

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.

1. Provide information to adolescent through mass media and digital media on how and from where they can obtain and access to antenatal care, intrapartum care, and postnatal care.
2. In case of disruption of comprehensive facility-based services, some essential services should be prioritized, e.g. antenatal contacts for pregnant adolescents, and adaptation of birth preparedness and readiness plan for complication at each contact for considering any changes for services needed, and postnatal care contacts during the first week after childbirth.
3. Targeted outreach strategies need to be in place for those areas where coverage and care-seeking among pregnant adolescents have declined (UNFPA, 2020)

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.

- 1- Disruption to maternal health services were there in the country due to COVID-19. Due to two reasons disruptions to maternal health services existed in my country Lockdown was announced by the government
- 2- Fear, panic and getting exposure to COVID-19 among people while visiting health facilities brought the level of utilization down.

Although government and MoPH partners did not conduct any impact survey on maternal health services but a modeling exercise on Impact of COVID-19 on RMNCAH services under progress and not completed yet. But data from routine HMIS/MoPH and maternity hospital records shows low utilization rate of maternal services during COVID-19 pandemic. The most essential services like immunization, RMNCAH and mental health have been impacted and this will lead to serious downgrade of the potential health outcomes. Comparison of HMIS data between Quarter 2 (April – June 2020) with Quarter 2 (April – June 2019) have been made.

There has been a decrease in utilization of the MCH services, when the second quarter data of 2019 and 2020 are compared. The decrease is most prominent in the case of home deliveries assisted by clinical staff where a decrease of over 30% has been reported. Again, there was a decreased of 22% in the maternal deaths reported at the health facilities. The first ante natal care is down by over 10% whereas decrease in post-natal care (5%), institutional deliveries (0.4%), normal deliveries referred up by CHWs is down by over 1%, and caesarian sections performed is down by over 10% (Ministry of Public Health Afghanistan, 2020)

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”?

Study findings shows that two primary determinants of mistreatment during childbirth in the four-country study were (Bohren, 2019):

1. Younger age (15–19 years) and
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?

Evidence suggests that women across the world experience mistreatment during childbirth, including physical abuse, verbal abuse, discrimination, non-consented procedures, and non-supportive care but girls/young women especially when they are with less education were more affected by mistreatment.

The mistreatment of young girls and women with less education is because of; 1) they are more vulnerable and face to mistreatment due to low level of awareness and information about their needs and rights and 2) there is inequalities in how women are treated during childbirth across the world (Bohren, 2019).

Question 3.1

What are the proven clinical benefits of labour companionship?

There is evidence that labour companionship improves maternal and perinatal outcomes, including enhancing the physiological process of labour. Research has shown clinically meaningful benefits of the support, including shorter duration of labour, increased rates of spontaneous vaginal birth, decreased caesarean section and intrapartum analgesia, and increased satisfaction with childbirth experiences. Women have also reported less fear and distress during labour. For the babies of women given continuous support, they are less likely to have low 5th-minute Apgar scores (World Health Organization, 2020)

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 in each of these contexts were as follows (World Health Organization, 2020):

1. **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.

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.

Question 4.1

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

There are 3 delays generally identified in accessing and receiving care that contribute to maternal and infant mortality (Mahaini, 2008):

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.

Two priorities for improving maternal healthcare - with a focus on adolescents are:

1. 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.
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 (Mahaini, 2008).

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 were (Moridi, 2019):

1. Their religious beliefs that forbid abortion,
2. Fear of the consequences that the abortion may have on their fertility in the future.

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 the frustration and regret the young pregnant Iranian women who were studied felt (Moridi, 2019):

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.
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.

Question 5.3

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

One of the thoughts that came to my mind was the importance of socio-cultural, religious factors, gender norms, and community contexts and its role in influencing adolescents’ feelings and choices in confronting pregnancy and its outcome (Moridi, 2019).

References

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