

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module H

Care of adolescent
pregnancy and
childbirth

Sessions and activities	Page	Time	Materials and resources
<p>Session 1 MODULE INTRODUCTION</p> <p>ACTIVITY 1-1 Module objectives ACTIVITY 1-2 Spot checks</p>	H-7	10 min	Handout for module H Slides H1-1, H1-2
<p>Session 2 HOW COMMON IS ADOLESCENT PREGNANCY AND CHILDBIRTH?</p> <p>ACTIVITY 2-1 Group work ACTIVITY 2-2 Mini lecture ACTIVITY 2-3 Plenary discussion</p>	H-9	20 min	Flipchart H1 Slide H2-1
<p>Session 3 FACTORS INFLUENCING ADOLESCENT PREGNANCY AND CHILDBIRTH</p> <p>ACTIVITY 3-1 Group work ACTIVITY 3-2 Mini lecture</p>	H-11	40 min	Flipcharts H2, H3 Slides H3-1, H3-2, H3-3
<p>Session 4 CONSEQUENCES: WHY ARE ADOLESCENT PREGNANCY AND CHILDBIRTH RISKY?</p> <p>ACTIVITY 4-1 Mini lecture ACTIVITY 4-2 Plenary discussion</p>	H-14	30 min	Flipchart H4 Slides H4-1, H4-2, H4-3, H4-4, H4-5, H4-6, H4-7
<p>Session 5 CARING FOR THE PREGNANT ADOLESCENT: THE CRITICAL FACTORS</p> <p>ACTIVITY 5-1 Group work ACTIVITY 5-2 Plenary review</p>	H-17	50 min	Flipchart H5 Slide H5-1

Sessions and activities	Page	Time	Materials and resources
<p>Session 6 APPLYING THE ISSUES</p> <p>ACTIVITY 6-1 Plenary discussion ACTIVITY 6-2 Role play ACTIVITY 6-3 Mini lecture</p>	H-19	20 min (skip 6-1 or 6-2 if time is short)	Slide H6-1
<p>Session 7 MODULE REVIEW</p> <p>ACTIVITY 7-1 Review of spot checks ACTIVITY 7-2 Review of objectives ACTIVITY 7-3 Orientation Programme Personal Diary (OPPD) ACTIVITY 7-4 Reminder and closure</p>	H-21	10 min	Flipchart H6 Slides H1-1, H1-2
180 min			

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

MODULE ADVANCE PREPARATION

- Make sure you have copies of the handout(HO) for distribution to all the participants;
- Ensure that the flipcharts are ready for the group-work tasks;
- Ensure that the facilitators are clear about their respective roles during their designated session(s);
- Collect local data on adolescent pregnancy and childbirth, including changes (over time) in your country/area, and prepare slides to complement the global data;
- If needed, adapt elements of the case study and scenarios for role plays to suit your country/area.

MATERIALS AND AUDIO-VISUAL EQUIPMENT

• Materials:

STANDARD

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

MODULE-SPECIFIC

- Local data on adolescent pregnancy and childbirth
- Module case study and scenarios for role plays.

• Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

Module overview

This module in the Orientation Programme (OP) on adolescent health, is one of four optional modules dealing with issues of sexual and reproductive health and the consequences of unprotected sex. The others are: module G. *Sexually transmitted infections in adolescents*, module I. *Unsafe abortion in adolescents*, and module J. *Pregnancy prevention in adolescents*. In addition there is a separate module N. *HIV/AIDS in adolescents*¹.

This module introduces health-care providers to an important public health issue among adolescents, i.e. pregnancy care in adolescents. It should be conducted after the core module C. *Adolescent sexual and reproductive health*.

For the sake of simplicity, we have assumed that the subject of adolescent pregnancy is being addressed for the first time. However, if you have already run the optional module I. *Unsafe abortion in adolescents* or module J. *Pregnancy prevention in adolescents*, you should be able to limit Sessions 2, 3 and 4 of this module to a brief review, perhaps quickly running through the relevant slides. This would enable you to devote more time to the practical issues in the later sessions of the module.

