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.

First action: The adolescent should be informed where and how to access maternal care through mass media and digital media where adolescents have access to them.

Second action: Using telemedicine for counseling 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) to the occurrence of danger signs.

Third action: Overcome facility- services disruption through: (i) prioritize antenatal care contacts for pregnant adolescents, (ii) ensure that birth preparedness and complication readiness plans are adapted at each connection to consider changes to services, and (iii) prioritize postnatal care contacts during the first week after childbirth.

Fourth action: Concern of targeted outreach strategies to cover care-seeking among pregnant adolescents has been 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?

According to the World Health Organization (2021), the COVID-19 pandemic has wreaked havoc in Egypt, infecting more than 174,000 people and killing more than 9,000.

There are disruptions to pregnant women for their maternal services, especially those who fall sick with COVID-19; the situation is even more challenging. So,

1. UNFPA has been working closely with the Ministry of Health and Population to ensure continued access to the full range of maternal health services, including antenatal check-ups, safe delivery services, and postpartum care. These services must remain available to all pregnant women, including those who fall sick with COVID-19 (UNFPA, 2020).
2. UNFPA helped develop standard operating procedures for providing care amid pandemic conditions, including infection-control measures at primary health levels and efforts to safely offer delivery services and postnatal care for COVID-19 patients in secondary health institutions and isolation sites (UNFPA, 2020).
3. UNICEF supports the health sector by continuing the promotion of maternal and child health and nutrition by training health professionals to use online platforms to disseminate information and raise awareness.

4. Helping protect people and prevent the pandemic's spread by rehabilitating Water, Sanitation, and Hygiene in healthcare facilities (UNFPA, 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 labor observations and community-based surveys"?

The two primary determinants of mistreatment during childbirth in the four-country study reported in the article:

1. **Time of birth** was vulnerable in more than a third of women experienced mistreatment.
2. **Age:** Women who were younger and less educated were most at risk, suggesting inequalities in how women are treated during childbirth. Moreover, gender and social inequalities should be understandable.

Question 2.2

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

The younger and less educated women are at the highest risk groups affected by mistreatment due to misconduct of consent form, leading to maltreatment by health care providers (Sheferaw et al., 2017). Moreover, studies suggest inequalities in how women are treated during childbirth, which shows that adolescents experienced mistreatment because of healthcare providers' judgments about their age and engagement in sexual activity (Sethi et al., 2017).

Furthermore, observation and survey data show that many women have vaginal examinations and procedures (cesarean section, episiotomy, induction) done without their consent. Four ·5% of observed and2·0% of surveyed women gave birth without the presence of a skilled attendant, and 5·0% of women reported detainment because they were unable to pay the hospital bill (Hajizadeh, et al., 2020).

Question 3.1

What are the proven clinical benefits of labor companionship?

Labour companionship improves maternal and perinatal outcomes, including enhancing the physiological process of labor. Therefore, the Research has shown clinically meaningful benefits of the support, including

- Shorter duration of labor increased rates of spontaneous vaginal birth,
- Decreased cesarean section and intrapartum analgesia,
- Increased satisfaction with childbirth experiences.

- Women have also reported less fear and distress during labor.
- Women given continuous support are less likely to have low 5th-minute Apgar scores
- There is also no evidence of harm related to labor companionship (World Health Organization, 2021)

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?

Research in three public tertiary hospitals in Egypt, Lebanon, and the Syrian Arab Republic has been done to develop implementation models for labor companionship in each of these contexts the companionship implemented, with the following findings.

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' skepticism towards labor 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 healthcare providers and midwives, addressing their needs throughout the design.

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.

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 services 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. (World Health Organization, 2021)

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 (individual, partner, family, community); this also knows about pregnancy, labor and symptoms and signs of complications (perception of need), women's status, 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, defective equipment and supplies, and lack of a referral system. Although these delays are mostly systemic and

thus affect health care for most pregnant women in developing countries, their presence poses particular challenges for the care of pregnant adolescents due to immaturity of adolescent's physical, psychological and restricted autonomy (Mahaini, 2008).

Question 4.2

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

WHO's key priorities are promoting maternal health, reducing child mortality, and its overarching policy framework of poverty reduction.

1. The particular focused on some of the key rights issues affecting adolescents, including early marriage, access to sexual and reproductive health services, and care for pregnant adolescents. One of Egypt's important priorities is to decrease Teenage marriage, which was reported (22%) in 1976 and reported 10% in 2003.
2. Decline mortality rate of Adolescents' mothers (Mahaini, 2008).

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?

The acceptance of unwanted pregnancy among Iranian women called a Passive acceptance of pregnancy, and the reasons for that related to:

1. **Compulsory acceptance of childbearing**. The reasons for this mandatory acceptance include the religious beliefs that forbid abortion and a fear of the consequences that the abortion may have on their fertility in the future, 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 essential 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 to have a healthier marriage (Moridi et al., 2019).

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.

Frustration and regret females begin due to the financial problems to face their lack of readiness to accept the role of motherhood, being too young for their first child, or being unable to take care of two children if they already have one.

1. Feeling of uncertainty and desperation. Some participants experienced a sense of uncertainty and hopelessness as they felt unprepared to accept their maternal responsibilities due to a lack of information about childcare.
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 resulted from the fear they felt at the prospect of being pregnant and the difficulties that came with it (Moridi et al., 2019).

Question 5.3

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

The thought that came to my mind that this paper will give me an insight into adolescents' perspectives regarding the acceptance of pregnancy. I expected that the approval would be high regarding religious issues and family stress. Most Islamic religions have similar concepts regarding pregnancy acceptance; even if it does not desire, it looks like a destiny type (Moridi et al., 2019).

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