

Training course in adolescent sexual and reproductive
health 2021

Antenatal, intrapartum and postnatal care

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Question 1.1

Identify three actions that could be taken to ensure that adolescents have access to antenatal care, intrapartum care and postnatal care in the context of disruptions to service provisions due to COVID-19.

Three actions that could be taken to ensure that adolescents have access to antenatal care, intrapartum care and postnatal care in the context of disruptions to service provisions due to COVID-19 are as follows:

1. Conduct mass media and digital campaigns to inform adolescents of where and how they are able to access maternal care
2. Using telemedicine for counselling and screening to be able to follow up on the adolescents' maternal health and identify risk factors
3. Implement targeted outreach strategies to ensure coverage of pregnant adolescents where services have declined due to the pandemic

Question 1.2

Were there disruptions to maternal health services in your country due to COVID-19? If so, what were the consequences. Please back up your answers with references, where possible.

There are limited studies and reports on the effect of coronavirus on maternal healthcare services; yet, as in many countries, around March and April 2020 there was almost complete lockdown due to COVID-19 in Lebanon which definitely disrupted the maternal health services. Health services, including maternal care, were not completely stopped and so access was still possible; however, for urgent cases and only necessary visits. As such, antenatal and postnatal visits certainly witnessed a decrease during lockdown. Accordingly, the Ministry of Public Health was quick to draft and implement strategies to cope with the virus and lockdown in cases of pregnancy, childbirth, and the provision of maternal health services, as well as conduct awareness and advocacy campaigns to raise awareness on the issue at hand (El Kak, 2020) (Technical Taskforce of Corona in Pregnancy- Lebanon, 2020).

Question 2.1

What were the two primary determinants of mistreatment during childbirth in the four-country study reported in the article titled: "How women are treated during facility-based childbirth in four countries: a cross-sectional study with labour observations and community-based surveys"?

1. Age: younger women were more at risk than older women
2. Education: less educated women were more at risk than educated women

Question 2.2

Why do you believe that girls/young women and those with less education were more affected by mistreatment?

In my opinion, girls/young women and those with less education were more affected by mistreatment due to their low capacity to make their own decisions. For example, a child bride (early marriage) was most likely denied her right for education in order to marry, consequently affecting her decision-making abilities for when she gets pregnant or if she wants to get pregnant (World Bank, 2015). Furthermore, girls and young women are less likely to be economically independent, making them more reliant on their husbands and making them more prone to domestic (specifically economic) violence (World Bank, 2015). A recent study also reveals that maternal mistreatment greatly impacts young women and girls and those with no education as they have low health literacy and face gendered discrimination during childbirth (Sacks, et al., 2021). Finally, in some cases, these girls and young women might be denied their right to have labor companions (who can witness and safeguard against mistreatment or neglect), or their labor companions might be their abusive husband; thus increasing the likelihood of being mistreated during childbirth (World Health Organization, 2020).

Question 3.1

What are the proven clinical benefits of labour companionship?

1. Improved maternal and perinatal outcomes
2. Enhanced the psychological process of labor (less fear and distress)
3. Shortened the duration of labor
4. Higher rates of spontaneous vaginal birth
5. Lower caesarean sections and intrapartum analgesia
6. Increased satisfaction with childbirth experiences
7. For the newborns: Decreased likelihood to have low 5th-minute Apgar score

Question 3.2

What were the three principal findings of the research study in three public tertiary hospitals in Egypt, Lebanon and the Syrian Arab Republic on labour companionship in each of these contexts?

1. Labor companionship was accepted and compatible with women across all three hospitals and was proven to be of benefit to the healthcare workers – it was also shown to be compatible with the healthcare workers' needs as a participatory approach was used and this enhanced its feasibility
2. Labor companionship was effective and decreased C-sections as well as low Apgar scores, while increasing women's satisfaction throughout the process
3. Labor companionship was proven to be cost-effective as well and showed high cost benefits across all three countries

Question 4.1

Identify three ‘delays’ that contribute to high maternal and infant mortality in the Eastern Mediterranean region.

1. Delay in deciding to seek care, whether it is the woman, partner, or family members making the decision → knowledge about pregnancy and labor, women’s status, costs of care, and cultural factors play a role in the decision-making process and might all cause delay
2. Delay in accessing an appropriate health care facility → this can be caused by poor infrastructure and underdeveloped transportation systems, the absence of communication networks, the high costs of transportation to the facility, or other financial barriers
3. Delay in receiving adequate care at the healthcare center → this can be caused by incompetent healthcare workers, inefficient triage systems, shortage of healthcare worker or medical equipment/supplies, or poor referral systems

Question 4.2

Identify two priorities for improving maternal healthcare - with a focus on adolescents - in your country.

Two priorities for improving maternal healthcare - with a focus on adolescents - in Lebanon can include the following:

1. Ensure the availability and accessibility of quality reproductive health information and youth-friendly services for married and unmarried, non-pregnant and pregnant adolescents. These services must be legally available, provided at zero or subsidized costs, and do not require third-party authorization. Moreover, to ensure good quality services, health providers should be trained particularly in counselling and communication skills to better work with adolescents accessing maternal healthcare without bias or judgment.
2. Nationwide campaigns must be put in place to raise awareness on the health and social burden associated with adolescent pregnancy, to ensure that pregnant adolescents receive the support they need. The targeted population should include adolescent girls and boys, families and communities, religious leaders, and other key decision makers.
3. In Lebanon, there are no defining laws for the minimum age of marriage and every sect (of the 18 religious sects in Lebanon) defines its own. Many of the sects allow early marriage in their internal policies. For better maternal healthcare, a national unified law to define the legal age of marriage at 18 should be endorsed and applied under all circumstances.

Question 5.1

Based on the study’s findings, identify two reasons that young Iranian women accepted a pregnancy even if they were not ready for it?

1. Religious beliefs that forbid abortion and the fear of the impact of abortion on fertility as well as the pressure and insistence of the young women’s families (compulsory acceptance)
2. Personal beliefs that a child can play a role in stabilizing and strengthening their marriage

Question 5.2

Based on the study's findings, identify two causes for the frustration and regret the young pregnant Iranian women who were studied felt.

1. The young women felt unprepared to take on the role and responsibilities of motherhood due to the lack of knowledge about child care, which left in them a feeling of despair and a sense of doubt, and even the thought of considering abortion for some
2. Financial barriers and limited resources also caused regret among the young women, mainly among those who had had other children and who were less religious

Question 5.3

Name one thought that came to your mind when you read this study.

While reading this study, I couldn't stop thinking about the whether the adolescent girls had access to maternal healthcare services and information. Several points were made where the girls were ready for child care and did not have the sufficient skills for it. Also, while many of them expressed their excitement about experiencing motherhood, none of them mentioned anything about their pregnancy experience. While the results of the study were interesting and offer room for intervention, I believe there should also be a highlight on whether the adolescent girls have adequate access to maternal health services and information that is free of judgement, affordable, and accessible to all.

References

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