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WHY SHOULD MNH SERVICES BE MORE RESPONSIVE TO THE NEEDS OF ADOLESCENTS AND THEIR NEWBORNS DURING PREGNANCY, BIRTH AND THE POSTPARTUM PERIOD?

Webinar Series Session 1

19 Oct 2021 | 13-14:30 GMT



Session Outline

- **Welcome**
- **Understanding MNH Service Coverage, Quality and MNH Outcomes for Adolescents**
- **Facilitated Panel Discussion**
- **Audience Q&A**
- **Wrap up**





Welcome

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Understanding MNH Service Coverage, Quality and MNH Outcomes for Adolescents

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Save the Children US

Outline

- **Introduction**
- **Findings**
 - Coverage, quality and outcomes
 - Explanatory vulnerabilities
- **Key takeaways**



Introduction

- Approximately 12 million girls aged 15-19 and 2.5 million girls aged <16y give birth annually.
- Up to 1 million additional girls expected to become pregnant in 2020 due to socioeconomic effects of Covid-19.
- Nearly 4 million girls undergo unsafe abortion in LMICs
- Complications of pregnancy are one of the leading causes of death for girls aged 15-19yrs in LMICs.
- Limited available evidence shows that adolescent mothers are twice as likely to suffer postpartum depression than adults.
- Adolescent mothers are less likely to provide the care needed to ensure proper child development especially for vulnerable neonates.



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Introduction

- Standard approach used in the content and delivery of MNH interventions for adolescents (10-19) and women (20+), regardless of age, within the life cycle.
 - MNH clinical guidelines rarely make distinctions based on age
- Increasing recognition of the need for ***differentiated care*** due to ***unique vulnerabilities*** that influence how they perceive and demand for, use and experience MNH services
 - These vulnerabilities should influence content and delivery of care within existing systems and services.
- Achieving UHC and SDG goals calls for accelerated action for subgroups for whom progress is lagging behind e.g. adolescents

Adolescents have lower coverage of MNH services compared to older women



- Less likely to seek ANC services early and complete recommended visits
 - Adolescents <20 in Cambodia, Nepal and Uganda were 1.5-1.6x less likely to start ANC early compared to 20-34y.
 - Adolescents <20 in Cameroon and Peru were 1.6x and 2.5x less likely to complete 4 ANC compared to 20-34y.
- Less likely to deliver at a facility
 - In SSA, adolescents (15-19) were 1.4x and 1.9x less likely to deliver at a facility than older women 20-24 and >25 resp.
 - Primi adolescents (10-19) in SSA and Asia were significantly less likely to deliver in a facility (28%) compared to 20-24 (45%) and 25-29 (65%).

Adolescents have lower coverage of MNH services compared to older women

- Less likely to use PNC services for themselves and their babies (more mixed picture with PNC than other MNH services)
 - In Malawi, adolescents (13-15) were significantly less likely to use PNC services compared to adolescents (16-17) and (18-19).
 - 52% of adolescents <20 in Nepal used PNC compared to 46% and 40% of 20-29 and 30-34. Similar picture with use of early PNC services.
 - In one systematic review, young maternal age (up to 24) was associated with higher PPFP use amongst women in Ethiopia, Indonesia, Kenya and India compared to >24 y.



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Adolescents receive lower quality MNH services compared to older women

Less likely to receive all the components of MNH care

- Only 28% of ≤ 15 received ACS for preterm labour compared to 39% of 16-19 and 52% of 20-24. Similar findings for prophylactic uterotonics.
- Only 49% of 10-19y received 4 components of ANC compared to 61% (20-24) and 73% (>25y).

More likely to experience disrespect and abuse during delivery

- Adolescents (15-19) in 4 countries were 2x likely to experience physical abuse, 3x likely to experience verbal abuse if not educated (2x if educated), 2x likely to experience stigma, 5x likely to experience unconsented vaginal exam if unmarried compared to women 20-29 and >30.

