Antenatal, Intrapartum and Postnatal Care Services

Pregnancy, childbirth, and the first six weeks after childbirth are critical times for maternal and newborn survival. Antenatal, intrapartum, and postnatal care services serve as a foundation for other critical health care functions (WHO 2018a: 345). One of the primary responsibilities of Competent health care providers is to provide intrapartum care (ICM 2019:17). Almost all midwives in Ethiopia provided antenatal, intrapartum, and postpartum care for adolescent girls and women in need.

Antenatal, intrapartum and postnatal care services for adolescent

Antenatal, childbirth and postnatal services include Family planning. In addition, review maternal and newborn danger signs as well as the complication readiness plan. It provides nutritional and psychological support, as well as self-care and other healthy practices (WHO 2018a: 346-349).

Several factors affect safe adolescent pregnancy and childbirth, including (2017b: 107):

- Lack of access: Limited SRH information

and services are available.

- Child-marriage: Girls that are pressured to have children upon marriage to prove fertility.
- Early initiation of sex: Sexual activity among adolescent girls is increasing.
- Sexual coercion: Girls are assaulted, coerced into having sex and pregnancies.
- Socio-economic factors: Sexual exploitation often results in early pregnancy.
- Disabilities
- Lack of information about sexual and reproductive health and rights.

- Inadequate access to services tailored to young people
- Family, community and social pressure to marry
- Sexual violence
- Child, early and forced marriage
- Humanitarian emergency conditions: war civil unrest, political upheavals
- Educational, peer pressure, media exposure, family structure, nutritional status, GBV, and other factors

Adolescent pregnancy risks

Pregnancy and intrapartum in adolescence pose a greater risk to the health of both mother and baby than in adult women. This is due to

biology and the social environment. Maternal mortality is increased by young maternal age and insufficient access to health care services. Babies born to adolescent mothers are also at a higher risk of low birth weight, as well as higher rates of morbidity and mortality (FMoH 2017b: 107). Table 6.2 summarises pregnancy complications and risks in adolescents.

Table 6.2 Adolescent pregnancy complications and risks

Pregnancy	Labour deliver y	Post-partum	Risks to the foetus and newborn

• Pregnancy-induced hypertension • Anaemia • STIs/ HIV: mother-to-child transmission • Depression	• Pre-term birth • Obstructed labour/fistula • Pre-eclampsia • Obstructed labour, operative delive	• Anaemia • Depression • Puerperal endometritis • Family conflict • Malnutrition	• Low birth weight • Perinatal and neonatal mortality • Inadequate breastfeeding and childcare • IUFD • Lower IQ school achievement later on

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Source: FMoH (2017d: 108)

Increased use of skilled care during ANC, SBA, and PNC for adolescents

To improve maternal and infant outcomes among adolescents, the WHO (2011a: 99) recommends expanding the availability and access to basic emergency obstetric care (BEmOC) and comprehensive emergency obstetric care (CEmOC) to all populations, including adolescents. Creating links between the community and the health-care system Increasing women's empowerment Increasing supplies and logistics Improve integration with other programs. Better service monitoring (FMoH 2017b: 111).

Competent health care providers should

provide information and services on skilled antenatal, intrapartum, and postnatal care to all pregnant adolescent clients. Competent health care providers should provide early pregnancy and ANC diagnosis, as well as effective labour, birth (intrapartum), and postpartum care, to reduce problems (ICM 2019:4).

Antenatal care for adolescent clients

Community engagement and demand creation activities for the early identification of pregnant women are vital for the early start of ANC services. Pregnant adolescents need more explanation of the content of the care than older women. Pregnant adolescent clients should be encouraged to start ANC

within 12 weeks. Family planning counselling should start during antenatal care (WHO 2018a: 346). Early child health hood and development should start during adolescent pregnancy time

Contacts with the health care system on a regular basis provide a valuable opportunity for the detection and treatment of problems. Antenatal visits are also an excellent opportunity to screen for STIs, such as syphilis, and to provide necessary treatment when necessary. ANC is a window of opportunity because it frequently serves as an entry point into the formal health system, allowing access to health services for subsequent maternal and child health needs.

