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Mini-Review

A critical review of low fertility, perinatal care challenges, and healthcare system conflicts in South Korea: implications for advanced nursing practice

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Abstract

South Korea has one of the world's lowest fertility rates, posing significant challenges to its healthcare system, particularly in perinatal care. The persistent decline in birth rates, coupled with a shortage of obstetricians and pediatricians, has led to disparities in maternal and child healthcare, especially in rural regions. Additionally, policy reforms aimed at addressing physician shortages have triggered professional conflicts, complicating the roles of advanced practice nurses (APNs) within the healthcare framework. This critical review explores the interplay between low fertility trends, perinatal healthcare challenges, and interprofessional tensions within the South Korean medical system. It highlights the potential contributions of APNs in mitigating these challenges through policy advocacy, workforce stabilization, and community-based maternal care initiatives. The study concludes with recommendations for strengthening healthcare policies, expanding perinatal care infrastructure, and fostering collaborative healthcare models to ensure better maternal and child health outcomes.

Keywords: Health policy; Maternal health services; Nursing practice; Fertility decline

Introduction

South Korea has maintained one of the world's lowest total fertility rates for several years, raising concerns about long-term demographic stability. Persistently low fertility, coupled with population aging, has led to a shortage of obstetricians and pediatricians, weakening the provision of perinatal care, especially outside major cities. Concurrently, policy discussions about expanding medical school enrollment, reallocating training opportunities, and broadening the roles of physician assistants (PAs) have ignited professional

conflicts. Although the Nursing Act (2024) aimed to clarify and strengthen nursing roles, uncertainties regarding advanced practice nurses' (APNs) scope, interprofessional boundaries, and reimbursement models persist.^{6,7} These complex issues challenge the delivery of integrated, high-quality maternal-child healthcare.

Low fertility and perinatal care challenges

Socioeconomic pressures, including high housing costs and unstable employment conditions, have contributed to delayed marriage and childbirth.⁸ Persistent low

fertility discourages specialization in obstetrics and pediatrics, exacerbating regional disparities in access to comprehensive maternal-child services. 9,3 Rural hospitals, in particular, face significant challenges due to limited prenatal diagnostic resources, inadequate emergency obstetric services, and insufficient neonatal care capacity. 10,11 These deficits may heighten fear and anxiety surrounding childbirth and further entrench low fertility trends.

Healthcare system conflicts and political instability

Government efforts to address physician shortages and uneven service distribution—such as increasing medical school quotas and expanding PA roles—have met with resistance from medical professionals, resulting in staff shortages, strikes, and resignations among resident physicians.^{7,12} While the Nursing Act strives to elevate nursing authority, a lack of clear definitions for APN practice and equitable compensation fuels interprofessional tensions.^{4,6} Heightened public scrutiny and media criticism of perceived policy failures have intensified political dissatisfaction and led to discussions of impeachment, reflecting broader instability in the healthcare policy landscape.¹³

Future directions and implications for nursing

Addressing South Korea's low fertility crisis, perinatal care deficits, and professional conflicts requires multifaceted, evidence-based strategies. Nurses and APNs can serve as key agents of change in the following areas:

1. Shaping a supportive social climate and strengthening birth support

Policymakers must address underlying socioeconomic barriers to childbearing, such as access to affordable housing, stable employment, and childcare support. Educational initiatives that promote positive attitudes toward family formation and integrate community-based support programs are essential.^{5,14}

2. Policy Reforms and Workforce Stabilization from a Nursing Perspective

Incentivizing maternal-child health specializations through scholarships, loan forgiveness, and professional development opportunities can encourage

nurses and other healthcare providers to enter these fields.⁷ Nursing organizations should be involved in policymaking to ensure APN roles are clearly defined, interprofessional collaboration is supported, and reimbursement systems are equitable.^{4,6}

3. Enhancing Regional Perinatal Infrastructure and Care Networks

Establishing regional obstetric care networks, supported by multidisciplinary teams including nurses, APNs, midwives, and PAs, can improve continuity and quality of care. 11 Telehealth, remote fetal monitoring, and standardized referral pathways can expand access to specialized care and alleviate regional disparities. 11

4. Nurse-Led, Community-Based Maternal-Child Health Initiatives

Nurses and APNs can lead community-based interventions—such as home visits, group prenatal education, and postpartum support groups—that reduce barriers to care, enhance health literacy, and promote maternal well-being.⁵ Over time, these efforts may contribute to stabilizing or even increasing fertility rates.

Conclusion

South Korea's low fertility crisis, compromised perinatal care, and healthcare system conflicts are intertwined challenges that threaten equitable maternal-child health services. Overcoming these issues demands comprehensive policy coherence, interprofessional collaboration, and sustained community engagement. Within this dynamic context, nurses and APNs are well positioned to help stabilize services, restore public trust, and ultimately strengthen the healthcare landscape, ensuring safer and more supportive conditions for future generations.

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Conflicts of interest

Author declares that there is no conflict of interest.

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