

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.

According to UNFPA (2020a), responding to the sexual and reproduction health needs of adolescents in the context of the COVID-19 crisis-Technical Brief, three actions points were taken as outlined below:

- Inform adolescents where and how to access maternal care through mass media and digital media where adolescents have access to.
- Where comprehensive facility-based services are disrupted;
 - Prioritize antenatal care contacts for pregnancy adolescents,
 - Ensure that birth preparedness and complications readiness plans are adapted at each contact to consider changes to services,
 - Prioritize postnatal care contacts during the first week after birth.
- Put in place targeted outreach strategies where coverage and care-seeking among pregnant adolescents have declined.

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.

Report from UNFPA (2020b) Cameroon, pointed that the maternal health services in Cameroon were disrupted by Covid-19 as pregnant women became reluctance in receiving care from hospitals for the fear of being contaminated. There were also financial difficulties caused by lockdown and the economy became paralyzed causing pregnant women to seek health services in small health centers rather than in hospitals with trained staff due to cost. Further, it was estimated nationally that about 137,800 deliveries never took place in the health facilities in 2020 due to disruptions in the health systems causing a decline in the fight against maternal mortality.

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”?

Bohren et al. (2019), in the study on how women are treated during facility-based childbirth in four countries a cross-sectional study with labour observations and community-based surveys to establish the determinants of mistreatment during childbirth. The study reported that Young age (15-19) and lack of education was the two primary determinants of mistreatment during childbirth in the four-countries.

Question 2.2

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

Bohren et al. (2019) further found out that for girls and young women, health providers made judgment on them about their age and engagement in sexual activity. Also this age group can be naïve and “uncooperative” due to lack of experience in childbirth. Women with less education are not empowered to contribute to matters concerning them, ignorant about their sexual and reproductive health rights making them to be easily intimidated and mistreated.

Question 3.1

What are the proven clinical benefits of labour companionship?

According to WHO (2020), companion of choice during labour and childbirth for improved quality of care-Evidence-to –action brief the following are proven clinical benefits of labour companionship:

- Shorter duration of labor
- Increase rate of spontaneous vaginal birth
- Decrease caesarean section and intrapartum analgesia
- Babies less likely to have low 5th-minute Apgar scores
- Increase satisfaction with childbirth with childbirth care.

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 study conducted by WHO (2020) cited three principal findings of the research study in three public tertiary hospitals in Egypt, Lebanon and the Syrian Arab Republic on labour companionship in:

- Acceptability as it was compatible to women’s needs for support, an opportunity for family members to be involved in maternity care and reduced workload for healthcare providers.
- Feasibility as participatory approach foster ownership and empowerment among healthcare providers.
- Effectiveness leading to decrease in caesarean section and in low Apgar scores.
- Cost as there is high-cost-benefit ratio on development and implementation of labor companionship model.

Question 4.1

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

Mahaini (2008) identified three ‘delays’ that contribute to high maternal and infant mortality in the Eastern Mediterranean region and this includes:

- Delay in deciding to seek care on the part of the individual, family or both.
- Delay in reaching an adequate healthcare facility.
- 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.

Mahaini (2008) further identified two priorities for improving maternal healthcare - with a focus on adolescents - in my country which includes:

- Empowerment of women
- Reduction of child mortality
- Promotion of maternal health.

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?

Furthermore, Moridi et al. (2019) identified the reasons that young Iranian women accepted a pregnancy even if they were not ready for it as stated below:

- Pressure from their families
- Religious beliefs that forbid abortion
- Fear of the consequences that abortion may have on their fertility in the future
- Stabilizing the marital life.

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.

Based on the study findings, Moridi et al. (2019) identified two causes for the frustration and regret the young pregnant Iranian women who were studied felt through;

- Lack of readiness to accept the role of motherhood

- Financial problems they begin to face
- Husband's reluctance with regards to having a child
- Feeling of uncertainty and desperation due to unpreparedness to take on and accept the maternal responsibilities due to lack of information about child care.

Question 5.3

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

The Challenges of adolescents' pregnancy

References

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4. WHO. Companion of choice during labour and childbirth for improved quality of care- Evidence-to-action brief. World Health Organization; 2020.
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6. Moridi M, Shokravi FA, Ahmadi F. The paradox of acceptance: A content analysis of Iranian married female adolescent in confronting pregnancy. *PLOS ONE*.2019 May 10; 14(5):e0216649.