To gain a better understanding of adolescent experiences with healthcare systems, policy and program implementation are required (FMoH 2017b: 113).

Antenatal care includes (FMoH 2017b: 113):

- The client's life situation, including marital status and socioeconomic status, as well as the resources available to her.

- Her access to health care services for routine antenatal care as well as in the event of an emergency.

- Recommendations for health care delivery.

- Information on the increased risk of contracting HIV and passing it on to her infant, as well as encouragement to seek HIV counselling and testing.

- Nutritional assessment using MUAC Tape and nutritional counseling services

- Counseling on Hygiene and sanitation

- Counseling on adequate rest and relaxation

Skilled care during pregnancy

Promoting birth and emergency preparedness through the use of skilled antenatal care strategies for pregnant adolescents is effective in improving pregnancy-related outcomes in adolescents. Using ANC screening and risk identification, improving the quality of approaches to mothers, and establishing an effective referral system. Using ANC screening and risk identification, improving the quality of approaches to mothers, and establishing an effective referral system (WHO 2011a: 91).

To maximise health during pregnancy, health care providers should provide quality antenatal care to adolescent clients, including

early detection and treatment or referral for complications (ICM 2019:14).

Management of labour and delivery

One of the primary responsibilities of midwives is to provide intrapartum care (ICM 2019:17).

During labour and delivery, midwives should provide high-quality, culturally sensitive care. They should also handle emergency situations in order to protect the health of their clients and their newborn infants (FMoH 2017b: 114). Labour care guide; competent health care providers are skilled health professionals who provide direct labour and childbirth care in all settings (WHO 2020c: 2).

Physiologic labour and delivery should be

promoted (ICM 2019:17):

- Providing the client with respectful one-on-one care

- Evaluating the client's physical and behavioural reactions to labour.

- Offering encouragement and support throughout the labour and delivery process. Encourage movement and upright postures, and provide fluids.

- Evaluating maternal-fetal status, vital signs, contractions, and cervical dilatation on a regular basis.

- Using Partograph labour progress graphics to detect complications, labour delays, and foetal compromise.

- Recognizing and managing malpresentations and twin births during

labor, as well as diagnosing and treating obstructed labor, uterine rupture, and postpartum hemorrhage.

- Avoiding unnecessary routine interventions such as amniotomy, electronic foetal monitoring, closed glottis pushing, and episiotomy.

Managing adolescent clients labor and delivery

The health care providers should be patient, understanding, explain the process, and show compassionate care. Create an atmosphere of

inclusion with family and /or identified support person NEVER LEAVE HER ALONE for labour and delivery care for clients. Providing emergency management as covered in emergency skills training programs such as BEmONC. Increasing the number of adolescent-friendly health workers and increasing adolescent participation in shaping health services (FMoH 2017b: 114).

Postpartum care

Breastfeeding; physical check-ups for mother and infant at 48 hours, 7 days, 6 weeks, and 6 months; contraceptive methods counselling and provision within 48 hours or at 6 weeks; HIV counselling, testing/retesting for HIVPCR testing for infants at 6 weeks; counselling and

provision of immunisations up to 6 months; and counselling on danger signs are all part of post- natal care services. Identifying normal and abnormal postnatal signs in the mother and newborn, newborn evaluation and care, breastfeeding counseling, keeping the baby warm, infection prevention, and other issues, and special care for preterm and low birth weight babies, advice on how to set up an effective two-way referral system (FMoH 2017b: 115).

Postnatal care

Postnatal care should be continued within 6 weeks, exclusive breastfeeding should be continued for 6 months and then continued for

another 2 years, and an immunization schedule

should be followed (WHO 2018a: 349). Furthermore, nutritional counseling for lactating women, as well as counseling and hygiene and sanitation partner involvement, should be considered

This is a crucial period to give the adolescent mother a second chance to plan her future. Adolescent clients should be supported with childcare, family planning, and socio-economic planning. Midwives should visit and care for adolescent clients and their newborns (FMoH 2017b: 115).

