor maternal health care throughout the perinatal period, track the child’s health and growth, and provide educational information. Methods. A review of the existing literature was performed by narrative review using electronic databases with the search term “Maternal and Child Health Handbook” from January 1980 to February 2016. Results. Twenty-eight papers were obtained: 3 review articles, 17 original articles, 2 brief reports, 2 letters, 1 research note, and 3 proceedings. After the MCHH was initiated in 1947, Japan’s infant mortality rate decreased to 2.6 per 1000 live births in 2007, and it is still decreasing. Information recorded in the MCHH at antenatal examinations can be used to evaluate a child’s risk of obesity, cardiovascular disease, endocrine disease, mental illness, and infectious disease. Utah’s Department of Health implemented a program called “Baby Your Baby” in 1987 based on the Japanese MCHH; this included a similar booklet with family records and educational information. Thus, the MCHH is a unique tool in Japan that has influenced other countries to adopt similar programs. Conclusion. We will confirm the importance of the MCHH’s role in promoting health and open dialogue.

Keywords
child health, health promotion, Infant mortality rate, Mother and Child Health Handbook, maternal health

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Introduction
The Mother and Child Health Handbook (MCHH) is a very important tool used by almost every parent in Japan. It has played traditional and important roles for approximately 70 years throughout Japan’s maternal and child health history. The MCHH was initiated just after World War II, an era that lacked medical resources. Subsequently, it has played an important role in health promotion for mothers and children throughout wartime, postwar, the confusion era, and revival period in Japan.¹ The MCHH is used broadly in Japan today; however, its utility and originality is insufficiently recognized globally in the field of international maternal and child health.

Researchers will soon start to use health insurance data from the “My Number” individual number system and electronic medical record data as a form of big data. Then big data will be available for medical cooperation and study.² Such an information and communication tool can be applied in health care for expecting and nursing mothers.³ However, health insurance data and electronic medical record data are associated with a high cost to compile. Therefore, the MCHH should be recognized as a traditional health tool from an era that lacked medical resources. In addition, the MCHH functions as

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a health education tool because it is self-administered. The MCHH can be used at a low cost. This knowledge may enable health care systems to deliver better maternal and child health in the future. The objective of this review article was to discuss the MCHH’s history, contents, usage, benefits, and global influence based on existing literature.

Methods
A review of the existing literature was performed by narrative review using electronic databases such as PubMed, Ichu-Shi Web (a Japanese website), Google Scholar, and Google from February 2014 to March 2016. Searches were conducted to collect articles, brief reports, letters, and proceedings with “Maternal and Child Health Handbook” as the search term in English. We focused on the period from January 1980 to September 2015, the date of publication. The literature had to contain information regarding the MCHH’s history, contents, usage, and benefits.

Two authors reviewed all full-text publications. Then we discussed information about the MCHH from the articles collected. Criteria for selection were the following: (1) the article contained the MCHH itself or acquired information from the MCHH, (2) the article contained primary or secondary information about the MCHH, and (3) the content satisfied the scientific validity and social utility requirements. The 2 authors discussed all the papers and each criterion throughout this process.

Results
Twenty-eight papers were obtained: 3 review articles,4-6 17 original articles,7-23 2 brief reports,24,25 2 letters,26,27 1 research note,28 and 3 proceedings29-31 (see Table 1). Additionally, all the articles were in English, and all the proceedings were from an international conference.

Discussion
MCHH’s History in Japan
The MCHH was first initiated in 1947 in Japan, yet similar precursors were developed in the late 1930s.26 In 1947, Japan’s infant mortality rate (IMR) was around 76 per 1000 live births; Japan’s IMR in 1947 matched the IMR of developing countries at present; however, Japan’s IMR is one of the lowest in the world today.32 It was also about twice as high as the IMR of the United States, which was one of the lowest during the 1940s.28 To reduce Japan’s IMR, the Japanese government established the MCHH along with other support systems for mothers and children. After the MCHH was initiated, Japan’s IMR steadily decreased. In 2007, it was reported to be at 2.6 per 1000 live births, and it is still decreasing.5 This rate was even below the rate in the United States in 2007 (6.8 per 1000 live births).29 Several researchers have evaluated the early recognition of a high-risk pregnancy for Japan’s drastic improvement in infant health and the MCHH is almost always cited as one of the top reasons for this improvement.5

