

Training course in adolescent sexual and reproductive  
health 2021

Antenatal, intrapartum and postnatal care

Rewan Youssif

Regional Youth Network on HIV & SRHR (SIBA), Alexandria, Egypt

[Rewan.Youssif@Gmail.Com](mailto:Rewan.Youssif@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.**

1. Inform adolescents where and how to access maternal care through mass media and digital media by providing information on how adolescents can access them.
2. Consider using telemedicine for counselling and screening, including for risk factors known to be increased in the context of COVID-19 and to which adolescents may be particularly vulnerable (e.g., mental health conditions and gender-based violence), in addition to the occurrence of danger signs.
3. Where comprehensive facility-based services are disrupted (i) prioritize antenatal care contacts for pregnant adolescents, (ii) ensure that birth preparedness and complication readiness plans are adapted at each contact to consider changes to services and (iii) 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.**

COVID-19 has disrupted and reduced healthcare services especially affecting maternal health services. According to a report by the Global Financing Facility, the COVID-19 pandemic threatens to disrupt the provision of essential services due to barriers to the supply and demand for services. Mathematical models indicate that large service disruptions in Egypt have the potential to leave 552,200 women without access to facility-based deliveries, and 3,026,600 fewer women receiving family planning services. As a result of disruptions in all essential services, maternal mortality could increase by 56% over the next year. (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 labour observations and community-based surveys”?**

The two primary determinants of mistreatment are; younger age (15-19) years and lack of education.

### **Question 2.2**

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

Girls and young women with less education were more affected by mistreatment during childbirth for many reasons. Stigmatizing less educated women is one of the reasons for their mistreatment. In addition, ineffective communication between women and service providers, where the latter do not provide adequate explanations for the women to fully comprehend the situation and these explanations are often rushed. (2)

### **Question 3.1**

**What are the proven clinical benefits of labour companionship?**

1. Shorter duration of labour.
2. Increased rates of spontaneous vaginal birth.
3. Decreased caesarean section and intrapartum analgesia, and increased satisfaction with childbirth experiences.
4. Women have also reported less fear and distress during labour.
5. For the babies of women given continuous support, they are less likely to have low 5th-minute Apgar scores.

### **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?**

**Acceptability:** the labour companion model was compatible with women's needs for support and provided an opportunity for family engagement in maternity care. Health-care providers' scepticism towards labour companionship changed after experiencing the intervention, as they felt that companions reduced their workload and supported women well.

**Feasibility:** the participatory approach fostered ownership and empowerment among junior health care providers and midwives, addressing their needs throughout the design.

**Effectiveness:** there was a decrease in caesarean births and in low Apgar scores, and an increase in women's satisfaction with childbirth care and perceptions of control.

### **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.
2. Delay in reaching an adequate healthcare facility.
3. Delay in receiving adequate care at an existing facility.

### **Question 4.2**

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

1. Reproductive health information and youth-friendly services for married and unmarried, non-pregnant and pregnant adolescents should be legally available and widely accessible.
2. Health providers should be trained particularly in counselling and interpersonal communication skills to better work with adolescents. Adolescents should particularly be given adequate social support during pregnancy, labour, delivery and postpartum period.
3. Maternal health care for adolescents should be provided early and include pregnancy test, counselling, early detection and management of complications, psychological support, and nutritional, iron and vitamin supplementation. Treatment and management of malaria and other communicable diseases in endemic areas should be a component of antenatal care provided to adolescents.

### **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. **Compulsory acceptance of childbearing.** \
2. Some participants stated that they had to accept the pregnancy and fight the desire to abort the child, despite their unwillingness to do so. The reasons for this compulsory acceptance include 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 a child.
3. **Child as a factor for stabilizing the marital life.**
4. The adolescents in this study believe that having a child plays an important role in stabilizing and strengthening their marriage. Therefore, at times, despite their own personal unwillingness to have a child, they agree to do so in order 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.**

1. **Feeling of uncertainty and desperation.** Some participants experienced a sense of uncertainty and desperation as they felt that they are unprepared to take on and accept their maternal responsibilities due to a lack of information about childcare. These feelings created a sense of doubt in these females and some even began considering abortion as an option.
2. **A sense of shock and regret.** Some participants claimed that they were shocked and felt regret due to the unexpected nature of the pregnancy. They mentioned that this regret was as a result of the fear they felt at the prospect of being pregnant and the difficulties that came with it. Other females who were pregnant due to an egocentric decision, felt regret as they saw their husbands' reluctance with regard to having a child

### **Question 5.3**

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

One thought that came to my mind while reading this study was, that cultural norms in some countries can force adolescent girls and young women to passively give in to social pressure by getting married at an early age, and getting pregnant at a young age. Such parental and social pressure make these young women and adolescent girls think they have no choice and no power. Girl education and empowerment is key to assert their autonomy and the power to make their own decisions, and choose what is best for them.

### **References**

1. Dimakou O, Romero MJ, Van Waeyenberge E. Never let a pandemic go to waste: How the World Bank's Covid-19 response is prioritising the private sector. Eurodad Brief Pap. 2020.
2. Bohren MA, Vogel JP, Hunter EC, Lutsiv O, Makh SK, Souza JP, et al. The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review. PLoS Med. 2015.