AYFHS Modular Training

MODULE 6:
Teen Pregnancy & MCH for Young Women
Welcome

REVIEW GROUND RULES

– Participate
– Ask for clarification if unclear
– Provide constructive comments and share professional experience
– Cell phones on silent for 3 hours
– Prepare for success and certification
  • Participate in all trainings & pass test
  • Demonstrate use in the facility
Thanks

• Participants
• Facility leadership
• Ministry of Health
• PEPFAR (PUSH and Star-L Districts)

All material developed for the training are based on Lesotho national health policy and guidelines.
Training Progress Discussion

• Attendance
• Pre and post test score
• Between training, site support and data review.
• Reflect on the application and use of training content in the facility;
  – Module 1: Friendly services for adolescents and young people
  – Module 2: Test and Treat for Adolescents in Lesotho
  – Module 3: Undetectable Viral Load: Adherence for AYPLHIV Treatment Success
  – Module 4: Treatment Support: Disclosure in the family, school and in relationships
  – Module 5: Aging with HIV: Transitions in Care

What has been accomplished? Why?
Module 5 Overview: 3 hours

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>15 min</td>
<td>Welcome &amp; Opening</td>
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<tr>
<td>10 min</td>
<td>Pre Test</td>
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<tr>
<td>40 min</td>
<td>MCH Review</td>
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<tr>
<td>20 min</td>
<td>Teen Pregnancy</td>
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<tr>
<td>5 min</td>
<td>Break</td>
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<tr>
<td>30 min</td>
<td>Facility Analysis – Teen PMTCT, Teen MCH and Young Moms</td>
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<tr>
<td>45 min</td>
<td>Group Work</td>
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<tr>
<td>15 min</td>
<td>Planning for Services for Pregnant Teens &amp; Young Mothers</td>
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<tr>
<td>5 min</td>
<td>Closing &amp; Next Training Topic</td>
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Pre Test

• 10 minutes given to answer a multiple choice test on the topic area.
• At the end of the training, you’ll be given a post-test to check your learning
Learning Objectives

• Review Maternal & Child Health (MCH) in Lesotho
• Discuss the differences between young/ inexperienced mothers and experienced mothers
• Define early pregnancy
• Identify care needs of teen/1st time mothers in MCH
• Review facility data to determine local approaches for improving care for teen/1st time mothers
Module 6 Key References

- National Guidelines for the Prevention of Mother to Child Transmission of HIV
  - Ministry of Health
  - Government of Lesotho
  - January 2018

- National Health Strategy for Adolescents and Young People
  - Ministry of Health
  - Government of Lesotho
  - 2015 - 2020

- National Guidelines on the Use of Antiretroviral Therapy for HIV Prevention and Treatment
  - Ministry of Health
  - Bophelo
  - Fifth Edition
Maternal & Child Health

What is the package for preconception care?

What is the package of care for ANC?

What is the package of care after delivery?

What is the package for mother-baby pairs?

Pre-conception

Antenatal Care

Postnatal care

Infant health
MCH Services Group Work

Split into 4 groups – to complete each section on a piece of flipchart. Then let each group present.

1. What services/service packages we offer in our facility or district?

2. What are the gaps?

3. What are the specific challenges for adolescents? And pregnant adolescents living with HIV?
MCH Care in Lesotho – Preconception

• A 2013 WHO report shows that preconception care has a positive impact on maternal and child health outcomes.

• Preconception care is the provision of biomedical, behavioural and social health interventions to women and couples before conception occurs.
Preconception care has a positive effect on a range of health outcomes. Among others, preconception care can:

- reduce maternal and child mortality
- prevent unintended pregnancies
- prevent complications during pregnancy and delivery
- prevent stillbirths, preterm birth and low birth weight
- prevent birth defects
- prevent neonatal infections
- prevent underweight and stunting
- prevent vertical transmission of HIV/STIs
- lower the risk of some forms of childhood cancers
- lower the risk of type 2 diabetes and cardiovascular disease later in life.

Gaps are substantial

Even where strong public health programmes are in place across the life-course, they do not guarantee that women enter pregnancy in good health.
Infertility/subfertility
HIV
STIs
Nutritional conditions
Genetic conditions
Rapid successive pregnancies
Unwanted pregnancies
Inter-personal violence
Substance abuse
Mental health
Pregnancy too early
Tobacco use

Addressed through Pre-conception Care
What about the male partner?
Which preconception care services should the male partner receive?