The MCHH has undergone several changes in its more than 68-year history. Its revisions and improvements have included different types of information, guidelines, and other tools. One of the largest changes came in 1991, when a law made each municipality responsible for updating and distributing the MCHH.4 The new law allowed individual cities to add information relevant to their specific areas to make the MCHH more appropriate to resident mothers. Personalized books for each municipality served as a model for when the MCHH went global, and they allowed for similar customization.30

Although the MCHH accomplishes its objectives in individual cities in Japan, Indonesians began to use the MCHH and attempted to distribute a similar resource in its own country. Commencing with Indonesia, use of the MCHH spread worldwide and it came to be used in many countries. Consequently, many of the MCHHs designed by countries outside of Japan include illustrations with many colorful pictures to ensure that the information can be understood easily by illiterate parents.30

Contents of the MCHH
The MCHH consists of 2 sections. The first section serves as a record book shared by both parents and health care providers to monitor maternal and child health. The record section includes information about the mother’s condition during pregnancy, such as her body size, blood pressure, proteinuria, urinary sugar, and other data. It also includes the child’s developmental milestones, vaccination records, and health history throughout early childhood. This record book is given to health providers and parents to monitor maternal health throughout pregnancy/delivery and the child’s health and growth until school age (around 6 years in Japan).31 Although the record book is only updated through age 6, many parents retain the MCHH well into the child’s adult years.5