Adolescents and their newborns face poorer MNH outcomes

Morbidity

Some medical conditions and complications seem to occur more commonly in adolescents
e.g. anaemia, puerperal sepsis, HIV, STI, PPH, postpartum depression.

Neonates of adolescents are more likely to experience complications

- 40 - 50% more likely to be born preterm.
- More likely to experience severe neonatal conditions (<15y=60%; 16-17y=30%; 18-19y=10%).

Direct relationship between risk of adverse maternal and neonatal outcomes and age

- Morbidity and mortality increases with decreasing age

Adolescents and their newborns face poorer MNH outcomes

Mortality

Maternal mortality estimated to be about 17-28% higher among adolescents (15-19) than among 20-24.

- **Trends in maternal mortality with age follow a J-shaped curve.**

In SSA, adolescent mothers aged <16, 16-17 and 18-19 experienced a higher neonatal mortality (60%, 40% and 20%) compared to 20–24-year-old mothers.

Adolescent mothers are 1.5x more likely to experience perinatal mortality including stillbirths.

Vulnerabilities could explain these differences in coverage, quality and outcomes*

Vulnerability	Examples
Biological Related to physiological immaturity	<ul style="list-style-type: none">• Growing adolescent competes for nutrients with growing baby during pregnancy• Immature pelvis increases risk of obstructed labour for <15 but adolescents (16-19) are significantly less likely to deliver by CS due to size of baby.
Developmental Related to the socio-emotional, cognitive and identity changes during transition from childhood to adulthood	<ul style="list-style-type: none">• Changes in the developing adolescent's brain compounds their risk of depression and anxiety• Role of peers in influencing behaviour coupled with changes in risk perception influences care-seeking, adoption of positive behaviours, responsive caregiving
Social Related to their age, gender and life-stage	<ul style="list-style-type: none">• Unmarried adolescents more likely to deny the pregnancy and be undecided about carrying it to term due to stigma surrounding pregnancy outside marriage.• Young, married adolescents are less likely to have the agency, resources and decision making authority on care-seeking and use of services.

*a dynamic state that reflects the converging effects of risks, needs and factors which together increase an individual's susceptibility to poor health outcomes.

Key Takeaways

Existing evidence demonstrates that, compared to older mothers:

- Adolescents have lower coverage of key MNH services and receive lower quality services across the continuum of care.
 - There are inter and intra-country variations
- Adolescents and their newborns face a higher risk of morbidity and mortality
- Adolescents face unique biological, developmental and social vulnerabilities.

The content and delivery of MNH services should take into account these vulnerabilities.

- MNH clinical guidelines and quality standards should better address the unique needs of adolescents and their newborns.
- Adaptations in existing service delivery approaches and platforms are needed to provide responsive MNH care.
 - Service and system adaptations needed to address these vulnerabilities to be discussed in next webinar.



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THANK YOU



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Facilitated Panel Discussion

- **Dr. Ahmad Makuwani**, Director of Reproductive and Child Health Sections, Ministry of Health Tanzania
- **Asma Khatun**, Registered Midwife, Educational Secretary of Bangladesh Midwifery Society
- **Immaculate Amoiti Idewa**, Founder and Executive Director, Western Twaweza Empowerment Campaign (WETEC)



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Facilitated Panel Discussion

- Are lower coverage of services and poorer quality mentioned in the presentation is a reflection of what you are seeing in your work and your countries?
- In your experience, why are adolescents not using health services in pregnancy, birth and the postpartum period for themselves and their babies?
- Do you think our health services (both community and facility) well adapted to the needs of adolescents and their newborns during pregnancy, birth and the postpartum period?

Audience Question & Answer



WRAP UP

**Join us for the next session on
Tuesday, 2 November 2021!**

**Session 2: How should we adapt
existing MNH services to be more
responsive to the needs of
adolescents and their newborns?**

**More info and registration:
<https://bit.ly/2XV9vrY>**