Unit 14: Adolescent Birth, Postpartum care, and Parenting

Adolescent-Friendly Language
Antenatal Care for Adolescents
STEPS OF ANTENATAL CARE

1. Assess the pregnant adolescent
2. Respond to observed signs or volunteered problems
3. Give preventive measures
4. Advise and counsel on nutrition and self-care
5. Develop (or review) the birth and emergency plan
6. Advise and counsel on contraception after delivery
7. Advise on routine and follow-up visits

(Source: WHO Job Aid 2010)
ADOLESCENT RISK ASSESSMENT

Assess whether you think your client is at high risk. In addition to her age, some factors to look for include:

• Parity: Is this her first pregnancy? Is this a closely spaced pregnancy (less than 2 years after a previous birth? Less than 6 months after a miscarriage or abortion?)

• Delivery site: Has she planned and/or prepared where she will deliver?

• Family support: Does she have enough food, money, help with work/chores and adequate opportunities to rest and attend ANC clinics?

• Interpersonal violence: Are there signs of domestic or intimate partner violence?

• Does she have any type of disability that might require additional attention or accommodation?
ADOLESCENT RISK ASSESSMENT

- Is there a history of:
  - Anemia
  - Abdominal surgery
  - Genital tract surgery
  - Female genital mutilation/female genital cutting
  - Blood transfusion
  - STIs, including HIV
  - Sickle cell, heart disease, diabetes, epilepsy, asthma, or tuberculosis
  - Drug or alcohol use
  - Malnutrition
THE ANTENATAL VISIT

In addition to standard screening and counseling, screen the adolescent for anemia and offer specific counseling on nutrition. Help the client to establish a birth plan.

**Nutrition:** adolescents may not have much knowledge about nutrition, either for the fetus or herself. Take a diet history: ask your patient what she usually eats and how much. Adolescents who are not yet physically mature and are still growing will need a higher nutrient intake.

Advise the client to eat the following foods. Counsel her not to overcook the food, because cooking food too long destroys folic acid, an important nutrient.
THE ANTENATAL VISIT

• Protein: meats, fish, beans, eggs and nuts.
• Calcium, particularly during breastfeeding: milk, yogurt, cheese, green leafy vegetables, bone meal, beans, soy, and shellfish.
• Zinc: spinach, beef, shrimp, kidney beans, flax and pumpkin seeds.
• Iron: egg yolk; groundnuts; dried navy and lima beans, dried apricots, peaches, prunes, figs, dates, and raisins; molasses; fish and meat; sunflower seeds; nuts; spinach, amaranth leaves.
• Folic acid: dark green leafy vegetables, liver, fish, nuts, legumes, eggs, whole grains and mushrooms.
DEVELOPING A BIRTH PLAN

The place most suitable for birth may depend on many factors, including but not limited to the client’s age, poverty, illiteracy, as well as any disability. In situations that require support from a caregiver to be present throughout the pregnancy and birth, the caregiver should be included in the birth plan.

*Indications for delivery at referral hospital level:*

- Age less than 14 years
- Transverse lie or other obvious malpresentation within one month of expected delivery
- Obvious multiple pregnancy
- Prior delivery by caesarean
- Documented third degree tear
- History of or current vaginal bleeding or other complication during this pregnancy
- Tubal ligation or IUD desired immediately after delivery

(Source: WHO 2010)
DEVELOPING A BIRTH PLAN

*Indications for delivery at primary health care (or higher) level*

- Age less than 16 years
- First birth
- Prior delivery with heavy bleeding
- Prior delivery with convulsions
- Prior delivery by forceps or vacuum
- Last baby born dead or died within first day
- More than six previous births

(Source: WHO 2010)
OTHER CONSIDERATIONS

Advise the client about the following considerations when making a birth plan.