As with the other modules, we recommend that adolescents be among the participants, to provide their perspectives to the discussion.

We recommend that you review Part I of the *Facilitator Guide* which provides information that you will need for conducting the modules. Part I provides detailed information on the teaching/learning methods used in the OP. It is important that you feel comfortable in understanding and applying these methods. This will help ensure successful facilitation and that the teaching/learning objectives are achieved.

Session 1

Module introduction



Aim of the session

- To provide an overview of this module including the objectives.

ACTIVITY 1-1

MODULE OBJECTIVES

Welcome the participants to this module.

Explain that this module is one of four optional modules on adolescent sexual and reproductive health. The others are: module G. *Sexually transmitted infections in adolescents*, module J. *Pregnancy prevention in adolescents*, and module I. *Unsafe abortion in adolescents*. In addition there is a separate module N. *HIV/AIDS in adolescents*¹.

Mention that this module contains seven sessions, which will explore different aspects of pregnancy care in adolescents.

Mention that handout H provides additional information to complement what will be covered during the module.

Display the module objectives (Slides H1-1 and H1-2), and then read out each of them, in turn.

<p>Module objectives</p> <ul style="list-style-type: none"> ■ Discuss the scope of adolescent pregnancy ■ List the factors that influence adolescent pregnancy and childbirth ■ Identify the risks associated with adolescent pregnancy and childbirth, and how they differ from those in older women <p>SLIDE H1-1</p>	<p>Module objectives</p> <ul style="list-style-type: none"> ■ Discuss issues relating to the care of the adolescent during pregnancy, delivery and postpartum ■ Identify ways to address the main issues of adolescent pregnancy care <p>SLIDE H1-2</p>
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ACTIVITY 1-2

SPOT CHECKS

Make sure that all the participants have copies of Spot checks 1 (Annex 1).

Explain that the purpose of the spot checks is to help the participants assess their gains in knowledge or changes in their attitudes as a result of their participation in the module.

¹ Under development

Inform them that the spot checks will not be collected, graded or checked by any of the facilitators.

Ask them to complete the spot checks to the best of their knowledge and to keep them handy for use during the review session. Give them a few minutes to complete this task.

Inform the participants that you will discuss the answers to the spot checks during the last session of the module and that you will respond to any questions or comments they may have.

Explain the instructions provided on each spot check and make sure that the participants understand how to complete them.

TIP FOR YOU

Remind the participants to use the *Matters Arising Board* during the module to record any issues they would like to follow up, and point them to the location of the *Matters Arising Board*. The *Matters Arising Board* should be displayed where it is easily seen and accessed by all participants.

Session 2

How common is adolescent pregnancy and childbirth?



Aim of the session

- To discuss how common adolescent pregnancy is, globally and locally.

ACTIVITY 2-1

GROUP WORK


Pose the following question to the participants: How common is adolescent pregnancy and childbirth?

Show Flipchart H1 and read the question that appears on it.

Ask each participant to come forward and draw a firm dot on the triangle to indicate how often they – or their health centres – provide care for pregnant adolescents. For example, if someone frequently provides care for pregnant, birthing or postpartum adolescents, their dot would go at the top of the triangle, near “Very often”. Someone who never does so would place the dot beside “Never”, and so on.

How often do you – or your health centre – provide care for pregnant adolescents?

Very often

Never  *Sometimes*

FLIPCHART H1

When everyone has done so, count up the dots in each corner and write the number, then comment appropriately on how many see pregnant adolescents on a regular basis.

TIP FOR YOU

If there are a number of dots near “Sometimes” and/or “Never”, it would be useful to ask why health-care providers say they do not see many adolescent pregnancies.

Say that you will now discuss what data from around the world point to.

ACTIVITY 2-2

MINI LECTURE

Show Slide H2-1, reading the birth rate data and draw participants’ attention to the wide variations.

