Why are maternal and newborn health important concerns for adolescents in emergency situations?

During emergencies, there are many situations that make adolescent girls vulnerable to early pregnancy. Sexually active adolescents may not have access to information about reproduction or access to FP services and they may engage in unprotected sex. Married adolescents may be expected to become pregnant right away in order to demonstrate their fertility. Adolescent girls are at risk of rape, SEA, or they may be compelled to engage in sex work in order to meet their own needs or the needs of their families. Young female soldiers may be forced to “marry” commanders or have sex with other combatants.

In any situation, young pregnant women are a high-risk group; this is particularly true in the emergency context, when family and social support systems are disrupted and health services may be less accessible than during normal times. A study of countries in sub-Saharan Africa has suggested that maternal mortality is significantly higher in countries with recent armed conflict, as compared to those without recent conflict.15

Pregnancy is a leading cause of death among girls aged 15 to 19, most frequently due to complications of delivery and unsafe abortion.16 Adolescents aged 15 to 19 are twice as likely to die during pregnancy and childbirth — as are those in their twenties — and very young adolescents, under 15 years of age, have a fivefold increase in risk of death during pregnancy and childbirth compared with women 20 and older.17 Adolescents, particularly girls under 16, have immature pelvises which may be too small to allow a baby to pass through the birth canal. This can result in obstructed labor, a medical emergency requiring an emergency cesarean section. Delay in accessing emergency obstetric care for obstructed labor can lead to obstetric fistula or to uterine rupture, hemorrhage and death of both the mother and the baby.

Adolescent mothers are also more likely to have spontaneous abortion, premature births and stillbirths than older mothers. The infants of adolescent mothers are 50 percent more likely to die during their first year of life than those born to mothers in their twenties,18 and countries which have experienced recent war or civil unrest have especially high rates of newborn mortality.19

Social issues also put adolescent mothers into the high-risk category. Girls who become pregnant are usually forced to leave school. Unmarried pregnant girls are frequently shunned by their families or the community, so they may hide their pregnancies or attempt to terminate their pregnancies using unsafe methods. Without a family or social safety net and faced with the economic burden of providing for a child, young mothers become vulnerable to sexual exploitation. Domestic violence (including physical abuse and “honor killings”) may threaten the well-being of both married and unmarried pregnant adolescents and their unborn children.

What program interventions should be implemented in an emergency situation to promote maternal and newborn health among adolescents?

Maternal and newborn health interventions are life-saving interventions that are incorporated into the MISP in the earliest stages of an acute emergency, when the normally-existing health services may be disrupted or inaccessible. The MISP focuses on clean and safe delivery to reduce maternal and newborn deaths. Other aspects of maternal and newborn health (antenatal and postnatal care, FP, etc.) are addressed later, when comprehensive RH services are introduced.

Implementation of the MISP provides clean delivery packages to pregnant women and birth attendants for home deliveries and midwife delivery supplies to health facilities. Basic emergency obstetric and newborn care (EmONC) services should be established at health facilities and should be available 24 hours per day, 7 days per week and referral systems to comprehensive EmONC services should be in place.20 Program managers should ensure that pregnant adolescents are aware of the risks of early pregnancy and that they are linked to the health system for delivery.
ASRH program interventions to link young pregnant women and mothers to maternal and newborn health services during implementation of the MISP include:

- **Multi-sector coordination:** Coordinate with camp management, protection and community services sectors to identify pregnant adolescents in the community. Raise awareness among staff from all sectors that adolescent pregnancies are a high risk for both the mother and the unborn child and identify ways to link pregnant adolescents with maternal and newborn health services (clean delivery packages, facility-based delivery and referral services). If necessary, health workers should link pregnant adolescents to other sectors, such as protection, for additional support.

- **Adolescent-friendly obstetric services:** Health providers should understand the health risks associated with early pregnancy and the importance of providing confidential obstetric services to adolescents, regardless of their age or marital status and without requiring parental or spousal consent. Health workers should be non-judgmental and should protect the privacy and dignity of the adolescent mother and her child. While health facility delivery should always be encouraged, pregnant adolescents should be provided with clean delivery packages, which can be used at the time of delivery, either in the health facility or at home. Adolescents should be provided with information and access to safe abortion services when legal.

- **Engaging traditional birth attendants or community health workers:** If traditional birth attendants (TBAs) are already active in the community, they can serve as links to facility-based services, identifying pregnant adolescents in the community and informing them about where to seek care if they experience complications during pregnancy or childbirth.

- **Awareness-raising about services available:** Information about the risks of adolescent pregnancy and the adolescent-friendly obstetric services available should be provided during MISP orientation sessions with adolescent groups, in schools or other places where adolescents gather.

After the situation has stabilized, other maternal newborn health interventions can be introduced to link young pregnant mothers with the health system and to encourage delivery in a health facility. Some examples include:

- **Community-based strategies** for ante-natal and post-partum care (using medical outreach teams or community health workers) may make those services more accessible and acceptable to adolescents. Community-based workers can identify young pregnant mothers and link them to appropriate health services.

  - TBAs and pregnant adolescents should be educated about the importance of skilled birth attendance at delivery. Adolescents may be more likely to deliver in a health facility with skilled attendants if they are accompanied by someone whom they trust. TBAs should be taught the danger signs of pregnancy, labor and delivery so that if an adolescent develops a complication during pregnancy or home delivery, the TBA knows to refer her to the health facility immediately.

- **Birth plans** should be developed with young mothers, their partners and their families to avoid unnecessary delays in seeking medical attention when they go into labor.

- **Maternity waiting homes** located near health facilities provide women with a safe place to stay during the final weeks of their pregnancies. Establishing maternity waiting homes and making them available to adolescent mothers may help ensure that these high-risk mothers deliver in EmONC facilities.

- **Family planning** options should be discussed with young mothers during pregnancy and again at the post-partum visit; and referral should be made for FP services, if desired.

- **Breastfeeding support** should be provided to ensure that adolescents use proper feeding practices and infants receive optimal nutrition.

- **Infant care support groups** should be established to help adolescent mothers take care of their babies.

- **Mental health and psychosocial support** must be integrated into maternal and newborn health services.

- **Education programs** should be supported so that adolescent mothers can continue with their education.
SUGGESTED READING:


