▪ **Antenatal care (ANC):** Care provided *during pregnancy* by skilled health-care professionals to ensure best health conditions for both mother and baby.

▪ **Intrapartum care:** Care provided *during childbirth* by skilled health-care professionals to ensure best health conditions for both mother and baby.

▪ **Postnatal care (PNC):** Care provided *up to six weeks following childbirth* by skilled health-care professionals to ensure best health conditions for both mother and baby.
In many contexts, adolescent pregnancy is common: In 2016, an estimated 21 million girls aged 15-19 in developing countries became pregnant, approximately 12 million of whom gave birth. An estimated 2.5 million girls aged under 16 years in low-resource countries give birth every year. Drivers are context specific; they include child marriage, poverty, lack of opportunity & values related to womanhood & motherhood.

Adverse maternal health outcomes among adolescents have major health & social consequences: Pregnancy & childbirth complications are the leading cause of death among girls aged 15-19 years globally. In addition, adolescent mothers face higher risks of maternal morbidity. Early child bearing can increase risks for newborns as well as for young mothers.
▪ **ANC, IPC & PNC are effective:** The health benefits of these interventions for mother and baby are clear. There are not ascertainable harms or burdens.

▪ **Access to & provision of good quality services needs attention:** Adolescents face barriers to accessing & using skilled care before, during & after pregnancy. Certain groups of adolescents e.g. very young adolescents, unmarried adolescents, & those who are displaced because of war, civil strife or other emergencies face special barriers.
States are obliged under human rights law to provide ANC, IPC & PNC.

Upholding adolescents’ rights in this area is linked to state obligations to ensure universal access to a comprehensive package of SRH interventions before, during & after pregnancy to all women & girls.

Maternal health care should be free, confidential, adolescent-responsive and non-discriminatory; third-party authorization requirements should be removed.
Pregnant adolescents, especially unmarried ones, often face barriers to accessing maternal health services including ANC, IPC & PNC: Ensure availability of & access to ANC, IPC & PNC, including emergency obstetric care.

ANC, IPC & PNC services are often not responsive to the needs of adolescents: It is critical for health workers to receive pre- & in-service training, & ongoing support to ensure they have the competencies & attitudes to provide high quality care, based on the rights of all people to health, confidentiality & non-discrimination.
WHO GUIDELINES

- WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries (2011).
- WHO recommendations on antenatal care for a positive pregnancy experience (2016).
- Use of multiple micronutrient powders for point-of-use fortification of foods consumed by pregnant women (2016).
- Optimal serum and red blood cell folate concentrations in women of reproductive age for prevention of neural tube defects (2015).
- WHO recommendations for augmentation of labour (2014).
- WHO recommendations for intrapartum care for a positive childbirth experience (2018).
- Daily iron supplementation in postpartum women: guideline (2016).
- Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting (2012).
- WHO recommendation on community mobilization through facilitated participatory learning and action cycles with women’s groups for maternal and newborn health (2014).
COMPLEMENTARY GUIDELINES TO WHO’s GUIDELINES

- Prevention and elimination of disrespect and abuse during childbirth (WHO, 2014).
- Obstetric fistula: guiding principles for clinical management and programme development (WHO, 2006).
These are some signs and symptoms to be aware of...

...and let's talk about plans for where, when and how to go for help if needed.