SLIDE H2-1

Rate of births per 1000 females aged 15-19 years

Africa	143/1000	Range: from 45 in Mauritius to 229 in Guinea
Middle East	56/1000	Range: from 18 in Tunisia to 122 in Oman
South-East Asia	56/1000	Range: from 4 in Japan to 115 in Bangladesh
Latin America	78/1000	Range: from 56 in Chile to 149 in Nicaragua
Europe	25/1000	Range: from 4 in Switzerland to 57 in Bulgaria
North America	42/1000	Range: from 24 Canada to 60 in USA

Talking points

Explain that the data on this slide are drawn from a UNICEF report entitled “*The Progress of Nations*.” According to the report, the estimated global average rate of births per 1000 females aged 15-19 is 65.

However, as is evident from the slide, there are wide regional variations. Point out the range of difference between two places, such as Japan and Guinea, or Switzerland and Nicaragua and/or between Tunisia and Guinea.

ACTIVITY 2-3**PLENARY DISCUSSION**

If you have local data on adolescent pregnancy and childbirth share it with the participants. Invite participants to do so too. Depending on the data that you have available, you might lead a brief discussion on the following issues:

- How sound are these figures (on the local prevalence of adolescent pregnancy and childbirth)?
- How do our local figures compare with those in other parts of the world?

Session 3

Factors influencing adolescent pregnancy and childbirth



Aim of the session

- To examine the different factors that influence adolescent pregnancy and childbirth.

ACTIVITY 3-1

GROUP WORK

Put up Flipchart H2 and tell the participants that you want them to respond to the question posed on it.

Ask them to put down a maximum of two possible reasons for this, on separate cards.

Give them only a few minutes for this task. When they have done this, ask them to place the cards in one place (perhaps on a table in the centre of the room).

Ask a volunteer to pick up all the cards and pin them up one at a time, reading out what each card says. If a card highlights a point that has already been made in another card, it should be placed alongside that one.

Participants are likely to come up with a range of reasons for the huge disparity in the rates. The points that they have raised will feed in well into the follow-up activity.

Put up Flipchart H3 which contains three broad categories of factors contributing to adolescent pregnancy.

Ask participants to form three groups. The first group would deal with biological factors, the second with socio-cultural factors and the third with service-delivery factors.

If you have adolescent participants they could either form a separate group of their own, or they could join the other groups with the adult participants. Leave the decision to them.

Explain that each group's task is to identify a maximum of five factors in relation to the category they have been assigned. In doing this, they must look at the points that have emerged in the previous activity.

Give them about 10 minutes to do this task.

Why is there such a range of different birth rates among adolescents in different parts of the world?

FLIPCHART H2

Factors contributing to adolescent pregnancy

- *Biological factors*
- *Socio-cultural factors*
- *Service-delivery factors*

FLIPCHART H3

When the groups are ready, ask the one discussing biological factors to come forward first, pin up their cards and explain them to the others. Once they have done so, invite comments and questions from the rest of the participants.

Write down any additional factors highlighted in the discussion on cards and put them up.

Follow the same process for the other two groups.

As the discussion proceeds, ask participants to see if the factors that have been identified belong to more than one category, and also if it would be helpful to create a new category.

TIP FOR YOU

As you wrap up the discussion, it would be useful to ask participants to consider whether factors influencing adolescent pregnancy and childbirth locally, are different from those in other areas of the country, or in other countries.

ACTIVITY 3-2

MINI LECTURE

Take the participants through slide H3-1 to H3-3 which summarize the factors that influence adolescent pregnancy and childbirth, using the talking points that are provided. Many of these points may already have been raised in the discussion. Point to those that have been missed.