- **Nutritional conditions** – Management of conditions e.g. DM, Nutritional status monitoring.
- **Tobacco use** - screening for tobacco use also remember second hand smoke.
- **Genetic conditions** – counselling, screening & testing
- **Environmental** – Toxin/radiation exposure
- **Infertility/Subfertility** – screening and diagnosis after 6–12 months of attempting, counselling
What about the male partner?

Which preconception care services should the male partner receive?

- Substance use
- **Vaccine preventable diseases** – Hepatitis B
- Too early, unwanted and rapid successive pregnancies
- **STIs** – screening and treatment, safe sex practices.
- **HIV** – testing and treatment, male circumcision
- **Mental health** - assessment, screening, management
Antenatal Care in Lesotho

- HIV testing services should be routine for all ANC attendees
- Option B+/Test and treat.
- Link HIV negative to preventive services and counselling
- At least 4 ANC visits
- AYLHIV should receive integrated antenatal care services, and may require more than four antenatal visits.
- Services to be offered in adolescent/youth-friendly setting.

- What other tests should be done?
What do we screen for among A/WLHIV?

- Screening and management of anaemia
- Nutritional assessment and counselling
- STI screening
- Tuberculosis
Post-Partum Care

- HIV infected adolescents and young women should be seen for the first post-partum visit 7 days after delivery.

- All females who present for post-partum care with unknown HIV status or HIV test more than three months previously should be offered HTC.

- All females should present for post-partum care at 6 weeks post-delivery.

- Provide HIV preventive counselling and services for HIV negative clients to minimise sero-conversion
Morongoe is a 16 year old HIV positive client who has just delivered a term infant weighing 2kg.

How should we manage this teen mother-baby pair?
MCH Review

• What services are easy to deliver in the clinic? Why?

• What services are challenging to deliver in the clinic? Why?

• Are there any gaps in services, the team is aware of already?

• Have efforts been made to achieve them?
Does service coverage reduce mortality for mothers & newborns?

Lesotho Successes:

- Reducing under-five mortality from 117 to 85/1,000 live births (UNICEF)
- Increasing facility delivery to 78%

Lesotho Challenges:

- A high maternal mortality 1,024/100,000 live births
- A high neonatal mortality 33/1000 live births
- High HIV prevalence - 25% of the adult population
Teen Pregnancy

• Pregnancies 15-19 years old
• Recommendation to begin childbearing after 18 years old.

Do these happen in this facility? Why?
Lesotho Data (WHO, 2016)

Among adolescents who had sex before age 20, the average age at first sex is

- 16.4 years for adolescent girls
- 15.9 years for adolescent boys

Among adolescents who become parents before age 20, the average age at first birth is

- 17.8 years for adolescent girls
- 18.2 years for adolescent boys
## Facility Data

<table>
<thead>
<tr>
<th></th>
<th>Number in the past quarter</th>
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<tbody>
<tr>
<td>Teen pregnancy</td>
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<tr>
<td>More than 1 child before the age of 18 years</td>
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<tr>
<td>Teens in PMTCT</td>
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Many Youth Friendly Corners = Teen MCH

Are there differences between adults and teen pregnancy?

Adult or ‘experienced’ moms are __________ in clinics for MCH or PMTCT:

Teen or 1\textsuperscript{st} time moms are __________ in MCH or PMTCT:
How are services different for teen/1\textsuperscript{st} time vs. adult moms?

• Do providers treat these clients differently?

• Why?

• Can more be done? What?
Group Work

What more can be done for a teen pregnancy in this facility?

Consider:
• Her life
• Physical factors & HIV risk
• Emotional factors
• Her baby’s father
• Her family
Present on Group Work

• What do we see in the groups?
  – What are this patients’ key needs?
  – What is the facility support for this teen?
  – Who else? What else should be involved? Does HIV risk play a role?

• What do we learn from both groups?
  – Similarities / differences?

• Can anything be applied in our work in this facility? Why or why not?
Next Steps for Improving MCH outcomes for teens in our facility

• What are the gaps in our services?
• What are the next steps to fill those gaps?
• Who is responsible? Accountable?
• What support is needed?

Make notes on the Module Report.
Learning Objectives; Did we?

• Review MCH in Lesotho
• Discuss the differences between young/1st time mothers and adult mothers
• Define early pregnancy
• Identify care needs of teen/1st time mothers in MCH
• Review facility data to determine local approaches for improving care for teen/1st time mothers
Closing

- Thanks
- Attendance
- Next module topic and date