The second section of the MCHH consists of educational information for parents to read and follow during pregnancy and early child rearing. The information section includes dietary recommendations and health care
<table>
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<tr>
<th>No.</th>
<th>Reference No.</th>
<th>Author</th>
<th>Title</th>
<th>Type of Manuscript</th>
<th>Role of the MCHH</th>
<th>Study Design</th>
<th>Cited Paper</th>
<th>Searching Tool</th>
<th>Year of Publication</th>
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<td>Matsuyama</td>
<td>Japan shows how to save the children</td>
<td>Research note</td>
<td>As part of maternal and child health</td>
<td>Narrative review</td>
<td>Japanese Organization for International Cooperation in Family Planning Review</td>
<td>PubMed and Google Scholar</td>
<td>1987</td>
</tr>
<tr>
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<td>5</td>
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<td>The Role of the Maternal and Child Health Handbook system in reducing perinatal mortality in Japan</td>
<td>Review article</td>
<td>As part of maternal and child health</td>
<td>Narrative review</td>
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<td>PubMed and Google Scholar</td>
<td>1993</td>
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<td>Review article</td>
<td>As part of maternal and child health</td>
<td>Narrative review</td>
<td>Journal of Nurse-Midwifery</td>
<td>PubMed and Google Scholar</td>
<td>1993</td>
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<td>Perinatal complications and schizophrenia. Data from the Maternal and Child Health Handbook in Japan</td>
<td>Original article</td>
<td>As material to acquire information</td>
<td>Cross-sectional study</td>
<td>Journal of Nervous and Mental Disease</td>
<td>PubMed and Google Scholar</td>
<td>1996</td>
</tr>
<tr>
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<td>13</td>
<td>Tsuchiya et al</td>
<td>Advanced paternal age associated with an elevated risk for schizophrenia in offspring in a Japanese population</td>
<td>Original article</td>
<td>As material to acquire information</td>
<td>Case-control study</td>
<td>Schizophrenia Research</td>
<td>PubMed and Google Scholar</td>
<td>2005</td>
</tr>
<tr>
<td>8</td>
<td>27</td>
<td>Takagai et al</td>
<td>Increased rate of birth complications and small head size at birth in winter-born male patients with schizophrenia</td>
<td>Letter</td>
<td>As material to acquire information</td>
<td>Case-control study</td>
<td>Schizophrenia Research</td>
<td>PubMed and Google Scholar</td>
<td>2006</td>
</tr>
<tr>
<td>9</td>
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<td>Kusumaya et al</td>
<td>Increased utilization of maternal health services by mothers using the Maternal and Child Health Handbook in Indonesia</td>
<td>Original article</td>
<td>Target of study</td>
<td>Repeated cross-sectional study</td>
<td>Journal of International Health</td>
<td>Ichu-Shi Web and Google Scholar</td>
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<th>Title</th>
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<th>Study Design</th>
<th>Cited Paper</th>
<th>Searching Toola</th>
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<td>Brief report</td>
<td>As material to acquire information</td>
<td>Case-control study</td>
<td>Biological Psychiatry</td>
<td>PubMed and Google Scholar</td>
<td>2007</td>
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<td>Paternal age at birth and high-functioning autistic-spectrum disorder in offspring</td>
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<td>As material to acquire information</td>
<td>Case-control study</td>
<td>British Journal of Psychiatry</td>
<td>PubMed and Google Scholar</td>
<td>2008</td>
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<td>Osaki</td>
<td>Investment in home-based maternal, newborn and child health records improves immunization coverage in Indonesia</td>
<td>Brief report</td>
<td>Target of study</td>
<td>Cross-sectional study</td>
<td>Transactions of the Royal Society of Tropical Medicine and Hygiene</td>
<td>PubMed and Google Scholar</td>
<td>2009</td>
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<td>Review article</td>
<td>Introduction of the MCHH itself</td>
<td>Non-systematic review</td>
<td>Japan Medical Association Journal</td>
<td>Ichu-Shi Web and Google Scholar</td>
<td>2010</td>
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<td>17</td>
<td>10</td>
<td>Tanabe et al</td>
<td>Association of women’s birth weight with their blood pressure during pregnancy and with the body size of their babies</td>
<td>Original article</td>
<td>As material to acquire information</td>
<td>Case-control study</td>
<td>Tohoku Journal of Experimental Medicine</td>
<td>PubMed, Ichu-Shi Web, and Google Scholar</td>
<td>2011</td>
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<td>Kouda et al</td>
<td>Relationship between body mass index at age 3 years and body composition at age 11 years among Japanese children: the Shizuoka population-based study</td>
<td>Original article</td>
<td>As material to acquire information</td>
<td>Cross-sectional study</td>
<td>Journal of Epidemiology</td>
<td>PubMed, Ichu-Shi Web, and Google Scholar</td>
<td>2012</td>
</tr>
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<td>19</td>
<td>20</td>
<td>Baequni et al</td>
<td>Is maternal and child health handbook effective? Meta-analysis of the effects of MCH Handbook</td>
<td>Original article</td>
<td>As material to acquire information</td>
<td>Meta-analysis</td>
<td>Journal of International Health</td>
<td>Ichu-Shi Web and Google Scholar</td>
<td>2012</td>
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<td>As material to acquire information</td>
<td>Cross-sectional study</td>
<td><em>Journal of Epidemiology</em></td>
<td>PubMed, Ichushi Web, and Google Scholar</td>
<td>2013</td>
</tr>
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<td>9</td>
<td>Aoyama et al</td>
<td>Does cardiorespiratory fitness modify the association between birth weight and insulin resistance in adult life?</td>
<td>Original article</td>
<td>As material to acquire information</td>
<td>Cross-sectional study</td>
<td><em>PLoS One</em></td>
<td>PubMed and Google Scholar</td>
<td>2013</td>
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<td>15</td>
<td>Takeuchi et al</td>
<td>Influence of vaccination dose and clinico-demographical factors on antibody titers against measles, rubella, mumps, and varicella-zoster viruses among university students in Japan</td>
<td>Original article</td>
<td>As material to acquire information</td>
<td>Case-control study</td>
<td><em>Japanese Journal of Infectious Diseases</em></td>
<td>PubMed, Ichushi Web, and Google Scholar</td>
<td>2013</td>
</tr>
<tr>
<td>23</td>
<td>18</td>
<td>Mori et al</td>
<td>Effectiveness of influenza vaccine in children in day-care centers of Sapporo</td>
<td>Original article</td>
<td>As material to acquire information</td>
<td>Case-control study</td>
<td><em>Pediatric International</em></td>
<td>PubMed, Ichushi Web, and Google Scholar</td>
<td>2014</td>
</tr>
<tr>
<td>24</td>
<td>16</td>
<td>Takeuchi et al</td>
<td>Serological assessment of measles-rubella vaccination catch-up campaign among university students</td>
<td>Original article</td>
<td>As material to acquire information</td>
<td>Cross-sectional study</td>
<td><em>Pediatric International</em></td>
<td>PubMed, Ichushi Web, and Google Scholar</td>
<td>2014</td>
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<td>As material to acquire information</td>
<td>Case-control study</td>
<td><em>Tohoku Journal of Experimental Medicine</em></td>
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<td>2014</td>
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<tr>
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<td>Kawakatsu et al</td>
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<td>Original article</td>
<td>Target of study</td>
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<td><em>Health Education Research</em></td>
<td>PubMed and Google Scholar</td>
<td>2015</td>
</tr>
<tr>
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<td>21</td>
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<td>Effect of a maternal and child health handbook on maternal knowledge and behaviour: a community-based controlled trial in rural Cambodia</td>
<td>Original article</td>
<td>Target of study</td>
<td>Community-based controlled trial</td>
<td><em>Health Policy and Planning</em></td>
<td>PubMed and Google Scholar</td>
<td>2015</td>
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*When we searched in Google Scholar, we omit Google.*
provider’s home visit records. It compiles and reports on
the environment of child care support for infants 4
months after childbirth (eg, Hello Babies Services) and
provides guidance for early child rearing.3,5 Appointment
reminder cards for health checkups and child develop-
ment monitoring activities are included.29 Every
resource in the book is intended to educate parents,
allowing them to make informed decisions during the
perinatal period and child development. The informa-
tion enables parents to evaluate their children for early
signs of disease, suggests when they should have regular
checkups, and provides advice about general child rear-
ing. The information section also facilitates dialogue
between parents and health care providers. An informed
parent understands what signs a health care provider
looks for during checkups, and aids in spotting abnor-
malities, so they can seek medical assistance much
sooner, allowing for faster treatment of ailing children.