SLIDE H3-1

Biological factors in adolescent pregnancy and childbirth

- The declining age of menarche
- Early initiation of sex

Talking points

- The age of menarche has declined in developed countries as well as in many developing countries. Studies – that are referred to in the handout – show that in many African countries, the age of menarche has dropped from 14 to 12 years in the last two decades.
- The trend in the age at first sexual intercourse (where data exist) shows a decrease in several countries. However, it must be pointed out that there is some variation, and there are instances where the age at first sexual intercourse remains unchanged or has increased.

SLIDE H3-2

Socio-cultural factors in adolescent pregnancy and childbirth

- Norms and traditions:
 - early marriage
 - pressure to have children upon marriage
- Changing circumstances of young people:
 - premarital sexual activity
 - use of alcohol and other substances
- Vulnerability of young people:
 - sexual coercion
 - socio-economic factors

Talking points

Norms and traditions

- Early marriage is still practised widely in Africa, the Middle East and parts of Asia. In many places, this is despite the fact that there are laws against it.
- In many societies pregnancy is expected to follow soon after marriage. If marriage is early, then early childbirth is almost inevitable.

Changing circumstances of young people

- The influence of the media, changes in family structure, growth in opportunities to study and to work are resulting in changes in age of sexual debut, and in sexual behaviour patterns in general.
- The use of alcohol and other psychoactive substances can be associated with unprotected sexual activity (and the possibility of unwanted pregnancy).

Vulnerability of young people

- Sexual coercion (including rape): Despite the scarcity of data in these areas, it seems very likely that some adolescent pregnancies are a direct result of such assaults, often by adult men.
- Socio-economic factors: Economic hardship can force young girls to leave home. Sexual exploitation and prostitution are two frequent consequences, and often lead to early pregnancies.

Talking points

Lack of access to sexual and reproductive health information and education

- In many places, information and education programmes to help adolescents learn about sexuality and sexual health are generally lacking.

Service-related factors in adolescent pregnancy and childbirth

- Lack of access to sexual and reproductive health information and education
- Lack of access to contraceptive information and services
- Lack of services for safe termination of pregnancy

SLIDE H3-3

Lack of access to contraceptive information and services

- Adolescent pregnancies tend to be highest in regions with the lowest contraceptive prevalence. Recent gains in contraceptive prevalence in many developing countries have been almost exclusively among older married women and not adolescents.
- Even where contraceptive services are widely available, they may be inaccessible to adolescents.

Lack of services for safe termination of pregnancy

- In many places, adolescents with an unwanted pregnancy resort to termination (whether this service is available legally or not). Making safe pregnancy termination services available and accessible to this age group will reduce the proportion that will carry on with the pregnancy. It also reduces maternal mortality resulting from unsafe abortions.

After going through the slides, invite comments and questions. Do not feel obliged to respond to all the issues raised. Encourage other participants to do so. As the discussion tapers off, move to the next session.



Session 4

Consequences: Why is adolescent pregnancy and childbirth risky?

Aim of the session

- To identify the reasons why pregnancy and childbirth carry more risks in adolescents than they do in adults.

TIP FOR YOU

If participants have already participated in modules I. *Unsafe abortion in adolescents* or J. *Pregnancy prevention in adolescents*, they will be familiar with some of the content of this session. As a form of revision, you could lead a brief discussion asking participants to describe why adolescent pregnancy is risky, quickly review the Slides H4-1 to H4-7 below, or refer participants to relevant pages of handout H. *Care of adolescent pregnancy and childbirth*.

ACTIVITY 4-1

MINI LECTURE

Take the participants through Slides H4-1 to H4-7, using the talking points provided.

SLIDE H4-1

Pregnancy in adolescence carries a greater risk for both the mother and her baby

Talking points

Pregnancy and childbirth carry more risks in adolescents than in adults. The risks are high throughout the antenatal period, labour, childbirth and the postpartum period.

Babies born to adolescent mothers have a higher risk of being of low birth weight. This makes them predisposed to higher morbidity and mortality.

