

# ANTENATAL, INTRAPARTUM & POSTNATAL CARE

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## DEFINITIONS

- **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.

## RATIONALE – 1/2

- **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.

## RATIONALE – 1/2

- **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.



## HUMAN RIGHTS OBLIGATIONS

- 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.

## KEY CONCEPTS TO CONSIDER

- **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 effects (2015).*
- *Guidelines for the identification and management of substance use and substance use disorders in pregnancy (2014).*
- *WHO recommendations for prevention and treatment of pre-eclampsia and eclampsia (2011).*
- *WHO recommendations for induction of labour (2011).*
- *WHO recommendations for augmentation of labour (2014).*
- *WHO recommendations for intrapartum care for a positive childbirth experience (2018).*
- *WHO recommendations for prevention and treatment of maternal peripartum infections (2015).*
- *WHO recommendations for the prevention and treatment of postpartum haemorrhage (2012).*
- *WHO recommendations on tranexamic acid for the treatment of postpartum haemorrhage (2017).*
- *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 recommendations on health promotion interventions for maternal and newborn health (2015).*
- *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

- **Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice, 3<sup>rd</sup> edn. (WHO, 2015).**
- **Managing complications in pregnancy and childbirth: a guide for midwives and doctors, 2<sup>nd</sup> edn, (WHO, 2017).**
- **Companion of choice during labour and childbirth for improved quality of care: evidence-to-action brief (WHO, 2016).**
- **Prevention and elimination of disrespect and abuse during childbirth (WHO, 2014).**
- **Strengthening midwifery toolkit (WHO, 2011).**
- **Obstetric fistula: guiding principles for clinical management and programme development (WHO, 2006).**
- **Tibingana-Ahimbisibwe B, Katabira C, Mpalampa L, Harrison RA. The effectiveness of adolescent-specific prenatal interventions in improving attendance and reducing harm during and after birth: a systematic review. Int. J Adolesc Med Health. 2016; 30:(3).**



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