MCHH’s Use and Benefits as a Monitoring Tool, Material for Research, and Open Dialogue

The MCHH is not solely responsible for Japan’s low
IMR. Studies cite several other reasons as to why Japan
has the lowest IMR in the world, which includes the
Japanese government’s resources and funding, cultural
emphasis on community involvement with child rearing,
an impressive literacy rate, and high rate of residents
with college and professional degrees.5,28,33 Experts say
that the combination of these factors make Japan
undoubtedly capable of taking care of its child
population.28,33

However, because of its record-taking capabilities,
the MCHH remains one of the leading tools. For
instance, for pregnant woman who undergo medical
examinations, illness and complications can be recorded.
This medical continuity allows for the safekeeping of
records, references at every consultations, and informa-
tion sharing by an introduction letter and course records.
With the help of the MCHH, health care providers can
also prescreen mothers for certain diseases. The MCHH
has been used to record gestational diabetes mellitus, as
there is also a higher risk to the child.5 Additionally,
since many parents carry the book and use it, the MCHH
serves as a resource for child health studies.

The following research touts the benefits of having
access to clinical data from Japan’s MCHH. First, the
MCHH records a child’s body size. These data can be
used to monitor a child’s risk for obesity, cardiovascular
disease, and endocrine disease.6,8,9 Additionally, the
MCHH can record body size not only at birth but also at
ages 1.5 and 3 years during health examinations.6,8 A
longitudinal investigation can perform a more detailed
risk assessment, including information such as the body
composition in later years.8 Future studies can evaluate
the association between using 2 generations of birth
weight recorded by the MCHH.10 Thus, data from the
MCHH may be used for assessing linkage similarities
between generations.

Second, in addition to body size, pregnancy, and birth
complications, the paternal age and gestational period
recorded in the MCHH are used for research on schizo-
phrenia, as studies have suggested an association
between perinatal data and schizophrenia.11-13,27
Biological factors such as perinatal data are needed to
evaluate the cause of schizophrenia. Data from the
MCHH, such as head circumstance and paternal age, are
also required for research about developmental
disorders.14,24 Furthermore, perinatal information can be
used in genome epidemiologic investigations of mental
disorders. It is expected that the cause of mental disor-
ders will be clarified by both information about the
human genome sequence and the environment.

Finally, the MCHH includes information about attribu-
tion and perinatal events. These factors are used as
adjusting confounding factors (eg, birthplace, gesta-
tional week, and neonatal asphyxia) in research about
preventing infectious disease.15 Moreover, vaccination
coverage can be the main outcome in research studies by
using the vaccination history from the MCHH.16-18
Vaccination history is important, as it can record the
immunity status for preventing infectious disease.

If a study would require the incidence of a certain ill-
ness in children in a geographic area, a review of the
MCHH would allow researchers to quickly acquire the
necessary information; other means would be costly and
time consuming. The MCHH also allows parents to
more accurately and easily find the information for such
studies without having to rely on their memory or make
inquiries to health care providers regarding medical
records. Thus, the MCHH enables researchers to better
conduct research on maternal and child health.

Resources in the MCHH also allow health providers
and parents to collaborate. This is due, in part, to the
early recognition of problems and the open dialogue
between patients and their health care providers. The
MCHH is a monitoring tool shared by parents and health
care providers; thus, it has a positive effect on infant
health since problems can be recognized early.