SLIDE H4-2

Maternal and perinatal mortality among adolescents and adults in developing countries

- Maternal mortality is 2-5 times greater among girls under 15 than women of 18-25 years
- Perinatal mortality is 2-3 times greater in the offspring of adolescents than adults

Talking points

The highest maternal mortality in adolescents is in those aged 15 years and under.

The reasons for this are discussed in the following slides.

Talking points

Pregnancy-induced hypertension: Studies suggest that there is an increased risk with very young adolescents.

Anaemia: Anaemia often occurs in pregnant women and some studies confirm a higher incidence in adolescents.

STIs/HIV: Sexually active adolescents are at an increased risk of contracting HIV infection and other STIs, for a variety of biological and social factors. There is also the increased risk of mother-to-child transmission in adolescents.

Higher severity of malaria: This is one of the most important causes of anaemia during pregnancy. Nulliparous women (many of whom are adolescents) are more prone to attacks than multiparous women.

Antenatal complications that are common in adolescents

- Pregnancy-induced hypertension
- Anaemia
- STIs/HIV
- Higher severity of malaria

SLIDE H4-3

Talking points

Pre-term birth: A meta-analysis using data from developed and developing countries showed that, compared to women over twenty years of age, adolescents are at increased risk for pre-term delivery.

Obstructed labour: In very young girls (under 16 years) the pelvic bones of the birth canal are not fully formed. Hence, cephalo-pelvic disproportion occurs more often. This has serious implications both for the health of the mother and of the baby.

Complications during labour and delivery

- Pre-term birth
- Obstructed labour

SLIDE H4-4

Talking points

Anaemia: Pre-existing anaemia can be aggravated by blood loss during labour and delivery.

Pre-eclampsia: This occurs more often in young adolescents. The condition may worsen in the postpartum period.

Postpartum depression: This can be a serious problem as the adolescent copes with her new life circumstances.

Postpartum problems that can affect both the adolescent mother and her baby

- Anaemia
- Pre-eclampsia
- Postpartum depression
- Too early repeat pregnancies

SLIDE H4-5

Too early repeat pregnancies: In many countries, unmarried adolescents face considerable barriers to obtaining contraceptive methods. Unprotected intercourse and repeat pregnancies can occur in these circumstances.

SLIDE H4-6

Risks to the unborn/newborn child

- Low birthweight (less than 2500 g)
- Higher perinatal and neonatal mortality
- Inadequate child care and breastfeeding practices

Talking points

Low birthweight: The effects on birthweight last beyond the first year of life.

Perinatal and neonatal mortality: This results from prematurity, low birthweight and infection.

Inadequate child care and breastfeeding practices: This is a problem, especially in single adolescent mothers.

SLIDE H4-7

Social and economic costs

- Possible early end to education
- Possible reduced earning opportunities

Talking points

Pregnancy and the responsibility of child-rearing could reduce the ability of the girl to continue with her education and with exploring employment opportunities.

ACTIVITY 4-2

PLENARY DISCUSSION

Put up Flipchart H4 and read the question aloud.

FLIPCHART H4

Why are the complications during pregnancy worse in adolescents?

Explain that the complications you have described are not limited to adolescents. Adult women can experience them as well, but there are several reasons why the complications have a worse outcome in adolescents.

Ask the participants to turn to the relevant pages of the module handout, which lists five reasons for this. Ask for volunteers to read aloud each paragraph in turn.

When you have covered the five points, stimulate a discussion by posing the questions:

- To what extent do these five points apply to your area?
- Are some groups of adolescents more vulnerable than others to these negative consequences and if so why (for instance are pregnancy and childbirth in unmarried adolescents associated with a greater level of risk than in married ones)?

Request one of the participants to write the key points raised on the flipchart.

Explain that having explored the scope of adolescent pregnancy and the factors and consequences to be taken into account, you will now move to the critical factors in caring for the adolescent.

Session 5

Caring for the pregnant adolescent: the critical factors



Aim of the session

- To discuss the critical aspects of caring for adolescents throughout pregnancy, labour and delivery, and the postpartum period.

