Training course in adolescent sexual and reproductive health 2021

Antenatal, intrapartum, and postnatal care

Rayah Mraiza

Together to Protect Human and the Environment Association (Together), Erbil, Iraq

rayamriza@gmail.com

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.

When comprehensive facility-based services are disrupted: 1) Prioritize antenatal care contacts for pregnant adolescents. 2) Ensure birth preparedness and complications readiness plan are adapted to each contact to consider services changes. 3) 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.

Yes, during the COVID-19 pandemic, there were many setbacks in acquiring antenatal, intrapartum, and postnatal care. Many primary health care centers had been shifted to dealing with COVID-19 screening and follow-up. People were afraid as well to visit the health care centers because of the fear of getting the infection from other patients, which lead to a decline in seeking ANC according to the (OXFAM gender analysis of the COVID-19 pandemic in Iraq) "This gender analysis shows that women in three sample areas of the country are facing an increase in the burden of domestic work and caring responsibilities, a heightened risk of GBV and particularly domestic violence, and greater loss of economic livelihoods difficulties in accessing health and support services, due to restrictions on movement and constrictive social norms, have limited decision-making power, and lack information on coronavirus itself, which should help keep them safe"[(1)]

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 labor observations and community-based surveys"?

According to the four-country study, the two main determinants of mistreatment during childbirth were: Younger age (15–19 years) and lack of education. For example, younger women with no education and younger women with some education were more likely to experience verbal abuse than 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?

I believe that girls with fewer education levels are the most affected by mistreatment because they usually lack the decision-making capabilities that more educated women might have. They are more likely to be unaware of their rights. They are more likely not to report abuse during labor or the following period. Some healthcare providers may have an unequal approach to less educated and illiterate women misjudgment. The study (Predictors of person-centered maternity care: the role of socioeconomic status, empowerment, and facility type) mentions: "Women who are poor, unemployed, illiterate, and unmarried suffer greater indignities and receive less information about their care than women who are better off and more empowered." (2)

Question 3.1

What are the proven clinical benefits of labor companionship?

The proven clinical benefits of having a birth companion include shorter labor duration, increased rates of spontaneous vaginal birth, decreased cesarean section and intrapartum analgesia and increased satisfaction with childbirth experience. Women also reported less fear and distress during labor. As for the babies of women given continuous support, they are less likely to have low 5th-minute Apgar scores. There is also no evidence of harm related to labor 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 labor companionship in each of these contexts?

The three principal findings of the research study were:

1. Acceptability: The labor companion model was compatible with women's needs for support and provided an opportunity for family engagement in maternity care. Healthcare providers felt that companions reduced their workload and supported women.
2. Effectiveness: There was a decrease in cesarean births and low Apgar scores – and an increase in women's satisfaction with childbirth care and perceptions of control.
3. Cost: The cost-benefit ratio showed benefit in all three countries: for every US$ 1 spent on developing and implementing the labor companionship model, the benefits were high, ranging from (6.17 to 29.86) in the four 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 on the part of the individual, family, or both. Factors that shape the decision to seek care include actors involved in decision-making; this also knows about pregnancy, labor and symptoms and signs of complications (perception of need), the status of women, costs, and cultural factors.
2. Delay in reaching an adequate health care facility. Causes include an inability to access health facilities because of underdeveloped transportation infrastructures, nonexistent communications networks, prohibitive transportation costs, and other financial constraints.

3. Delay in receiving adequate care at an existing facility. Causes include inefficient triage systems, inadequate caregiver skills, insufficient numbers of caregivers, inadequate equipment and supplies, and a lack of a referral system.

Question 4.2

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

Priorities for improving maternal healthcare-with focus on adolescents in my country, Iraq, should be:

1. Existing laws on a minimum age of marriage should be publicized and enforced towards establishing a statuary marriage law applicable to all marriages. Many countries' experience suggests that it is difficult for policy-makers to influence age at marriage and childbearing directly. Despite the legal age limit at the wedding being 16 or 18 years, many women marry before reaching this age. In Iraq, many girls marry at the age of 12 or 13 with the health and psychological consequences of such an early marriage age.
2. Opportunities for formal education should be provided and reproductive health education introduced into the curricula at school. Special efforts are needed to overcome barriers that preclude young girls from attending school. More significant political commitment and resources are required to improve the overall status of girls. Many girls in my country quit school before reaching high school. These girls usually lack the financial and personality capabilities to make informed decisions about their future, including reproductive health.

Question 5.1

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

Two reasons that young Iranian women accepted pregnancy even if they weren't ready for it:

1. Compulsory acceptance of childbearing: The reasons for this mandatory acceptance include their religious beliefs that forbid 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. Child as a factor for stabilizing the marital life. The adolescents in this study believe that having a child plays an essential role in stabilizing and strengthening their married life. Therefore, at times, despite their own personal unwillingness to have a child, they agree to do so to have 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.

Two causes for frustration and regrets the young Iranian women felt were:

1. Feeling of uncertainty and desperation. Some participants experienced a sense of uncertainty and desperation as they felt unprepared to take on and accept their maternal responsibilities due to a lack of information about child care.
2. Economic barriers. Economic barriers and limited financial resources caused a sense of frustration and regret about the participants' pregnancy. This type of financial regret was mostly seen among the mothers who were less religious compared to the other participants or those who at the time, had other children.

Question 5.3

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

I believe that adolescents, even the ones who experienced satisfaction with the idea of pregnancy, might face future regrets when they encounter stressors and challenges, including financial stresses and challenges to their education and job acquisition in the future. Adolescents haven't reached their full emotional and psychological development even if they have reached physiological puberty to face psychological and emotional pressure. Though many of the women in the study mentioned that they have helped raise their brothers and sisters as it is socially acceptable, I don't think it's the job of a child to raise another child. They might feel happy about raising a baby. However, they are unaware of the responsibility of raising a child and might not provide a healthy emotional and physical environment.

References

1. Oxfam. Gender analysis of the COVID-19 pandemic in Iraq. June; 2020. Avaliable from: https://www.humanitarianresponse.info/en/operations/iraq/assessment/gender- analysis-covid-19-pandemic-iraq
2. Afulani PA, Sayi TS, Montagu D. Predictors of person-centered maternity care: the role of socioeconomic status, empowerment, and facility type. BMC Health Serv Res. 2018 May 11;18(1):360. doi: 10.1186/s12913-018-3183-x. PMID: 29751805; PMCID: PMC5948900. Available at: https://pubmed.ncbi.nlm.nih.gov/29751805/