Global Influence of the MCHH: Programs and Assessment in Other Regions

The health benefits and reduction in the IMR resulted
from a similar program in the United States. Utah’s
Department of Health implemented a program called “Baby Your Baby” in 1987. This program, partially based on the MCHH in Japan, includes similar resources such as a booklet with family records and educational information. Similar to the MCHH, the original “Baby Your Baby” booklet was designed to accompany expecting mothers at each doctor visit so that children’s health care could be recorded starting at pregnancy. The booklet tracked immunizations, and it included questions for mothers to ask their health care providers and 2 appointment reminder postcards for each mother. As of 2008, “Baby Your Baby” was the only program in the United States that was similar to the MCHH, and the results may be associated with its effectiveness. One year after the program was initiated, Utah recorded the largest decrease in the IMR in state history (from 8.8 to 8.0 per 1000 live births). As of 2007, Utah’s IMR was 5.2 per 1000 live births, making it the state with the lowest IMR in the United States (6.8 per 1000 live births). This success may be due to Utah’s high rate of individuals with college and professional degrees.

How did this program have such a beneficial impact on the IMR? Considering that the “Baby Your Baby” program did not change or add any other resources or maternal health systems, the decrease in the IMR may be attributable to the increased availability of educational materials and record keeping generated by the program. Parental consciousness of the early signals of disease and understanding the importance of health monitoring may be significantly advantageous to a child’s health. Additionally, collecting all of a child’s health records in one place makes it easier for the parents and health professionals to provide appropriate and efficient care.

The “Baby Your Baby” program is an example of how the MCHH in Japan can be adopted in another country. However, Utah is not the only place to have successfully adopted such a program. Many countries with previously high IMRs have adopted similar programs, and all of them have indicated a decrease in the IMR as a result. Countries that have successfully adopted the MCHH include Cambodia, Bangladesh, and Indonesia. Several articles have discussed the outcomes in relation to the MCHH’s utility. The results of these articles indicated usage, literacy, and perinatal care by mothers as being a part of the MCHH’s utility. However, the subjective outcomes outlined in these articles are problematic. Similar to previous Japanese studies, a follow-up vaccination coverage survey in developing countries can be expected with the use of the MCHH. Even developing counties that have limited medical resources can record data more objectively with the MCHH than without it. Nonetheless, it is necessary to assess the causal validity before and after distributing the MCHH. This type of study would obtain more causal validity to control for confounding factors. Additionally, these articles clarify the actual adoption of distributing the MCHH overseas. To develop the MCHH’s outcome research internationally, the MCHH must be assessed using more comprehensive surveys.

The use of books like the MCHH can suggest its own effectiveness. The international success of MCHH-like programs indicates how it can be used as a tool to help support parents and children worldwide, and it suggests that this Japanese program is an example for other health care systems to emulate.

Limitations
Our searches were conducted to intentionally collect certain articles and proceedings and were populated with preferred reporting items for systematic review and meta-analysis protocols. Because of our selection strategy, we may not assess some publication biases in these search results as compared with a systematic review.

Conclusions
The MCHH has contributed to positive outcomes, such as the decrease in the IMR, by providing both health records and education to expecting mothers. Although the MCHH was originally a unique tool designed by Japanese medical professionals, various other countries have adopted similar programs that have provided comparable beneficial results, which further support the adoption of this tool. Its implementation in some countries may require further modification to account for social differences between those countries and Japan. For instance, the United States has a much higher divorce rate and many immigrants, which may be complicating variables. However, the adoption of programs similar to Japan’s MCHH may improve IMRs and solve problems, such as the public’s access to important medical information, which may lead to better overall health for mothers and children. In the near future, the MCHH may become an electronic tool accessed online via a cloud-based system. We will confirm the importance of the MCHH’s role as a promotion tool for health and open dialogue before the era of the electronic database society.

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Author Contributions

JT: Contributed to conception and design; contributed to acquisition and interpretation; critically revised manuscript; gave final approval; agrees to be accountable for all aspects of work ensuring integrity and accuracy.
YS: Contributed to conception and design; contributed to interpretation; critically revised manuscript; gave final approval; agrees to be accountable for all aspects of work ensuring integrity and accuracy.
RCP: Contributed to interpretation; drafted manuscript; agrees to be accountable for all aspects of work ensuring integrity and accuracy.

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