ACTIVITY 5-1 GROUP WORK

Put up slide H5-1, and inform the participants that each of the four aspects shown on the slide will be examined in the group activity that follows.

Ask the participants to divide themselves into four groups. Inform them that you want each group to work on one of the critical aspects of patient care, and to follow that by presenting a “mini session” in plenary. Allocate one aspect to each group.

Present the following sample of options for a “mini session” on Flipchart H5, and tell them that they could choose any one of them.

Explain that each group has 15 minutes to read the relevant section of the handout, and to plan their session, and a maximum of 10 minutes to present their session.

While the groups are working, move between them.

Encourage the participants in each group to consider the questions in the handout and include their responses to the questions in their presentation. Suggest scenarios that could illustrate the points they want to raise.

ACTIVITY 5-2 PLENARY REVIEW

When the 15 minutes are up (or as soon as possible afterwards), ask the group studying *Early diagnosis of pregnancy* to make the first presentation.

While they are doing this, keep a close eye on the points in the handout and be prepared to guide them if they have missed, or misinterpreted anything. Following the presentation, encourage a brief question and answer session between the group and the rest.

The critical aspects in caring for the pregnant adolescent

- Early diagnosis of pregnancy
- Antenatal care
- Management of labour and delivery
- Postpartum care

SLIDE H5-1

Mini session options

- Summarize the main points in each section from the handout using cards or on a flipchart
- Lead a plenary discussion
- Use a case study or scenario to help others focus on the appropriate negative or positive issues

FLIPCHART H5

Follow the same process in relation to the other three groups.

When all the groups have completed their presentations, invite questions or comments and address them. Summarize the key points raised and inform the participants that in the next session, they will apply all this in practice.

Session 6

Applying the issues



Aim of the session

- To apply newly acquired information to some practical examples.

TIP FOR YOU

What you cover in this session will depend on how much time you have available. Ideally, you should cover the case study as well as some of the scenarios for role play, and in addition, go over the key points addressed in the module. If time is short, you may need to skip the case study and the role plays (activity 6-2) and go straight to the review of the key points (activity 6-3).

ACTIVITY 6-1

PLENARY DISCUSSION

Explain to the participants that now you suggest focusing on adolescent patient care issues.

Take the participants through the case study (Annex 2), paragraph by paragraph, inviting comments and questions as you proceed.

Do not forget to ask if the case study reflects the reality in the country/area of the participants. Even if it does not, stress that it highlights some important messages in terms of what health-care providers should and should not do.

ACTIVITY 6-2

ROLE PLAY

The focus of this activity is on implementing good practice in adolescent patient care.

Choose one or more scenarios for role plays from the list provided (Annex 3).

Invite volunteers to take turns in role playing.

In preparing participants, running the role plays and collecting feedback, follow the tips given in Part I of the *Facilitator Guide*.

In the discussion, ensure that the following issues are addressed.

The Role play scenario 1 highlights the following issue:

- The judgemental attitude and the disrespect of many health-care providers towards pregnant adolescents, especially towards those with premarital pregnancies.

The Role play scenario 2 highlights the following issue:

- The need to be on the lookout for anaemia in pregnancy;
- The need to involve families in the discussion on the dietary needs, because the content and portion-size of meals may be outside the control of adolescent girls – especially if they are living with their husband’s family or in polygamous unions.

The Role play scenario 3 highlights the following issue:

- Unmarried adolescents try – and are often successful – in hiding the fact that they are pregnant, at least for some time.

The Role play scenario 4 highlights the following issue:

- The need for information provision and counselling on issues such as breastfeeding and contraception.

ACTIVITY 6-3

MINI LECTURE

Take the participants through Slide H6-1 to summarize the key points addressed in the module. Please note that no talking points are provided here, as all these points have been addressed earlier.

