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.

Following are three possible reasons for a young woman not utilizing free contraception services:

1. Ensuring that adolescents are informed about where and how to access healthcare using mass media and digital media in settings where adolescents have access to them. While in situations where they don't have access to such media, targeted outreach strategies need to be put in place for them.
2. Use of alternate approaches like telemedicine for counselling and screening for danger signs as well as risk factors (in the context of COVID-19 and to which adolescents are vulnerable to e.g. mental health conditions and gender-based violence).
3. Adopting strategies in settings where comprehensive facility-based services are disrupted, e.g.
    a. prioritize antenatal care contacts for pregnant adolescents,
    b. ensure birth preparedness and complication readiness plans are adapted at each contact to consider changes to services, and
    c. prioritize postnatal care contacts during the first week after childbirth.

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.

In Pakistan, essential health services, including reproductive, maternal, neonatal, and adolescent health (RMNCAH) services, were disrupted due to COVID-19 (WHO, 2021). These services were reduced to the lowest level in the month of May 2020, as shown by trends in service statistics (HPSIU, 2020). Following were the key consequences:

1. Delay in life-saving procedures including treatment of pregnancy & delivery related complications. This led to an estimated 0.22 million pregnant women experiencing complications and 0.3 million newborns experiencing complications besides significant increase in stillbirths (Wazir et al., 2020)
2. Aggravation of unmet need for contraception as availability and distribution of commodities were disrupted. This led to an estimated 0.53 million unintended pregnancies, 0.2 million miscarriages or unsafe abortions and 1.23 million additional women with unmet need for modern contraception (Wazir et al., 2020).
   Mathematical models indicated that large service disruptions in Pakistan had the potential to leave 5,424,900 children without oral antibiotics for pneumonia; 5,441,800 children without DPT vaccinations; 980,400 women without access to facility-based deliveries; and 4,021,800 fewer women receiving family planning services (GFF, 2021). As a result of disruptions in all essential services, both maternal and child mortality in Pakistan could increase by 22 percent over the next year. (GFF, 2021).

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"?

Younger age (15–19 years) and lack of education were the two primary determinants of mistreatment. For example, younger women with no education or with some education were more likely to experience verbal abuse, compared with older women (≥30 years), adjusting for marital status and parity.

Question 2.2

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

Adolescent girls/ young women and those with less education are more affected by mistreatment during childbirth (physical or verbal abuse or stigma or discrimination) mainly due to inequalities in attitudes of healthcare providers being judgmental towards their age and engagement in sexual activity (Maya et al., 2018). Women's age, socio-economic status, education, employment and empowerment are among key factors influencing provider's attitudes during childbirth (Ansari & Yeravdekar, 2020; Hameed & Avan, 2018; Balde et al., 2020). Unfortunately, mistreatment of women inside and outside of the health facility is often normalized and accepted, including by women themselves (Betron et al., 2018).

Question 3.1

What are the proven clinical benefits of labour companionship?

There is evidence that labour companionship shows clinically meaningful benefits for improved maternal and perinatal outcomes as mentioned below:

1. enhancing the physiological process of labour i.e. shorter duration of labour.
2. increased rates of spontaneous vaginal birth, decreased c-section and intrapartum analgesia.
3. increased satisfaction with childbirth experiences.
4. less fear and distress during labour.
5. newborns less likely to have low 5th-minute Apgar scores (Bohren et al., 2017).

There is also no evidence of harms related to labour companionship.

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?

The three principal findings of the research study in three public tertiary hospitals in Egypt, Lebanon and the Syrian Arab Republic on labour companionship are as under:

<table>
<tr><th>Sites / Findings</th><th>Acceptability & feasibility</th><th>Clinical Effectiveness</th><th>Cost-Benefit Ratios (return on every $1 investment)</th></tr>
<tr><td>Egypt</td><td rowspan="3">- compatible with women's needs for support
- opportunity for family engagement in maternity care
- changed skepticism of healthcare providers
- fostered ownership and empowerment among mid-wives</td><td rowspan="3">- decrease in caesarean births and in low Apgar scores
- increase in women's satisfaction with childbirth care and perceptions of control.</td><td>US$ 29.86</td></tr>
<tr><td>Lebanon</td><td>US$ 11.79</td></tr>
<tr><td>Syrian Arab Republic</td><td>US$ 6.17</td></tr>
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Question 4.1

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

Following are the 3 delays in accessing and receiving care that contribute to maternal and infant mortality (Thaddeus & Maine, 1994):

1. Delay in care-seeking decision by the individual, family or both, influenced by factors like:
    a. multiple actors involved in decision-making (individual, partner, family, community).
    b. poor perception of need due to limited knowledge about signs of complications.
    c. socio-cultural and economic issues like status of women, and costs for healthcare.
    d. physical and psychological immaturity and limited autonomy of adolescents & young pregnant mothers.

2. Delay in accessing care due to transportation issues like underdeveloped transportation infrastructures, nonexistent communications networks, prohibitive costs of transportation and other financial constraints.

3. Delay in receiving adequate & quality care at an existing facility due to inefficient triage & referral systems, inadequate number of caregivers and their skills limitation, inadequate equipment and supplies.

Question 4.2

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

Following are 2 priorities for improving maternal healthcare focusing on adolescents in Pakistan:

1. Enabling policy environment for minimum age of marriage for girls to be 18 years and its enforcement. Despite the Sindh province having success in legal reforms, implementation remains a challenge while other provinces and at national level, this reform is still needed.
2. Ensuring youth-friendly environments at healthcare delivery settings as well as in the social and family lives. Healthcare provider to be trained and equipped for addressing adolescent pregnancy needs with respectful care. Families and communities to be sensitized and supported for caring for adolescent mothers.

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?

Two reasons that young Iranian women accepted a pregnancy even if they were not ready for it are as under:

1. Adolescents were accepting childbearing and getting pregnant despite their unwillingness mainly due to their religious beliefs that forbids abortion and a fear of the consequences that the abortion may have on their fertility in the future, as well as their family's insistence on having the child.
2. Adolescents believed having a child plays an important role in stabilizing & strengthening their marital life. Hence, at times, despite their unwillingness, they agreed to childbearing for having a healthier 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.

Following are two causes for the frustration and regret felt by the young pregnant Iranian women in the study:

1. Due to the unexpected nature of the pregnancy, fear of the prospect of being pregnant considering the difficulties that came with it and due to their husbands' reluctance with regards to having a child.
2. Due to the economic barriers and limited financial resources to meet the needs that come with pregnancy. It was mostly seen among less religious adolescent mothers or those who had other children.

Question 5.3

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

Adolescent pregnancy is strongly influenced by cultural, social, political and religious contexts of every community. Generally, married mothers receive social rewards for their pregnancy while unmarried mothers face many problems such as loneliness, poverty, and social isolation. Such fears

and anticipations make pregnant adolescents more vulnerable to mental and physical ill health. It is the responsibility of families, communities, and society at large to prevent pregnancies in adolescence to avoid related complexities and in situations where necessary, all possible support is provided to pregnant adolescents for a healthy experience.

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