• Decrease her workload and increase rest in the third trimester
• Know the signs of labor/danger signs
• Make arrangements for transport before birth, and be aware of costs
• Plan for delivery costs
• Pack clean clothes and cloths for herself and the baby, any home-based maternal records
• Make sure there is care for other children while she is at the facility
• Identify a person who can support her during delivery
• Start thinking about whether or not she will use contraception after delivery. Which method might be best for her contraceptive needs? When should she plan to start?
Support during Birth and Postpartum
BIRTH

- Adapt your demeanor to the adolescent’s individual needs to support her efforts. Provide caring, clear and understandable explanations throughout.
- Create an atmosphere of inclusion with family or support people.
- When preparing to perform examinations and procedures, clearly explain to the adolescent and her support person what you will be doing and why.
- Perform maneuvers slowly and gently.
- Use firm but caring speech: shouting is not acceptable.
- Please take in account that some kinds of disability can make the typical lithotomy position during actual birth not the best choice for some women. Providers must be prepared to deliver in alternate positions with the possibility of assistive devices.
IMMEDIATE POSTPARTUM CARE

• As with most new mothers, the adolescent will be concerned if the baby is not close to her. Other mothers need rest or some time alone. Ask the mother what she wants without pressing her into immediately taking care of her baby.

• After the birth of the baby, the young mother’s body goes through another set of dramatic, physical changes and a wide range of emotional responses—pride, accomplishment, fatigue, and hormonal shifts.

• Adolescent mothers have the compound challenge of needing to establish their own identity while they adjust to their new role and identity as a mother.

• If the adolescent has elected for immediate contraception (e.g. IUD insertion), provide contraception or contraceptive advice.

• Before the adolescent leaves the facility, explain which signs of postpartum complications she should watch for and remind her when to for follow-up.
The first 6 weeks following a birth is a time of tremendous adjustment that will affect the young mother physically and emotionally. Circumstances could be even more challenging for young mothers with disabilities. For this reason, postpartum care should not be focused on the infant only but it should also take into account the specific situation of the mother and her needs. Care should be provided according to the mother’s needs in an enabling environment that fosters her self-confidence. Care must not be provided on the basis of assumptions about what the mother cannot do or which tasks she has difficulties with. The young mother will need support not only from the provider but from her family and social network. This support is not always available in a community that stigmatizes adolescent pregnancy, especially if she is not married. This can leave adolescent mothers at risk for postpartum depression.
POSTPARTUM PERIOD

Many new mothers feel some sadness or “blues,” usually within a week following birth, ranging from mild (feeling “down,” teary, unexplained sadness, easily upset) to more profound. Providers should watch for signs of severe postpartum depression:

- Loss of interest in things the client used to enjoy
- Anxiety or panic attacks
- Extreme mood swings
- Development of disordered eating
- Crying uncontrollably for long periods of time
- Misery
- Trouble sleeping
- Disinterest in the baby, family, or friends

(Source: American Psychological Association, 2007)
CLINICAL CARE IN THE POSTPARTUM PERIOD

• Home visits: Starting within 48 hours of discharge.
• Scheduled follow-up visits at 2, 4, and/or 6 weeks after birth which will address:
  – Problem-solving common physical discomforts: increased perspiration, perineal pain, breast engorgement, constipation, haemorrhoids
  – Nutrition and hydration, especially if breastfeeding
  – Correct breastfeeding and mother-child interaction
• At 4 or 6 weeks, take a complete history and perform a complete physical examination.
• Encourage experienced caretakers and family members to support the young mother without taking over direct care of the baby.
• Connect the new mother with other young mothers or new mother support networks within the community.
• Provide contraceptive counselling and supplies, support future planning for healthy timing and spacing of pregnancy.
Adolescent Parenting
WHAT ADOLESCENT FATHERS NEED

• Acceptance and integration into antenatal, delivery and postnatal services.
• Counselling about sexual and reproductive health, including the importance of contraception to space the next pregnancy.
• Exposure to positive models of and information about positive parenting skills.
• Encouragement to learn effective parenting skills, such as feeding, bathing, changing nappies, playing, positive social interactions, and participating in health care discussions.
• If one or both parents have a disability, it may be helpful to know where to acquire information and support for them on how to parent independently.
WHAT ADOLESCENT FATHERS NEED

• Information about the importance of breastfeeding, immunization, nutrition, and growth monitoring.
• Continued access to economic and educational opportunity.
• Information about healthy timing and spacing of pregnancy and family health.
• Positive relationship models and information about how to best support their partner.
• Positive fatherhood role models.
• Information has to be accessible for all, including persons with disabilities.
WHAT ADOLESCENT MOTHERS NEED

• Information about the importance of antenatal care, trained providers during delivery and postpartum care.
• Social support during and after pregnancy.
• Postnatal support and health care for themselves and their infants.
• Information about the importance of breastfeeding, immunization, nutrition, and growth monitoring.
• If one or both parents have a disability, it may be helpful to know where to acquire information and support for them on how to parent independently.
• Encouragement to learn positive parenting skills, such as feeding, bathing, changing nappies, playing, positive social interactions, and participating in health care discussions.
WHAT ADOLESCENT MOTHERS NEED

• Counseling about sexual and reproductive health, including information about modern contraception to delay the next pregnancy.