SLIDE H6-1

Care of adolescent pregnancy and childbirth

- Pregnancy in adolescents is not uncommon
- Many factors contribute to adolescent pregnancy
- Adolescents have higher maternal mortality than adults
- Their offspring also have higher mortality
- Many of the complications during pregnancy and delivery have worse outcomes in adolescents
- There are important issues for health-care providers to be aware of in caring for adolescents throughout pregnancy, labour, delivery and the postpartum period
- Promoting safe pregnancy and childbearing in adolescence requires concerted actions beyond the health sector. Three key actions in relation to this are increasing girls' access to education and job opportunities, enhancing their status of women and girls in society, and improving their nutritional status

Session 7

Module review



Aims of the session

- To review and discuss the answers to the spot checks completed during the first session
- To review the module's objectives and provide a summary of the key points
- To give participants an opportunity to reflect on – and note down – the messages they are taking away from the module, in their OP diaries
- To remind participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

ACTIVITY 7-1

REVIEW OF SPOT CHECKS

Ask participants to pull out the spot checks completed in the first session of the module.

Ask them to review the answers they had put down and to see whether they wanted to make any changes to them.

Take each spot check and go over the answers to them, one at a time.

ACTIVITY 7-2

REVIEW OF OBJECTIVES

Display the module objectives (Slides H1-1 and H1-2), invite participants to share any last questions or comments that they might have, and address them.

<p style="text-align: center;">Module objectives</p> <ul style="list-style-type: none"> ■ Discuss the scope of adolescent pregnancy ■ List the factors that influence adolescent pregnancy and childbirth ■ Identify the risks associated with adolescent pregnancy and childbirth, and how they differ from those in older women <p style="text-align: center;">SLIDE H1-1</p>	<p style="text-align: center;">Module objectives</p> <ul style="list-style-type: none"> ■ Discuss issues relating to the care of the adolescent during pregnancy, delivery and postpartum ■ Identify ways to address the main issues of adolescent pregnancy care <p style="text-align: center;">SLIDE H1-2</p>
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ACTIVITY 7-3

ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

Ask the participants to bring out their Orientation Program Personal Diaries (OPPD).

Put up Flipchart H6 and ask the participants to write down the three key lessons they learned from this module and three things that they plan put into practice in their work with/for adolescents.

FLIPCHART H6

List three important lessons that you learned through participation in this module

List three things you plan to do in your work for/with adolescents

Explain to participants that it is important to update their OP diaries daily because they will use the information entered during the concluding module.

ACTIVITY 7-4

REMINDERS AND CLOSURE

Remind the participants to add their comments to the *Mood Meter*.

Ask them to review the issues listed in the *Matters Arising Board* and to add any new ones that they wish to.

Remind them that handout H provides further information on issues covered in this module and that it lists relevant resources.

Thank them for their participation in the module and for their contributions to the discussion.

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Annex 1

Spot checks

Session 1: ACTIVITY 1-2

SPOT CHECK 1

In developing countries, how does the rate of maternal mortality of pregnant girls under 18 years old compare with adults?

please mark your answer with a spot anywhere along the line



SPOT CHECK 2

Which factors could contribute to antenatal complications in pregnant young adolescents?

please write down one example each for married and unmarried adolescents

MARRIED

UNMARRIED

SPOT CHECK 3

What are the most common antenatal complications in young adolescents?

SPOT CHECK 4

In your opinion, what are the most important issues to raise in counselling sessions with pregnant adolescents?

please write down your answers

-
-
-
-
-
-
-

SPOT CHECK 5

What are the critical aspects in caring for the pregnant adolescent in the postpartum period?

please write down your answers

-
-
-
-
-

Orientation Programme on Adolescent Health for Health-care Providers

Annex 2

Case study

Session 6: ACTIVITY 6-1

CASE STUDY

Safina, a 15-year old adolescent girl was brought to the casualty department of a government hospital located in a sprawling district of an East African country. The accompanying relatives told the doctor on duty that she had been in labour for three days, and was being cared for at home, by a Traditional Birth Attendant (TBA).

