



DEPARTMENT OF THE AIR FORCE  
PACIFIC AIR FORCES

07 Jun 23

MEMORANDUM FOR KADENA OB PATIENTS

FROM: 18 MDG CHIEF MEDICAL OFFICER

SUBJECT: Notification of OB Care Divert

1. Due to a staffing shortage at United States Naval Hospital Okinawa (USHNO) located on Camp Foster, we are currently faced with a necessary yet temporary adjustment in the plan of care for pregnancy deliveries, however it is anticipated to be resolved by the end of the year. With rare exceptions, **Kadena patients with an estimate due date from August to end of November will not be accepted for care and delivery at USHNO at this time.** As part of our commitment to providing the best possible care for you and your pregnancy, it is vital that you are fully informed about these changes and their implications.

2. All **pregnancies with an estimate due date from August to December will be placed in our “Stork Nesting” program for delivery in the Continental United States (CONUS).** This will allow us to provide dedicated, safe OB care for our pregnant patients at a facility that meets US standards and guidelines.

3. Please note that “Stork Nesting” comes with its own challenges. Patients will be off island by **34 weeks (or sooner as medically necessary).** Lodging **up to government expense** is authorized, and dependents are required to keep receipts for travel. Furthermore, while **non-medical attendants** are authorized, they are **not authorized until 4 weeks before delivery.** This may result in time away from family members, and recovery in a hotel type setting. All travelers will be given a travel brief regarding the specifics for Stork Nesting before they leave the island to include passport requirements.

4. For those who decline Stork Nesting, the opportunity to utilize host nation facilities for delivery comes with some differences compared to what you may be used to in CONUS. Although not historically used, the Defense Health Agency (DHA) maintains confidence in these facilities, especially given Japan's maternity mortality rate is on par with other developed nations. Due to cultural and legal differences we feel it's important that you understand the specifics of care provided at these facilities:

a. **Pain control:** Japanese medical practice often approaches pain management differently from Western medicine. Epidurals or spinal anesthesia, common pain relief methods during labor in the U.S., are provided in only **about 5% of obstetric cases in Japan,** due to cultural and medical practice differences. Please note that pain control is not required for safe delivery, but some patients prefer this opportunity during delivery.

b. **Language barriers:** While a translator will be provided to assist in communication, they may not be available 24/7. As such, there could be periods where you might face language barriers, which could result in less optimal outcomes.

c. **EMTALA protections:** The Emergency Medical Treatment and Labor Act (EMTALA) is a **U.S. law** requiring hospitals to provide care to anyone needing emergency healthcare treatment regardless of citizenship, legal status, or ability to pay. This protection does not apply in Japan. Importantly, Japanese law **does not require hospitals to accept patients who are in labor**, so you may need to seek alternative delivery locations at the last minute.

d. **Post-delivery care:** After a vaginal delivery without complications, you may be required to stay in the hospital for **7-10 days**, compared to the usual stay of **fewer than 48 hours** in the U.S. and it is expected that the length of stay within the Japanese hospital for Cesarean section deliveries are also greater than the U.S.

e. **Obstetric appointments:** Appointments **may last 2-4 hours** in some facilities. You will need to arrange for childcare during these appointments if you have young children as they are typically not allowed to these appointments.

f. **High BMI considerations:** All high BMI deliveries are associated with increased risk regardless of the location of the healthcare. Japanese facilities will accommodate patients with a higher Body Mass Index, yet some studies show that with different aspects of non-OB care, higher BMI patients are at a higher risk for complications as compared to US health care.

5. This information is the best available evidence but please note individual experiences can certainly vary. We firmly believe in personalizing your care based on your specific needs and circumstances.

6. You Women's Health provider will refer you **no later than 28 weeks of gestation**. We will evaluate you for transfer to a continental U.S. Military Treatment Facility based on international travel restrictions relating to pregnancy or sooner if your doctor recommends a sooner transfer based on your individual healthcare needs. Unfortunately, due to travel limitations and safety, **once made the location for OB care (Stork Nest vs Host Nation) will be final**.

7. Your understanding and informed consent are vital to us. If you have any questions or concerns, please do not hesitate to contact us.

8. Thank you for your understanding, and we look forward to providing you with the highest quality care during this special time in your life.

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