



# Maternity and child health clinics in Finland: Historical roots and contemporary developments

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# Introduction: PhD Anna Leppo

- Senior Lecturer in *Social and Public Policy*, Faculty of Social Sciences, University of Helsinki <https://www.helsinki.fi/en/faculty-social-sciences/research/disciplines-and-research-centres/social-and-public-policy>
- Researcher in *Helsinki Group for Research on Birth and Childbearing* (HEBI), University of Helsinki <https://www2.helsinki.fi/en/researchgroups/birth-and-childbearing>
- I have studied the Finnish welfare state, maternity care services and women's experiences of pregnancy and childbirth for over ten years
- PhD study "Precarious pregnancies. Regulating risks of prenatal alcohol and drug use" (2012)
  - sociological, qualitative study scrutinizing how society seeks to regulate risk pregnancies via the provision of prenatal care services, and how risks are defined and dealt with by professionals and pregnant women  
<https://helda.helsinki.fi/bitstream/handle/10138/29236/precario.pdf?sequence=1&isAllowed=y>
- Current research interests: the practices and logic of care in social and health care services, clients' experiences in maternity care services during pregnancy and childbirth



## Finland – famous for high-quality maternity care services

- A population 5,5 million people
- Scandinavian welfare state: universal social and health care insurance and services, pensions, education, child care, long maternity leaves, equality, gender equality etc.
- Finland's infant mortality is one of the lowest in the whole world (so is Japan's)
- The current infant mortality rate in 2021 is **1.535** deaths per 1000 live births
- There are multiple factors contributing to Finland's low infant mortality, including **maternity and child health clinics**, family policy and legislation, medical advancements, improved nutrition and hygiene, and increased wealth



# Social scientific view on pregnancy and childbirth

- The destiny of a nation depends on the production of new citizens (Yuval-Davis 1997)
- The reproductive, female body is vitally important for any nation
- Pregnancy is thus not a "private matter", it is very much a "public matter"
  - every society seeks to regulate reproduction, namely pregnancy and childbirth
  - the pregnant woman is a focus of multiple public interventions (prenatal care, health education, social control, social norms, cultural expectations etc.)
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# History of Finnish Maternity and Child Health Clinics

- In the early 20th century Finland was a poor country with high infant mortality and high maternal death in childbirth
- Finnish charity organisations followed international examples and started the first maternity and child health clinics already in the 1920's
- In the late 1930s, almost one in ten children died during infancy (during their first year of life)
- After the second World War Finnish state authorities recognised a need to increase the population
  - Growing concern about decreasing birth rates and high infant mortality
- Acute need for more citizens → how to ensure good health for pregnant women and newborns, safer childbirth and healthier infancy?
  - The state aspired to look after and monitor pregnant women and promote health and social wellbeing of infants and young children

# History of Finnish Maternity and Child Health Clinics

- A Finnish social innovation: the invention of publicly funded *maternity and child health clinics* since the 1930's
- First the maternity clinics targeted only disadvantaged women → the invention of the "maternity package" in 1938 in order to encourage *all* pregnant women to visit a maternity clinic for health check-ups
- In the 1940's the maternity clinics and child health clinics were extended to all pregnant women.
- In order to receive the maternity package and financial maternity allowance women had to start attending maternity clinic before the 5th month of the pregnancy
- Legislation in the 1940's made local authorities in municipalities responsible for running maternity and child health clinics as a part of primary health care services
- The clinics have always been free-of-charge for the families



# History of Finnish Maternity and Child Health Clinics

- The maternity clinics were run by midwives and public health nurses, who could consult a physician when necessary
- The maternity clinics started providing antenatal classes for pregnant women (preparing for labor and delivery); psychological training was added in the 1960's and fathers were invited to join the antenatal classes in the 1970s

# Contemporary developments in maternity and child health clinics

- Today, maternity and child health clinic services are offered to all families regardless of socioeconomic status. The services are universal in the spirit of the Scandinavian welfare state model
- The clinics are very popular.
- Almost all pregnant women (99.6%) use maternity clinic services . Some use private services, and thus the percentage of women who use no services is extremely small.
- According to Finnish legislation (Government Decree 338/2011), the authorities must survey whether those who do not use the services have a need for special support and provide customised support for those who need it.
- Nearly all babies are delivered at hospitals. The care given to premature babies is of a high standard, and everyone in Finland has access to affordable high-quality health care services and guidance.



# Contemporary developments in maternity and child health clinics

- Municipalities are in charge of arranging the services
- All services at local maternity and child health clinics are free for the family
- Maternity clinics: pregnant women normally attend a maternity clinic 11-15 times during pregnancy. Majority of appointments is with a nurse, only a few appointments with a GP
- Attending a maternity clinic is still one of the preconditions for eligibility for maternity benefits
- Fathers are also encouraged to attend the check-ups at maternity clinics and participate in childbirth at the hospital
- Maternity clinics monitor the progress of the pregnancy and refer mothers to specialized services for follow-up treatment if there is a problem. Mothers are offered screening for foetal chromosome and growth defects during pregnancy.

# Child health clinics today

- Child health clinics assess the physical and mental health and social wellbeing of children aged 0-6 years old and also monitor the wellbeing of the whole family
- Each child visit the clinic a minimum of 15 times between the age of 0-6. Five appointments include a health check-up performed by a GP

# Child health clinics today

- Services are free for families
- Child health clinics also provide vaccinations, dental check-ups and support for parents. The clinics also aim at promoting a healthy lifestyle
- Home visits are made by a public health nurse before and after the birth of a child
- Child health clinics try to identify risks and problems affecting families with small children at an early stage.
- The clinics try to support families, refer them to other services and carry out multi-professional collaboration with other professionals working with young families.

# Popularity and quality of maternity services and child health clinics

- Practically every woman attends maternity care clinic during pregnancy
- Practically all families take their children to child health clinic regularly between ages 0-6
- Generally women and families are satisfied with maternity care services and the standard of childbirth services but some criticism has also been voiced recently → reason for some concern?
- Recent financial cut-backs → do maternity clinics and childbirth services have sufficient financial resources to provide high-quality services now and in the future?



# Conclusion

- Finland is a Scandinavian welfare state and uses tax income to promote equality, health and wellbeing of all citizens
- Finland provides for all women and families
  - a comprehensive system of maternity care during pregnancy (free)
  - high-quality birth care (low cost)
  - regular visits to child health clinics for children aged 0-6 (free)
- The quality of services is high but there is also reason for some concern e.g. regarding the financial resources for service-provision in the future

# Helsinki Group for Research on Birth and Childbearing (HEBI)

- HEBI is a multidisciplinary research group located at the Faculty of Social Sciences, University of Helsinki.
- Our ongoing research project "Battles over birth - Finnish birth culture in transition" (2020-24) studies women's birth experiences, maternity care services, birth activism and the meanings different actors give to childbearing.
- Ongoing research: birth culture, women's experiences of giving birth during the Covid19 pandemic, women's positive and negative experiences of childbirth, "Me too in childbirth" - campaign and activism, women's experiences of wanting a surgical birth, treatment of fear of childbirth, women's mental health problems after childbirth, the current pressures in midwives' work in maternity care hospitals etc.
- In addition to academic ambitions, we work together with maternity care services providing evidence and expertise for developing care
- HEBI is lead by Dr. Kaisa Kuurne and funded by Kone Foundation.
- Link to HEBI home page:  
<https://www2.helsinki.fi/en/researchgroups/birth-and-childbearing>



# Thank you

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