This was Safina's first pregnancy. She had not attended any antenatal clinic for the entire duration of her pregnancy (which was at term). According to her relatives, labour had started three days earlier. The TBA who had been attending to her, gave her herbal potions to speed up the labour, to no avail.

Safina had complained of unbearable abdominal pain, had started bleeding from her vagina and had grown progressively weaker. That is why her relatives decided to bring her to hospital. Further enquiry revealed that Safina had been married a year ago to a man in his late fifties. She was his fourth wife.

Examination revealed a young woman with pregnancy at term. She was pale and dehydrated. Her abdomen was tender and firm. Foetal heart sounds could not be heard. There was moderate vaginal bleeding. Vaginal examination revealed a fully dilated cervix with marked caput. The foetal head was 3/5 and fixed.

A diagnosis of obstructed labour with intrauterine foetal death was made. Arrangements were made for emergency caesarean section.

At caesarean section, the foetus was found lodged in the abdominal cavity. It was evident that the uterus had ruptured at the fundus, extending to the left lateral side. There had been severe bleeding. The doctors considered uterine repair but decided against it. A sub-total hysterectomy was performed and the abdomen closed.

Safina had a stormy post-operation period. Her temperature remained high despite antibiotics and on day 5 she started to have urinary incontinence although a Foleys catheter had been left in place. Her fever settled after 10 days but the urinary incontinence continued. At the examination under anaesthesia three weeks later, the presence of a Vesico-Vaginal Fistula was confirmed. She was discharged and advised to return after three months for surgical repair of the fistula.

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Annex 3

Role plays

Session 6: ACTIVITY 6-2

ROLE PLAY 1

A doctor, the nurse in-charge and two other nurses are conducting a ward round in the maternity ward of a government hospital. There are around 25 patients in the ward. About a third of them are adolescents. The team arrive at the bedside of a 14-year old girl who has been admitted with severe anaemia (complicating her pregnancy). Her haemoglobin is 7gm%.

As they reach the bed the nurse in-charge, starts berating the girl loudly. "You had no business to have sex before getting married, and no business getting pregnant. You play around and we all have to work to take care of you." The girl starts weeping silently. Her mother hangs her head in shame. The doctor is clearly embarrassed by this outburst. He gently tries to intervene...

Roles: Doctor, nurse-in-charge, 14-year old girl, mother.

ROLE PLAY 2

A woman in her mid-fifties has come in to the weekly antenatal clinic in a municipal health centre with her 15-year old daughter-in-law, who is pregnant (about 24 weeks). The doctor elicits information and carries out an examination. Her conjunctivae and nail beds are very pale, but apart from that, she appears to be well. He sends her for a quick check of the haemoglobin level. According to the report, it is 9 gm%. He sets about explaining the diagnosis and its implications for the health of the mother and her unborn baby, and what remedial action needs to be taken...

Roles: Doctor, 15-year old pregnant girl (24 weeks), mother-in-law.

ROLE PLAY 3

A teacher at a boarding school comes in to the casualty unit of a district hospital with a 16-year old school-girl (who is in school uniform). The teacher says that the girl has been complaining of severe lower abdominal pains, and wonders whether she has menstrual cramps.

On examination, the clinical officer on duty confirms a full-term pregnancy. The girl has concealed her pregnancy from her family and from teachers at school by binding her abdomen tightly.

The girl is in labour. Her cervix is 4 cms dilated. After sending the girl to the labour ward, the clinical officer sends for the doctor on call, to help explain matters to the teacher.

Roles: Doctor, clinical officer, teacher.

ROLE PLAY 4

A 15-year old girl who delivered a baby boy three days ago at a maternity hospital in a city, is now ready to go home. The nurse responsible for this is filling in the discharge slip and then turns to speak with her about follow-up care.

Roles: 15-year old girl, 3-day old baby (doll), nurse.