Postpartum contraception counselling and services for adolescent clients

Provide counselling for adolescent clients on contraceptive method choices. Many too-early repeat pregnancies are unplanned and are the result of insufficient or non-existent contraceptive efforts (ICM 2019:21). The postpartum period is an excellent time to take concrete steps to avoid unplanned repeat pregnancies by Utilizing adolescent-friendly health care services (FMoH 2017b: 116).

Adolescent mother's nutrition

- Adolescent mothers who are lactating require adequate nutrition to meet their own bodily needs as well as the need for breast milk production (FMoH 2017b: 116).

- The risks of SGA, LBW, and preterm birth are highest in girls, who are the most gynecologically immature. Nutritional and other interventions are required.
- Nutritional assessment using MUAC and nutritional counseling
- Provide them IFA for the 6 months if supplements started late to provide them IFA 3 months postpartum

Promote and support breastfeeding

Breastfeeding should be promoted and encouraged. Breastfeeding should begin

within the first hour of a newborn's life, and they should be counseled on proper positioning and attachment. Exclusive breastfeeding is strongly advised during the first six months of life, with complementary feeding beginning at six months and breastfeeding being advised for the next two years and beyond (ICM 2019:20). Breastfeeding is particularly challenging for adolescent clients. They frequently believe that breastfeeding limits their mobility (FMoH 2017b: 116).

Explain the benefits of breast milk for the newborn as well as the benefits of exclusive breastfeeding for both the mother and the newborn. Outline the steps involved in

establishing

optimal breastfeeding, including proper mother positioning and baby attachment to the breast. Explain how to counsel an HIV-positive mother on breastfeeding options for her baby to reduce the risk of HIV transmission through breast milk. Describe how newborns lose heat and how the "warm chain principle" can be used to avoid hypothermia.

Care of the newborn

Motivated, competent, and compassionate health care providers should facilitate newborn baby care for the newborn immediately after birth, for the first week to two months of age and beyond, and during routine

postnatal care. Healthcare providers who are motivated, competent, and compassionate should provide essentially healthy infants with comprehensive, high-quality care (ICM 2019:18).

While the baby is on the mother's abdomen, dry and stimulate. Evaluate breathing and color; if not breathing or gasping, resuscitate. Clamp/tie and cut the cord, Place the infant on the mother's chest, skin to skin, and cover both with clean linen and a blanket as needed. Breastfeeding should be started within 1 hour. Eye care applies Tetracycline to the affected area. Tags for identification Place the baby identification bands around the wrist and ankle. Weigh the newborn after 90 minutes

and when the baby is stable.

Immediate postpartum care for the newborn

Health care providers, according to the ICM (2019:18), should:

- Create a safe, warm environment for the mother and newborn.

- Assess breathing while drying and wrapping the newborn to prevent hypothermia

- After immediate care at birth continue skin-to-skin contact/care and evaluate the normal transition to the extra-uterine environment, monitor birthing.

- Initiate breast feeding immediately after birth

- Use standardised methods to assess the immediate newborn condition (APGAR or other) in the first minutes of life and refer if necessary.

- Encourage exclusive breastfeeding and

attachment (bonding) in the first hour of life.

- Perform a thorough physical examination of the newborn in the presence of the mother/family; explain findings and expected changes, such as the colour of the extremities and the shape of the head. Refer to a specialist if anything out of the ordinary is noticed.
- Provide newborn prophylaxis, such as prevention of ophthalmic infection and haemorrhagic disease.

Provide information

- Provide information about frequent breast-feeding, including the importance of colostrum, immunisation, and close monitoring of umbilical cord care, voiding, and stooling.
- Counseling and health education on recognizing danger signs and seeking appropriate care (for both mother and newborn), routine care practices such as exclusive breastfeeding and good thermal care practices, Improve her nutrition to aid

breastfeeding and recovery, as well as provide emotional support and assistance with daily living. Teach the mother how to clean herself after childbirth.

- Involve partner/support people in newborn care.