

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.**

Where comprehensive facility-based services are disrupted, the following can be done in addition to use of mass media and digital media to reach adolescents where possible, and planning strategies for outreach where adolescents' ANC have dropped:

1. Prioritize antenatal care (ANC) contacts for pregnant adolescents,
2. Ensure that birth preparedness and complication readiness plans are adapted at each contact to consider changes to services and
3. Prioritize postnatal care (PNC) 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.**

Like in most if not all countries, the covid-19 pandemic has tremendous effect on health care delivery. Maternal health care services are not left out. Disruption was seen on both sides; the provider and the client. At the provider side, the quality of care reduced and even at certain moments, the number of workers reduced due to staff becoming infected and being sent for quarantine. Also, the fear of contracting the disease made care givers to reduce their time of exposure hence reducing the quality of care (1). The consequences were numerous; misdiagnosis, poor quality of care etc. Disruption at the client side was also due to fear of contracting the disease and also because of curfews that were imposed in Cameroon from 6pm to 6am. This made women to shy away from health facilities and to find it difficult to come to hospitals during the curfew periods. The consequences were enormous; many women only came when there were complications and some ended up delivering at home.

### **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. Younger age (15-19 years)
2. Lack of education

### **Question 2.2**

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

Several reasons could be identified.

Firstly, poor communication between the client and the staff might expose the client to mistreatment. According to a review by Boren et al (2), women were often dissatisfied with explanations from health workers regarding their care and believed health workers were more interested in their compliance than in answering questions or clarifying proposed procedures. Young girls being more naïve, could be more affected since it would likely be their first delivery experience and the repeated examinations might seem abusive to them hence poor cooperation.

Also, the care provider's judgmental bias on adolescents and poor women is an important issue as well. Adolescents and poor women are less likely to attend ANC and so, during labor, they could be more exposed to mistreatment. According to some statistics of Cameroon by UNICEF in 2017, only 36% of women from poor families had 4 ANC compared to 90% from rich families. Also, only 37% of women with no education had 4 ANC compared to 93% of women with higher education (3).

### **Question 3.1**

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

1. For mothers
  - Shorter duration of labor,
  - Increased rates of spontaneous vaginal birth,
  - Decreased caesarean section and intrapartum analgesia,
  - Increased satisfaction with childbirth experiences,
  - Women have also reported less fear and distress during labor
2. 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?**

1. **Acceptability.** The labor companion model was compatible with women's needs for support, and provided an opportunity for family engagement in maternity care. Health-care providers' skepticism towards labor companionship changed after experiencing the intervention, as they felt that companions reduced their workload and supported women well.
2. **Feasibility.** The participatory approach fostered ownership and empowerment among junior health-care providers and midwives, addressing their needs throughout the design.
3. **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.
4. **Cost.** The cost–benefit ratio showed benefit in all three countries: for every US\$ 1 spent on developing and implementing the labour companionship model, the benefits were as high as

US\$ 29.86 in Egypt, up to US\$ 11.79 in Lebanon, and up to US\$ 6.17 in the Syrian Arab Republic.

#### **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 health care 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. 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.
2. Pregnant and parenting girls need to be able to continue their schooling. Traditionally, pregnant schoolgirls have been forced to leave school.

#### **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.** Some study participants stated that they had to accept the pregnancy and fight the desire to abort the child, despite their unwillingness to do so. This is because of their religious beliefs that forbids abortion, fear of consequences of abortion (such as infertility), and 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 important role in stabilizing and strengthening their marital life. 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 child care. These feelings created a sense of doubt in these females and some even began considering abortion as an option.
2. **Economic barriers.** Economic barriers and limited financial resources caused a sense of frustration and regret about the pregnancy for some of the participants. 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.**

Adolescents and young women go through a lot of psychological stress when it comes to childbearing. At one point they are forced to become pregnant and while pregnant, they contemplate on keeping or not yet, there is nothing much they can do about it.

### **References**

1. Ngeh EN, Kuaban C. COVID-19: challenges and the impact on care in clinical settings in Cameroon. *The Pan African Medical Journal*. 2020;35(Suppl 2).
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 medicine*. 2015;12(6):e1001847.
3. Maternal and Newborn Health Disparities country profiles [Internet]. UNICEF. 2018 [cited 3/12/2021].