• Appropriate contraceptive methods, based on her breastfeeding status.

• Information about healthy timing and spacing of pregnancy and family health.

• A confidential, private, affordable, and welcoming service environment.

• Continued access to economic and educational opportunity.

• All information has to be accessible for all, including persons with disabilities.
PARENTING: IMMUNIZATION

Immunization: When to immunize

- BCG: Birth or any time after birth
- DPT: 1 ½, 2 ½, and 3 ½ months
- OPV: 1 ½, 2 ½, and 3 ½ months
- Measles: 9 months and 12 months

All immunizations should be completed before the child reaches 1 year.
PARENTING: INFANT FEEDING

Breast milk is the perfect, complete food for a baby:

• It has all the nutrients the baby needs.
• It is easy for the baby to digest.
• It gives the baby important protection from infections.
• It always fresh, clean, and ready to drink.

Breastfeeding also has advantages for the mother and her family:

• It slows the return of the mother’s menstruation after birth.
• It helps prevent the mother from getting pregnant again too soon.
• It does not cost anything.
PARENTING: BREASTFEEDING

How to have enough milk:

• Breast milk is the best and only food the baby needs for the first six months. To produce enough milk, the mother needs to be healthy, drink plenty of fluids, eat plenty of nutritious food, and get plenty of rest.

• For HIV positive mothers, the combination of exclusive breastfeeding until age 1 and the use of antiretroviral treatment will ensure the baby benefits from breastfeeding with reduced risk of HIV.

(Source: WHO 2016)

When to stop breastfeeding:

• Babies should have only breast milk for the first 6 months but can be breastfed for at least 2 years. Most older babies won’t breastfeed as often as young babies.
ADOLESCENTS AND BREASTFEEDING

Breastfeeding can be a challenge for adolescents: it can be demanding of their time, confine their movements, and restrict their ability to return to their education or work. It can be messy and uncomfortable. Providers can help adolescents maintain a realistic perspective of breastfeeding that helps the young mother with her planning and decision-making.

- Emphasize that breastfeeding forms an important bond between mother and baby.
- Offer emotional support if she feels judged or isolated for breastfeeding. Remind her that she is doing something special and miraculous that only she can do to maintain the health of her baby.
• Give practical suggestions to help her plan for breastfeeding, starting during antenatal care. Provide breastfeeding guidance from the moment of delivery. All information has to be accessible for all including persons with disabilities.

• Emphasize the convenience, efficiency and cost-savings of breastfeeding plus the health benefits to the child.

• Help set short-term goals. Breastfeeding until she returns to school is better than not breastfeeding at all, combining breastfeeding with formula or other feeding is better than not at all.

• Connect her with social supports if they exist. Mother to mother support relationships can help adolescent mothers sustain breastfeeding.

• Focus on positive body-image. Breastfeeding can help her return to her pre-pregnant shape.
PARENTING: BOTTLEFEEDING

Mothers should never be pressured into any method of infant feeding but should be supported with information and evidence to make an informed choice. Bottle feeding is an acceptable choice for many young mothers. All information has to be accessible for all, including persons with disabilities.

Adolescent mothers may have the option of using commercial formula or concentrate and should learn how to prepare formula correctly. Warn mothers to not overdilute formula, which could damage the healthy growth of the child.

If the mother cannot afford commercial formula, she may choose to make her own formula. She should NOT use cow’s milk for an infant younger than 1 year because it is too high in protein and has inadequate amounts of vitamins and iron.
PARENTING: BOTTLEFEEDING

She should be advised of the following:

• How to prepare, use, and store the formula.
• How to maintain and clean nipples, bottles, and other supplies.
• The importance of holding and cuddling the child during bottle-feeding to support bonding.